



“I AM NOT GUILTY FOR WHAT HAPPENED TO ME”

Summary report of a study
on the long-term consequences of war rape in Kosovo

EDITORIAL INFORMATION

Conceptualisation, management and coordination responsibility: Dr. Barbara Umrath; Kirsten Wienberg; Mirlinda Sada; Roxane Schnepfer

Research consultants: Anna Di Lellio, PhD; Garentina Kraja; Rachel Cohen, PhD

Data collection: Anna Di Lellio, PhD; Dorina Sahatqija; Fehmije Luzha; Garentina Kraja; Hana Doli; Leonita Gojani; Nderime Sahatqija; Shpresa Frrokaj

Medica Gjakova/medica mondiale – Reference Group: Dr. Barbara Umrath; Dorina Babuni Krelani; Dorina Sahatqija; Fehmije Luzha; Hana Doli; Jeannette Böhme; Jovana Skrijel; Karin Griese; Klara Axhemi; Kirsten Wienberg; Laura Qarkaxhija; Leonita Gojani; Dr. Merita Rruka; Mirlinda Sada; Dr. Monika Hauser; Nagihan Xerxa; Nderime Sahatqija; Pia Frohwein; Shpresa Frrokaj; Shqipe Dreni; Vesa Kryeziu

Survivor Reference Group: Unsilenced voices – Survivors of sexualised war violence

Data analyst: Alisa Hasani

Transcription of interviews: Dea Fetiu

Editorial team – Full report: Dr. Barbara Umrath; Constanze Brands; Dea Fetiu; Roxane Schnepfer; Dr. Simone Lindorfer; Virginia Stephens, PhD

Editorial team – Summary and Abstract: Dr. Sharon Grussendorff

Review and editing: Dr. Barbara Umrath; Jeannette Böhme; Karin Griese; Kirsten Wienberg; Dr. Monika Hauser; Pia Frohwein; Dr. Pinar Senoguz; Roxane Schnepfer

Proofreading/ Scientific Editing: Craig Meulen; Tara Brian

Translation: Dr. Franziska Mosthaf; PLC Lingua - Professional Language Center, Prishtina

Layout: Dreimalig Werbeagentur, Cologne / Adapted for the Albanian version from Mates Studio, Prishtina

We would like to thank Prof. Kaltrina Kelmendi (Prishtina), Prof. Kirsten Campbell (London), Dr. Pinar Senoguz (Cologne) and Prof. Sefik Tagay (Cologne) for their academic support and feedback.

We also thank the funders whose financial support was critical for the implementation of this study. In particular, we acknowledge the contributions of the German Federal Ministry for Economic Cooperation and Development (BMZ) and the donors of medica mondiale e.V.

Suggested citation: medica mondiale & Medica Gjakova. (2024). *“I am not guilty for what happened to me.” Summary report of a study on the long-term consequences of war rape in Kosovo.* <https://doi.org/10.15498/jhrt-g104>

This summary refers to the full English version of the study report: medica mondiale & Medica Gjakova. (2024). *“I am not guilty for what happened to me.” A study on the long-term consequences of war rape in Kosovo.* <https://doi.org/10.15498/4dfq-jn31>

Cologne and Prishtina, September 2024

The study was published under the licence CC-BY-NC-SA 4.0. You can find the legally binding licence agreement at <https://creativecommons.org/licenses/by-nc-sa/4.0/>.



ABSTRACT

During the war in Kosovo in 1998-1999, an estimated 20,000 women and girls were raped. This study fills a critical research gap by examining the long-term consequences of war rape on survivors from different gender and ethnic backgrounds in Kosovo. Adopting a feminist research paradigm with a stress- and trauma-sensitive approach, the mixed methods study combines quantitative data from three well-established psychometric instruments and a specially designed questionnaire administered to 200 survivors with qualitative data from 20 interviews. The findings illustrate the psychosocial and physical consequences of war rape on men and women of a range of ages and ethnic representa-

tions. The study also illustrates the ripple effects of sexualised violence on individuals, their immediate family and their social environments. Crucially, the data also explores coping mechanisms, agency and empowerment, assesses the significance of family, NGOs, the media and institutional support, including formal reparations. It provides recommendations based on survivors' insights. *medica mondiale* e.V., a feminist non-governmental organisation assisted in the founding of *Medica Gjakova* as an organisation committed to supporting survivors of sexualised violence and improving the rights and situation of women and girls in Kosovo.

ACKNOWLEDGEMENTS

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, Jeanette 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 Schnepfer, Shpresa Frrokaj, Shqipe Dreni, Simone Lindorfer, Vesa Kryeziu, and Virginia Stephens.

A special thank you to the members of my team, Barbara Umrath and Roxane Schnepfer, who, as researchers and managers, brought all the processes together and made this publication possible.

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 Ostojic, 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 the regional level¹: 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 longterm 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/>.

CONTENTS

Editorial information	2
Abstract	3
Acknowledgements	4
Forewords	5
List of Figures	9
List of Acronyms	10
1. Introduction	11
2. Sexualised Violence in the Kosovo War	13
3. Methodology and sample	14
4. Participants' characteristics and war experience	16
5. Psychosocial and physical consequences of war rape	19
6. Consequences of war rape for survivors' relationships with their immediate environments	22
7. Social acknowledgement	26
8. The significance of <i>Medica Gjakova's</i> support	29
9. Survivors' recommendations and expectations	33
10. Recommendations derived from the results of this study	34
References	38

LIST OF FIGURES

Figure 1:	Demographics of quantitative sample	15
Figure 2:	Characteristics of quantitative sample	16
Figure 3:	War experiences of participants	18
Figure 4:	Sources of pride with regard to the war	18
Figure 5:	Family life and perceived inter-generational effects of trauma	20
Figure 6:	Disclosure of war rape experience	22
Figure 7:	Perceptions of negative treatment and devaluing attitudes	23
Figure 8:	Avoidance behaviour, thoughts and feelings	24
Figure 9:	Survivors' perceptions of social acknowledgement	26
Figure 10:	Participants' perspectives of sources of support	30
Figure 11:	Participants' use of <i>Medica Gjakova</i> 's services	32

LIST OF ACRONYMS

LGBTIQ	Lesbian, Gay, Bisexual, Trans*, Inter*, and Queer
NGO	Non-governmental organisation
PTSD	Post-traumatic stress disorder
SGBV	Sexualised and gender-based violence

1. INTRODUCTION

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 violent 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 urban areas sexualised violence tended to occur in homes, 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, during highly controlled and coordinated military operations (Human Rights Watch, 2001, pp. 130–133; Organization for Security and Co-operation in Europe, 1999; Wareham, 2000, pp. 61–66).

Feminist activists and women's groups were among the first to seek out and support survivors of sexualised violence. Among these was *medica mondiale* e.V., a feminist non-governmental organisation based in Germany whose origins lay in the efforts to set up the first women's therapy centre for survivors of war rape in Bosnia and Herzegovina in 1993.³ In the city of Gjakova, Kosovo, *medica mondiale* worked together with local activists to open a centre dedicated to the support of survivors in the country in 1999, leading to the founding of *Medica Kosova* as an independent organisation (Fezer, 2005, pp. 158–162) and the later formation of *Medica Gjakova* 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.

Although literature on war-related sexualised violence has grown exponentially over the past two decades, empirically grounded knowledge about the psychological, physical and social consequences of war rape is still limited – specifically when it comes to its long-term impact (Ba & Bhopal, 2017; Koos, 2017; Tol et al., 2013). Drawing on testimonies from 200 survivors of different gender and ethnic backgrounds, the present study seeks to address the significant research gap that exists with regard to the long-term consequences of war rape in Kosovo. Interdisciplinary in character, the study addresses the following research questions:

1. What **long-term consequences** do survivors of war-related sexualised violence experience? In particular, how has the war rape impacted their psychosocial and physical wellbeing?
2. What **coping strategies** do survivors of war-related sexualised violence in Kosovo use? What has given them strength to continue their lives?
3. How has the experience of war rape **affected survivors' relationships with their immediate environments**?
4. How do survivors experience **social acknowledgement**? Specifically, how do they assess the **administrative reparations** provided by the Kosovar government?
5. What significance does the **support provided by Medica Gjakova** have for survivors? How do they assess the services they have received?

² The estimate of 20,000 women and girls draws on a number of sources (Farnsworth, 2008, 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 and non-binary people were raped during the Kosovo war.

³ 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); *Medica Zenica & medica mondiale* (2014, pp. 11, 15).

This study was guided by two core values and commitments: feminism and stress- and trauma-sensitivity.

- **Feminist research** involves systematically reflecting how gender relates to power and inequality, seeking to rigorously create knowledge that contributes to a dismantling of injustice and to a conscious rebuilding of more equitable social relations (Bitzan et al., 1998, pp. 29–33; Knapp, 1999, pp. 107–112; Seifert, 1992). As a key feature, this approach influences the reflexivity of research contexts, the research process itself, and researchers’ positionality. This (self-) reflexivity helps feminist researchers to produce more nuanced and appropriate knowledge because it involves accepting ambiguity rather than seeking to eliminate it at all costs (Bitzan et al., 1998, pp. 5, 16, 86–89; Lindorfer & Wienberg, 2017; Matsick et al., 2021; Potts et al., 2022). In the present study, self-reflexivity involved consciously reflecting on and monitoring how personal experiences, roles, and interests as professional organisations influenced the study. Furthermore, the feminist approach included a commitment to planning and implementing the study in a participatory way (Matsick et al., 2021; Potts et al., 2022) as well as ensuring a survivor-centred approach, where participants are treated as subjects in their own right. Rather than just *extracting* data, the data collection process aimed to provide survivors with space for self-reflection and expression of their subjectivity, and carefully considered the type of knowledge needed to assess and help further improve the situation of survivors some 20 years after the war in Kosovo. Finally, the feminist research approach involved the insistence that war rape can only be fully comprehended if its rootedness in patriarchal and heteronormative socio-political systems is reflected on – in other words, war-related sexualised violence forms part of a *continuum of violence* that extends into so-called times of peace (European Women’s Lobby, 2017; Kelly, 1988; Mischkowski & Hauser, 2019)

- The **STA – Stress- and Trauma-sensitive Approach** has been developed to provide low-threshold support in contexts with limited resources (Griese et al., 2019, pp. 22–25). The STA embraces a socio-political understanding of trauma, which recognises that trauma and its processing are embedded in broader social and political contexts, and hence are influenced by structures of power and inequality. This necessitates a more interdisciplinary approach to research that can account for the manner in which social and political dimensions influence how survivors cope with the experience of war rape.⁴ The **four STA Principles** have been designed as an antidote 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) highlights the need for 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. Designed to be further concretised, the STA-principles informed methodological choices to be made throughout the course of this study.

The language in the report speaks of *survivors* rather than *victims* to acknowledge the strength and agency involved in continuing life after such violations. The report also prefers the term *war-related sexualised violence*, seeking to remind readers of patriarchal, heteronormative power dynamics as root causes of these forms of violence. When referring specifically to the study participants, all of whom have experienced sexualised violence that can be classified as rape, the term *war rape* is used.

⁴ The research included informal interviews with a number of public figures from media, religious institutions, activist groups, and government which helped to more explicitly reflect the socio-political context of war-related sexualised violence in Kosovo. The researchers express deepest gratitude to Atifete Jahjaga, Dom Lush Gjergji, Enver Dugolli, Berat Buzhala, Besa Ismajli, Nafi Krasniqi, Ramiz Lladrovci, Nazlie Bala, Durim Abdullahahu, and Leonora Selmani for their contributions.

2. SEXUALISED VIOLENCE IN THE KOSOVO WAR

This study needs to be understood within the historical context of the war-related sexualised violence in Kosovo. The gendered experiences of survivors are entangled in the complex social and political dynamics between Serbia and Kosovo, marked by long-lasting tensions.

