



**STIGMA AGAINST
SURVIVORS OF CONFLICT-
RELATED SEXUAL VIOLENCE
IN BOSNIA AND HERZEGOVINA
- RESEARCH SUMMARY**

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This summary is a part of a wider research on stigmatization that will be available for download at UNFPA's website.

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BASICS

In today's societies, social stigma refers to negative stereotypical views of certain groups of persons such as persons with mental disorders and even some physical illnesses, people with certain sexual orientation, education, skin colour, people prone to committing crimes, including those determined by the nationality or ethnic origin or religion. In understanding the forms of stigmatization it is important to have a clear idea of the following four concepts: attitude, stereotype, prejudice, and discrimination.

Attitude is a combination of seemingly evidence-based views of the world with values and emotional reactions to these views. Attitudes can be positive and negative. In a broader sense, the term attitude for social psychologists implies its three components: cognitive – pertaining to the disposal of some, but not necessarily accurate information about the attitude object and a certain opinion about it; emotional – reaction of more or less differentiated comfort or discomfort accompanied by the reflection on the attitude object; and behavioural – pertaining to the behaviour, i.e. to the preparedness for a certain activity in terms of treating the attitude object. **Stereotypes** are the attitudes about groups of persons. They help us to think more effectively, because thanks to them we are able to “understand” people (or at least we often think so) only on the basis of their belonging to a specific group. Stigma is a negative stereotype. Just because someone is aware of a stereotype, does not mean that he/she is in agreement with this attitude.

Prejudice is when one supports a negative stereotype about a certain group. **Discrimination** is a form of behaviour that results from prejudice. These are the modes of conduct and behaviour that occur when people believe in a negative stereotype and agree with it. **Self-stigma** – in the absence of internationally harmonized understanding of this concept, this research implies that self-stigma is related to situations in which persons exclude themselves from the community; when survivors give credence to the feeling of shame and guilt on which community insists and in the case of majority of survivors it is manifested in them seeking not to speak about the events, to keep these as a family secret, to hide their pain from the loved ones, to neglect their own needs, avoid friends and the public, etc.

CONSEQUENCES OF TRAUMA OF CONFLICT-RELATED SEXUAL VIOLENCE

Probably the most common determinant of the phenomenon of trauma and psychopathological phenomena in connection with the traumatic experience, and which experts in the field of mental health care put before the public – is

the statement that this is *a normal reaction to an abnormal event*. Experiencing trauma is by definition such that involves injuries, loss, or someone's death; it is capable of causing fear, feeling of helplessness or terror as a response of a person who is subjected to threat of injury or death; it includes the perceived or real threat to life or physical integrity of that person or someone else.

Experts have sufficiently reliable ways of predicting which persons, who undergo a traumatic event, will develop acute stress disorder or manifest proportionally permanent consequences in the form of post-traumatic stress disorder (PTSD). It is estimated that the developed PTSD can be identified in 35 to 50% of persons who survived rape in peacetime and it is believed that in these cases, about a third of them do not receive adequate psychological support. The diagnosis of post-traumatic stress disorder was introduced in 1980, in the third edition of the *Diagnostic and Statistical Manual* (DSM-III) of the American Psychiatric Association. PTSD, until the fifth edition of the *Manual* (DSM-5™) of 2013 has been classified under the group of anxiety disorders. Numerous experts from Bosnia and Herzegovina agree that PTSD as can be seen, for example, in war veterans of BiH, has some specific characteristics in relation to its description in the world's literature, but generally speaking one can recognize subaudition of the following diagnostic criteria that were in force also in period when the victims of the war in BiH were mainly receiving appropriate treatment: exposure to a traumatic event in addition to the presence of at least some of the symptoms from all of the three groups of symptoms and after more than a month after the event:

- 1) persistent re-experiencing of the traumatic event (intrusive memories, nightmares, flash-backs, experiencing intense psychological distress in response to the reminder, intense physiological responses to such reminders);
- 2) persistent avoidance of irritation associated with the trauma (which can include amnesia for an important part of the traumatic event) or dulling of the response capability (places, people, activities, etc.); and
- 3) persistent symptoms of increased arousal (difficulty falling asleep or sleep duration (this sometimes involves fears of nightmares and other sleeping disorders, especially among victims of sexual violence), irritability (both in feeling and behaviour), or outbursts of anger, difficulty in maintaining attention, increased sensitivity and concern about security, excessive reflex response to sounds or movements, etc.).

Today there is a consensus among experts that PTSD can also occur with a significant delay in relation to the time when the traumatic event happened. Traumatic events in

the theory and the treatment can be approached, *inter alia*, according to the age at the first occurrence, the degree of interpersonal violence or threat, duration, scope (whether it is an individual or collective experience), the degree of social support received after the event (repeated traumatizing denial versus high level of support), whether it was the case of a repeated experience, etc. These factors and conditions to some extent probably contribute to the fact that even the subsequent manifestations vary and even somewhat penetrate into the domain of a person's personality. This makes it difficult for the surrounding, especially for the laypersons to assess whether it is the case of an aspect of daily functioning of the person or these are the symptoms that actually stem from a specific life experience as some sort of coping with difficulties.

SUMMARY

Since 2010 United Nations Population Fund is committed on the activities on the improvement of the situation of survivors of sexual violence during the conflict in BiH 1992-1995. This research emerged within joint UN project "Seeking care, support and justice for survivors of conflict-related sexual violence in Bosnia and Herzegovina", in response to the need for a thorough understanding and perceiving the situation of survivors in society today and in the context of the attitude of other citizens towards them.

Research on the perception and experiences of the survivors of conflict-related sexual violence regarding their current position in the society aims to determine the incidence, forms and causes of stigma and marginalization that these persons experience in everyday life. The research was conducted during 2015, and it was implemented in two phases: a qualitative, in-depth study with 30 respondents (survivors of conflict-related sexual violence), while the quantitative part covered the research of public attitudes on a sample of 1,000 respondents.

Survivors of conflict-related sexual violence in BiH are marginalized in every aspect of life. Condemnation that they experienced and/or continue to experience from family, acquaintances and the communities where they live resulted in that survivors do not want to talk about the violence that happened to them. All persons who participated in the research, due to the violence that happened to them, experienced at least one unpleasant situation (condemnation, objection, etc.) either from the family members, friends, acquaintances or other members of the community. Survivors do not feel they are adequately treated by the government institutions, emphasizing the need for further psychological and medical support. They see the support that they get from non-governmental organizations as positive element in reducing marginalization. In the overall support to survi-

vors of conflict-related sexual violence there is an obvious gender insensitive approach and then there is a neglect and marginalization of men who were sexually abused in the conflict.

