A QUALITATIVE STUDY OF WAR RAPE SURVIVORS' TESTIMONIES FROM CONGO, RWANDA, KOSOVO, AND BOSNIA-HERZEGOVINA

BY

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DISSERTATION

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To all brave women war rape survivors worldwide, remember you are not alone.

"I am the very evidence." - Hak Soon Kim (1924-1997)

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Chapter 1: Introduction

The first description of rape emerged in the Code of Hammurabi from ancient Babylon, circa 1900 B.C.E. (Prince, 1904). The code defines rape as a man forcing sex upon another man's wife or upon a virgin woman who "is living in her father's house; the consequence of this deviant act is "that [the] man [who committed the rape] should be put to death" (Prince, 1904, p. 603).

Based on this first description of rape law, ancient societies viewed rape as an outstandingly deviant act because it harmed the male father's or male husband's honor. Moreover, the rape of a woman was long considered a property crime against the female victim's husband or father; the word "rape" itself derives from the Latin word *rapere*, "to seize." It was not until the eleventh and twelfth centuries C.E. that European societies began to consider rape as a violent, sexual crime against the female victim (Barnes, 2019).

The development of a legal definition and consequence for rape, however, has not changed social perceptions of and stigma experienced by female victims (Frese et al., 2004). Previous studies have documented adverse social reactions from significant others and community members and institutions when a rape survivor revealed their experience of being victimized (Kelly et al., 2011). Social reactions from such informal support providers can manifest adversely, such as blaming rape victims or even doubting rape victims' claims (Ullman, 2000). In settings where family honor is linked to the "purity" of women's bodies, such as in Afghanistan or Palestine, honor killings are an extreme manifestation of externalized stigma toward rape victims (Gibbs et al., 2019). In addition, most rape survivors report feelings of internalized stigma, such as self-blame and shame (Jewkes et al., 2022). According to Palermo et al. (2014), only 4–7% of rape survivors ever seek legal recourse for having been sexually

assaulted. These low numbers mean that the actual number of victims of rape or sexual violence is unknown and significantly underreported (Palermo et al., 2014).

Given the existing social and internalized stigma among women rape victims in a civilized and peaceful country or society (Ullman, 2000), wartime sexual violence or war rape has been shown to have compounded the adverse effects on the lives of victimized women in terms of physical health, mental health, social relationships, and even economic opportunities (Dumke et al., 2021). In particular, numerous qualitative research studies have highlighted how such adverse effects of wartime sexual violence or war rape manifest in the lives of countless victims and their families, with a particular focus on internalized and externalized stigma (Woldetsadik, 2018). For example, wartime sexual violence or war rape victims report being overwhelmed with the shame and self-blame of being a rape victim, along with feeling invisible and dismissed by their loved ones and the local community where they belong (Delic & Avdibegović, 2015).

According to the United Nations, any situation where the use of rape or sexual violence toward women during military or armed conflicts is not simply a byproduct of the armed conflicts but may be a pre-planned and deliberate military strategy (van Wieringen, 2020). Many sociologists and historians have commented that wartime sexual violence or war rape committed during war or armed conflicts is often intended to instill fear the in the targeted population, disrupt families, destroy trust within communities, and even insidiously change the ethnic makeup of the next generation within the targeted community by deliberately infecting women with sexually transmitted diseases (e.g., HIV) or rendering women from the targeted community incapable of bearing children (Heineman, 2011). Moreover, another aim of wartime sexual violence or war rape is to reduce the likelihood of the return and reconstitution of a targeted

community by inflicting humiliation and shame on the targeted population (van Wieringen, 2020).

The International Criminal Court formulated the most straightforward and universal definition of war rape or wartime sexual violence. The International Criminal Court has defined war rape or wartime sexual violence as follows: "The perpetrator invaded a person's body by conduct resulting in penetration, however slight, of any part of the body of the victim or the perpetrator with a sexual organ or of the anal or genital opening of the victim with any object or any other part of the body" (Fournet, 2014, p. 60).

Moreover, most modern scholars have agreed that rape is a form of genocidal violence in war or armed conflict settings (Nordås & Cohen, 2021).

The chaos of war or armed conflicts, along with the under-reporting of war rape or wartime sexual violence resulting from the shame and social stigma of war rape or wartime sexual violence victimhood, has produced inconsistent statistics on the prevalence of war rape or wartime sexual violence victims in modern military conflicts around the world. From the Bosnia-Hercegovina conflict between 1992–1995, the estimated number of women and girls raped ranged wildly from 1,600 reported cases by the U.N. Commission of Experts to 12,000 cases claimed by United Nations High Commissioner for Refugees experts and even between 20,000 to 60,000 as reported by the Bosnian Interior Ministry (United Nations, 1996). A similar situation occurred after the Rwandan genocide in 1994. According to Dixon's (2009) findings on the 1994 Rwandan genocide, approximately 250,000 women and girls were raped. However, as recently as 2023, the Survivors Fund reported an updated number of survivors of war rape during the Rwandan genocide to approximately 500,000 victims.

Given the prevalence and disruptive impact of war rape or wartime sexual violence on women in war or armed conflicts worldwide, a wealth of research literature has documented the consequences and effects of war rape or wartime sexual violence on its victims. For example, Ba and Bhopal (2017) reviewed 20 previously published research studies on physical health and mental health after war rape or wartime sexual violence in many different postwar zones. For this meta-analysis, the authors defined sexual violence as sexual torture, including individual rape, gang rape, and sexual slavery. All types of armed conflicts were included (intrastate, interstate, and international). The International Criminal Court formulated the most straightforward and universal definition of war rape or wartime sexual violence. The International Criminal Court has defined war rape or wartime sexual violence as follows: "The perpetrator invaded a person's body by conduct resulting in penetration, however slight, of any part of the body of the victim or the perpetrator with a sexual organ or of the anal or genital opening of the victim with any object or any other part of the body" (Fournet, 2014, p. 60).

Moreover, most modern scholars have agreed that rape is a form of genocidal violence in war or armed conflict settings (Nordås & Cohen, 2021).

As part of the meta-analysis, sixteen research studies reported data on physical outcomes of war rape or wartime sexual violence. The expected physical outcomes of war rape or wartime sexual violence include pregnancy (range 3.4–46.3%), traumatic genital injuries/tears (range 2.1–28.7%), rectal and vaginal fistulae (range 9.0–40.7%), sexual problems/dysfunction (range 20.1–56.7%), and sexually transmitted diseases (range 4.6–83.6%) (Ba & Bhopal, 2017). Mental health outcomes were reported in 14 research studies as part of the meta-analysis on the impact of war rape or wartime sexual violence. The expected mental health outcomes of war rape or wartime sexual violence include post-traumatic stress disorder (range 3.1–75.9%), anxiety (range

6.9–75%), and depression (range 8.8–76.5%; Ba & Bhopal, 2017). Finally, 11 research studies, as part of the meta-analysis, reported data on social outcomes of war rape or wartime sexual violence. The standard social outcomes of war rape or wartime sexual violence include rejection of rape victims by family and community (3.5–28.5%) and spousal abandonment (6.1–64.7%) (Ba & Bhopal, 2017). Overall, this meta-analysis showed overwhelming evidence of the consequences of sexual violence during war or armed conflicts.

Statement of the Problem

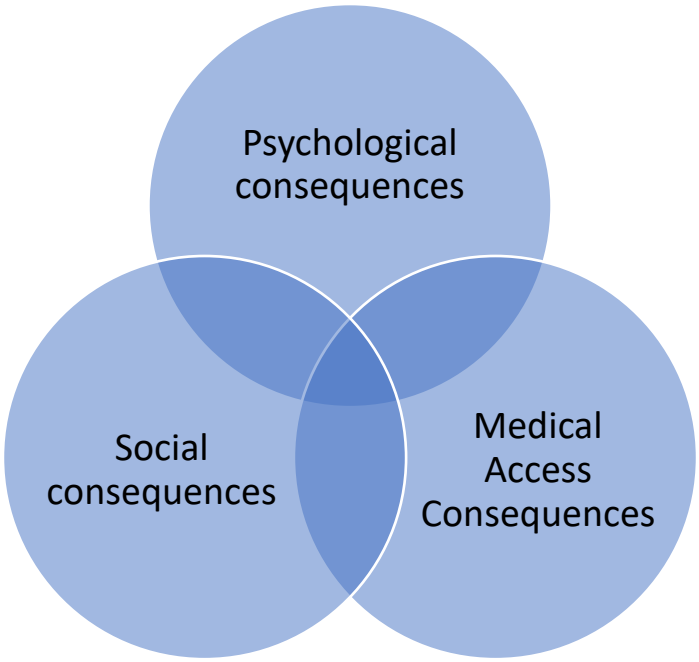
Most research on rape and sexual violence in war and armed conflicts has focused on the physical and psychological consequences of rape and sexual violence during war and armed conflicts (Ba & Bhopal, 2017; Woldetsadik, 2018). However, research is scarce or only emerging regarding the social stigma and medical access challenges among rape and violent sexual survivors in war and armed conflicts and the extended consequences of that social stigma. In terms of social stigma, the previously published studies have focused on the prevalence of shame and self-blame victims of rape experience, along with the experience of feeling invisible and dismissed by their spouses and the local community where they belong (Delic & Avdibegović, 2015; Woldetsadik, 2018). In contrast, research evidence is still lacking regarding how victims of war or armed conflict rape/sexual violence transmit their experience of trauma to their children or other close family members (Močnik, 2020), which results in an intergenerational trauma that may further intensify a vicious cycle of shame and self-blame for the victims of war or armed conflict rape/sexual violence. More research is needed to examine the validity of this possible impact. Furthermore, research is scarce regarding medical access challenges among rape and sexual violence survivors in war and armed conflicts. Previous research has highlighted that many rape victims in non-armed conflict settings may not have

access to formal support services post-violent encounters (McCart et al., 2010). Moreover, another research study showed that only one out of five rape survivors in non-armed conflict settings received medical or sought legal services (Patterson et al., 2009). Also, Kaukinen (2004) noted that only 52% of sexual assault victims in non-armed conflict settings sought support from informal support or resources. Only one research study has focused on the medical access challenges among war or armed conflict rape/sexual violence victims (Tenaw et al., 2022).