The Kosovo War, officially dated to the period between 28 February 1998 and 11 June 1999, was the last conflict in the disintegration of Yugoslavia. Following Serbian repression lasting almost a decade, the Kosovo Liberation Army retaliated with attacks against Serbs, escalating into a conflict, and the Serbian government reacted with massive violence. In 1999, a North Atlantic Treaty Organization (NATO) bombing campaign eventually forced the former president Slobodan Milošević to withdraw his troops. International governance structures were installed. In that conflict, 13,000 people were killed, 1.6 million displaced and around 20,000 women raped.⁵ Currently, 1,766 persons are still officially missing. Kosovo declared its independence from Serbia on 17 February 2008, and has been recognised by 115 states. Since 2011, the European Union (EU) has facilitated a dialogue between Kosovo and Serbia aiming at normalising relations between the two countries. This dialogue focuses on regional cooperation, freedom of movement and rule of law. However, relations between Serbia and Kosovo remain complex and strained. In 2016, the Stabilization and Association Agreement between the EU and Kosovo entered into force.

In the years before and during the war, women in Kosovo played a vital role, creating their own organisations and actively participating in both civil and armed resistance. Their activism and resilience must be recognised, (Farnsworth, 2022, pp. 20–22; forumZFD & Association of History Teachers of Kosovo, 2022; Luci & Gusia, 2015, pp. 201–206).⁶

The patriarchal tradition in Kosovo has shaped survivors' experiences. Patriarchal norms, notions of honour and shame, and traditional gender roles have influenced the reporting and handling of sexualised violence, and they have shaped post-war narratives (Di Lellio, 2021).

In spite of the challenges in this context, efforts have been made immediately after the end of the war by feminist structures such as the Kosovo Women's Network, *Medica Kosova* and later *Medica Gjakova* to address war-related sexualised violence. Ongoing efforts attempt to counter patriarchal narratives and achieve measures of justice and recognition.

Legislation implemented from 2008 recognises and includes survivors of war-related sexualised violence, criminalising such acts and providing benefits for survivors. 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* (hereinafter referred to as the 2014 Law) was the first legislation aimed at providing benefits for survivors of sexualised violence, officially recognising them as civilian war survivors. These amendments provide both female and male survivors with public acknowledgement and the right to apply for administrative reparation. The progress of implementation was slow, with the government commission responsible for deciding on applications only created after April 2017 (Amnesty International, 2017). Nevertheless, the process of administrative reparation payments has since been implemented in Kosovo. It is important to note that it is the Kosovar state that has assumed responsibility for redressing these harms, not the Serbian state, due to the political impasse with Serbia.

⁵ This study recognises and includes both men and women as survivors of war-related sexualised violence, but no estimate exists on men and/or non-binary survivors of rape or sexualised violence. Similarly, estimates do not reference ethnic minorities.

⁶ The impressive work and biographies of Flora Brovina (doctor and politician) and Igballe Rogova (co-founder and director of the Kosovo Women's Network) are examples of this.

3. METHODOLOGY AND SAMPLE



© Majlinda Hoxha

The study involved a mixed-methods design, combining quantitative data from 200 survivors of war-related sexualised violence with qualitative material from 20 interviews. The quantitative data was gathered through administering five different data collection instruments. These included three well-established psychometric instruments: the International Trauma Questionnaire; the Hopkins Symptom Checklist; and the Adult Resilience Measure-Revised. Further, a questionnaire was used consisting of 116 items designed specifically for this study which used both closed and open-ended questions. The University of California at Los Angeles Post-traumatic Stress Disorder Reaction Index (UCLA-PTSD) was also administered with two small subsamples of participants for whom PTSD-scores from 2014 ($n = 22$) and 2018 ($n = 34$) existed. The use of this latter instrument was intended to help understand how using *Medica Gjakova*'s services might have affected their coping with trauma.

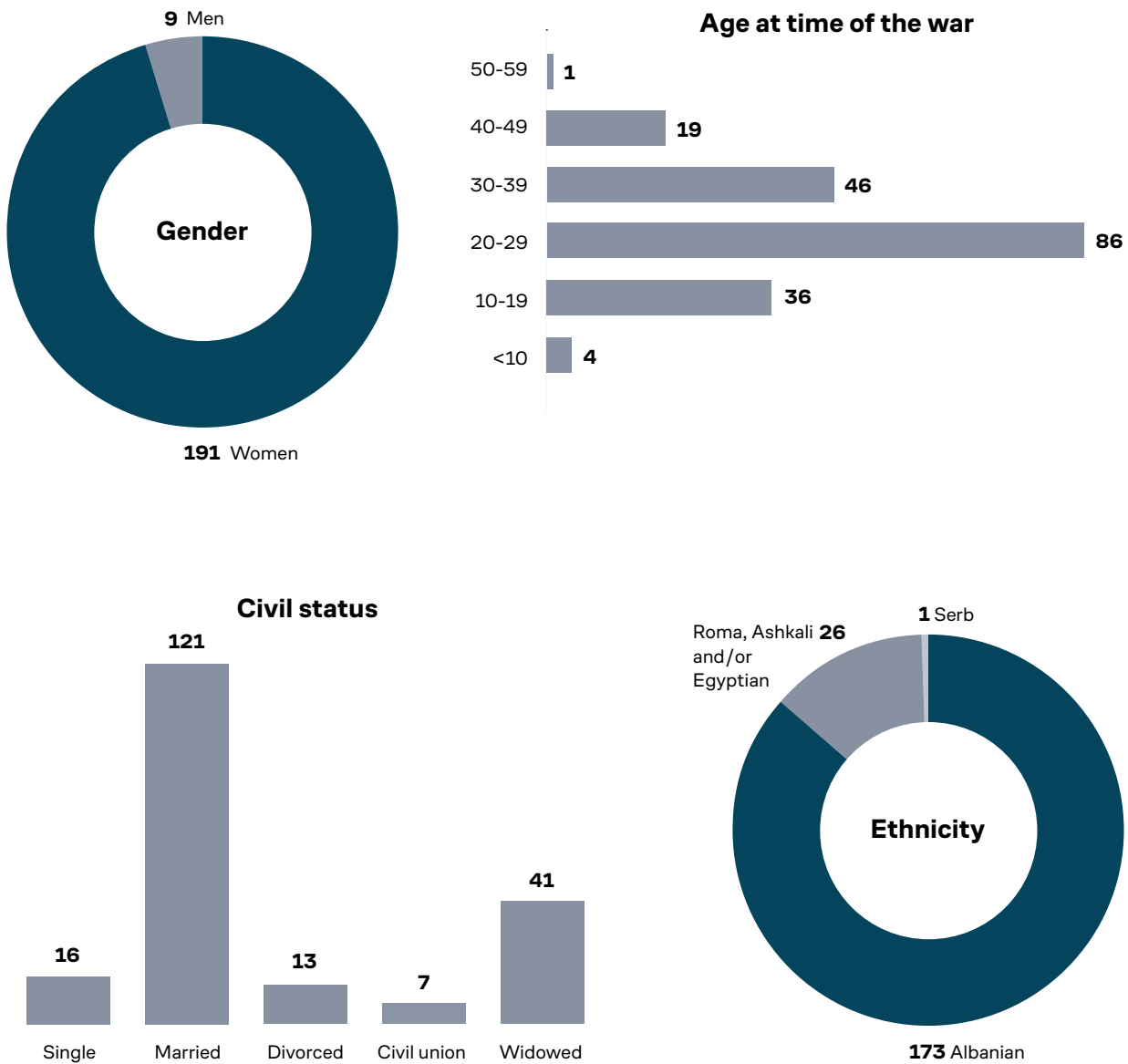
The quantitative data collection was carried out by staff of *Medica Gjakova* in Spring 2022 and processed using Microsoft Excel and SPSS software. Qualitative interviews were conducted between Spring and Autumn 2022 by external research consultants Anna Di Lellio and Garentina Kraja in the presence of

psychosocial counsellors from *Medica Gjakova* who intervened whenever the participant needed to be calmed and reassured. Participants were interviewed in their native languages. Answers to open-ended questions were categorised by a mix of interpretive and presumption-focused coding (Adu, 2019, pp. 23–58). Quantitative and narrative data were first analysed independently from each other and subsequently triangulated. Preliminary findings were repeatedly discussed with staff from *Medica Gjakova* and *medica mondiale* during reference group meetings. Triangulated findings were also discussed with a reference group of four survivors.

The quantitative sample was selected to reflect the sociodemographic composition of *Medica Gjakova*'s clients; specifically, they were chosen from the client database of *Medica Gjakova*'s psychosocial department. The composition was also chosen with the intention to include as many clients as possible from otherwise underrepresented groups, including male survivors and survivors from the Roma, Ashkali, and/or Egyptian communities.⁷ The qualitative sample was drawn from the quantitative sample, with the intention of capturing a maximum diversity of backgrounds. The key characteristics of the quantitative sample are shown in Figure 1.

⁷ Although we recognise the differences among and within Roma, Ashkali, and Egyptians, it was beyond the scope of this study to explore potential specifics of their respective victimisation and coping processes.

Figure 1:
Demographics of quantitative sample



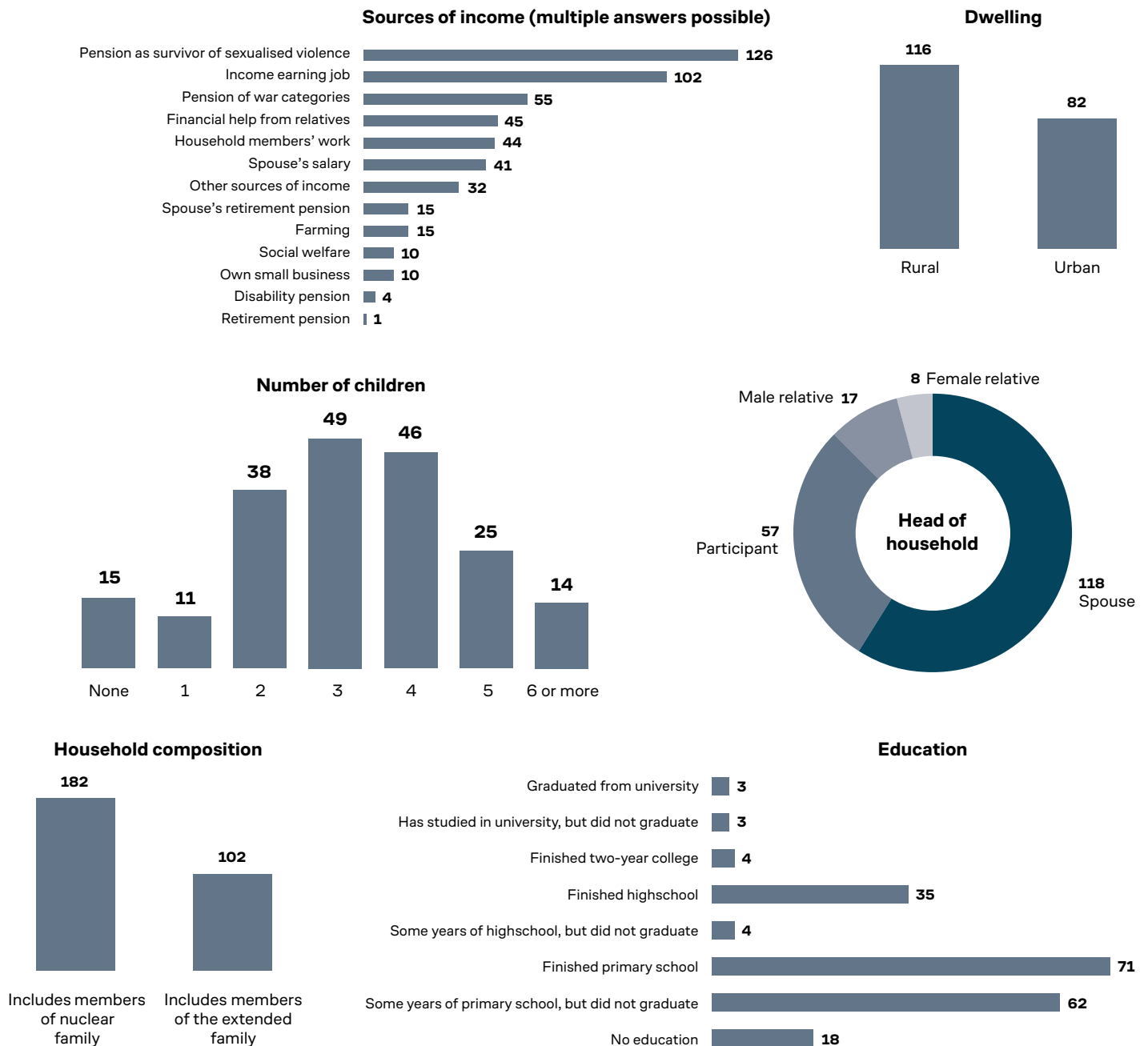
4. PARTICIPANTS' CHARACTERISTICS AND WAR EXPERIENCE

While Kosovo Albanian women and girls were affected significantly more often by war-related sexualised violence in Kosovo, men and boys were also subjected to war rape, as well as women from ethnic minorities. The results show that women and men of all ages were affected by war-related sexualised violence.