Stigma is one of the biggest obstacles to improving the quality of life of survivors of sexual violence. Focusing the attention to the stigma against survivors of conflict-related sexual violence must be a priority for those who provide assistance to survivors.

Therefore, there is no doubt that the victims of sexual violence in war *are* the victims of war, no matter how their sacrifice might seem minor in comparison to those who have lost their body parts. And yet, in individual cases, the fact that they are the victims is being challenged, and these persons are not only facing with the conviction of the environment that the victims in some way have contributed to this situation, but this same belief is to some extent often accepted by the victims themselves, although such an inversion can be understood as a paradoxical attempt to protect one's own identity and integrity. Victims are facing with stigma and self-stigmatising attitudes, and many persons with this experience themselves choose to keep it a secret until death, though –at least for some of them – there is a likelihood that their daily coping with the past is so painful that it makes them completely dysfunctional.

In this research, most of the survivors of conflict-related sexual violence describe the impact of the trauma of sexual violence as a feeling that they have changed as persons, through emotional problems and difficulties in coping with traumatic experience, difficulties in relationships with others, sensitivity to comments and behaviour of others, changed role in family, their economic conditions, changed role in the society, different social relations such as creating bonds with persons that went through similar experience within non-governmental organizations and associations.

COLLECTION OF DATA ON PUBLIC ATTITUDES	
Period to conduct the survey	April 2015
Method of data collection	Personal interview in a telephone survey (CATI)
Instruments	Instruments used in this research were developed in cooperation of the Agency Prism Research and Consulting and the United Nations Population Fund in Bosnia and Herzegovina.
Survey sample	Citizens of Bosnia and Herzegovina older than 18 years.
Sample size	1,000 respondents; 3,229 persons contacted.
Representativeness	Percentage of consent to the interview: 31%
	General population: random stratified sample representative at the level of municipalities, regions and both entities. Respondents were members of randomly selected households who most recently had their birthday.

Table 1. Collection of data on public attitudes

COLLECTION OF DATA ON SURVIVORS' ATTITUDES – QUALITATIVE PART OF THE RESEARCH

In order to estimate the attitudes of survivors, self-perception of their position in the family, community and society, and to estimate the experiences and perceptions of the survivors of different ways of stigmatization in the family, community and society, the semi-structured interview was used, whereby the basic approach to the processing data obtained in this way was qualitative. Within this component of the research, a total of 30 interviews were carried out with survivors of sexual violence in the conflict in Bosnia and Herzegovina, both female and male.

SELECTION OF RESPONDENTS

The selection of respondents for in-depth interviews was based on the following basic criteria:

- 1. Geographical distribution:** To ensure representation of respondents from the Federation of BiH, Republika Srpska and Brčko District of BiH, making sure that the respondents in the in-depth interview are persons who have survived sexual violence during the conflict.
- 2. Sex:** Given that the majority of survivors of conflict-related sexual violence are women, the majority of respondents were female – 27 of them out of 30 in total.
- 3. Persons who have survived conflict-related sexual violence:** a convenience sample of survivors of conflict-related sexual violence who are ready to talk about that experience.

TYPES OF STIGMA EXPERIENCES BY SURVIVORS

SELF-STIGMA

Almost all participants in this research have a feeling of shame and guilt, regardless of whether or not their close family members are aware of sexual violence experienced during armed conflict. The feeling of shame and guilt was manifested in the majority of survivors in terms of their tendency not to speak of the events, to keep them as a family secret, hiding the pain from the loved ones, ignoring their own needs, avoiding friends and the public.

"They don't know. Only husband knows. Children do not know." (Respondent NN4, Mostar)

"Everyone knows, except that it's not being discussed and not being mentioned. The topics of this kind are not being opened." (Respondent NN2, Sarajevo)

"One of my sons once asked me whether I was raped. I told him to mind his own business. He said that he is interested in it, and I told him: Yes, I was raped! He started sobbing." (Respondent NN10, Brčko)

Some survivors describe the feelings of guilt and shame very vividly in their effort to hide their own suffering and pain from close family members for fear of hurting them with their pain. It seems as if they are sending a message that through their very existence, and by the fact that they are among their family members, they are causing them to suffer.

"My family members were very sad (when they found out about my experience), they look at me in sad way and with a pity." (Respondent NN9, Brčko)

"My mother felt bad, she used to cry when she would see me, I know it was hard for her." (Respondent NN2, Brčko)

"My husband was sad and sorry, just as I was." (Respondent NN4, Mostar)

"There was no conversation, the conversation actually never took place. I didn't allow talking about it." (Respondent NN2, Sarajevo)

Several survivors of sexual violence describe how they avoid social contact and as it appears it is associated with the fear of reaction and condemnation by friends or others who know about the sexual violence.

"I was afraid that I will lose my friends, pals, that they will look at me differently..... for one period of time I didn't want to go out..." (Respondent NN3, Modriča).

One participant in the research clearly describes the shame and condemnation that she experienced in the community, guilt, self-condemnation, difficulty in coping with the consequences of sexual violence, leaving the community and thus the unconscious expression of feeling of guilt.

"...They condemned me. They continue to condemn me even today. I condemn myself. They used to condemn me: You could have left without having to experience this...when they condemned me then I started to become introverted. I was ashamed to go out. I hated myself. I hated my body ...That's why I left that village...Everyone knows in the village. All the family knew about it and then – by word of mouth, the entire village has found out. I pass by the road, they would laugh at me, spit on me. I got pregnant at the camp, I had to abort that baby." (Respondent NN3, Brčko).