Conceptual Framework

The current qualitative research study explores the multifaceted consequences of rape and sexual violence in war and armed conflict settings, focusing on the physical, psychological, social, and medical dimensions as reported by survivors. The conceptual framework of this study identifies these four domains as key variables, providing a structured lens through which survivors' experiences are analyzed. Data for this study are derived from archived diary entries of female victims from specific conflict periods and regions: the Democratic Republic of Congo (August 1998 until July 2003), Rwanda (October 1990 until July 1994), Kosovo (February 1998 until June 1999), and Bosnia-Herzegovina (April 1992 until December 1995). A thematic analysis will be applied to these entries to discern patterns that align with the proposed conceptual framework.

Figure 1: Conceptual Framework



Research Questions

Based on the conceptual framework, the study is guided by the following qualitative research questions:

1. What are the psychological consequences of rape and sexual violence during war and armed conflicts, as reported by the victims?
2. What are the social consequences of these acts of violence, as articulated by the survivors?
3. How do survivors describe their access to medical services post-assault in these conflict settings?

Significance of the Study

This research aims to unearth overarching themes in the narratives of war rape survivors from different conflict zones and time periods, contributing to the sparse literature on the long-term impacts of such trauma, particularly focusing on psychological, social, and medical

repercussions. As a professional who has encountered narratives of sexual violence survivors from various wars and armed conflicts, this study leverages unique primary sources—survivors' diary entries—to gain deeper insights into their enduring psychological trauma, experiences of social stigma, and challenges in accessing medical care. By documenting and analyzing these personal accounts, this study seeks to inform more sensitive and effective interventions and support mechanisms for survivors of sexual violence in conflict zones.

Assumptions

The scientific assumption of the current research study is building on reliable knowledge of what has happened in the world. Reliability, in this case, means identifying themes in the experiences and challenges experienced by women who were the victims of sexual violence during war or armed conflicts as reflected in long-term psychological consequences such as post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD), along with any social challenges (such as lack of social support or social ostracism) and medical access challenges (lack of medical treatment support and access) that these sexual violence survivors from war or armed conflicts face. The most significant assumption in the current qualitative research study is the honesty of the archived written diary accounts of the sexual violence survivors from war or armed conflicts used for this study. Moreover, the current research study assumes that the written accounts of sexual violence survivors from war or armed conflicts in various languages from Rwanda, the Democratic Republic of Congo, Kosovo, and Bosnia-Hercegovina have been translated into a common language (i.e., English) so that a qualitative analysis for the themes across various war and armed conflicts can be standardized and entered into a qualitative analysis method (i.e., using the NVIVO software).

Limitations

I will use qualitative methods to analyze the survivors' archived written testimonies or diary entries in my research. Examining sexual abuse survivors' ability to share their personal stories is essential; however, the critical limitation of any finding from the current research study is to make more general conclusions regarding the long-term psychological consequences, social challenges, and medical access challenges faced by sexual violence survivors from other wars or armed conflicts (Ethiopia, 2023; Ukraine, 2022; Sudan, 2023) outside the scope of the sample of participants used for the current research study. Another of my research limitations is related to the assumption that all war rape is a traumatic experience. As a psychoanalyst, I can make this assumption based on observations that a fair number of sexual violence survivors from war or armed conflicts have demonstrated resilience despite what they have experienced. A final possible limitation of this planned study is the significant resource differences in terms of the availability of medical support and psychological treatment services among sexual violence survivors from war or armed conflicts in the countries of Kosovo, Bosnia-Hercegovina, Rwanda, and the Democratic Republic of Congo, which may decrease the generalizability of the experience of sexual violence survivors from war or armed conflicts in terms of seeking out these services both during and after the armed conflicts.

Delimitations

In this current research study, I decided to use the archived personal narratives of the survivors of sexual violence I collected from war rape survivors in the aftermath of armed conflicts in Rwanda, the Bosnia-Herzegovina War, the Kosovo War, and the Democratic Republic of Congo. Working with war rape and armed conflict sexual abuse survivors worldwide has allowed me to collect an archive of personal narratives during my psychotherapeutic

assignments and duties. All personal narratives from the war rape and armed conflict sexual abuse survivors were voluntarily shared with me. Still, it is essential to note that the length of time since the initial war rape and armed conflict sexual abuse, along with the survivors' willingness to disclose the many personal challenges they face, varies from survivor to survivor.

Summary

Sexual violence during wartime is a complex and challenging topic. For the last thirty years, many social scientists and researchers have tried to bring more understanding and provide recommendations for the necessary changes around this remedy for the traumatic effects of sexual violence during armed conflicts. Better understanding the psychological, social, and social consequences of war rape or sexual violence during armed conflicts enables us to see a bigger picture of the traumatized, sensitive groups of the survivors.

Chapter 2: Literature Review

The Theories and Rationale of Rape and Sexual Violence During War and Armed Conflicts

Rape and sexual violence during wars and armed conflicts have been documented throughout history. However, many researchers have been trying to understand the theories and rationale for this phenomenon. Gottschall (2004) comprehensively summarized the multifaceted approach to understanding the phenomenon of rape and sexual violence during war and armed conflicts. In the modern world, Gottschall (2004) argued, social scientists from different fields have decided to explore the complexity of rape and sexual violence during war and armed conflicts. Appraising the literature from various disciplines of social and scientific inquiry, Gottschall (2004) commented that the phenomenon of rape and sexual violence during war and armed conflicts has evolved throughout human history.

Anthropological evidence suggests that sexual violence during wartime was present even in ancient times. In highlighting several theories explaining wartime rape or sexual violence in armed conflicts, Gottschall (2004) started by focusing on the feminist theory regarding sexual violence in war or armed conflicts as a manifestation of the power and control among patriarchal male armed aggressors over women's bodies. The frame of the patriarchal construct as a critical cause of sexual violence in war or armed conflicts is a prevalent explanation of why women are the target of sexual violence across various armed conflicts. Unfortunately, according to Gottschall (2004), feminist theory does not provide any empirical data to support the idea that the patriarchal construct is a crucial cause of sexual violence in war or armed conflicts. Moreover, Gottschall also pointed out that sexual violence in war or armed conflicts also occurs in non-Westernized countries and tribes, thus limiting the feminist explanation for the rationale for sexual violence in war or armed conflicts. It is crucial to follow Gottschall's (2004) focus on

cultural pathology theory, emphasizing cultural psychoanalysis. The cultural pathology theory aims to peer back into the group's cultural history and try to see and understand developmental factors related to why they may turn toward cruelty and massive sexual violence during war or armed conflicts (Gottschall, 2004).

In the cultural pathology theory, there are some available data to help highlight the sociocultural factors that may increase the tendency for one nation or cultural group to engage in sexual violence during war or armed conflicts toward their enemies. Gottschall (2004) also examined the strategic rape theory of sexual violence during war or armed conflicts looking for the answers and argues that war rape or sexual violence during armed conflicts is a planned military or armed conflict strategy. The theory contends that rape is a weapon of war used to terrorize individuals and entire societies. Strategic rape theory makes the argument that fear related to sexual violence or rape during war or armed conflicts helps to spread terror, diminish resistance from the targets of armed conflicts, demoralize soldiers defending their community, and humiliate both individuals and societies who are the target of war or armed conflicts (Gottschall, 2004). The theory highlights the genocidal aspects of wartime or armed conflict sexual violence. However, Gottschall (2004) has been careful here, saying that even when the research shows war's short-term and long-term consequences, rape or sexual violence is still essential to differentiate the consequences from the military perpetrator's motives.

The last theory Gottschall (2004) has analyzed is a biosocial approach. In this view, war rape or sexual violence in armed conflicts is inevitable because it may be a genetically determined reflex among mostly male military aggressors. A biological determinism theory of wartime rape also accounts well for the demographic characteristic of the young female victims. In contrast, no gene has been identified to increase the tendency of military aggressors to commit

rape or sexual violence during armed conflicts. Proceeding with the conclusion, Gottschall (2004) confirmed the necessity of the research from the different perspectives on war rape.

Subsequent research by Doja (2019) presented an innovative perspective on understanding the far-ranging research on sexual violence during wartime or armed conflicts and connecting the complexity of the background of the armed conflicts to anthropologist Claude Lévi-Strauss's transformational morphodynamics theory (Doja, 2019). Doja (2019) argued that research on wartime rape or sexual violence has focused on the historical, strategic, organizational, political, ideological, and cultural factors that drive rape and other forms of sexual abuse during wartime. For example, Doja (2019) demonstrated deeper social and cultural roots related to the patriarchal system and women's position in Yugoslavian wartime violence. Feminist research has shown that wartime sexual violence is strategically used as a weapon of war, as described by previous researchers (Buss, 2009; Gottschall, 2004). However, Doja (2019) argued for researchers and social scientists to dig deeper to distinguish between behavioral norms and rules of society and what they do and say in practice and diligently and ethnographically describe norms and rules from an objective perspective (Doja, 2019).