Participants' characteristics

Figure 2 illustrates the characteristics of the sample of participants.

Figure 2: Characteristics of quantitative sample



Some additional points emerging from analysis of the participants' characteristics:

- When asked for their civil status (shown in Figure 1), more than half of the participants said they were married (60.5%). Eight of the nine men reported being married, compared to 113 of the 191 women.⁸ In other words, the female participants were considerably more diverse with regard to their civil status than the small subsample of male survivors.
- With regard to education, a gender gap emerges, where six out of nine men hold at least a high school diploma, while this is only the case for 39 out of 191 women. Notably, none of those are Roma, Ashkali, and/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 that they had an income-generating job now – a considerable increase compared to the 43 (21.5%) who said they did before the war. Earnings are relatively low, though, with the majority of respondents saying they earned between 200 and 400 euros per month.
- Participants' households rely on a mix of income sources, with the pension as a survivor of war-related sexualised violence being most frequently mentioned, showing its immense economic significance.
- Participants were asked who the owner of their housing was. For female participants, it was most common to either name their husband or another male family member as owner of their housing. This suggests dependency in this regard. For male participants, the majority (seven out of nine) described themselves as owners of their house or apartment.

- Responses to the question of who the head of household is revealed a clear 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 the study named a male relative as head of the household, most frequently their husband.

Participants' war experiences

All of the participants in the study had sought *Medica Gjakova*'s support because they had experienced war-related sexualised violence that can be classified as rape (some form of penetration). In addition to this, the overwhelming majority (86.5%) were exposed to other potentially traumatising events, including losses and/or other types of violence during the war. More than one third experienced three or more additional events or losses. Almost half of the participants reported that they also had to witness sexualised violence, and roughly one fourth of participants had to come to terms with the loss of a relative or even a close family member.

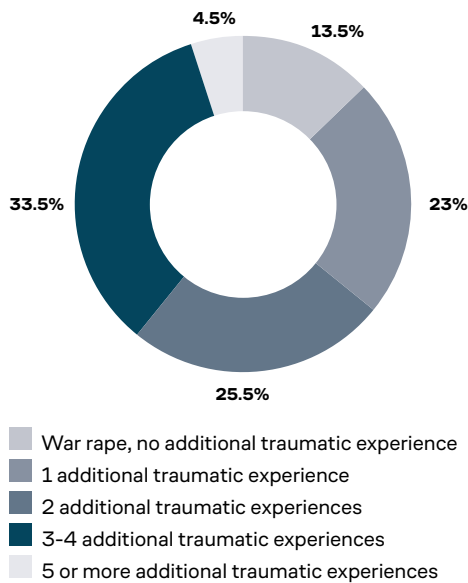
“I was an 11-year-old child.
I didn't know anything,
I couldn't understand anything,
but we heard all sorts of screams,
we saw all sorts of things,
we saw all these scenes.
Even before anything happened to me,
one was likely to lose their mind or
drop dead because there was blood,
there were women screaming,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

Figure 3 presents a summary of participants' war experiences.

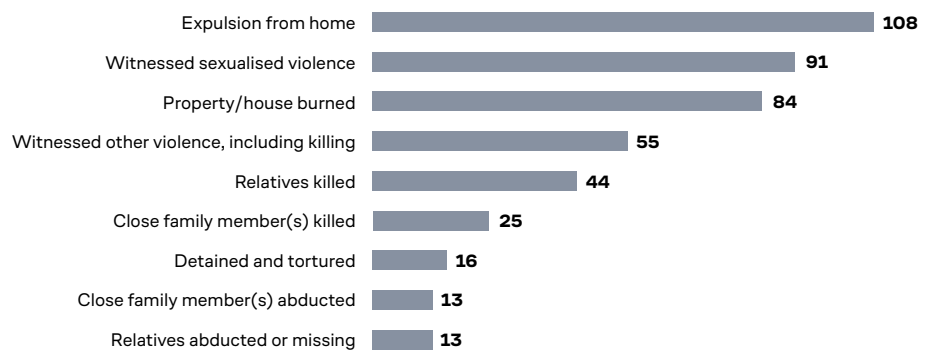
⁸ One male participant did not answer this question.

Figure 3:
War experiences of participants

Multiple potentially traumatic experiences



Other instances of loss and violence (multiple answers possible)

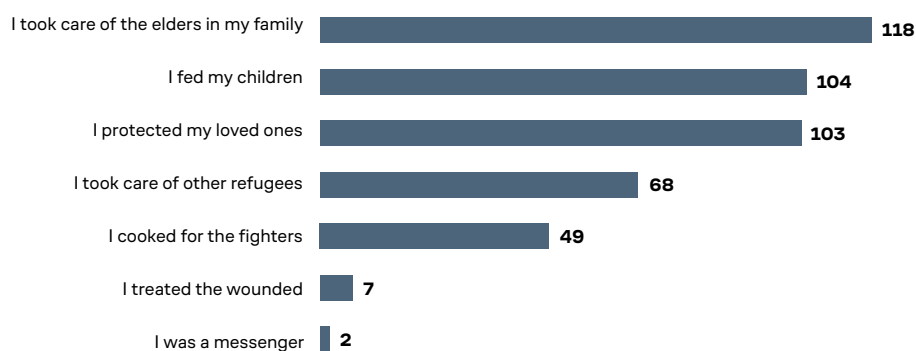


The overall experience of the war for these survivors cannot be reduced to *victimisation*. Participants were asked about anything they did during the war that makes them proud: their responses (illustrated in Figure 4) demonstrate how their agency also needs to be considered.

Although 19 participants (9.5%) did not mention any source of pride with regard to the war, the overwhelming majority (90.5%) does feel proud of at least one thing they did during the war. Most commonly, they named two sources of pride (60 cases, 30%), while 44 participants (22%) even mentioned four or more accomplishments. Participants' answers attest to the significance of family: respondents most frequently expressed pride in having taken care of loved ones and family members during the war.

Figure 4:
Sources of pride with regard to the war

What did you do during the war that makes you proud? (multiple answers possible)



5. PSYCHOSOCIAL AND PHYSICAL CONSEQUENCES OF WAR RAPE

From a critical feminist perspective, there are numerous limitations in the discourse on post-traumatic stress disorder (PTSD)⁹: the consequences of socio-political violence, other forms of structural and cultural violence, or human rights violations against women cannot be reduced to psychological symptoms, since this would imply depoliticising and decontextualising the origin of the trauma and relocating the survivor's suffering in their individual psyche. In addition, psychopathological *symptoms* of post-traumatic stress should be understood as a "normal" adaptive response to "unnatural" and extreme life-threatening circumstances (Griese & Mehla, 2016). Survivors face ongoing traumatic processes, including continuing political insecurities, the increases in intimate partner violence and violence against women that regularly occur in post-war contexts, and the problematic reactions of their environments to the sexualised violence, such as stigmatisation and silencing. Hence, to label survivors' problems as merely *post-traumatic* fails to describe the continuous traumatisation process that many survivors face and that considerably contributes to their level of traumatic burden.

"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, Kosovo Albanian)

An alternative hermeneutic is a concept called *sequential traumatisation*, developed by Keilson (1992), since there is likely to have been a build-up of patriarchal oppression, individual threats and assaults (for example at check points) and thus insecurity prior to war, the trauma of war itself with the compounded impact of sexualised violence, and the aftermath, where "survivors of sexualized violence in war are almost always in a situation in which their traumatisation process continues in the post-war period and in exile too" (Joachim, 2005a, referring to Hauser & Joachim, 2003).

⁹ According to the International Classification of Diseases, Eleventh Edition (ICD-11), 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" (World Health Organization, 2024).

For a further overview of the feminist trauma discourse, see chapter 5 and in particular 5.1 of the full study report.

¹⁰ "All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterised by severe and persistent 1) problems in affect regulation; 2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning." (World Health Organization, 2024).

Nevertheless, it is useful to assess levels of post-traumatic stress, as one indicator for survivors' suffering, in order to enable comparison within the wider scientific discourse that is still dominated by the concept of post-traumatic stress disorder(s).

Research results regarding the psychosocial and physical consequences of war rape

Some of the symptoms reported by participants include flashbacks, emotional dysregulation and a persistent hypervigilance, reflecting the current sense of threat that is particularly strong in the respondents. About two thirds of study participants reported difficulties in falling asleep or the inability to sleep without interruptions or nightmares, a known consequence of persistent levels of stress and anxiety. The research found that 73% of participants in the study qualify as suffering from Complex PTSD.¹⁰ An additional 13% meet all the criteria for a PTSD diagnosis. While the high levels of Complex PTSD and PTSD are alarming, this study could compare current with older PTSD scores for two small subsamples, and the results indicate that accessing *Medica Gjakova's* services did help respondents to at least alleviate some of their traumatic burden.

"Wherever I went out I was scared. If somebody came to the door, I would think that they were coming again, that fear remained."

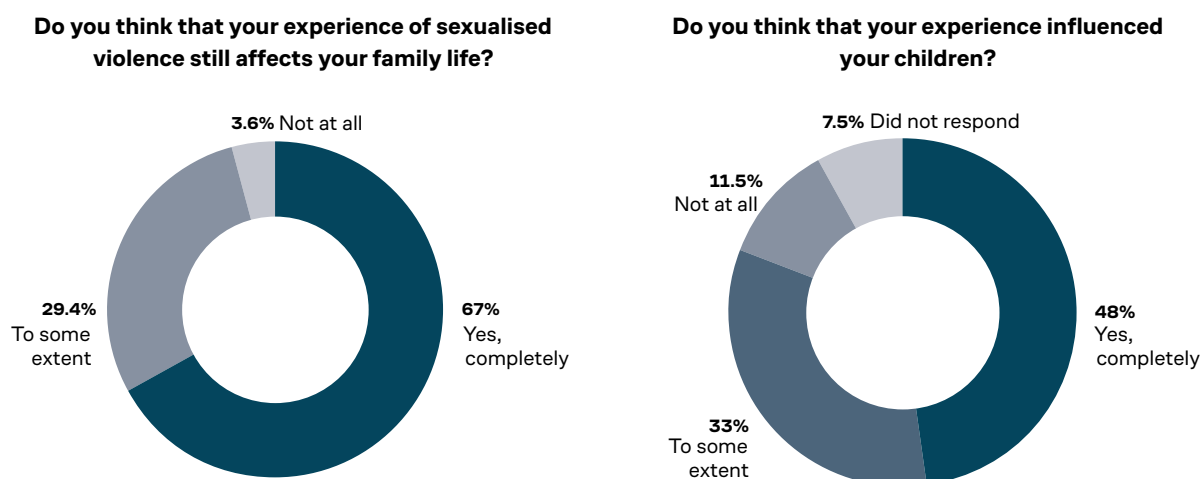
(Woman, Roma, Ashkali, or Egyptian)

Nearly all of the study participants (95.5%) meet the criteria for clinical depression. In addition, 59 participants (29.5%) reported having suicidal ideation within the past week, and 101 (50.5%) reported having self-harming ideation since the war, with 142 (71%) saying that they had experienced the thought that life

was no longer worth living. The vast majority (96%) of the participants reported high levels of anxiety, and 57% (114) reported (self-)medication with sedatives. In the qualitative interviews, some participants noted that the support from *Medica Gjakova* had lessened their reliance on medication.

In the present study, 73% of respondents said that they have lost interest in sex. More than half (115 respondents) said that the experience of sexualised violence still completely influenced their intimate life, with 33 responding that it has some impact. In general, a large proportion of participants expressed fear, hatred and/

Figure 5:
Family life and perceived inter-generational effects of trauma



or mistrust towards men. Some described feeling emotionally distant towards both men and women, for fear of being treated negatively as a survivor of sexualised violence. Figure 5 presents a graphical summary of respondents' answers regarding their family life and perceived inter-generational effects of trauma.