FAMILY STIGMA

Most of the survivors of sexual violence in armed conflict state that close family members are aware of the violence they had suffered. When they talk about it they mainly state that the spouses, parents, brothers and sisters are more familiar with the events that they have experienced. Several of them stated that their children don't know that they have experienced sexual violence during the war. By describing that in their family the adult members know about sexual violence and that they don't talk about it with children, actually they describe the fear of a seal or mark that sexual violence leaves for the entire family. Most of them describe this "mark" using the words "not to bother the children with it". The burden of secret of sexual violence carried by survivors seems like a threat, as something that could undermine relationships with children. Fear of the reaction of children when they find out that "my dad or my mum was sexually abused" can be seen as a fear of spoiling the image that children have about their parents, as well as a fear of possible loss of the role that the survivor has as a parent. Difficulty in deciding on when to tell a child is well illustrated in the statement of one of the participants in this research:

"It was not easy for them. Daughter almost had a nervous breakdown. I told her this only when she turned 18. Many times she asked me why I hadn't said that before. She found incredibly difficult to cope with such finding." (Respondent NN1, Ilijaš)

The other participant in the research described that everyone knows, but they don't talk about it:

"Members of the family, husband and kids. Well, kids, they know, but they don't like to talk about it. And husband, he was also in the camp during the war and went through these horrors." (Respondent NN2, Modriča)

Several respondents describe that they experienced condemnation from the family members and sort of a blame for what they have experienced. Several women experienced their husbands telling them that they got what they deserved. In addition, by means of messages and question why couldn't she avoided it or left, why was she at that place, the family members shift the blame and responsibility on the survivor for the experienced sexual violence, in fact, because of fear of family stigma, thus unwittingly reinforcing the feeling of guilt and shame that survivors in any case already have. One participant in the research described incriminating messages from her husband but also somehow the guilt and responsibility put on her by her mother:

"My husband never supported me. I believe he thinks it was my fault for experiencing all this. Once he told me that it was my fault for staying there, he thinks that I should have left. And I also think I should have left, but obviously I haven't." (Respondent NN2, Brčko)

or

"My mother felt bad...She was crying and saying why did I stay there, why didn't I take a refuge." (Respondent NN2, Brčko)

The other participant spoke of the rejection that she experienced from her brother, which also appears to be an accusation for the family shame.

"My brother was not so supportive, he was mad at me. For seven years after that we haven't talked to each other." (Respondent NN3, Brčko)

Connection between family stigma and additional humiliations and abuse in the family, especially from the spouse was described by several survivors:

"My husband told me that it was my fault for staying there in the house, he was insulting me a lot. He was telling me that the reason for my staying there was not to protect the property, but because of other things. That's not true." (Respondent NN2, Brčko)

"From my husband only, no one else. After several years. When he wanted to hurt me, he would use it. He said: What do you want, chetniks f ... you, you should be happy that I'm putting up with you." (Respondent NN2, Sarajevo)

STIGMA IN THE COMMUNITY

Most of the respondents in the research, 18 of them, stated that neighbours and friends are aware of the sexual violence that they have experienced during the armed conflict. Less than half of the participants did not discuss about their experience with neighbours and friends. Several of them describe the fear and discomfort of condemnation by the persons surrounding them:

"I didn't want to talk about that, because all of us do not think in the same way. Many people say that if women didn't want it, nothing would have happened to them. It depends on the community where you live. People think differently, have different beliefs." (Respondent NN1, Foča)

Fear of attributing responsibility for sexual violence was also described by other participants in the research and in some ways, by being silent as if they wish to save themselves and the others from direct exposure to the negative reactions of others in the community. Some of the survivors feel that their neighbours and friends sense what they've been through during the war:

"No, friends and neighbours don't know about my experience. But they are speculating, that's the problem." (Respondent NN1, Konjic)

Two-thirds of participants in the research described how they were subjected to condemnation, insults and humiliation in the community from the moment when their neighbours or friends or some family members learned that they were the victims of sexual violence during the war. Several survivors stated that they were exposed to the comments and objections from neighbours and friends, sending out the message that they are themselves to blame for the violence, they were looking for it and they deserved to be abused.

"There was not a single moment when I felt their support, that they felt sorry for me, not even saying: I'm sorry – no way! Instead, I even heard them saying: 'She got what she looked for'. It hurts." (Respondent NN1, Brčko)

"...Many of them say: You could have run away, you could have done this or that They used to say; She wouldn't get it if she didn't ask for it..." (Respondent NN3, Brčko).

"Very bad, in most cases (people) think you're responsible, less worthy, and no one knows your pain, your suffering, trouble you had ... And you can't walk ... I can't walk down the street and tell: I'm a war victim." (Respondent NN1, Konjic)

Several of them described the humiliating treatment, degradation and contempt that they experienced from others just because they are survivors of sexual abuse.

"Oh, I have no support, no one is even looking at me. The neighbourhood here is a disaster ... I talked about it with one of my neighbours. She started making jokes about it. She used to say: If you were good enough you wouldn't end up f.... with the Vlachs in Bijeljina. These words she used when talking to me. So I stopped talking about it." (Respondent NN1, Ilijaš)

"...I pass by the road, they would laugh at me, spit on me..." (Respondent NN3, Brčko).

Some survivors of conflict-related sexual violence experienced repeated attacks and revictimization in the community.

"Last year, when I was fishing, since I am occupied with it, for me it's kind of a therapy, I was on Lake Rama, for the competition. We were separated and a person of Croatian nationality came up behind and told me to go there and take my clothes off, to check out on how they're doing it, and not the Serbs...I was so distraught. I just screamed and...and I still have this picture in front of me. When I'm watching a movie, I immediately think of it." (Respondent NN2, Konjic)

Survivors of sexual violence also describe how they get clear messages from the others, "You're not one of us":

"My next-door neighbour, when I go to get the aid, she asks me whether it is the aid for the raped persons, which really affects me. It makes me want to die of hunger and not to go after the aid, only to be left alone." (Respondent NN7, Brčko)

Several survivors said that they experienced humiliating and degrading treatment in the institutions of the system in their communities and in the services from which they are expecting to get help and understanding. Some survivors, because of their own feeling of being marked, in reactions of others in a seemingly routine situations for this cultural milieu, as if again and again they see the condemnation and contempt. Several of them described it:

"I go to the power company and tell them that I am a civil war victim...and I ask them not to switch off the power for one month that was unpaid. They tell me: There is no such law, the law is the same for everyone. It is humiliating for me, they say this to me with a terrible smile, with intimidation, with some sort of a ridicule." (Respondent NN5, Modriča)

or

"Even in the court when you talk, the lawyers are looking at you as less valuable woman". (Respondent NN1, Konjic)

or

"...I submitted the medical booklet at six thirty, and my turn was at two thirty. I asked the doctor: How come that one comes early and finishes late?! On my booklet there is a stamp Woman - Victim of War, one can notice it immediately. The doctor then asked me: "How come you are a victim of war? And I said: Why would you care, I'm not standing before the Hague Tribunal! And then he started to use some unpleasant words. I stated shouting at him. He was saying: If you didn't want it that wouldn't happen. I started to yell at the doctor, and he threw my booklet on the floor as if I were a dog...I continue to be subject of abuse." (Respondent NN3, Brčko)

PUBLIC ATTITUDES - IMMEDIATE, DIRECT CONTACT WITH SURVIVORS

Most of the respondents (88%) do not know a single person who has survived conflict-related sexual violence. On the other hand, about one in ten respondents stated to know at least one person who survived sexual violence during the war in BiH (Chart 1).