Koos (2017) further argued that sexual violence perpetrated by the armed militia was assumed to be an inevitable effect of warfare. However, several empirical studies cited by Koos (2017) suggest that there is even variation within the same armed conflict, where some armed actors commit sexual violence while others refrain (Koos, 2017). These variations of committing or not committing sexual violence within the same armed conflict are significant because they change the research community's understanding and illuminate the complexities of conflict-related sexual violence (CRSV). CRSV seems to imply that sexual violence during armed conflict differs qualitatively from sexual violence in peacetime. Although the roots of sexual

violence during armed conflicts are similar to those of sexual violence during peacetime, sexual violence during armed conflicts is aggravated by ethnic, religious, or ideological schisms that increase hatred and brutality toward the targeted group (Koos, 2017).

Methodologically, a new model offered by Doja (2019) takes the lead from the abstract mathematical or scientific operations and the evolutionary rules of canonical transformations suggested by anthropologist Claude Lévi-Strauss for the structure of myths as a rationale for justifying sexual violence during armed conflicts. Nevertheless, it is possible to show that structural anthropology may innovatively account for much more than the dynamics of social systems and the practice of competitive and strategic behaviors, including the rationale for the effectiveness of mass rapes as a military strategy and an instrument of ethnic cleansing (Doja, 2019). Lévi-Strauss (1955, as cited in Doja, 2019) described the generative engine of myths, which can demonize states, tribes, or countries that target aggression.

The Lévi-Strauss theory, through Doja's (2019) lens, makes the rationale of catastrophe models to explain the mass rape and sexual violence in Yugoslavian armed conflicts during the 1990s. Doja (2019) also brings an assumption that mass rapes are fueled by specific cultural activism that activates the cultural ideology of perpetuating patriarchy, family honor, blood purity, and religious purity among the military aggressors during the Yugoslavian armed conflicts during the 1990s. For example, Doja (2019) argued that men from all ethnic groups committed rape with rampant reports of sexual violence during the Bosnian War (1992–1995) and the Kosovo War (1998–1999) perpetrated by the Serbian military and paramilitary forces, thus supporting the patriarchal rationale for sexual aggression based on the traditional perception that women are rooted in submissive subordination to society's expectations and men's prominent role within society (Doja, 2019).

To delve deeper into the possible mindset of why males committed sexual aggression during armed conflicts, Wood (2018) developed a typology that helps explain military commanders' and subordinate soldiers' attitudes and rationale toward committing sexual violence during war or armed conflicts. Wood (2018) argued that the military commander's stance toward rape or sexual violence during armed conflicts varies between promoting it as policy, tolerating it, or effectively prohibiting it through punishment, along with the subordinate military combatants having varied motives for engaging in sexual violence in wartime.

According to Wood (2018), subordinate military combatants generally differ from their military commanders in their aggression preferences, with subordinate military combatants preferring violence, different forms of violence, or different targets of violence (Wood, 2018). Wood also examined robust social processes of moral disengagement in armed conflicts, which include the desensitization of combatants to violence, the dehumanizing of victims, the combatant's experience of anxiety resulting from the uncertainty of combat, the threat of violence against oneself, feelings of shame and guilt over acts carried out, and the displacement of responsibility by the combatants for their actions. Some combatants could experience violence against civilians, sometimes including rape or sexual violence, as pleasurable and may develop a "need" for increasing cruelty toward the targets of their aggression (Wood, 2018). After rape or sexual violence occurs during armed conflicts, military commanders may tolerate it because they see its benefits to the ongoing conflict.

Lastly, Wood (2018) argued that understanding how horizontal social dynamics and military commanders' tolerance may sustain rape or sexual violence in armed conflicts as a practice should further inform international humanitarian law in strengthening military training against its occurrence along with providing insight for social science scholars, policy advocates,

prosecutors, judges, and policymakers to understand the nature and consequences of sexual violence in armed conflicts. Knowing more specifics related to the individual and group motives regarding wartime sexual violence and seeing more clearly the patriarchal society construct and gender roles during wartime are crucial to approaching the legal aspects of wartime sexual violence in different settings.

Legal Definitions, Implications, and Limitations of Prosecuting Rape and Sexual Violence During Armed Conflicts

Like Gottschall (2004), whose argument concerned the strategic rape theory of sexual violence during war or armed conflicts, Buss (2009) argued that researchers and social scientists must recognize that rape or sexual violence by soldiers in wartime or armed conflicts is not a simple byproduct of war or armed conflicts. Moreover, Buss (2009) clearly expressed that wartime rape is often a planned and targeted policy by military aggressors, similar to the previous argument by Doja (2019). In particular, Buss (2009) examined the argument that rape is a weapon of war by examining the real-world consequences of Rwanda's genocide in 1994 and the Yugoslavia wars from 1991 to 1999. Buss (2009) commented that sexual violence during wartime has taken on legal significance at the Rwandan and Yugoslavia International Criminal Tribunals, where wartime rape and sexual violence have been formally prosecuted as a crime against humanity and genocide. For example, Buss (2009) cited how the International Criminal Tribunal for Rwanda (ICTR) decided to conceptualize "rape as a weapon of war," which has acknowledged the legal legitimacy of sexual violence targeted toward women during the Rwandan genocide. However, recognizing "rape as a weapon of war" is not enough to fully understand the phenomena of sexual violence or rape during armed conflicts. It is still necessary

to analyze and examine post-armed conflict mechanisms and processes such as war crimes tribunals, truth and reconciliation commissions, and transitional/peace agreements (Buss, 2009).

Buss (2009) analyzed records of sexual violence survivors and showed that when women testify about their sexual trauma and social stigma, their eyewitness evidence tends to be constrained by the legal trial or legal commission process, which limits what women can say about their psychological struggles and social stigma (Buss, 2009). Overall, Buss (2009) argued that conclusions reached from the literature review of post-armed-conflict legal trials and commissions raised doubts about the presumed therapeutic benefits of eyewitness testimony of sexual violence during armed conflicts (Buss, 2009), but these survivors' sharing their experiences of sexual violence during armed conflicts can help underpin their demands for remedies such as reparations and seeking out health care (Buss, 2009).

In a related research paper, Fairbanks (2019) wrote a commentary on various developments and scholarship in the classification of rape or sexual violence during war or armed conflicts as an act of genocide during war or armed conflicts argued in front of various international criminal courts. In particular, criminal convictions due to sexual violence during wartime or armed conflicts were successfully argued in front of both the International Criminal Tribunal for Yugoslavia (ICTY) and the ICTR (Fairbanks, 2019). Since the International Criminal Tribunal trials for Yugoslavia and Rwanda in the 1990s, there have been fewer than fifty convictions of sexual violence concerning genocide, crimes against humanity, or war crimes and fewer than one hundred convictions fighting against people for these crimes (Fairbanks, 2019). Since the start of the twenty-first century, modern scholars have agreed that wartime rape and sexual violence is a form of genocidal violence as a weapon of war (Fairbanks, 2019).

Scholars like Martin Shaw and James Waller have argued that sexual violence during armed conflicts is a tool to perform a larger genocidal goal (Fairbanks, 2019). Moreover, famous feminist researchers Catharine MacKinnon and Kelly Dawn Askin emphasized that sexual violence during armed conflicts is an integral component of genocide committed by military aggressors toward their targets (Fairbanks, 2019). MacKinnon further argued that rape or sexual violence during armed conflicts is a more impactful genocidal act than other acts of genocide like murder (Fairbanks, 2019). In addition, Fairbanks (2019) also pointed out that genocidal rape and sexual violence during armed conflicts are deeply tied to social identities because these are targeted along racial or religious identities.

It is important to note that the decisions to prosecute crimes of sexual violence did not initially stem directly from the ICTY or the ICTR but from various feminist scholars and activists who pushed for these crimes to be taken seriously and prosecuted in a way that acknowledged the severity of these crimes during armed conflicts (Fairbanks, 2019). Hearing the testimonies of multiple women who spoke openly about their victimization through rape or sexual violence resulting from the armed conflict in front of the ICTR helped create the guidelines for prosecuting rape as a crime against humanity and genocide (Fairbanks, 2019). Another groundbreaking aspect of the criminal charges of wartime sexual violence was the case of Nyriamasuhuko, a female Rwandan armed conflict perpetrator. The ruling on this case opened a new level of consideration in international humanitarian law and domestic law because a woman was charged with committing rape during an armed conflict (Fairbanks, 2019). Although international criminal prosecutors were able to hold a female perpetrator during an armed conflict accountable for genocide and sexual violence separately, the failure to prosecute her for the crimes committed by a male counterpart speaks to an inability to view similar crimes carried

out by men and women as equal in severity and consequences (Fairbanks, 2019). In the feminist attempt to urge the international community to prosecute wartime rape or sexual violence appropriately, the focus often centered on female-only narratives of sexual violence and the victim-only narratives of female participation in the war (Fairbanks, 2019). Although most of the victims subject to sexual violence during both armed conflicts were women, there were still cases of male-focused rape and sexual violence that also occurred but were unreported (Fairbanks, 2019).

Despite breakthroughs in international humanitarian law at the end of the twentieth century regarding the classification of sexual violence during armed conflicts under genocide, these legal breakthroughs continue to be inhibited by strict interpretations of gender roles among victims and perpetrators, along with the challenges of tracking down the perpetrators of rape and sexual violence during armed conflicts.