Participants expressed strong negative perceptions regarding the effects that their traumatic experiences of sexualised violence had on their family life and on their children. As such, 29.4% of respondents said that they believe their experience of sexualised violence affects their family life to some extent, while an even more alarming 67% feel that it affects family life completely. In addition, 48% think that their experience has completely affected their children, and only 11.5% explicitly responded that they do not think that their experience affects their children. Considering that the study found that children and family carry a high value

and are profound sources of resilience for most of the participants, the perceptions regarding impact on family and children are especially noteworthy and suggest a great sense of suffering. Perceptions expressed in the qualitative responses show the depth of the impact that war rape can carry not only for survivors directly, but also how they suffer from low self-esteem and perceived negative value as partners, family members, fathers and mothers.

"I passed the fear on to the children - the dark rooms, the unknown streets, I was always afraid something might happen."

(Woman, Kosovo Albanian)

Almost half of the participants in the study reported that they perceive their health as poor (94 respondents, 47.5%) while the other half reported their health as fairly good (91 respondents, 46%). Only 13 participants (6.5%) consider their health to be good. This pattern is consistent across ethnic groups. Notably, none of the nine men included in this study reported being in poor health. Closer analysis of the different psychosomatic problems reported revealed that more than three quarters of participants reported suffering from headaches, fatigue, neck pain, and/or back pain. More than half of the participants said they experience hypertension and/or suffer from some digestive problems, such as stomach pain. Regarding problems relating to the sexual organs, nearly 60% of participants, 113 of them women and 6 men, said they have problems urinating. Of the female participants, 103 (53.9 %) reported that they experience increased secretion, and 81 (42.4%) reported menstrual disorders. Thirteen survivors suffered from cancer and 70 participants said they underwent a medical procedure or surgery, most frequently hysterectomy (12) and cervical conisation (8). The vast majority of respondents (186 respondents, 93%) reported regular consultations with a doctor, with about half of the female participants (96) seeing a gynaecologist. Out of the latter, more than half indicated that they make use of gynaecological services offered by *Medica Gjakova*. This highlights the importance of free-of-charge, survivor-centred gynaecological services as a more general access strategy to health care and health awareness.

“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, Kosovo Albanian)

A clear relationship was found between sexualised violence and sexual dysfunction among the survivors. About two thirds of respondents (100) said they have problems during intercourse, while roughly one third (45 participants) said they do not, with 55 participants declining to answer. Six out of the nine male survivors said they have problems during sexual intercourse.

“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, Kosovo Albanian)

Balancing the picture of debilitating consequences of war-related sexualised violence on so many aspects of life, this study looked into post-traumatic growth and resilience as important mitigating processes in the post-traumatic recovery process. A vast majority (79%) of participants reported high levels of resilience, 64% said that despite the pain they have experienced some form of growth. In other words, results point towards a coexistence of strength and growth on the one hand, and suffering on the other.

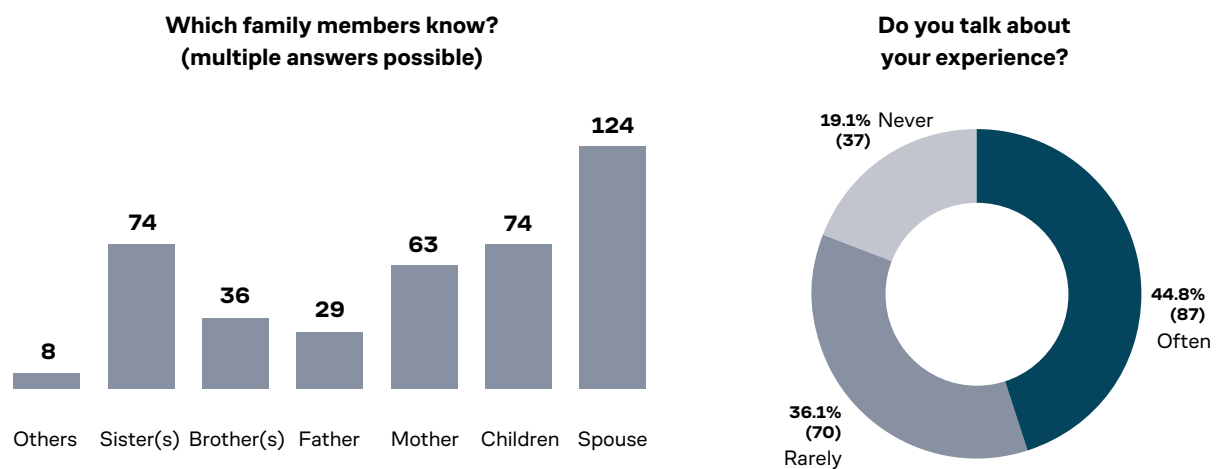
The chronic negative physical condition of survivors can be interpreted as an ongoing traumatic process that persists because their health problems continually remind them of what has happened. Another reason refers to the environment and broader societal context, which will be summarised in the following chapter.

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

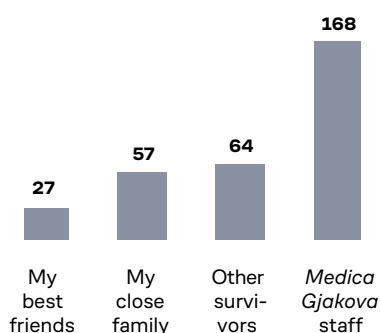
The overwhelming majority of participants said that, in addition to *Medica Gjakova* staff, someone else knew about their experiences of war-related sexualised violence. In 86.3% of cases there are family members who

know, whereas it is less common for friends to know, with 39.5% saying that at least one friend knows. Figure 6 presents a summary of participants' responses regarding disclosure of their experiences.

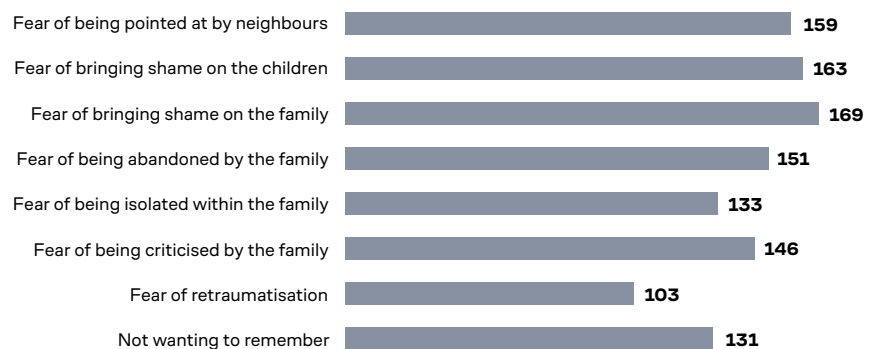
Figure 6:
Disclosure of war rape experience



With whom do you talk about your experience? (multiple answers possible)



Why do you think survivors never talked? (multiple answers possible)

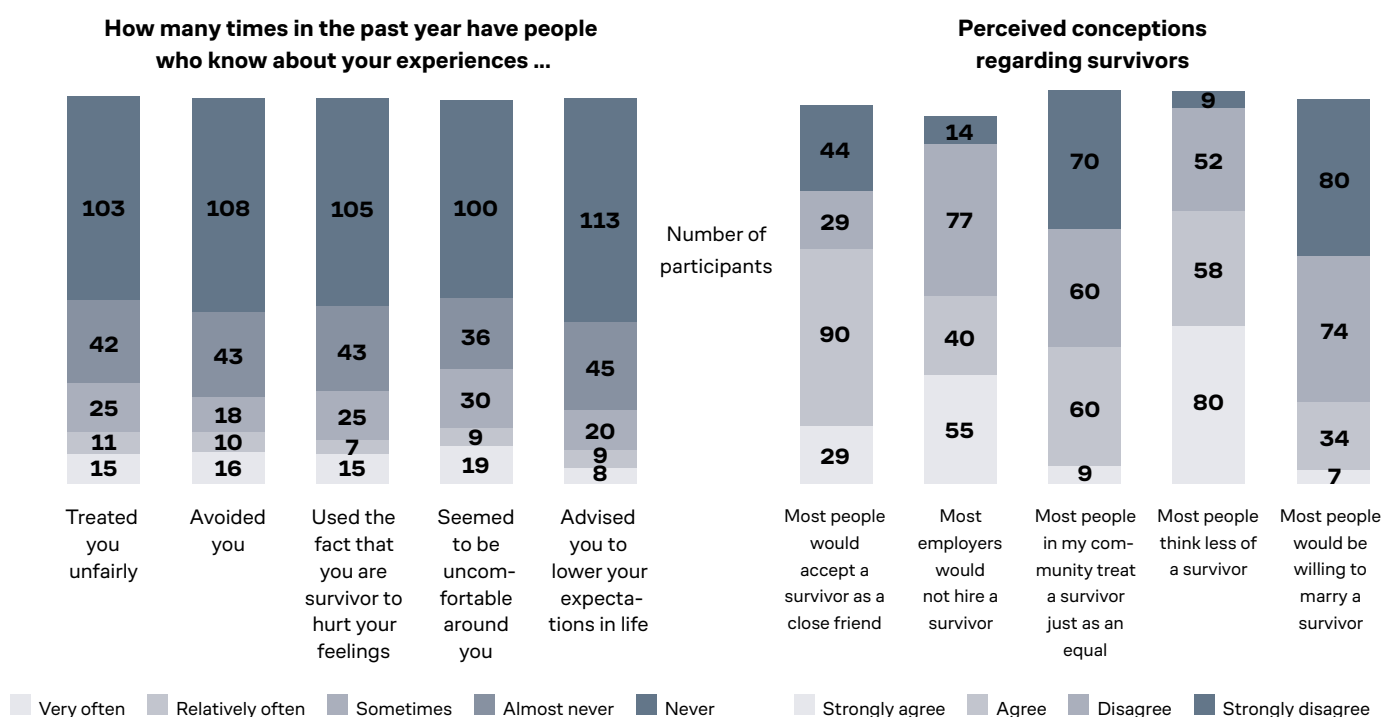


How family members learned about the rape experience differs. In 140 cases participants told them, in another 101 cases they witnessed the rape, which can itself be a traumatising experience. Fourteen respondents said family members were told by others. Given that speaking about traumatic experience is neither easy nor pleasant, even in contexts that are accepting and supportive, it is significant that 44.8% of participants talk about their rape experience frequently and 36.1% occasionally. Only one fifth of participants said they “never” do so. For the vast majority it is *Medica Gjakova* staff with whom they talk, with roughly one

third of participants naming other survivors and/or close family members. Where 44.9% of participants reported to know other survivors who have never talked about their experiences, when asked for possible reasons, they referred to internal as well as external fears, with the highest response being the external fear of bringing shame on the family.

Figure 7 shows participants’ responses regarding their perceptions of negative treatment and devaluing attitudes.

Figure 7:
Perceptions of negative treatment and devaluing attitudes



In their responses to questions related to perceptions of support, a clear majority of participants indicated feeling “very much” supported by family, friends, or others who know about their rape experience. Moreover, participants reported relatively few experiences of negative treatment within the last year (Figure 7, left-hand graph).

A contradictory picture emerges with regard to participants’ perceptions of negative conceptions of survivors

(Figure 7, right-hand graph), which they consider to be prevalent in their environments, although there is considerable variation across items. There was a particularly strong sense of devaluation when it comes to marriage, with 78.9% (strongly) disagreeing that most people would be willing to marry a survivor. In contrast, participants were fairly evenly split over the likelihood of encountering discriminatory hiring practices, and a majority was convinced that most people would be willing to accept a survivor as a close friend.