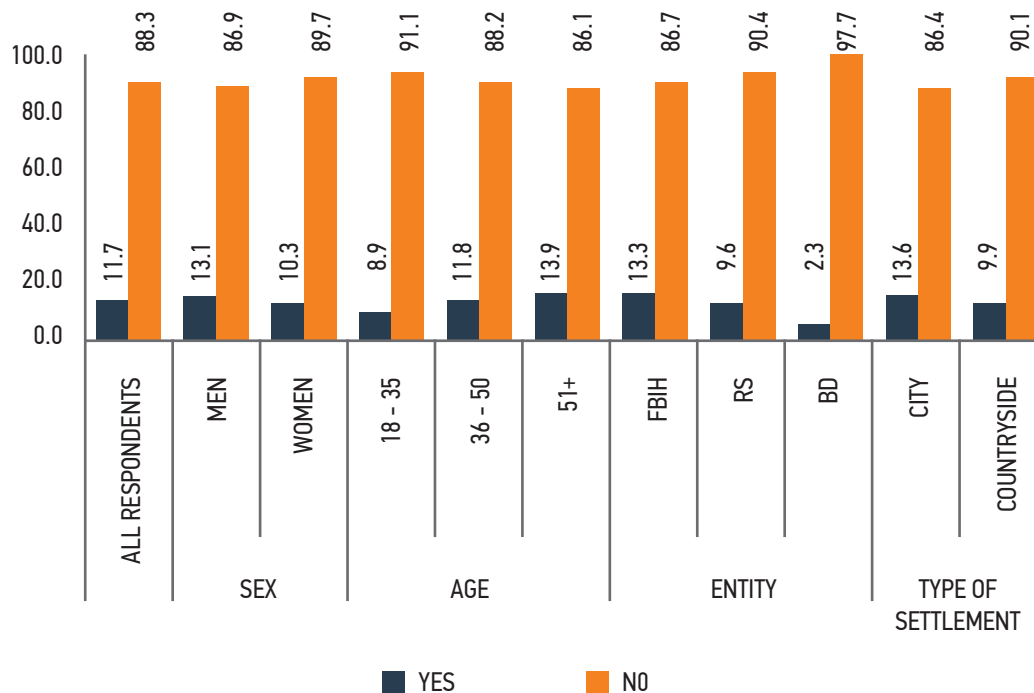


Chart 5. Respondents (N = 1,000) according to the answer to the question: *Do you know of a person who lives in your immediate surroundings who is the survivor of conflict-related sexual violence?*

Although most of the respondents personally do not know a person who has survived conflict-related sexual violence, 52% of them claimed that they are informed of their problems and their position in the society. Out of these, just over a third of respondents (34%) stated they are *somewhat informed* on this issue, while 18% of the respondents stated that they are perfectly informed about it. Approximately equal number of respondents know little (22%) or is not at all informed (20%). Men stated to be a bit more informed on this topic in relation to women. According to the age of the respondents it is evident that the respondents older than 50 years less frequently report not to be informed on this topic compared to younger respondents, but more frequently refuse to give a concrete answer to this question (Chart 2).

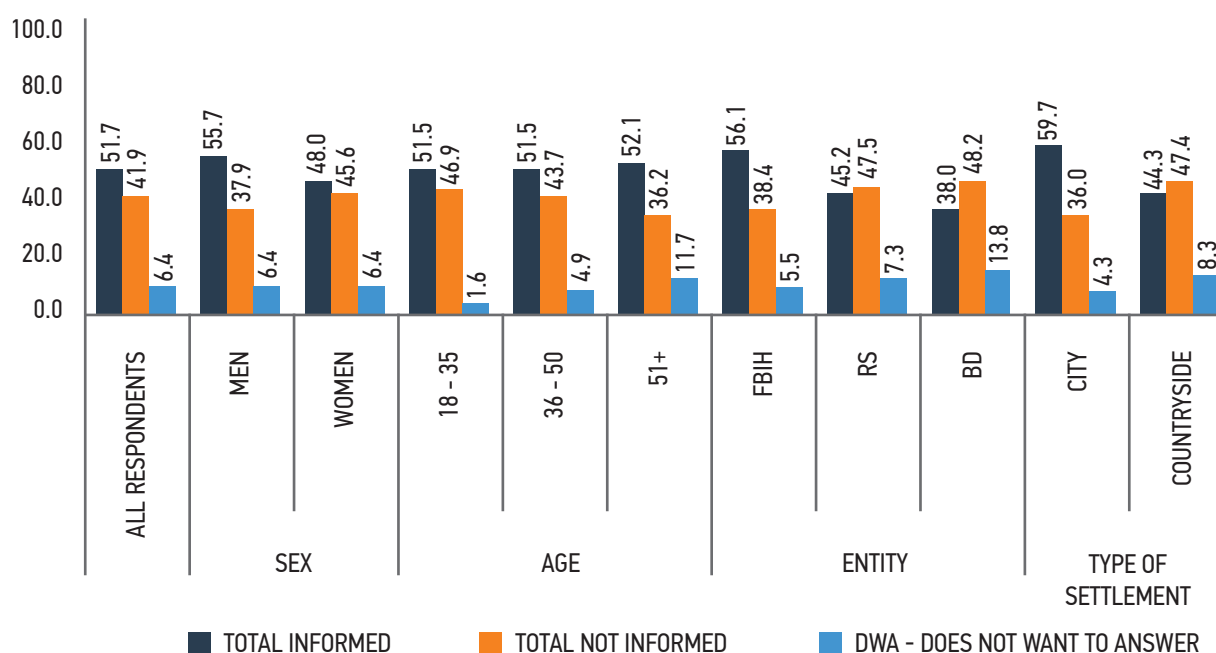


Chart 2. Respondents (N = 1,000) according to the answer to the question: *To what extent are you informed about the current position in the society and the problems that the survivors of sexual violence from past the war in BiH are facing with?*

PERSONAL ATTITUDES TOWARDS SURVIVORS

Most of the respondents (78.5%) believes that BiH society is not paying sufficient attention to survivors of conflict-related sexual violence. More than three-quarters of the respondents report that the company pays *less attention than it should* in terms of the status and problems of survivors of sexual violence in the past conflict. A small number of respondents considers that enough attention is paid to these persons (4.1%) or even more than sufficient (5.4%) (Chart 3).