Consequences of Rape and Sexual Violence in War and Armed Conflicts

A broad scope of research literature has documented the psychological and sociological consequences of rape and sexual violence stemming from war and armed conflicts. For example, Loncar et al. (2006) conducted early systematic studies examining the psychological consequences of sexual violence in the aftermath of recent armed conflicts in Europe, exploring the short- and long-term psychological consequences of rape for women victims during the 1992–1995 war between Croatia and Bosnia-Herzegovina. The study included 68 women victims of rape and was conducted at the Medical Center for Human Rights, Zagreb, Croatia, from 1992 to 1995 (Loncar et al., 2006). All women who volunteered in the research study gave written informed consent before entering the study (Loncar et al., 2006). A testimony method, a structured clinical interview based on the *Diagnostic and statistical manual III* criteria for PTSD,

and a 44-item questionnaire were all used to obtain the description of the experience of rape and symptoms women suffered immediately after the rape and at the time of the study at an average of 12 months after the sexual trauma (Loncar et al., 2006). Specifically, the 44-item questionnaire asked socio-demographic questions about the type and nature of the sexual violence they experienced and questions regarding acute stress reactions, such as psychological and physical symptoms, that appeared immediately after the rape as defined by the DSM-III. As stated earlier, a structured clinical interview based on the Diagnostic and Statistical Manual III criteria for PTSD was also conducted with each woman at the time of the study to determine the long-term consequences of rape on the mental health of the victims (Loncar et al., 2006). Before the trauma conversation, women were asked to discuss their lives and family histories, including work and social functioning. This portion of the interview was used as an introduction to the women's stories and interpretations of the impact of the rapes on their lives and the lives of their family members and friends (Loncar et al., 2006). The interviewer, a psychiatrist specifically trained to work with victims of war, was to provide psychological support and structure for the person to describe what she remembered (Loncar et al., 2006). All testimonies were conducted in Croatian, with the interviewer taking notes (Loncar et al., 2006).

Based on the study, all the raped women were Croatian and Muslim (Bosnian). Forty-four were raped more than once, 21 were raped daily during captivity, and 18 were forced to witness rapes. Most rapes (n = 65) were accompanied by physical torture (Loncar et al., 2006). The most frequent psychological symptoms felt immediately after the rape was depression (n = 58), avoidance of thoughts or conversations associated with the trauma (n = 40), and suicidal ideation (n = 25) (Loncar et al., 2006). Although none of the women had a prior mental health distress history before the wartime rape, at the time of the study, 52 suffered from depression, 51 from

social phobia, 21 from PTSD, and 17 from sexual dysfunctions (Loncar et al., 2006). Finally, a structured clinical interview based on the Diagnostic and Statistical Manual III criteria for PTSD revealed that the experience of rape and other war-related traumatic events resulted in high long-term prevalence rates of depression and social phobia in the sample of women victims who were part of the research study (Loncar et al., 2006). According to the victims' testimonies, the post-traumatic period was characterized by reduced self-confidence, reduced confidence, feelings of worthlessness, and disgrace they thought they had brought to their families (Loncar et al., 2006).

On the continent of Africa, various armed conflicts have taken place in the countries of the Democratic Republic of the Congo, Nigeria, and Ethiopia that have also resulted in women experiencing psychological and sociological consequences of rape and sexual violence because of war and armed conflicts. Using a mixed-methods approach, Kelly et al. (2011) surveyed a non-random sample of 255 women attending a referral hospital and two local non-governmental organizations to characterize their experiences of rape and sexual violence caused by armed conflicts in the Democratic Republic of the Congo. In particular, the researchers partnered with a famous Congolese gynecologist dedicated to working with wartime survivors from the South Kivu area of the Democratic Republic of the Congo in his clinic. The criteria for participants in the research study were that they must be survivors of violence of 18 years of age or older seeking medical care through the Victims of Violence Unit at Panzi Clinic in January 2008. The participants in the study participated in focus groups designed to explore the effects of war and violence on the community and its social structures, including community responses to rape, attitudes toward justice and service seeking, and proposed prevention and treatment for sexual violence (Kelly et al., 2011).

Focus group discussions were conducted in Kiswahili, the language of general communication in the Democratic Republic of the Congo. The focus groups comprised between six and 12 participants and lasted between 90 and 120 minutes (Kelly et al., 2011). A translator native to the eastern Democratic Republic of the Congo translated focus group audio files, and two research team members open-coded the transcripts (Kelly et al., 2011). Of the women surveyed, 193 (75.7%) experienced rape during armed conflicts. Twenty-nine percent of raped women shared that their families rejected them and that their communities rejected 6% of the survivors. Thirteen percent even had a child as a result of rape during an armed conflict. The research study highlighted that widowhood, husband abandonment, gang rape, and pregnancy from rape were significant risk factors for social rejection (Kelly et al., 2011). Mixed-methods findings show that rape survivors' communities perceived them as "contaminated" with HIV, which contributed to their isolation, and over 95% could not access preventive health care promptly. Support from their husbands after the rape had a protective effect against survivors' feelings of shame and social isolation (Kelly et al., 2011). When discussing the services that would be most helpful in their recovery and community reintegration, women participants in the study were highly optimistic about educational programs to help communities understand how to accept survivors of rape during armed conflicts. Overall, the researchers concluded that rape resulting from armed conflict in the Democratic Republic of the Congo results in physical and psychological trauma and can destroy family and community structures.

In a follow-up study, Dumke et al. (2021) conducted a cross-sectional epidemiological study that applied a person-centered approach to identify patterns in the exposure to conflict-related traumatic events and determine their impact on commonly reported consequences related to mental health problems in a sample of 1,000 voluntary participants, with a sample of 500 male

participants and 500 women participants, from South Kivu in the eastern Democratic Republic of Congo. The researchers used this approach to capture more of the heterogeneity in trauma exposure experienced by victims and to gain insights into systematic inter-individual patterns of traumatic histories and their consequences for the mental health of the general populations of conflict-affected regions (Dumke et al., 2021). The researchers chose South Kivu as the survey/interview region because its large proportion of the population was the target of armed conflict during the Democratic Republic of Congo wars. The research team implemented multi-stage random cluster sampling to randomly select adults from 100 South Kivu villages between March and May 2017 (Dumke et al., 2021). The researchers used standardized validated questionnaire administration procedures and obtained oral voluntary consent from each participant before interviews (Dumke et al., 2021). The researchers used validated measures such as the Refugee Health Screener (RHS-15), which measured PTSD symptom clusters, and the Patient Health Questionnaire (PHQ-4), which measured depression and anxiety. The results showed a high prevalence of PTSD (17.0%), depression (27.8%), anxiety (25.4%), and suicidality (15.1%) among the entire sample of 1000 participants following exposure to conflict-related traumatic events at the start of armed conflict in the eastern Democratic Republic of Congo (Dumke et al., 2021). The research analysis further identified three distinct categories of trauma exposure. "Low-trauma exposure" (51.4%, $n = 514$) was characterized by the lowest probabilities of trauma exposure. "Nonphysical trauma" (39.1%, $n = 391$) consisted of individuals with a high probability of exposure to nonphysical trauma. Finally, those with "interpersonal trauma" (9.5%, $n = 95$) had the highest probability of exposure to traumatic events and were the only class affected by interpersonal trauma types (Dumke et al., 2021).

Moreover, the researchers noted that vulnerability to mental health problems, such as PTSD and depression, increased from low-trauma exposure to nonphysical trauma to interpersonal trauma categories, thus reflecting a dose-effect relation between the level of trauma and vulnerability to mental health problems (Dumke et al., 2021). In particular, the researchers highlighted that nonphysical (verbal abuse, witnessing violence) trauma and interpersonal trauma were the most detrimental to mental health (Dumke et al., 2021). The researchers also noted that the category of trauma exposure was related to gender, age, and place of residence. In particular, the interpersonal trauma category identified in the research study had a significantly higher proportion of men, mostly middle-aged (30–59 years old) and living further away from the South Kivu village center. Even though the male sample of the research study was more likely to be grouped in the interpersonal trauma category, the women in the study's sample were more likely to develop symptoms of PTSD, depression, anxiety, or suicidality from their exposure to sexual violence during the armed conflict (Dumke et al., 2021).

Looking at other African countries, Adeyanju (2020) documented the various types of victimization by the Boko Haram paramilitary group that women in northern Nigeria experienced. In 2014, there were many news reports of Boko Haram armed militia performing targeted raids and attacks on schools, markets, and institutions purposely to kidnap women and girls in the region of northern Nigeria (Adeyanju, 2020). Consequently, the female civilian population of northern Nigeria has been deliberately targeted by the Boko Haram armed militia to be subjected to psychological and physical torture, such as being used as human shields and sex slaves, along with being denied access to lifesaving services (Adeyanju, 2020). In a separate study, Tenaw et al. (2022) examined the sociological and psychological consequences of CRSV in Ethiopia and other African countries, not just in rape but also in sexual slavery, forced

prostitution, forced marriage, and any other form of sexual violence perpetrated against individuals directly or indirectly linked to a conflict (Tenaw et al., 2022). The emergence of the violent Tigray People Liberation Front in the Amhara region in Ethiopia occasioned a retrospective cross-sectional survey supplement to the qualitative study conducted among victims of rape recorded between 2021 and 2022 (Tenaw et al., 2022). Quantitative data were collected from healthcare institutions that provided medical consultation, screening, and treatment of sexually transmitted infections (STIs), diagnosis and management of unwanted pregnancies, and other medical care for CRSV survivors. The researchers accessed 271 medical files of female victims of CRSV from healthcare institutions (Tenaw et al., 2022). Survivors' age, marital status, level of education, and medical information were abstracted from medical records using a structured checklist modified from previous literature focused on sexual abuse and its consequences during the armed conflict.