“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... 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, Kosovo Albanian)

Thus, on the one hand, a majority of participants feel very supported by individuals within their immediate environments and report relatively few recent adverse treatments and reactions. On the other hand, many participants perceive a prevalence of discriminatory practices and devaluating attitudes against survivors. These contradictions may also be impacted by patriarchal social norms and narratives in a context where women generally lack agency and where, at times, women who have experienced war rape are devalued for supposedly having *consorted with the enemy voluntarily*. Compounding this is the small population size in Kosovo which, especially in small rural communities, can give rise to gossip as a means of patriarchal social control. Moreover, the social norm of sexual purity was described as a gendered, patriarchal norm that holds female survivors and their families accountable for the sexualised violence that a woman has experienced. At the same time, this norm invokes men as controllers and defenders of female sexual purity, thereby rendering male survivors of rape socially invisible. The contradictions may also, in part, be explained by Complex PTSD symptoms such

as internalised shame and a sense of worthlessness, impacting how survivors perceive social responses.

“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, Kosovo Albanian)

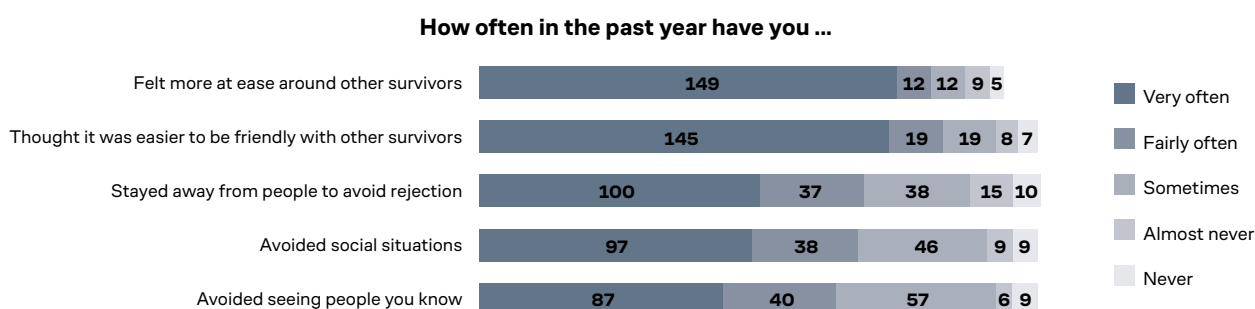
“They would say to my face, ‘Get out of here, you're a nobody, this is who you are!’ To me, this was death. That's why I'm closed in; I don't open much because I'm scared they'll say that to me. I'm afraid.”

(Woman, Roma, Ashkali, or Egyptian)

The study found that, for a vast majority of the participants and their respective environments, marriage is both highly significant and also socially regulated in a way that depreciates and devalues survivors of sexualised violence, with 170 (85,4%) and 168 (84,4%) respectively saying they would be “very concerned” that a fiancée or spouse would not want to continue the relationship after having found out about their rape.

In exploring survivors' handling of social situations, the study found that most of the participants (68.2%) do not take part in social activities at the local level, and show strong tendencies to limit contacts and withdraw from social interaction, due in part to the fear of devaluation and discrimination, but also signalling possible grief and depression. Figure 8 illustrates survivors' responses with regard to avoidance behaviour, thoughts and feelings.

Figure 8:
Avoidance behaviour, thoughts and feelings



The two items indicating a feeling that being among other survivors is easier were considerably more often and enthusiastically endorsed, while avoidance behaviour towards people in general was less pronounced. Qualitative responses indicated that survivors especially tend to avoid happy and/or celebratory family gatherings such as weddings, and find it easier to attend funerals where sadness is expected.

“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.”

(Woman, Kosovo Albanian)

The study also explored the social dynamics within the families of survivors. Although most of the participants described their family as supportive, closer analysis showed expectations in this regard were generally low, with participants, for example, considering the silence of family members as *supportive*. Moreover, many see ongoing negative conceptions of survivors in their immediate environments. Some examples that emerged from the qualitative interviews were: fear of a strict father’s reaction immediately after the rape; being taken advantage of by female in-laws; and family members trying to hush up the incident due to patriarchal notions of shame, purity or trying to protect the family’s honour.

“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)

In this regard, the broader social environment plays a powerful role in perpetuating prejudice, devaluation and patriarchal social norms. Viewed in the light of sequential traumatising, the prevalence and enforcement of such norms must be comprehended as an important factor contributing to participants’ alarmingly high levels of psychological suffering. However, the manner in which survivors and their immediate environments cope with the experience of war rape also has the potential to impact on these very norms. For example, the data shows that, despite socially prevailing patriarchal notions of *sexual purity* and honour, for a considerable number of husbands such notions do not inform their willingness to get married to or stay in marriage with a survivor. In other words, change towards less restrictive and hierarchical gender norms is already taking place privately and should be supported by interventions for fostering norm change at the community level.

The research found evidence for three forms of silencing in participants’ relationships:

- disabling *silence as shaming*, e.g., when participants were told to keep a low profile by close family members to avoid being identified,
- enabling *silence as coping*, i.e., as a defence against pain and as a protection of relationships and a point of control (“I decide who I tell”), and
- *silence as protection* which makes relationships possible.

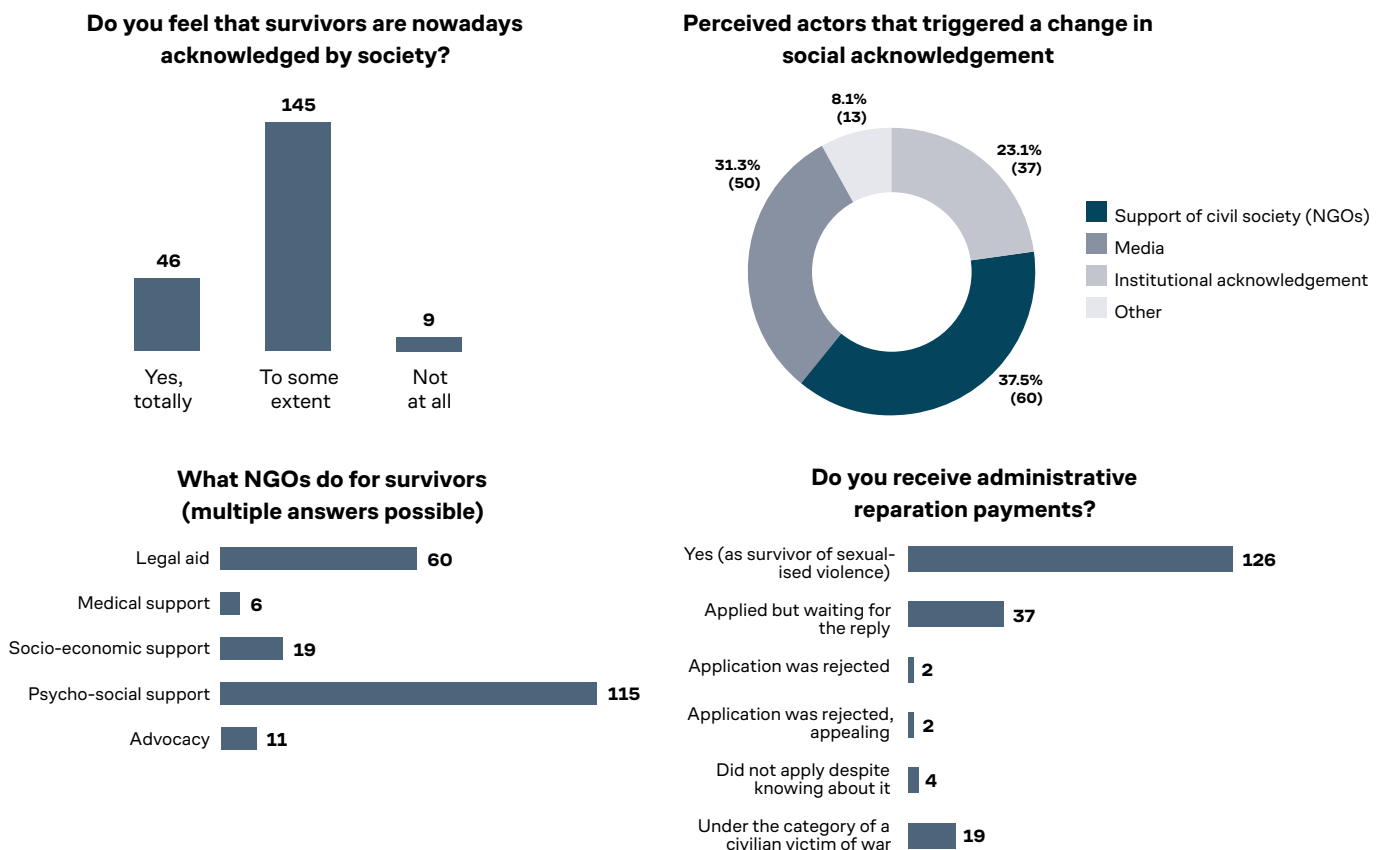
Generally, the strong patriarchal dynamics in the immediate and broader environment are putting additional pressure on the survivors of sexualised violence. Hence, a less supportive or even stigmatising and silencing environment makes any form of integration of the painful experiences challenging.

7. SOCIAL ACKNOWLEDGEMENT

The research examined, at the macro-level, how survivors of war-related sexualised violence understand and experience political and societal efforts to acknowledge these crimes in Kosovo, in order to comprehend how survivors conceptualise social acknowledgement¹¹ and to better appreciate the strengths and weaknesses of current approaches. By hearing how survivors them-

selves understand social acknowledgement, new possibilities may be envisioned for securing justice, encouraging a supportive society which acknowledges the pain and, ultimately, enabling individual and societal healing in ways which support survivors to reach their full agentic potential.

Figure 9:
Survivors' perceptions of social acknowledgement



The majority of respondents (145, 72.5%) felt that society acknowledged survivors of war-related sexualised violence to “to some extent”, while 23% felt they were “totally” acknowledged. When asked “was it

always like that?”, 71.5% believe that social acknowledgement of survivors of war-related sexualised violence has improved over time. In qualitative interviews, this shift is inextricably linked to two key institutional

¹¹ Social acknowledgement is used interchangeably and synonymously with social recognition 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. Some expressions for the social acknowledgement of war-related sexualised violence include, but are not limited to, awareness-raising campaigns and art activism, as well as justice mechanisms such as restorative or transformative justice.

changes: the 2014 Law on their status¹² being passed and the eventual implementation of amendments (in 2018). On the one hand, this underlines the significance of reparative justice efforts; on the other hand, the delay in providing reparations for survivors of war-related sexualised violence may be interpreted as an extended sequence of post-war traumatisation and help explain the dramatically elevated levels of post-traumatic distress.

“In the beginning they did not acknowledge us, now yes.”

(Woman, Kosovo Albanian)

When asked which actors they perceived to have triggered a change in social acknowledgement, the majority of participants' responses mentioned an NGO (*Medica Gjakova* in this instance) – this underlines the importance that NGOs play.

“The opinion of people changed over the years.”

(Woman, Roma, Ashkali, or Egyptian)

Most of the respondents consider that the main role of NGOs is psychosocial support, with qualitative responses underscoring the need for active work within communities and highlighting the importance of group work in order to overcome isolation. Obtaining information about their legal rights and receiving support for filling out the application form for administrative reparation payments is also considered to be vital help provided by NGOs. Many of the participants perceive NGOs as being the reason that they receive the payments.

“Change began in 2018 when I began to meet with *Medica Gjakova*.”

(Woman, Kosovo Albanian)

With regard to the role that media has played in bringing about a change in social acknowledgement, the participants stressed the importance of hearing other

survivors speak out in helping them feel acknowledged as survivors, and less alone. Kosovo's first female president, Atifete Jahjaga, stood out as a public figure who was positively associated with efforts to change society's perceptions of survivors of war-related sexualised violence. Her transcending the public realm into more direct forms of interaction with survivors was specifically highlighted by some participants, suggesting that she is appreciated for the fact that she is active even when the cameras are not focused on her.

The research found that institutional acknowledgement in the form of administrative reparation payments is an important marker of social acknowledgement for the participants. In fact, with 131 mentions, this was regarded as the most significant form of social acknowledgement provided by the Kosovar state. A number of the participants stated that they learned about the reparations through *Medica Gjakova*, which raises the question of how many survivors there may be who do not yet know about them. Although participants mostly feel positive about the reparations, some expressed reservations, and even anger, feeling: the amount is too little; survivors had been 'bought off'; or they had been exploited to further the advancement of certain political agendas.

“When the associations (NGOs) began to treat us. When the state passed the law. And when the media began to speak about sexual violence.”