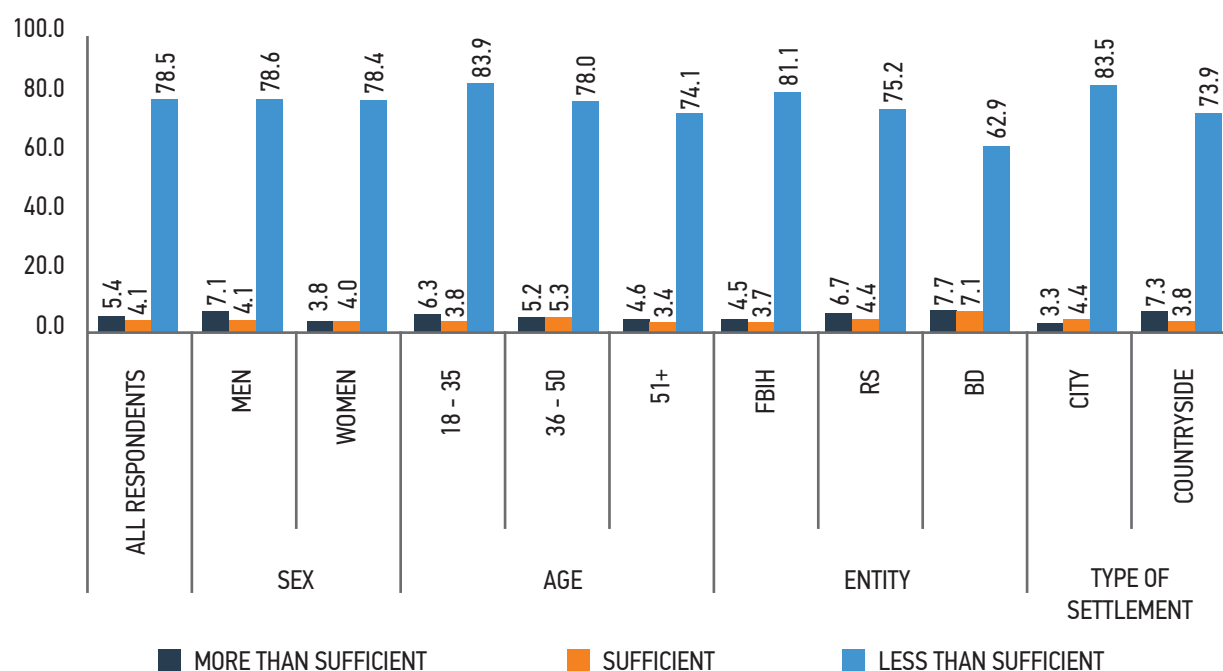


Chart 7. Respondents (N = 1,000) according to the answer to the question: *To what extent do you think of our society as a whole pays attention to the position and problems of survivors of conflict-related sexual violence?*

Medical and psychological assistance, including prosecution of perpetrators are considered the most important aspects of support to survivors of conflict-related sexual violence. Approximately the same number of respondents believe that the most important ways of providing support to survivors of conflict-related sexual violence include the *provision of adequate medical and psychological assistance* (47.1%) and *prosecution of those responsible for sexual violence* (45.3%). One third of the respondents believe that the *recognition of the status and rights of survivors through the law* is an important way of providing support (Chart 4).

The remaining two stated answers (*informing the public about the problems faced by survivors and the recognition of some special rights of such persons*) is considered important by approximately one in three and one in five respondents, respectively. Furthermore, many respondents as an answer to this question stated "Other"; by this answer the respondents usually mean that it is important to provide the survivors with financial assistance, employment and moral support.

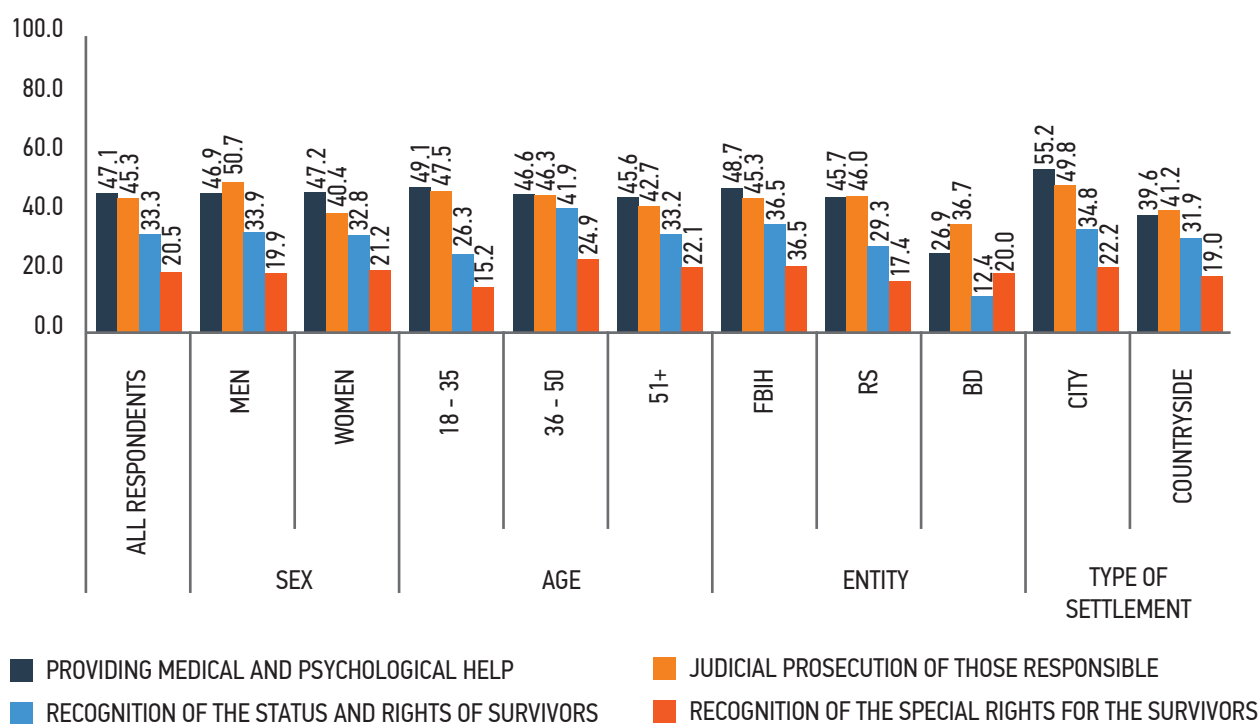


Chart 4. Respondents (N = 1,000) according to the most common answers to the question: *There are several ways in which our society can provide the necessary support to survivors of sexual violence during the conflict in BiH. Please tell me which of these ways is in your opinion the most important for providing such support?*

Two-thirds of respondents believe that the survivors of conflict-related sexual violence still need support even though sexual violence occurred two decades ago. In relation to the opinion that it is necessary to stop dealing with the victims of war, especially survivors of sexual violence, 68.2% respondents *totally disagree*, regardless of the fact that the war ended twenty years ago (Chart 5). Approximately one in ten respondents fully *agree* with the statement mentioned in the question.