Tenaw et al. (2022) followed a phenomenological approach to understand and describe the raped women's experiences during the armed conflict in northeast Ethiopia. Tenaw et al. (2022) used snowball sampling to recruit 23 female participants for the qualitative portion of the study, and an interviewer was recruited from the local area, selected based on previous experience working with survivors of sexual violence. The interviewer explored the psychological consequences of the northern Ethiopia armed conflict on women, and a tape recorder was used to document the conversation accurately. The study's mean age of the 271 participants was 31.66 years (SD ± 20.95), with a predominant age group of 19–30. Two-thirds (66.4%, n=180) of the participants were rural residents. Additionally, more than a third (36.9%, n=100) of the participants were divorced. In the qualitative component of the study, the researchers reported that survivors of CRSV are almost always confronted with social rejection

and exclusion that aggravate the traumatic process. The psychological strain experienced by CRSV survivors was often blamed on the inadequate social response to their assault, and they were deeply traumatized by the community's negative response. Survivors of CRSV reported experiencing mental and psychological problems, like low self-esteem, anxiety, depression, eating disorders, sleep disorders, and suicide attempts. According to Tenaw et al. (2022), 72.3% of the study participants claimed depression while seeking health care support, consistent with the study finding that women who have been sexually assaulted are disproportionately depressed. Moreover, the research study also found that sexually abused children had a 51% higher chance of developing depression than young adults. The researchers also documented that up to 79.7% of the participants in the study experienced insomnia as a key symptom after the sexual assault (Tenaw et al., 2022).

Woldetsadik (2018) documented the long-term consequences of CRSV in northern Uganda, which has been in protracted armed conflict for more than 20 years. Nearly one in three women in Uganda report having suffered at least one form of CRSV, which can include abduction, forced marriage, forced pregnancy, and rape (Woldetsadik, 2018). To explore the long-term effects of wartime sexual violence on women and families, Woldetsadik used a conceptual framework of "trauma processing" to understand the effects of rape on primary female survivors and secondary survivors. Woldetsadik analyzed the interconnections between the experiences of the primary survivor and the secondary survivor and how the possible pathways, issues, and responses of the secondary survivor might mirror those of the primary survivor. To identify eligible participants, Woldetsadik used purposive sampling via the Women's Advocacy Network in northern Uganda's three most war-affected districts. Individual face-to-face interviews were conducted over seven months between September 2016 and March 2017.

Following informed consent and participants' permission, interviews were recorded. Woldetsadik used the NVivo qualitative analysis software to work on the first coding cycle, an open coding process for the first stages of the qualitative data analysis. Woldetsadik then transitioned to second-cycle coding via NVivo, an advanced way to reorganize and reanalyze data coded through first-cycle methods. This second-cycle analytic process searched for the most frequent or significant codes to help develop the most salient categories in the data (Woldetsadik, 2018). Overall, this research study statistically examined the associations between living in armed conflict areas and experiencing any form of CRSV using multiple logistic regression controlling for socio-demographic characteristics, including living in an urban or rural area, age group, education level, marital status, and household wealth (Woldetsadik, 2018).

Woldetsadik (2018) found in her research study that most of the abducted females who were forced into marriages experienced sexual abuse and became unwilling mothers, along with experiencing the challenges faced by their children born in captivity. Woldetsadik also explored the long-term persistent issues experienced by CRSV survivors regarding their health, relationships, and support-seeking behavior. Woldetsadik (2018) found that survivors of CRSV faced multiple challenges almost a decade after the war ended. These include various health-related issues and untreated psychological problems such as anxiety, depression, stigma, and economic hardships. Survivors' relationships with family members and intimate partners were also negatively affected by their CRSV experience. Survivors also greatly wanted to support educating children born in captivity who could not access land rights because of their "illegitimate" nature (Woldetsadik, 2018). In addition, survivors encountered stigma from some family and community members due to being labeled as "former rebels" and the stigma that came with that label (Woldetsadik, 2018).

Medical Consequences and Challenges for Seeking Medical Services

As seen in the previous section of this literature review, there is extensive research evidence of the psychological and sociological consequences of rape and sexual violence resulting from armed conflicts in both Europe and Africa (Adeyanju, 2020; Dumke et al., 2021; Kelly et al., 2011; Loncar et al., 2006; Tenaw et al., 2022; Woldetsadik, 2018). However, research has been scarce documenting war rape and sexual violence victims' medical consequences and the challenges of seeking medical services. The emerging research findings on the medical consequences of victims of war rape and sexual violence during armed conflicts indicate that many women who became pregnant after rape had a forced abortion (Loncar et al., 2006). Most rape victims who experienced an unwanted pregnancy resulting from sexual violence commented that it made their mental recovery more challenging. Rape victims who had experienced suicidal thoughts months after the rape were more likely to have a forced abortion (Loncar et al., 2006).

Tenaw et al. (2022) documented various medical consequences of CRSV among their sample of 271 participants, which included STI, traumatic pelvic pain, fistulas, and post-rape pregnancies. Among the victims who had STIs, 58.4% of the survivors had chlamydia, and 34.8% were diagnosed with HIV infections. Among the survivors, 10.7% of women were HCG-positive for pregnancy. Among pregnant women, 44.8% of the victims terminated the pregnancy through induced medical abortion (Tenaw et al., 2022). Furthermore, 93% of the survivors were not able to properly access health care within the first 72 hours after the war rape or sexual violence, a medically necessary window for victims to be given prophylaxis for STIs and HIV, because of the lack of readily available medical health care facilities near where they were located. This latter research finding is similar to the findings of Kelly et al. (2011), who reported

that 44.6% of the sample of participants in their study waited a year or more before seeking rape and sexual violence medical services. Furthermore, Kelly et al. (2011) also reported that 55% of the women victims in their sample stated that it took them more than a day to travel to seek rape and sexual violence medical service locations. Overall, the research study by Kelly et al. (2011) found that only 4.2% of the women received rape and sexual violence medical services within 72 hours of the war rape or sexual violence during the armed conflict.

Given the scarcity of research (Kelly et al., 2011; Loncar et al., 2006; Tenaw et al., 2022) examining the medical consequences and challenges of seeking medical services by the victims of war rape and sexual violence during armed conflicts, the goal of the current dissertation and future research studies is to examine further the prevalence of challenges for seeking medical services by the victims of war rape and sexual violence during armed conflicts along with documenting the various medical challenges experienced by these victims after an extended period of time after the war rape or sexual violence resulting from armed conflicts.

Chapter 3: Methodology

Introduction

All research aims to advance, refine, and expand a body of knowledge, establish facts, and reach new conclusions using systematic inquiry and disciplined methods. The research design is the plan or strategy researchers use to answer the research question, underpinned by philosophy, methodology, and methods (Chun Tie et al., 2019). The goal of the current dissertation study is to use a qualitative analysis method for previously collected archived narratives from sexual violence survivors from wars and armed conflicts. I have chosen to use the grounded theory qualitative method to analyze the archived narrative data that will be used for this dissertation study.

According to Allen (2010), the data that would be used for a grounded theory (GT) analysis would not contain preexisting theories, but theories and themes can "emerge" as research is underway. Any emergent discoveries should provide the themes and theoretical concepts related to the phenomenon being investigated. Allen (2010) also cautions that a researcher whose task is to verify a GT's validity needs to focus directly on how the theory emerges. GT is a structured methodology and, at the same time, a flexible methodology. GT is adequate and necessary when the phenomenon is not well known, with the aim of producing or constructing an explanatory theory that exposes a process deeply rooted in the substantive area of inquiry. One of the elucidations defining GT is that it aims to generate a theory grounded in the data. GT research involves diligent application methods. The methods related to Grounded theory are systematic modes, procedures, or tools used for data collection and analysis.

In GT, the emphasis is on the emergence of qualitative theory as the foundation of research. Thus, a researcher must provide examples of the themes that emerge from GT analysis

instead of previous explanatory models (Allen, 2010). To diminish the risk of presuppositions about the subjects from the qualitative analysis, it is necessary to develop an accounting method to assist in identifying emerging theories from archived data to be analyzed (Allen, 2010). This chapter will describe the rationale for participant selection and discuss the GT concept. Next, it will discuss purposive sampling and the challenges related to this process. Third, it will review the archive data collection and coding via the NVIVO software, followed by saturation, memo writing, and bracketing of the literature review.

Participants

The purposive sample of participants for the current research study will include women survivors of sexual violence in armed conflicts or war rape, particularly from the Bosnia-Hercegovina War of 1992–1995, the Rwandan genocide of 1994, the Congo war and the Kosovo War of 1998–1999. All participants were women survivors of war rape or sexual violence whose ages ranged between 16 and 69 years. When working with the survivors of sexual violence during war or armed conflict settings, the researcher primarily worked in psychotherapy settings. However, the researcher also had the opportunity to recruit and interview the participants in this study as part of one-to-one interviews, testimony sessions, group sessions during work in the field, and projects related to collecting data on female sexual violence during war and armed conflicts. All prior narratives collected from one-to-one interviews, testimony sessions, and group sessions during work in the field with survivors of sexual violence during war or armed conflict settings were collected ethically. Archival data describes existing data (Heath, 2023). Usually, data is collected and stored for reporting or research purposes; they are often kept because of legal requirements, for reference, and for other purposes. Because the data result from completed activities, they are not subject to change and are sometimes known as fixed data

(Heath, 2023). It is essential to mention that researchers sometimes distinguish between archival and secondary data. Some researchers see archival data as information specifically collected for bureaucratic procedures that can be usable for other purposes. Secondary data refers to research information collected from studies and similar efforts that others can use as comparison data or as part of new research. The researcher will set a minimum number of participants from the archived diary entries between 20 and 80 based on prior research on the ideal number of participants needed before theme saturation is obtainable via the GT method (Kerr et al., 2010). Overall, the selected participants' testimonies/diaries about sexual violence and post-rape experiences will be analyzed via the GT method.