(Woman, Kosovo Albanian, when asked when she noticed a change in the acknowledgement of survivors)

Where many participants felt that justice had not been seen towards the perpetrators, some considered the formal documentation of their experiences by means of the legal status of “sexual violence victim of the war” to be an important social acknowledgement of their experiences. In contrast, the application process for this status was experienced as painful and even re-traumatising by some participants. They expressed anxiety about testifying before the government commission, and feelings of intimidation when trying to fulfil the rigorous requirements of witnesses, therapy notes, and

¹² *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.*

medical reports. Notably, male survivors were found to have a statistically higher risk of denial of status by the commission. The application process is lengthy and arduous and appears to be inaccessible to some, which has led NGOs such as *Medica Gjakova* to offer help and advice. One participant mentions being called to an interview in the very building in which she had been raped. This expressed the extreme lack of awareness and stress- and trauma-sensitivity on the side of the commission, the staff and the procedures. Participants also criticised the way 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 – which is a severe threat to the potential of the “sexual violence victim of the war” status as an institutional form of social acknowledgement.

It is encouraging that most participants felt acknowledged by society – at least to some extent. Whereas, as discussed in the previous chapter, many participants see devaluing conceptions of survivors prevailing in their immediate environments, there was a more positive view of developments at the institutional, political and societal levels. At the same time, existing legal stipulations that do not adequately meet survivors’ needs, the privileging of veterans relative to 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. In order to address these barriers, concerted efforts seem necessary by the legislative authorities, government institutions and NGOs authorised to support survivors in the application process.

“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, Kosovo Albanian)

Since the Kosovo war, significant steps have been taken by the state, feminist advocates, and activists to recognise the damage caused by war-related sexualised violence to both the individual survivors and society as a whole. The greater the social recognition is, the lower the stigma and the stronger the path to healing. A culture of recognition and support for survivors also has the potential to affect patriarchal dynamics, fostering an environment of safety, connection and empowerment, and allowing for greater self-care. However, although the increase in recognition is intended to be healing and of benefit, the practical implementation of the processes involved can lead to re-traumatisation in survivors and expose the individual to further suffering. Careful design, training and monitoring of those involved in implementation is therefore needed in order to avoid marring the path to healing and the intended benefits of this social recognition of conflict-related sexualised violence.



© Majlinda Hoxha

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

This research explored how participants perceive the support provided by *Medica Gjakova* in general, as well as the specific services they received.

Characteristics of *Medica Gjakova's* work with survivors

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 Hauser 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 Kosovo and Albania. Fundamental to this was a response of solidarity as feminists to the horrendous war-related crimes committed against women and girls. These projects were developed around a unique and pioneering linkage between psychosocial and psychotherapeutic work with political human rights activism and an active engagement, both during and after the war.

“*Medica [Gjakova] has calmed our souls. I now know myself to be a person who can breathe.*”
(Woman, Kosovo Albanian)

The work of *Medica Kosova* and later *Medica Gjakova* is built on a foundation of a multi-professional approach that developed out of a collaboration of practitioners, trainers and feminist activists in different parts of Europe, and which has been adapted over time for the Kosovo context.

The approach involves four pillars: psychosocial counselling work, medical-gynaecological services, legal

support, and income-generating activities for economic empowerment. Additional key features of the work are:

- a survivor-centered approach tailored to the needs of the clients,
- active outreach to survivors in their respective communities, involving local leaders as sources of information about possible survivors, and respecting survivors' needs to protect themselves,
- advocacy with and on behalf of survivors, with the intention of improving the overall conditions for survivors,
- emphasis on building a strong rapport with clients and establishing trust, with attitudes such as kindness and empathy as well as a strict sense of confidentiality above all else, and
- the four STA-principles (as described in the introduction) which inform all of the work.

Medica Gjakova's counsellors help clients who take part in counselling groups to move gradually, at a pace that is right for them, through the three phases of trauma work as developed in a model by Judith Herman (1992/2015). The phase of safety and stabilisation (1) is where clients learn how to gain emotional stability when being triggered by traumatic memories and where they experience a safe and protected space in the group that allows them to open up. This stability is a precondition for the confrontation phase (2) where clients revisit their traumatic wounds in the safe therapeutic space of the group counselling. This in turn enables them eventually to enter the phase of final integration (3) of the experience into their life.

“*Counseling helped me; it calmed me down thanks to conversations. Now I am calmer, more relaxed.*”
(Woman, Kosovo Albanian)

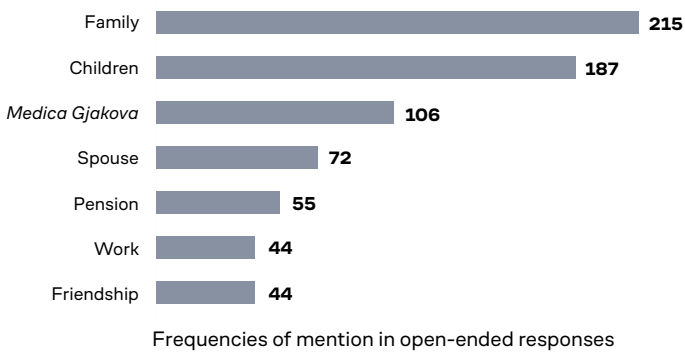
Research results regarding the significance of *Medica Gjakova's* support

The study found that the participants' trajectory of stabilisation and regaining a sense of safety is significantly connected to the support they receive at *Medica Gjakova*

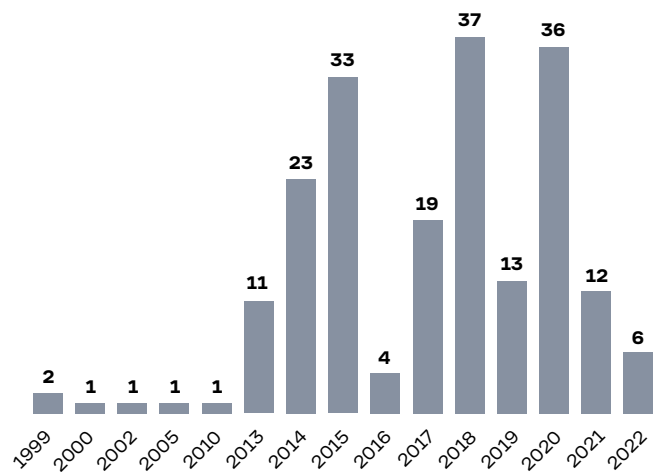
ova. Figure 10 summarises participants' perspectives of the sources of support that they draw on, including support from *Medica Gjakova*.

Figure 10:
Participants' perspectives of sources of support

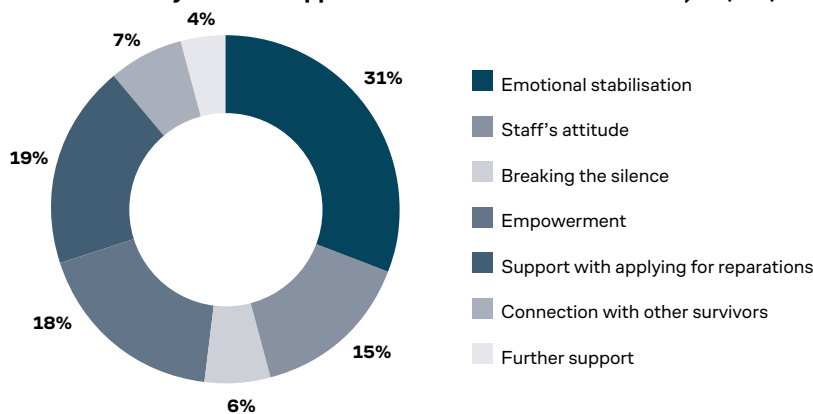
Top seven things that helped most to carry on with life



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



What participants found most helpful about *Medica Gjakova's* support



When asked about the factor that most helped them to carry on with life over the past 22 years since the end of the war, *Medica Gjakova* came in third position (106 mentions), just after family in general (215 mentions), and children (187 mentions), and before spouses (72 mentions). These comments show how important having family, and children in particular, is for participants.

Family provides the main source of support, protection and safety – yet at the same time it functions as the main stabiliser of patriarchal norms and enforcer of patriarchal notions of 'family honour', which devalue survivors. These numbers also underscore the significance attributed to *Medica Gjakova* by many of their clients which some participants explicitly described as being like a second, more supportive family.

“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, Kosovo Albanian)

The overwhelming majority of participants (97%) reported they had started seeing *Medica Gjakova* in 2013 or later, i.e. 14 or more years after the war. These numbers might reflect the fact that *Medica Gjakova* only emerged as an organisation separate from *Medica Kosova* in 2011. They might also reflect the increased public discussions of war-related sexualised violence at that time and the legislative amendments by the Kosovar government to provide reparations. There is a peak of new clients in 2018, the year that applications for recognition as a survivor of sexualised violence first became possible. The spike in 2020 is likely related to the psychosocial and economic stresses raised by the COVID-19 pandemic.

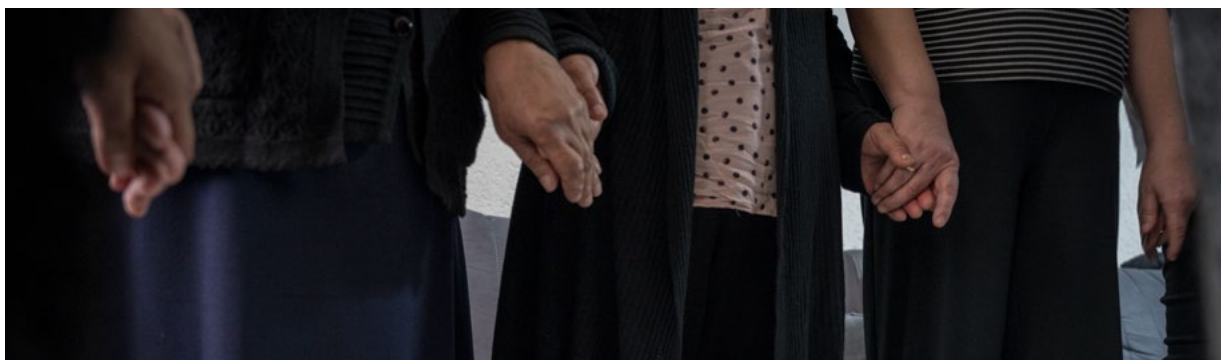
“*Medica Gjakova* helped me keep my mind together. Because the murder turned the page white, and the rape left you alive and upside down, upside down. Yes, *Medica Gjakova* empowered me and convinced me that it is not my fault.”

(Woman, Roma, Ashkali, or Egyptian)

With regard to the administrative reparations, an interesting finding is that the number of participants who

mention they received support during the application process (181) is more than twice as high as the number of those who said they came to the organisation for this specific reason (76). This may be an indication of the crucial nature of the involvement of professional organisations with a survivor-centred approach when it comes to empowering survivors to actually claim their legal rights to reparations. This may also indicate that the conceptual decision to offer multiple different professional services under one roof does in fact seem to make services more accessible.