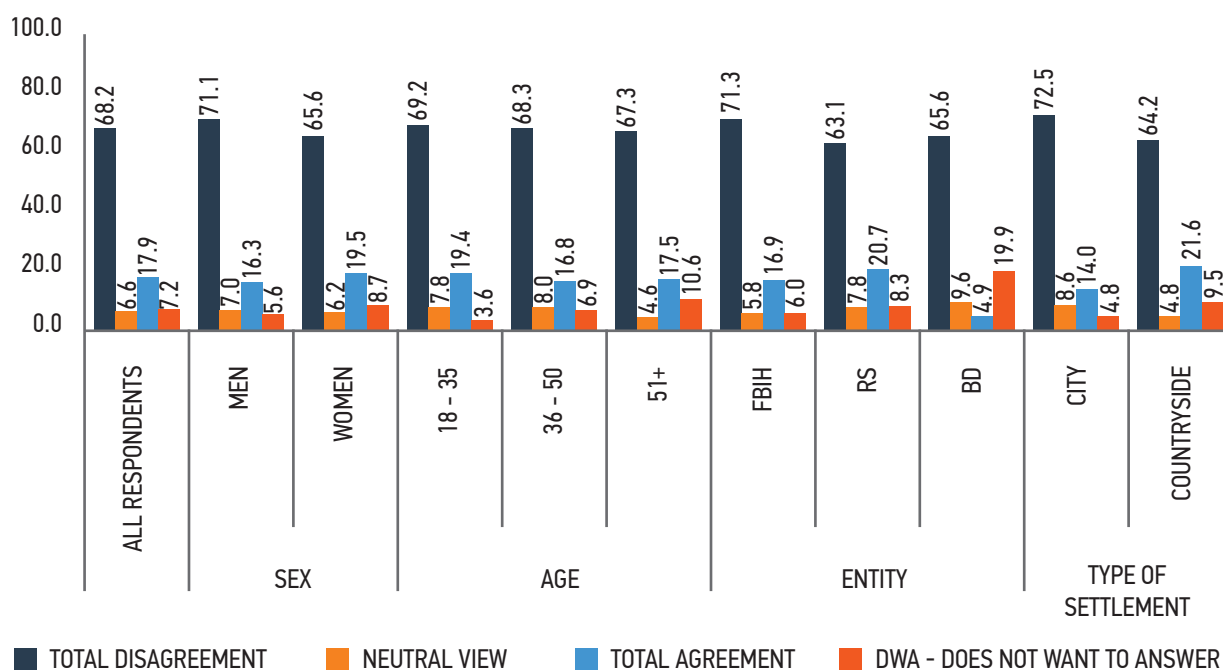


Chart 5. Respondents (N = 1,000) in relation to the agreement with the statement in the following question: *Some people think that 20 years after the end of the war it is necessary to stop dealing with the victims of war, especially in case of survivors of conflict-related sexual violence. Do you agree or disagree with this opinion?*

In the offered choice of answers to the question on how the society looks at persons who are survivors of conflict-related sexual violence, the higher percentage of men compared to women responded with *compassion* (40.8% vs. 34.6%), while the higher percentage of women compared to men responded with *support* (33.1% vs. 26.6%) (Chart 6). There was not a significant difference in the answers of men and women to this question. Respondents aged 18-35 years, more than the respondents in older age groups stated that the society considers that the survivors are to be blamed for what happened to them (6% vs. 2% of the respondents from middle age group and 2% of older respondents). The results show that 2% of the respondents aged 18-35 and 0.2% of the respondents aged over 51 stated that the society considers that the survivors provoked the violence. In addition, although this answer is generally stated in the low percentage, the respondents who know some persons who are survivors of conflict-related sexual violence often say that society sees the survivors as persons who deserved what happened to them (2%) than in the case with the respondents who don't know such persons (0.3%).

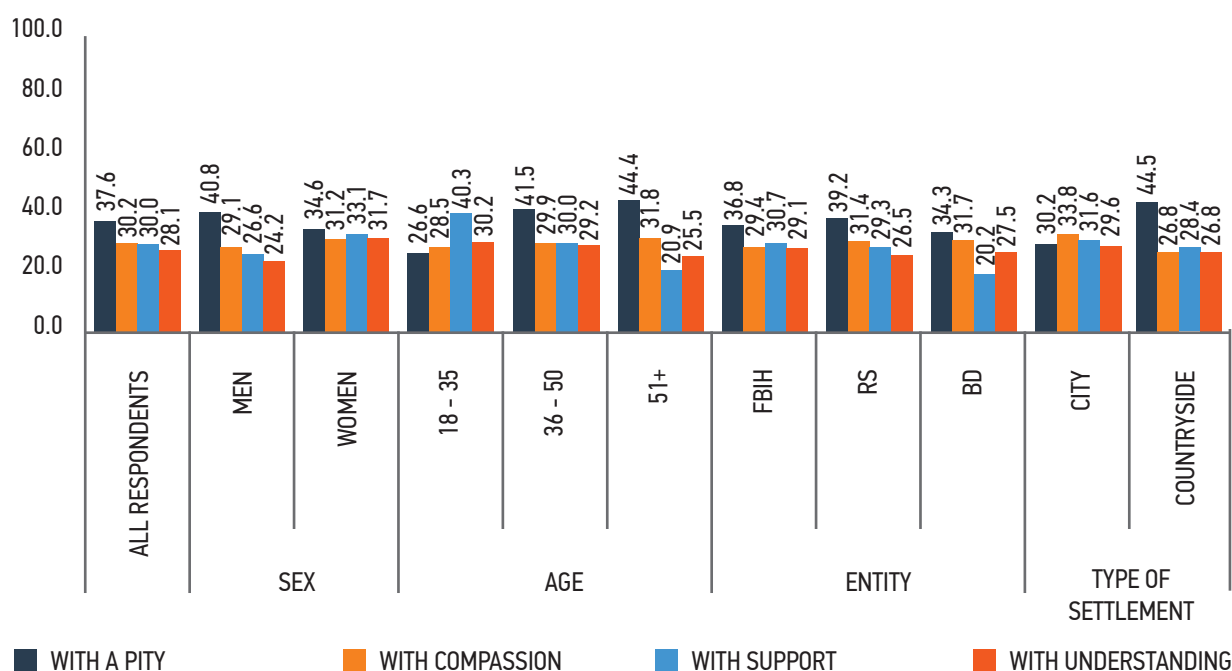


Chart 6. Respondents (N = 1.000) compared to the most common answers to the question: *How would you describe the way our society looks at people who are survivors of sexual violence in the past conflict in BiH?*