Grounded Theory

GT is a well-known qualitative methodology (Glaser & Holton, 2004). It alludes to a particular approach to analyzing data that utilizes the method of constant juxtaposition. Using GT, it is possible to analyze raw data carefully line by line, and every incident in the data receives a conceptual code for a label. Collating these codes into categories provides higher-level concepts. (Glaser & Holton, 2004; Holton, 2010) The researcher must collect, code, analyze, and categorize data simultaneously; three levels of constant differentiation also occur (Glaser & Holton, 2004; Holton, 2010): The researcher must follow a particular procedure: first, a comparison between codes takes place when codes are compared with codes; second, codes are compared with emerging categories; and third, categories are compared with one another (Glaser & Holton, 2004; Holton, 2010).

Substantial Coding

Open coding is the necessary collection of line-by-line data analysis, with each incident receiving a keyword, which provides a synopsis of that data section (Glaser & Holton, 2004).

Codes come originally from the transcript splintered into segments, which are compared with one another and grouped according to concept (Glaser & Holton, 2004). These groupings (called conceptual categories) receive a conceptual title and form as many conceptual categories as possible, with the researcher engaging each of the three levels of constant comparison (Glaser & Holton, 2004). As new data appear, it is necessary to constantly compare, analyze, and categorize (Glaser & Holton, 2004). As particular categories begin to reach saturation and complex relationships become evident, a principal core category emerges and becomes the primary focus of the study (Glaser & Holton, 2004). The core category will interconnect significantly with the other categories, providing enough information to justify the complexity and observe the nuance emerging within the data (Glaser & Holton, 2004; Holton, 2010).

Theoretical Coding

Theoretical coding shows the final level of coding and occurs when the researcher conceptualizes the relationships between the most substantial concepts (Holton, 2010). This becomes visible when progressing with GT, which can account for the relationships between the concepts and explain the patterns of analyzing particular social behavior (Holton, 2010). At this point in the research, literature and conceptual mapping may also become helpful as comparison tools when facilitating the final coding process (Kenny & Fourie, 2015).

Saturation

The saturation phase is when the researcher acquires adequate or no new information from additional qualitative data (Kerr et al., 2010). Saturation is a general definition in qualitative research and is interchangeable with data saturation, thematic saturation, theoretical saturation, and conceptual saturation (Kerr et al., 2010). In qualitative GT, it is possible that

either a single occurrence of data or code warrants entry as part of the analysis framework (Mason, 2010).

Frequencies are rarely necessary for qualitative research, as one occurrence of the data can prove as helpful as multiple entries in understanding a process during the research (Mason, 2010). Saturation may be determined based on the conceptual framework, or it may emerge from the data themselves, as in the case of a GT approach (Glaser & Strauss, 1967). As data emerge, there will always be new data. Still, newer data diminishes over time, and the cutoff between adding to emerging theory and not adding might be arbitrary at best (Mason, 2010). Frequencies are rarely necessary for qualitative research, as one occurrence of the data can prove as helpful as multiple entries in understanding a process during the research (Mason, 2010).

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How many qualitative interviews are enough when proceeding with qualitative data? The concept of saturation was first introduced into the field of qualitative research as "theoretical saturation" by Glaser and Strauss (1967). Glaser and Strauss (1967) defined the term as the point at which "no additional data are being found whereby the [researcher] can develop properties of the category" (p. 61). Their definition was specifically intended for the practice of building and testing theoretical models using qualitative data and refers to the point at which the theoretical model being developed stabilizes. Many qualitative data analyses, however, do not use the specific grounded theory method but rather a more general inductive thematic analysis. Over

time, the broader term "data saturation" has become increasingly adopted to reflect a wider application of the term and concept.

Interestingly, empirical research on saturation began with efforts to determine when one might *expect* it to be reached. In my research, I was originally planning to proceed with more testimonies; however, challenges related to vicarious trauma and a realization that saturation was already accomplished after a few analyzed interviews seeded the decision to progress with twenty-five interviews. In my research, additionally, a comparison of the testimonies from the survivors from the four different post-war zones, Kosovo, Bosnia, Rwanda, and Congo, was of interest.

The testimonies of the survivors from the different war zones describe the same experiences using language based on their similar sexual violence occurrences—25 NVivo analyzed testimonies were sufficient to accomplish saturation. Based on three distinct elements– the *base size*, the *run length*, and the relative amount of incoming new information, or the *new information threshold*.

Memo Writing

The constant comparison is a distinguishing characteristic of GT methodology. It remains an essential component in all phases of GT as it qualifies the researcher to develop a theory that is credible, consistent, and closely lines up with the data (Glaser & Strauss, 1967). GT methodology also introduces the technique of memo writing (Glaser & Strauss, 1967). As concepts appear during the coding process and constant comparison, the researcher reflects on the data by recording memos of personal reflections, deliberations, and assumptions (Glaser & Strauss, 1967). Recording memos is critical during the entire process because it monitors

researcher bias, provides information for ideas, and supports developing codes while formulating theory (Glaser & Strauss, 1967).

Bracketing

A crucial tool in managing necessary objectivity is bracketing, the process of setting aside bias and prior knowledge concerning the phenomenon under investigation (Chan et al., 2013). Examining the archived diary entries in a qualitative study by the researcher and the researcher who collects the prior archival information may struggle to maintain objectivity. The researcher needs to build an awareness of their preconceptions and beliefs but will still find it challenging to put these issues aside. Nevertheless, awareness of one's values, interests, and perceptions is imperative when setting aside issues influencing the research process. The ability to conduct grounded research on a topic stalls when one makes subconscious assumptions concerning the research topic (Parahoo, 2009).

Prior knowledge and assumptions can prevent a thorough understanding of the subject's perspectives because preconceived notions concerning the phenomenon will already exist (Chun Tie et al., 2019). This creates grounds for research bias, and addressing these issues is of significant importance; to achieve adequate bracketing, it is suggested that one delay the writing of the discussion section until after data analysis (Chun Tie et al., 2019). This perspective could prevent the researcher from formulating questions or analytical data from themes they already know exist in the literature (Chun Tie et al., 2019). One method for bracketing is to install active and deeper thinking strategies, such as pre-assessment and preparation before researching a paradigm, planning for archive data collection reviews, and planning for data analysis (Chun Tie et al., 2019).

The emerging structure will be the foundation of the new theoretical concept as it develops from the cognitive phenomenon extracted through rigorous, constant comparison analysis (Edward & Welch, 2011). Furthermore, the researcher employed a second rater to perform a coding check and a sub-sample of the archived diary entries so that bracketing was ensured. Prior to conducting a coding check, the primary researcher will train the second rater on how specific themes are manifested in a sample of archived entries. After conducting a coding check, the researcher and second-rater will meet to discuss the agreements and disagreements in coding to help compute an inter-rater reliability score. The goal of the inter-rated reliability is to reach an 85% agreement between the researcher and the second-rater. For any disagreements between the second rater and the researcher, the researcher needs to explain the rationale for the coding and/or adjust the coding the researcher has completed with prior archival data.

Data Analysis

NVivo is qualitative data analysis (QDA) software that helps researchers manage and analyze unstructured or semi-structured data in this project. Current research has collected testimonies and diaries of survivors of sexual violence during wars. It is particularly useful in research like mine, which involves handling large volumes of textual data, such as interviews, open-ended survey responses, articles, social media content, etc.

Data Collection and Import

Data Sources. NVivo supported various data sources, including text documents, audio files, video recordings, images, and social media content, in this project, including testimonies written down or diaries.

Importing Data. The researcher imported data directly into NVivo from different file formats (e.g., Word documents, PDFs).

Data Organization

Cases and Attributes. The researcher created 'cases' to represent units of analysis (e.g., interview participants) and assign attributes (e.g., demographic information) to these cases.

Classification. The researcher organized data into different categories and subcategories. NVivo allows for hierarchical organization, facilitating detailed and structured data analysis.

Coding

Nodes. Nodes are used to categorize and label data segments. The researcher created nodes based on themes, topics, or other relevant categories.

Manual Coding. The researcher reads through the data and manually codes text segments by assigning them to relevant nodes.

Auto Coding. NVivo offers automatic coding features based on word frequency, text search queries, or existing coding patterns.

Analysis

Query Tools. NVivo provides various query tools to explore data. This includes text searches, word frequency counts, coding queries, matrix coding queries, and more.

Visualizations. The researcher created various visualizations, such as word clouds, charts, and models, to represent data patterns and relationships.

Thematic Analysis. Identify recurring themes and patterns within the data through coding and visualization. NVivo helps cluster related codes and develop themes.

Data Interpretation

Memoing. The researcher wrote memos to document their thoughts, interpretations, and reflections throughout the analysis.

Annotations. Annotate data segments to add context or interpretive notes, helping in deeper analysis and understanding.

Reporting

Exporting Data. NVivo allows you to export coded data, visualizations, and query results into various formats for reporting and publication.

Generating Reports. The researcher generated detailed reports that included summaries of coded data, node structures, and query results.