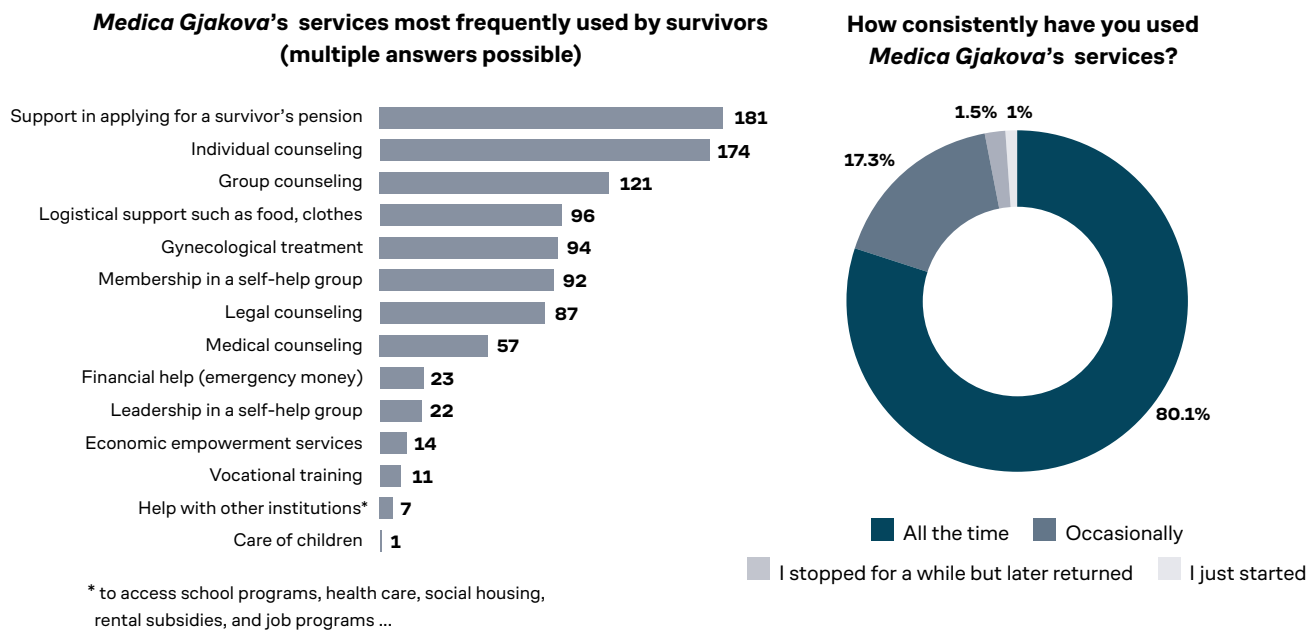
The study found promising evidence that a stress- and trauma-sensitive provision of services is effective. When asked about the most helpful aspect of *Medica Gjakova*'s approach, the most frequent response (31%) was a reduction of anxiety, worries, nervousness and trauma (increased emotional stability). This underlines the first principle of the STA as put into practice by all services provided within the organisation. The second most frequent response (19%) referred to *Medica Gjakova* as being helpful in the process of applying for administrative reparations, followed closely (18%) by descriptions of feeling strong enough on a spiritual, emotional and/or social level to continue their lives: this latter benefit reflects the STA principle of empowerment.¹³ The fourth most frequent response (15%) referred to attitudes such as care, unconditional acceptance, and confidentiality. Finally, 7% of the answers explicitly mention being with other survivors as helpful. These findings may be connected to the STA principle of connection and solidarity, fostered via group work.



© Mejinda Hoxha

¹³ This STA principle of empowerment was also highlighted as a key priority in health care for women affected by SGBV in the 2021 evaluation of the Transnational Health Training Programme (THTP-II) (Jikelele Consultancy, 2021).

Figure 11:
Participants' use of Medica Gjakova's services



With regard to the *Medica Gjakova's* services actually used, the study found that on average, participants have used 4.79 services. Most frequently (35 mentions), participants have received two services, closely followed by three and six services (28 and 26 mentions, respectively). Specifically, participants most often got 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 the sample.¹⁴

“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, Kosovo Albanian)

An impressive 80.1% said they have used *Medica Gjakova's* services consistently; 17.3% said they have

done so occasionally, and 1.5% stopped for a while, but later returned.

Overall, the approach practiced by *Medica Gjakova* is perceived as creating a climate that makes survivors feel safe and at home, cared for and where they experience trust and unconditional acceptance of their experiences and psychosocial problems. It is also a place where they find friends in other survivors and form new consoling, accepting and trusting relationships. This stands in stark contrast to the stigmatisation and devaluation perceived by many participants in their immediate environments.

The high significance attributed to *Medica Gjakova* by the participants of this study suggests that, in order to be able to provide survivors with ongoing support, the organisations' capacity for self- and staff-care should be further strengthened, the vital fourth principle of the STA.

¹⁴ The prominence of psychosocial services may be skewed by the sampling decision to rely on the database of *Medica Gjakova's* psychosocial sector.

9. SURVIVORS' RECOMMENDATIONS AND EXPECTATIONS

Participants were asked what advice they would have for other survivors and what expectations they have from this research. Their responses are summarised below.

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 on one's own. Some reflect critically how a social atmosphere of secrecy and victim-blaming can make confiding in others daunting, and therefore encourage other survivors 'to speak up' in an environment that provides understanding and confidentiality. Many participants explicitly recommend contacting *Medica Gjakova*, and other support organisations, some saying that this helps with forming new friendships and developing a sense of belonging.

"I would tell them to talk to someone – not to harm yourself – because when you talk to someone, you feel better."

(Woman, Kosovo Albanian)

Many participants recommend focusing on positive aspects, reminding other survivors of their inner strength and self-worth. They also advise fellow survivors to seek their rights, i.e., to claim the status of a civilian victim of war and to apply for the administrative reparations provided by the Kosovar government.

"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, Kosovo Albanian)

Expectations from different stakeholders: Develop strategies to overcome silencing and shaming; accept and support survivors!

Participants' expectations from this study to some extent overlap with their advice to other survivors. Many hope that, by sharing their own experience, they will encourage fellow survivors to confide in others and/or seek professional support. Other expectations

address particular stakeholders and/or specify what material and immaterial forms of support survivors of war rape in Kosovo need.

"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)

Some responses explicitly refer to *Medica Gjakova*, which participants expect to keep on working with and on behalf of survivors, expressing the continuous need for specialised organisations providing professional support for war rape survivors more than twenty years after the war. At the same time, participants stress that responsibility to stand with survivors must not be placed exclusively on civil society organisations like *Medica Gjakova* but needs to be taken over as a key responsibility by governmental organisations too.

Frequently, participants demand understanding and acknowledgement of survivors and their experiences – from society more in general and Kosovar society in particular. This includes empathic comprehension of their suffering and pain, as well as demanding that survivors are treated with respect by those in their immediate environments as well as their fellow citizens in general. One participant articulated the expectation of solidarity among women across ethnicity, calling on those from the ethnic majority to stand with ethnic minorities. Another set of expectations is directed towards Kosovar institutions and the government, with very concrete recommendations what could be done for survivors, including improved access to health care and medicine as well as better economic conditions. Last but not least, participants stress the significance of administrative reparations provided by the Kosovar government, with the need expressed for further attuning these rights to the concrete needs of survivors, such as not having to choose between a husband's pension, a retirement pension and the administrative reparations.

"I expect that not only the organization 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, Kosovo Albanian)

10. RECOMMENDATIONS DERIVED FROM THE RESULTS OF THIS STUDY

The approach of *medica mondiale* and *Medica Gjakova* is multilayered and includes interventions at different levels, in order to address and overcome the root causes of sexualised violence, from the family context through to awareness-raising at the society level. The following recommendations speak to these different levels of intervention.

Based on the findings of this study, *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 Overcome stigmatisation: Institutionally strengthen support services for survivors

- The government and institutions in Kosovo, as well as international donors and institutions, should commit to long-term funding of support services for survivors of war-related sexualised violence in Kosovo, given the ongoing need emanating from the findings of this study. Core funding for direct services as well as advocacy work should be made available to *Medica Gjakova* and other government-authorized organisations with expertise in supporting survivors.
- Local, national and international institutions should strengthen the position of and recognition for *Medica Gjakova* and other government-authorized organisations that provide support services to survivors. This recommendation is based on the study findings that civil society organisations who have the trust of survivors play an important mediating role between survivors and state institutions when it comes to realising the right to reparations as an important part of acknowledging survivors and their experiences.
- Feminist quality standards for support services for survivors of war-related sexualised violence should be defined and implemented. A key part in this could be played by *Medica Gjakova*, given the effectiveness of their feminist, stress- and

trauma-sensitive approach, which proactively reaches out to potential clients, gradually builds trust, centres on survivors' needs, and provides integrated access to multi-professional services. This includes an institutionalised approach to the provision of training for 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).

- The Kosovo institutions as well as international donors should continue to further strengthen capacities of organisations providing direct services to survivors, given the finding that this is highly demanding and skilful work. This support should include further specialised training to meet survivors' needs, as well as self-, staff- and organisational care. Improved working models and conditions should be included to prevent secondary traumatisation, burn-out and emotional fatigue of professionals.
- State institutions should fund exchange programs and opportunities for survivors and professional staff to meet with organisations and survivors from other regional and global areas of conflict in order to provide much needed space for joint reflection and enable empowering connections.

10.2 Further develop direct services for survivors

- Continue and consolidate active outreach efforts, given this study's clear indication of the significance of professional support and active outreach towards survivors of war-related sexualised violence.
- Provide and expand ongoing psychosocial services for survivors of war-related sexualised violence, given that clients of *Medica Gjakova* overwhelmingly report feeling better, in part due to the psychosocial services all of them have received. The survivor-centred approach of *Medica Gjakova* as well as the STA are especially important and should be foregrounded and built upon within all these psychosocial services, since this report highlights the effectiveness of this approach in overcoming the barriers faced by survivors.

- Mainstream psychosocial support and mechanisms for justice for survivors through all levels of government services - for example through providing more staff who have relevant psychosocial training to be able to respond, across different age groups, genders and ethnicities, to the needs of the population of Kosovo, large parts of which underwent potentially traumatic experiences during the war.
- Strengthen and expand the work with groups, given the findings from this study regarding the significance of *Medica Gjakova*'s all-female psychosocial groups: they provide survivors with a safe space for sharing experiences, and also enable them to form new friendships and develop a social life which many feel has been denied to them by devaluing attitudes prevailing in their immediate environments. These groups foster ways of relating to each other in egalitarian ways and of mutually caring for each other, significantly contributing to the empowerment of female survivors. Developing suitable approaches for male survivors should also be considered.
- In addition to individual and group counselling, consider offering trauma-therapeutic treatment for those survivors who have persistent mental health issues, given the presence of significant trauma-related symptoms, depression, and anxiety.
- Further assess and develop outreach strategies and support services with regard to gender and ethnicity, given the finding that male war rape survivors as well as survivors from Serbian, Roma, Ashkali, and Egyptian communities benefit from the services offered at *Medica Gjakova*, but might face specific challenges.
- Continue and further develop health-related services, as data from this study suggests that, more than 20 years after the war, many survivors of sexualised violence still suffer from both physical and psychological consequences that affect their well-being and mental health.
- Continue and strengthen work to gradually reduce reliance on psychotropic drugs, given the finding from this study that usage of drugs such as benzodiazepines is common among war rape survivors in Kosovo, in part due to the lack of other available support services.
- Conduct further research on the transgenerational effects of war-related sexualised violence on children and grandchildren to inform programming and service provision, since this study found that most participants perceive their own traumatic experience of war rape as having a negative impact on subsequent generations.

10.3 Further develop interventions specifically focusing on change of patriarchal norms and gender notions

- 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.¹⁵
- Continue working on norm change in counselling sessions, since this study suggests that feminist counselling provides a space for critically reflecting on the 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. Feminist counselling has helped to mitigate these.
- Develop more targeted interventions aiming for changing patriarchal norms within the immediate environments of survivors. These should provide participants with spaces to reflect on the price to be paid of upholding patriarchal notions of masculinity versus femininity and the possible gains from embracing more flexible, diverse and egalitarian gender norms.

¹⁵ 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>.

- Build on the lessons that can be learned from earlier activities and other programs with regard to norm change at the level of everyday environments.
- Think about ways of engaging the people within survivors' immediate environments who have already started to change patriarchal gender norms, since this study found that most participants have family members or other individuals who know about their rape experience and are considered supportive.
- Think of ways of signalling support for survivors of war-related sexualised violence at the level of community environments without exposing individuals. Examples include: a website with accepting statements that challenge patriarchal honour codes, entered anonymously by husbands and other (male) family members; a poster/sticker campaign that allows coffee shops, hairdressers, and other local service providers to publicly declare support in their role as business operators.
- Encourage survivors to create a supportive environment for their family members and children to be able to reach out for support, especially where some of these family members may be survivors who have until now remained silent about their experiences, or who may be traumatised because of having witnessed the sexual assault on somebody else. The findings of this study emphasise the importance of family and community support, for the survivors themselves and also for their children in terms of inter-generational trauma. This will facilitate changes in patriarchal and stigmatising narratives at community and society level.
- Encourage an environment in which survivors are empowered and can take greater initiative and have agency to build networks of solidarity and mutual support with other survivors, aside from the work done in this regard by *Medica Gjakova*. This will assist with empowering the survivors

themselves to be agents of their own and others' wellbeing as well as agents of change in their communities. This arises from the findings in the report revealing that, as a result of the survivor-centred work of *Medica Gjakova*, a significant proportion of survivors described feelings of being strong enough on a spiritual, emotional and/or social level to continue their lives. This underscores the importance of the STA principle of empowerment, and the need to intentionally co-develop this together with survivors.