Pity, compassion, understanding and the need for help are the most common feelings of respondents towards survivors of conflict-related sexual violence. Most respondents (27.5%) stated that they are looking at the survivors of sexual violence in the past conflict in BiH with *a pity*, while 15.7% of them stated that they are looking at survivors *with compassion* (Chart 7). Slightly less than one third of respondents indicated that they look at them *with understanding and support*. By contrast, a total of about 3% of the respondents have negative attitudes towards survivors, or state that these persons are to be blamed for what happened to them, that they could have prevented it, that they deserved it, and that the victims provoked sexual violence.

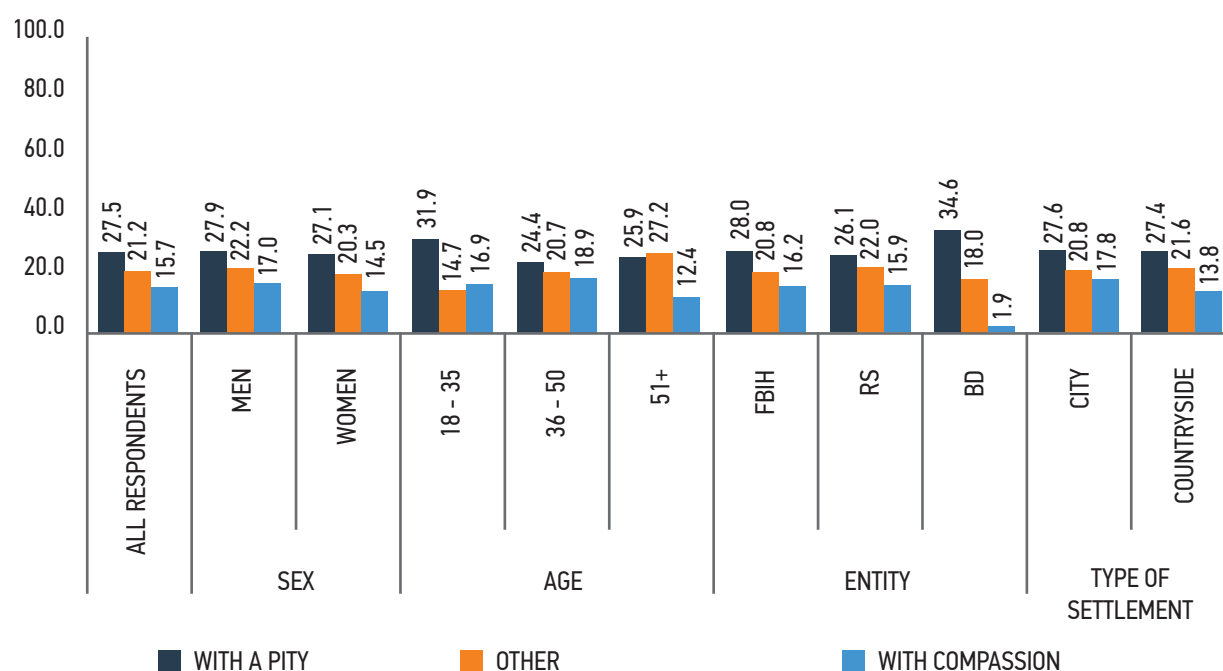


Chart 12. Respondents (N = 1.000) compared to the most common answers to the question: *How would you describe the way you personally look at the survivors of sexual violence in the conflict in BiH?*

Men, more often than women stated they feel pity towards survivors of conflict-related sexual violence, while women more often stated that they feel understanding and the need to provide support. The need to support survivors was often mentioned by the respondents aged 18-35 years compared to the respondents aged 36-50 and more than 51 years. On the other hand, persons aged 36-50 years and older than 51 years, compared to the younger respondents up to 35 years, more often stated that they feel pity towards persons survivors of conflict related sexual-violence. Respondents who live in urban areas more often than those from rural stated compassion towards the survivors, while respondents in rural areas often stated the feeling of pity. Furthermore, the respondents who know some persons who are survivors of conflict-related sexual violence more often stated that these persons provoked sexual violence themselves compared to the respondents who don't know them (2% vs. 0.1%). Respondents who know the survivors, compared to the respondents who don't know them, more often stated the need to provide support to survivors (40% vs. 29%).

Pity is perceived as the most common reaction in relation to survivors of conflict-related sexual violence and what happened to them, followed by compassion, understanding and the need to support them. Respondents show more positive emotions towards survivors of conflict-related sexual violence when they are asked about their personal views, rather than when asked generally about the attitudes of society. A small number of people is bringing up negative and stigmatizing attitudes towards survivors, such as blaming survivors for what happened to him/her.

CONCLUSIONS

KEY FINDINGS

Survivors of conflict-related sexual violence are not adequately treated in BiH society. The marginalization and stigmatization that they experience on a daily basis are the causes of their unsatisfactory position.

Stigmatization of survivors is present in every aspect of their lives, from the closest family, i.e. the closest family members to society, in daily contacts with other people. Survivors don't speak about the sexual violence they have experienced. In families, although they have great support from their loved ones, the survivors don't want to talk about violence, they don't want to evoke what happened to them. For fear of the reaction, a large number of survivors have never talked about violence with their children and/or grandchildren. For the survivors, the story of sexual violence means providing opportunity to the others for direct condemnation, insults and repeated trauma, for which they often claim to find more difficult than the act of sexual violence. Each of these situations leaves profound consequences on health and personal integrity of the survivors. Frequent insomnia, tremor, anxiety, nightmares and emotional and sudden reactions for which usually there is no reason, are a daily reality of survivors. A large number of survivors – respondents experienced condemnation by friends, acquaintances, neighbours, doctors, from the environment in which they live, from the persons to whom they opened up and from those who got this information in some other way. Scarce unpleasant situations that have happened to them while performing everyday tasks the survivors do not explain with the lack of social support but with a fact that people to whom they are communicating are not at all aware of their status. *“Interestingly, I can only remember the bad things, but not the good ones. I don't know why.”*

On the other hand, contrary to the responses of survivors, the general attitude of the citizens is that the society primarily refers to survivors with a pity, then with compassion, understanding and support. When asked about the personal view and perception with regard to the survivors, citizens bring up more positive emotions and attitudes than when they are asked about the views of the society in general. Although expressing positive views and understanding towards the survivors, the citizens, equivalent to the perception of the survivors, do not show a significant percentage of awareness of their problems and their current status. Thus, 18% of citizens consider that they are very informed about the problems faced by survivors, while 34% stated that they are somewhat informed about this topic. Although few, the positive examples of support that families and closer and broader society and specialized professionals

provide to the survivors, give an impetus to the survivors to continue to ask for help and to get equally involved in all aspects of social life in active manner, without shame and stigma.