NVivo Research Process

- Step 1: Import Data - Imported interview transcripts and demographic information of participants.
- Step 2: Organize Data - Created cases for each interview participant and classified them by attributes such as age, gender, and location.
- Step 3: Coding - Developed a coding scheme based on initial readings of the transcripts. Manually code the data by identifying segments that correspond to psychological, social, and medical consequences of rape and sexual violence during war.
- Step 4: Analysis - NVivo's query tools were used to identify patterns and relationships within the data. For instance, run a coding query to find all instances of PTSD across different participants.
- Step 5: Visualization - Created a word cloud to visualize standard terms used by participants when describing their experiences. Develop a matrix to cross-tabulate social consequences with demographic attributes.
- Step 6: Interpretation and Reporting - Written memos to capture insights about how psychological consequences vary by age or location. Generate a detailed report

summarizing key findings and visualizations for inclusion in the final research publication.

Benefits of NVivo

- Efficiency: Streamlines handling and analyzing large volumes of qualitative data.
- Depth of Analysis: Supports complex analysis and deep exploration of data.
- Organization: Facilitates systematic organization and retrieval of data.
- Collaboration: Supports collaborative work, allowing multiple researchers to work on the same project.

Data Collection and Analysis

The archival data for this study were sourced from various projects, books, and other research initiatives. Ethical considerations were paramount; all testimonies were collected with informed consent and by ethical guidelines. I intended to analyze data from diverse cultural backgrounds to identify commonalities and differences in the experiences of survivors of sexual violence.

Initially, the plan was to analyze a larger corpus of testimonies. However, during the intensive review, re-reading, and analysis of the collected material, I experienced a significant emotional impact. Working alone on such sensitive data brought about feelings of vicarious trauma, a common challenge when handling narratives of severe distress. This experience highlighted the intrinsic risks of deep engagement with traumatic content yet also underscored the unique insights that qualitative analysis of personal testimonies can provide. Although statistical analysis might pose a less emotional burden, it lacks the depth and personal touch that comes from directly engaging with survivors' narratives.

Ethical Considerations and Data Collection Methodology

Congo War Survivors

Data were collected in collaboration with the local Congolese NGO, initially known as Sowers of New Hope and now operating as World Hope Givers Goma. The collection occurred in the NGO's offices in Goma. Survivors were informed about the purpose of the data collection and provided their consent before participating. Testimonies were recorded in Swahili, translated into English by a translator, and utilized for both the book project *Rape, a History of Shame: Diary of the Survivors* and for operational statistics by the NGO.

Rwandan Genocide Survivors

Researcher Wiola Rebecka gathered testimonies during visits to Rwanda and online sessions with survivors residing in the USA. The in-person interviews were conducted in French and translated into English by the researcher, while the online interviews were conducted in English. Prior to each session, the purpose of the data collection was clearly explained, and informed consent was obtained from all participants.

Kosovo War Survivors

Individual meetings were held with survivors as part of data collection for both the book and a separate project focused on the medical consequences of sexual violence during the Kosovo War. Participants were fully briefed about the project objectives and provided informed consent for each distinct activity.

Bosnia-Hercegovina War Survivors

The collection was part of the work on *Rape, a History of Shame: Diary of the Survivors*. Participants were informed about the research aims and all provided consent. The testimonies

were collected in Bosnian, translated into English by a professional translator, or directly in English.

Chapter 4: Results

Demographics Overview

The study involved twenty-five women survivors from the Bosnia-Hercegovina War (1992–1995), the Rwandan Genocide (1994), the Congo War, and the Kosovo War (1998–1999). The demographic data of the participants include age, location, number of children (including those resulting from rape), and marital status, which are detailed in the table below.
Twenty-five women survivors of sexual violence in armed conflicts or war rape, particularly from the Bosnia-Hercegovina War of 1992–1995, the Rwandan genocide of 1994, the Congo War, and the Kosovo War of 1998–1999.

Demographic

The provided demographics showcase especially women survivors of sexual violence in armed conflicts or war rape, particularly from the Bosnia-Hercegovina War of 1992–1995, the Rwandan genocide of 1994, the Congo War, and the Kosovo War of 1998–1999. The testimonies include information such as age, location, children resulting from rape, total children, and marital status. The table below represents the demographics of testimonies.

Table 1: Demographics

Testimony	Age (years)	City/Village	Children from rape	Children	Marital status
Testimony 1: Congo	16	Congo	2		Not married
Testimony 2: Congo	53	Congo	Not specified	7	Widow
Testimony 3: Congo	24	Congo	Not specified	3	Married
Testimony 4: Congo	35	Congo	1	5	Married
Testimony 5: Congo	25	Congo	Not specified	3	Married
Testimony 6: Congo	18	Congo	Not specified	Not specified	Not married
Testimony 7: Congo	27	Congo	Not specified	Not specified	Widow
Testimony 8: Kosovo War	24	Kosovo	Not specified	Not specified	Not married
Testimony 9: Kosovo War	27	Kosovo	Not specified	Not specified	Not specified
Testimony 10: Kosovo War	19	Kosovo	1	4	Married
Testimony 11: Kosovo War	21	Kosovo	1	Not specified	Not married
Testimony 12: Kosovo War	19	Kosovo	Not specified	Not specified	Not married
Testimony 13: Kosovo War	20	Kosovo	1	2	Married

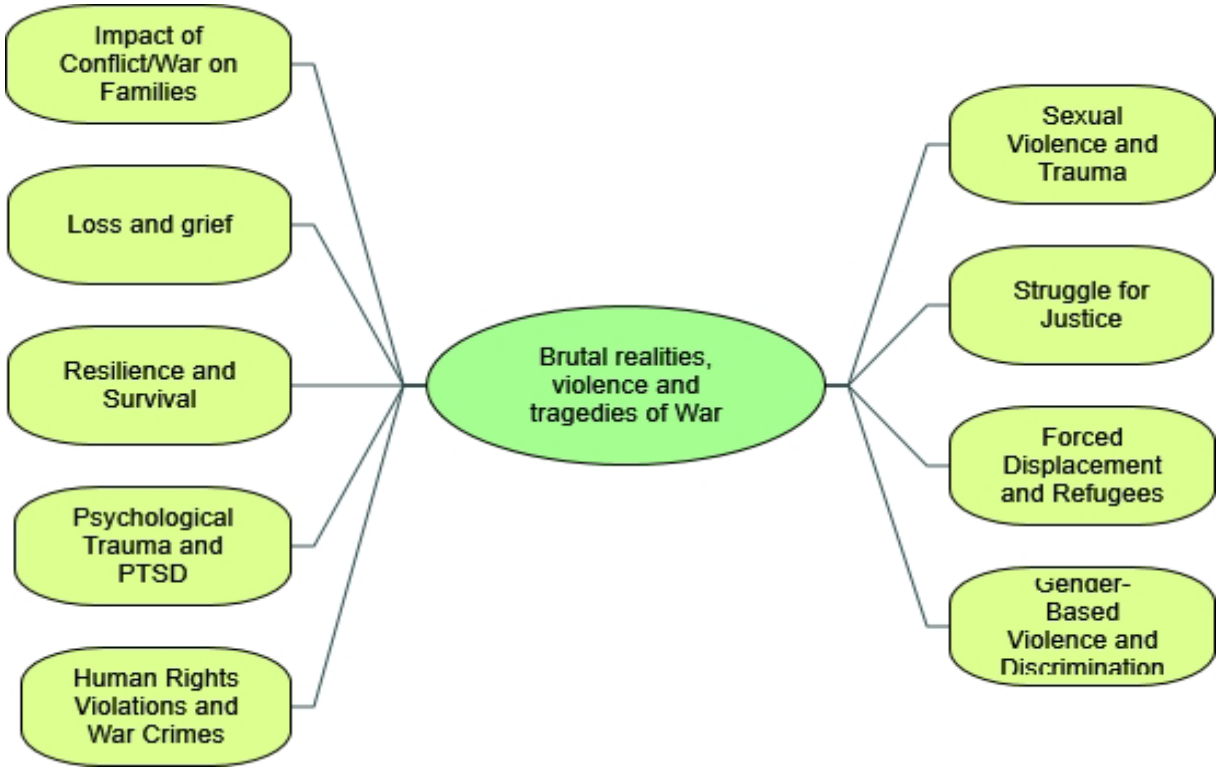
Testimony 14: Kosovo War	16	Kosovo	Not specified		Not married
Testimony 15: Kosovo War	24	Kosovo	Not specified	4	Married
Testimony 16: Jeanne Rwanda Genocide	16	Rwanda	Not specified		Not married
Testimony 17: Rwanda Genocide		Rwanda	Not specified	5	Married
Testimony 18: Rwanda Genocide	16	Rwanda	2		Not married
Testimony 19: Rwanda Genocide	16	Rwanda	Not specified	Not specified	Not married
Testimony 20: Rwanda Genocide	18	Rwanda	Not specified	Not specified	Not married
Testimony 21: Rwanda Genocide	16	Rwanda	Not specified	Not specified	Not married
Testimony 22: Rwanda Genocide	16	Rwanda	Not specified	2	Married
Testimony 23: Bosnia/war 1992-1995	21	Bosnia	No	Not specified	Not married
Testimony 24: Bosnia War 1992-1995	26	Bosnia	Not specified	Not specified	Married

Testimony 25: Bosnia War 1992-1995	19	Bosnia	Not specified	Not specified	Not specified

The thematic analysis of the testimonies from war rape trauma survivors from different war zones reveals several key themes that highlight the long-term consequences of war rape.

Main Theme 1: Brutal Realities, Violence, and Tragedies of the War

Figure 2: Theme 1



Testimonies vividly illustrate the immediate and devastating impact of conflict on familial bonds. Survivors recount the loss of close family members, profoundly affecting their lives. Selected quotes include:

- "My four younger brothers were killed right away" (Testimony 1, Congo War).
- "After they killed my husband, they killed my three sons. They were eleven, nine, and seven years old" (Testimony 17, Rwanda Genocide Survivor).