- Consider consulting with and potentially cooperating with additional organisations and activists who have an interest in transforming patriarchal and heteronormative gender norms, e.g., youth confronted with expectations to not have sex before marriage; LGBTIQ*; men who, due to a handicap or other reasons, do not meet dominant expectations of what it means to be a man (versus a woman).
- Provide additional resources for strengthening activities with regard to norm change at the level of immediate environments, given that this study clearly shows that this is a need, while direct services for survivors must not be reduced.

10.4 Improve access to administrative reparations

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 as a major marker of official public acknowledgement by those affected, as are the administrative reparations provided by the Kosovar state. However, legal amendments and implementation modifications are required in order for the Kosovar provisions to meet international standards¹⁶ and to fully realise their positive potential as a form of reparation, rehabilitation, and social acknowledgement of survivors of war-related sexualised violence. Through joint advocacy work, civil society organisations sup-

¹⁶ International standards are laid out by the United Nations in *Basic Principles on the Right to a Remedy and Reparation for Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law* (Office of the United Nations High Commissioner for Human Rights, 2005).

porting survivors should lobby the government and the Assembly of Kosovo to adopt the following changes:

- Fully implement the 2014 Law pertaining to all categories named in the law. This includes the need to improve and expand the application process for the status of civilian victims of war.
- Amend the 2014 Law in five regards:
 - 1) Make sure the rights and privileges granted meet the specific needs of survivors of war-related sexualised violence as shown by this study. In addition to granting survivors free access to health care and prescribed medication via issuing of ID cards that resemble those used by other recognised war victims who are already eligible, this should include educational and employment opportunities specifically tailored to addressing previous harm due to patriarchal social structures.
 - 2) Remove the time limit for submitting applications for the status as survivors of sexualised violence, since this effectively introduces discrimination. For example, there might be female survivors who, due to the risk of being rejected by their husbands, are only free to apply in an unforeseen future once their husband has died, which is also a time when they might be particularly in need.
 - 3) Amend the timeframe for war-related incidents of sexualised violence covered by the law to encompass the whole period of conflict. The current temporal limitation discriminates between survivors and disproportionately withholds survivors from ethnic minorities to exercise their rights. The suggestion is to adopt the timeframe stipulated in the Law on Missing Persons (No. 04/L-023), which ranges from 1 January 1998 to 31 December 2000.

- 4) Remove any prohibitions that forces survivors of war-related sexualised violence to choose between different forms of pension. In other words, survivors who receive administrative reparations should still be entitled to other pensions for which they qualify, such as a husband's pension or a retirement pension, and should not be forced to choose between these. This means that the proportion of the national budget allocated to administrative reparations needs to be increased.
- 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.
 - The commission tasked with deciding on survivors' applications should urgently apply stress- and trauma-sensitivity in all procedures. This includes a change in its premises, and also a modification of 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 organisations authorised to support survivors, given the re-traumatising nature of many of the participants' experiences of returning to specific sites and the reported helpfulness of psychosocial support as accompaniment to the difficult process.
 - The commissioners should be appointed in such a way that their work is dedicated to administrative reparations as their primary focus, rather than this work being their secondary focus alongside other workloads.

Ultimately the intention of these recommendations is to strengthen and support a context in which survivors of sexualised violence may have the chance to live a life of dignity and wellbeing.

REFERENCES

- Adu, P. (2019). *A step-by-step guide to qualitative data coding*. Routledge.
- Amnesty International. (2017). "Wounds that burn our souls": Compensation for Kosovo's wartime rape survivors, but still no justice. www.amnesty.org/en/wp-content/uploads/2021/05/EUR7075582017ENGLISH.pdf
- Ba, I., & Bhopal, R.S. (2017). Physical, mental and social consequences in civilians who have experienced war-related sexual violence: A systematic review (1981–2014). *Public Health*, 142, 186–195. <https://doi.org/10.1016/j.puhe.2016.07.019>
- Bitzan, M., Funk, H., & Stauber, B. (1998). *Den Wechsel im Blick: Methodologische Ansichten feministischer Sozialforschung [A change in view: Methodological views of feminist social research]*. Tübinger Institut für Frauenpolitische Sozialforschung (tifs). Centaurus-Verlag-Ges.
- Di Lellio, A. (2021). Authors of their own transitional justice: Survivors of wartime sexual violence. In A. Hehir & F. Sheremeti (Eds.), *Kosovo and transitional justice: The pursuit of justice after large scale conflict* (pp. 92–110). Routledge.
- European Women's Lobby. (2017). *Disrupting the continuum of violence against women*.
- Farnsworth, N. (2008). *Exploratory research on the extent of gender-based violence in Kosovo and its impact on women's reproductive health*. Kosovo Women's Network & United Nations Fund for Population Activities (UNFPA).
- Farnsworth, N. (Ed.). (2022). *1325 facts & fables*. Kosovo Women's Network.
- Fezer, S. (2005). The work of medica mondiale in war and conflict zones. In medica mondiale (Ed.), *Violence against women in war. Handbook for professionals working with traumatized women* (English edition, pp. 153–173).
- Griese, K., & Mehlaui, A. (2016). *Supporting survivors of violence with a multi-sectoral, solidarity based, stress- and trauma sensitive approach*. medica mondiale.
- Griese, K., Mehlaui, A., & Zemp, M. (2019). Our Stress- and Trauma-Sensitive Approach in various fields of work. In medica mondiale (Ed.), *My body is no battlefield: Expert articles on sexual violence, trauma and justice* (pp. 22–27).
- Hauser, M., & Joachim, I. (2003). Sind die Folgen sexualisierter Kriegsgewalt zu behandeln? Über die Arbeit mit Frauen und Mädchen in Kriegs- und Krisengebieten [Can the consequences of sexualised war violence be treated? On working with women and girls in war and crisis zones]. In M. Zielke, R. Meerwein & W. Hackhausen (Eds.), *Das Ende der Geborgenheit?* (pp. 409–434). Pabst.
- Herman, J. (2015). *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. Basic Books. (Original work published 1992).
- Horstmann, B., Škrijel, J., & Wahlen, E. (2022). *Im Einsatz gegen sexualisierte Kriegsgewalt: Einblick aus der Praxis [In action against sexualised war violence: Insights from the field]*. Suedosteuropa-Mitteilungen, 62.
- Human Rights Watch (HRW). (2001). *Under orders: War crimes in Kosovo*. <https://www.hrw.org/report/2001/10/26/under-orders/war-crimes-kosovo>
- Jikelele Consultancy. (2021). *Evaluation report: Transnational Health Training Programme (THTP-II). Strengthening the health sector response to violence against women. Final evaluation in Afghanistan, Bosnia and Herzegovina, the Autonomous Kurdish Region in Iraq, and Kosovo*. medica mondiale.
- Joachim, I. (2005a). Sexualised violence in war and its consequences. In: medica mondiale (Ed.), *Violence against women in war. Handbook for professionals working with traumatized women* (pp. 63–110).
- Joachim, I. (2005b). Psychosocial and psychotherapeutic work with survivors of sexualized violence in the context of war and crises. In: medica mondiale (Ed.), *Violence against women in war. Handbook for professionals working with traumatized women* (pp. 271–318).
- Keilson, H. (1992). *Sequential traumatization in children: A clinical and statistical follow-up study on the fate of the Jewish war orphans in the Netherlands*. (Y. Bearne, H. Coleman & D. Winter, Trans.). Magnes Press.

- Kelly, L. (1988). *Surviving sexual violence*. Cambridge.
- Knapp, G.-A. (1999). Flaschenpost und Tomate. Anmerkungen zur Frage einer kritischen Theorie der Gegenwart [Message in a bottle and tomato: Notes on the question of a critical theory of the present]. *Zeitschrift Für Kritische Theorie*, 9, 103–119. https://doi.org/10.28937/9783866748682_8
- Koos, C. (2017). Sexual violence in armed conflicts: Research progress and remaining gaps. *Third World Quarterly*, 38(9), 1935–1951. <https://doi.org/10.1080/01436597.2017.1322461>
- Kuehnast, K., de Jonge Oudraat, C., & Hernes, H. (Eds.). (2011). *Women and war: Power and protection in the 21st Century*. United States Institute of Peace Press.
- Lindorfer, S., & Wienberg, K. (2017). “I survived the war, but how can I survive peace ...?”. Feminist-based research on war rape and liberation psychology. In S. Grabe (Ed.), *Women’s human rights: A social psychological perspective on resistance, liberation, and justice*. Oxford University Press. <https://doi.org/10.1093/oso/9780190614614.003.0001>
- Matsick, J. L., Kruk, M., Oswald, F., & Palmer, L. (2021). Bridging feminist psychology and open science: Feminist tools and shared values inform best practices for science reform. *Psychology of Women Quarterly*, 45(4), 412–429. <https://doi.org/10.1177/03616843211026564>
- Medica Zenica, & medica mondiale. (2014). “We are still alive. We have been harmed but we are brave and strong.” *Research on the long-term consequences of war rape and coping strategies of survivors in Bosnia and Herzegovina*.
- Mischkowski, G., & Hauser, M. (2019). Sexualised wartime violence: Perception and consequences. In: medica mondiale (Ed.), *My body is no battlefield: Expert articles on sexual violence, trauma and justice* (pp. 8–11).
- Office of the United Nations High Commissioner for Human Rights (OHCHR). (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*. General Assembly Resolution 60/147. www.ohchr.org/en/instruments-mechanisms/instruments/basic-principles-and-guidelines-right-remedy-and-reparation
- Organization for Security and Co-operation in Europe (OSCE). (1999). *Kosovo/Kosova: As seen, as told. An analysis of the human rights findings of the OSCE Kosovo Verification Mission October 1998 to June 1999*. <https://www.osce.org/files/f/documents/d/d/17772.pdf>
- Potts, A., Kolli, H., & Fattal, L. (2022). Whose voices matter? Using participatory, feminist and anthropological approaches to centre power and positionality in research on gender-based violence in emergencies. *Global Public Health*, 17(10), 2530–2546. <https://doi.org/10.1080/17441692.2022.2062026>
- Seifert, R. (1992). Entwicklungslinien und Probleme feministischer Theoriebildung: Warum an der Rationalität kein Weg vorbeiführt [Lines of development and problems of feminist theorising: Why there is no way around rationality]. In G. A. Knapp & A. Wetterer (Eds.), *Traditionen Brüche. Entwicklungen feministischer Theorie* (pp. 255–286). Kore.
- Tol, W. A., Stavrou V., Greene, C., Mergenthaler, C., van Ommeren, M., & Garcia Moreno, C. (2013). Sexual and gender-based violence in areas of armed conflict: A systematic review of mental health and psychosocial support interventions. *Conflict and Health*, 7(16). <https://doi.org/10.1186/1752-1505-7-16>
- Wareham, R. (2000). *No safe place: An assessment on violence against women in Kosovo*. The United Nations Development Fund for Women. <https://iknowpolitics.org/en/2007/02/no-safe-place-assessment-violence-against-women-kosovo>
- World Health Organization. (2024). 6B40 Post traumatic stress disorder. In *International statistical classification of diseases and related health problems* (11th ed.). <https://icd.who.int/browse/2024-01/mms/en#2070699808>
- World Health Organization. (2024). 6B41 Complex post traumatic stress disorder. In *International statistical classification of diseases and related health problems* (11th ed.). <https://icd.who.int/browse/2024-01/mms/en#585833559>

Donation account

medica mondiale e. V.
Sparkasse Köln-Bonn
IBAN: DE92 3705 0198 0045 0001 63
BIC: COLSDE33



medica mondiale e. V.
Hülchrather Straße 4
50670 Cologne, Germany
www.medicamondiale.org
info@medicamondiale.org



Medica Gjakova
Fadil Nimani 34
Gjakova, Kosovo
www.medicagjakova.org
medicagjakova@gmail.com