The survivors are inadequately treated by the institutions at all levels of government in the country in which they live – this is the claim shared by both the survivors and surveyed citizens. As one of the reasons for their inadequate treatment the survivors state the insufficient awareness of citizens of their status, i.e. of the status of survivors. Only the payment of financial means on the basis of the achieved status of civilian victims of war is perceived as support by the institutions, however it is available to a small number of survivors. On the other hand, they are given a great support by specialized non-governmental organizations in terms of providing medical assistance, conversation, providing material support and ensuring means for work. These kinds of programs, especially those of economic empowerment, then access to health care, regulation of the status on the entire territory of Bosnia and Herzegovina, and greater media space – are the activities for which the survivors consider that would improve their current status. Judging from their responses, the citizens of BiH would support similar activities that would launch the institutions of the system. Citizens largely agree that not enough attention is paid to the victims of sexual violence in war or solving their problems. Identical as the answers of the survivors, citizens believe that survivors do not receive deserved material, institutional and financial support, and that still, twenty years after the end of the war, they deserve it. Above all it refers to adequate health support, prosecution of crimes, legal solution of the status and recognition of special rights to these persons.

Information collected in this research undoubtedly suggest a conclusion that there is a need for further intensive work on better informing of the citizens related to the problems faced by survivors of sexual violence in armed conflict. Paying attention to their true problems will greatly contribute to breaking prejudices that citizens have developed on the basis of inaccurate information and assumptions, that is, it will have an impact on decreasing their stigmatization. In addition, many positive experiences and results of the work with mental health professionals (psychologists and psychiatrists) in the elimination of trauma on the one hand, and the depth of the trauma the consequences of which are still visible on the other hand – indicate the need for further intensive therapeutic work with the survivors. In addition to therapeutic work, as stated even by the survivors, free access to other health care services, then programs of economic empowerment, legal solution of their status and unrestricted access to justice throughout the territory of Bosnia and Herzegovina, will contribute in decreasing their marginalization and stigmatization. Establishing a com-

prehensive support system, along with work on informing the public about their needs and problems, will have an impact on decrease of marginalization and stigmatization of survivors and their families.

Conflict-related sexual violence over time results in a change of the relationship between the society and the survivor. The stigma linked to sexual violence is present in many societies and cultures, and the consequences are obvious and enormous. This means that survivors blame themselves, but they are also blamed, rejected, isolated and excluded from public life, physically or otherwise abused, they have less access to resources in the community, their spouses abandon them or they are the target of public attacks and additional abuse.

RECOMMENDATIONS


- Psychosocial rehabilitation should be available to all survivors, and in that sense the priority is to ensure the ongoing education of professionals in the services of the system (health, social, judicial, in the employment services) in provision of services tailored to the needs of survivors, and which are gender and culturally sensitive.
- It is advisable to run the forms of campaigns aimed at reducing stigma towards survivors of sexual violence in wartime conditions, which will focus on informing the public. The actors who take responsibility for the campaign should be pushed into the background or to act without emphasizing identification, because there is a risk of inducing resistance like the one related to the perception of imposing certain attitudes (e.g. if it is recognized that foreign or international agencies have the role in the campaign, then the actors are predominantly linked to a particular ethnic group or “warring party”, etc.).
- It is necessary to openly talk about the typical consequences in terms of mental and social functioning of persons who survived sexual violence, especially in order for those people who did not have the opportunity to receive adequate professional help because they avoided labelling to come closer to realization on how their reactions are actually normal. In this regard, it is especially important to actively seek advice and recommendations directly from those who have already gone through this process in order to identify ways of mobilizing appropriate personal or social resources. When it comes to the issue of PTSD, in BiH society it is typically referred to in connection with groups of veterans, while PTSD in civilian victims of war is in the second range of priority. It is therefore necessary to avoid monopolization of the difficulties in the name of any interest or professional groups.
- The research points to the need for deeper understanding of masculine/feminine gender identity dichotomy in relation to stigma experienced by CRSV survivors.
- It is necessary to more openly disclose information on the validity of the status of civilian victims of war, so as to minimize public resistance towards persons who have less visible traces of suffering to which they were exposed.
- Experience and knowledge of the non-governmental sector on the sensitized and the needs-based approach for the survivors of conflict-related sexual violence should be transferred to the institutions of the system by establishing and strengthening cooperation between the governmental and non-governmental sector in order to create opportunities and possibilities for a dignified life for survivors. The need is emphasized for the creation of a kind of pursuits and interests to help survivors, usually in the context of the inner circle of people close to them or smaller communities, to draw their attention to the imposed symptoms of trauma that they survived. It can also include means of ensuring own revenues, which in a focused manner improves the perception of self-worth and reduce the possible symptoms of PTSD. Other forms of work on the treatment of psychological trauma directly affect the reduction of stigma, because it can be assumed that at least part of the stigmatizing (and self-stigmatizing) attitudes is related to specific symptoms. It is necessary to revive the areas of research, which will specifically provide an idea of traumatic reactions and symptoms of this population, and then to be dedicated to the studying of the most effective and efficient methods of work on the reduction of specific symptoms such as sleeping disorders, difficulty in maintaining attention and beliefs that may favor the maintenance of the depression.
- It is necessary to conduct further and more comprehensive research on stigma towards persons who survived sexual violence during the conflict in BiH, and in this regard the academic and broader community should be involved.
- Access to compensation or pecuniary damages should be non-discriminatory, i.e. available to all survivors and implemented in such a way that it does not reinforce existing cultural and social stereotypes towards survivors of conflict-related sexual violence. The legal procedures must eliminate all stigmatizing and discriminatory terms and conditions. The procedure of obtaining pecuniary damages should guarantee the confidentiality, security and should keep the dignity of the survivors.
- It is necessary to pay special attention to the signs of so-called posttraumatic embitterment and effects that such embitterment have on social communication of the survivor



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