- "My husband was killed because he stood defiantly against the rebels" (Testimony 2, Congo War)
- "My four younger brothers were killed right away" (Testimony 1, Congo War).
- "After they killed my husband, they killed my three sons. They were eleven, nine, and seven years old" (Testimony 17, Rwanda Genocide Survivor).
- "My husband was killed because he stood defiantly against the rebels" (Testimony 2, Congo War).
- I was pregnant when the Serbs came; three months pregnant. I lost my child and was told I could never get pregnant again after surviving the concentration camp" (Testimony 24, Bosnia War 1992-1995).

Loss and Grief. Testimonies reflect a profound sense of loss and grief, with survivors mourning the death of multiple family members:

- "All of us became emotionless; life and death meant nothing anymore" (Testimony 11, Kosovo War).
- "I lost my mother, father, brothers, sisters, and thirty other relatives in the genocide" (Testimony 21, Rwanda Genocide Survivor).

Struggle for Justice. Despite significant obstacles, survivors remain determined to seek justice for the atrocities committed against them:

- "After being raped, I sought justice before the courts in Kosovo, only to see the accused acquitted in 2014" (Testimony 14, Kosovo War).

Resilience and Survival. Survivors demonstrate immense resilience, enduring and overcoming unimaginable hardships:

- "I was in shock, trying to stay physically close to my mom while comforting my sister. We slept among piles of bodies to conceal that we were alive" (Testimony 19, Rwanda Genocide Survivor).

Forced Displacement and Refugees. Testimonies depict the chaos and hardship of displacement as families flee to safety:

- "When the rebels came, we escaped to a church" (Testimony 4, Congo War).

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Forced Displacement and Refugees. Testimonies depict the chaos and hardship of displacement as families flee to safety:

- "When the rebels came, we escaped to a church" (Testimony 4, Congo War).

Psychological Trauma and CPTSD. Survivors share the severe psychological toll of their experiences, highlighting the complexity of their trauma:

- "All that has happened to me is still indescribable. The feelings experienced during the war are beyond words" (Testimony 15, Kosovo War).

Gender-Based Violence and Discrimination. Survivors often face targeted gender-based violence, complicating their plight and recovery:

- "A Serbian officer took me from my home to the police station under false pretenses and subjected me to violence" (Testimony 14, Kosovo War).

Human Rights Violations and War Crimes. The testimonies document severe human rights abuses, underscoring the brutal nature of conflict:

- "They interrogated us for days, subjected us to physical abuse, and left us with the corpses" (Testimony 11, Kosovo War).

Summary

The collected testimonies provide a chilling overview of the human cost of armed conflicts across regions such as Congo, Rwanda, Kosovo, and Bosnia. These narratives not only highlight the immediate effects of war but also the enduring challenges survivors face, emphasizing the need for robust support systems, accountability, and justice to address these profound impacts.

Impact of Conflict/War on Families. Testimonies illustrated the immediate and devastating impact of conflict on familial bonds, with the loss of four younger brothers. Further, they portray the sudden and brutal loss of a husband and three sons, highlighting the traumatic experience of witnessing loved ones being killed, as quoted below:

- "My four younger brothers were killed right away" (Testimony 1, Congo War).
- "Now that my children are gone, I have no one to share these tales with. I do not share my stories. After they killed my husband, they killed my three sons. My boys were so young.
- The rebels came to our village when my husband was leaving for work. They killed him first, then my oldest son" (Testimony 5: Congo).
- "They were eleven, nine, and seven years old" (Testimony 17 Rwanda Genocide Survivor).

- "My husband was killed because he stood defiantly against rebels (Testimony 2, Congo War).
- "I noticed a Serbian officer had arrived at the house and demanded to know where her father and brother were" (Testimony 14 Kosovo War).

Sexual Violence and Trauma. Testimonies depicted the harrowing experiences of sexual violence endured by women during conflict, resulting in physical and psychological trauma. One of the testimonies provided a heart-wrenching account of rape and its profound consequences, including the loss of the survivor's unborn child and infertility, as quoted below:

- "They are killing our people, rapping everyone, and burning forests and villages" (Testimony 2, Congo War).
- "After being raped, I was determined to start looking for justice before the courts in Kosovo. Still, in 2014 the Supreme Court acquitted two Serb police officers, initially indicted for her rape, on all charges" (Testimony 14 Kosovo War).
- "I was raped many years ago, but I remember all details like it was yesterday" (Testimony 22 Bosnia /war 1992-1995).
- "I was the victim of rape and regular beatings" (Testimony 20 Rwanda Genocide Survivor).
- "I was pregnant when Serbs came, three months pregnant with my first child."; When they were taking me, I was yelling no, no, no, I am pregnant, I am pregnant. But they took me anyway to a concentration camp; I do not remember much besides pain. I do not know how many Serbs raped me. They left me over there. I could not walk. I was praying to die, but I was praying to save my unborn child; I lost my child. After a while, I went to

the hospital, and they told me that I was unable to get pregnant again" (Testimony 24 Bosnia/war 1992-1995).

Loss and Grief. Responses of different testimonies illustrated the deep sense of loss and grief experienced by survivors who have lost multiple family members, including spouses, children, and relatives. One of the testimonies underscored the emotional toll of the conflict, with the survivor recalling the traumatic loss of her father and brothers, as quoted below:

- "All of us became emotionless; life and death meant nothing anymore (Testimony 11: Kosovo War).
- "I remember all details like it was yesterday. It was 6 pm on the 9 May 1992 when Serbian soldiers attacked my Bosnian village, burnt down many of my neighbor's homes" (Testimony 22 Bosnia /war 1992-1995).
- "I lost my mother, father, brothers and sisters, and thirty other relatives in the genocide; I do not cry for justice because it is beyond my reach; the horrors of genocide have been reduced to a mere manslaughter; no justice can bring back my sanity and life" (Testimony 21 Rwanda Genocide Survivor).
- "They took me and my sister, they raped us. I heard she was screaming; she was a young mother, and I knew she felt pain" (Testimony 9: Kosovo War).
- "Since the war ended, I have grown up feeling emptiness because of my father's absence" (Testimony 12: Kosovo war).
- "Now that my children are gone, my kids were scared. They were crying and yelling. After my sons were murdered, my daughter and I begged these men, "Please, spare us!" (Testimony 17 Rwanda Genocide Survivor).
- "I could hear my youngest brother crying" (Testimony 19 Rwanda Genocide Survivor).

Struggle for Justice. Testimonies revealed the survivor's determination to seek justice for the crimes committed against her despite facing significant obstacles in the legal system. Further, they shed light on the challenges of addressing sexual violence during conflict and the pervasive culture of silence surrounding these crimes. "After being raped, I was determined to start looking for justice before the courts in Kosovo. Still, in 2014 the Supreme Court acquitted two Serb police officers, initially indicted for rape, on all charges. On April 14, 1999, I was in the yard when I heard the door knock (Testimony 14 Kosovo War).

Resilience and Survival. Testimonies highlighted the resilience of survivors who endure unimaginable hardships and trauma yet remain steadfast in their determination to survive and protect their loved ones. One of the testimonies exemplifies the resilience of a survivor who, despite enduring unspeakable horrors, finds the strength to seek help and rebuild her life after suffering multiple forms of violence, as quoted below:

- "I was in shock, trying to remain physically close to my mom while comforting my sister. I saw piles of dead bodies, men, women, and children. Some nights, I slept with bodies to conceal that I was alive. No matter the adversity, my mom, my sister, and I stayed together" (Testimony 19 Rwanda Genocide Survivor).
- "I don't know how I lost my family; all I know is that wherever they lie, they have more peace than I can ever achieve; pain and sorrow can never reach them. I ran with different people for safety" (Testimony 21 Rwanda Genocide Survivor).

Forced Displacement and Refugees. Testimonies depicted the forced displacement of individuals and families fleeing conflict zones in search of safety. They experience being displaced and seeking refuge in makeshift shelters or safe houses to escape persecution, as quoted below:

- "When the rebels came, we escaped to church" (Testimony 4: Congo).
- "All my village now is under rebel's jurisdiction" (Testimony 7: Congo).

Psychological Trauma and CPTSD. Testimonies throughout highlight the profound and long-lasting psychological impact of conflict-related trauma, including complex post-traumatic stress disorder (CPTSD), anxiety, and depression. Testimonies reflected on the indescribable psychological toll of war, emphasizing the difficulty of conveying the depth of emotional suffering experienced by survivors. All that has happened to me is still indescribable. How do you describe human hate? How does one describe the destruction, abuse, and hatred**?** It is almost impossible for me to put into words the feelings experienced during the war" (Testimony 15: Kosovo War).

Gender-Based Violence and Discrimination. Numerous testimonies underscore the pervasive nature of gender-based violence, including sexual violence, rape, and domestic abuse, perpetrated against women and girls during conflicts. One of the testimonies highlighted the gendered aspect of wartime sexual violence and the challenges faced by survivors in accessing justice and support services, as quoted below:

- "I noticed a Serbian officer had arrived at the house and demanded to know where her father and brother were. My Mother told him they were in Germany, but he said, 'No, they went to war,' and he came in and took me." He told me he was taking me to the police station" (Testimony 14 Kosovo War).
- "I remember Serbian police came to their place and took my cousin away" (Testimony 11: Kosovo War).
- "They took me from my house" (Testimony 8: Kosovo War).

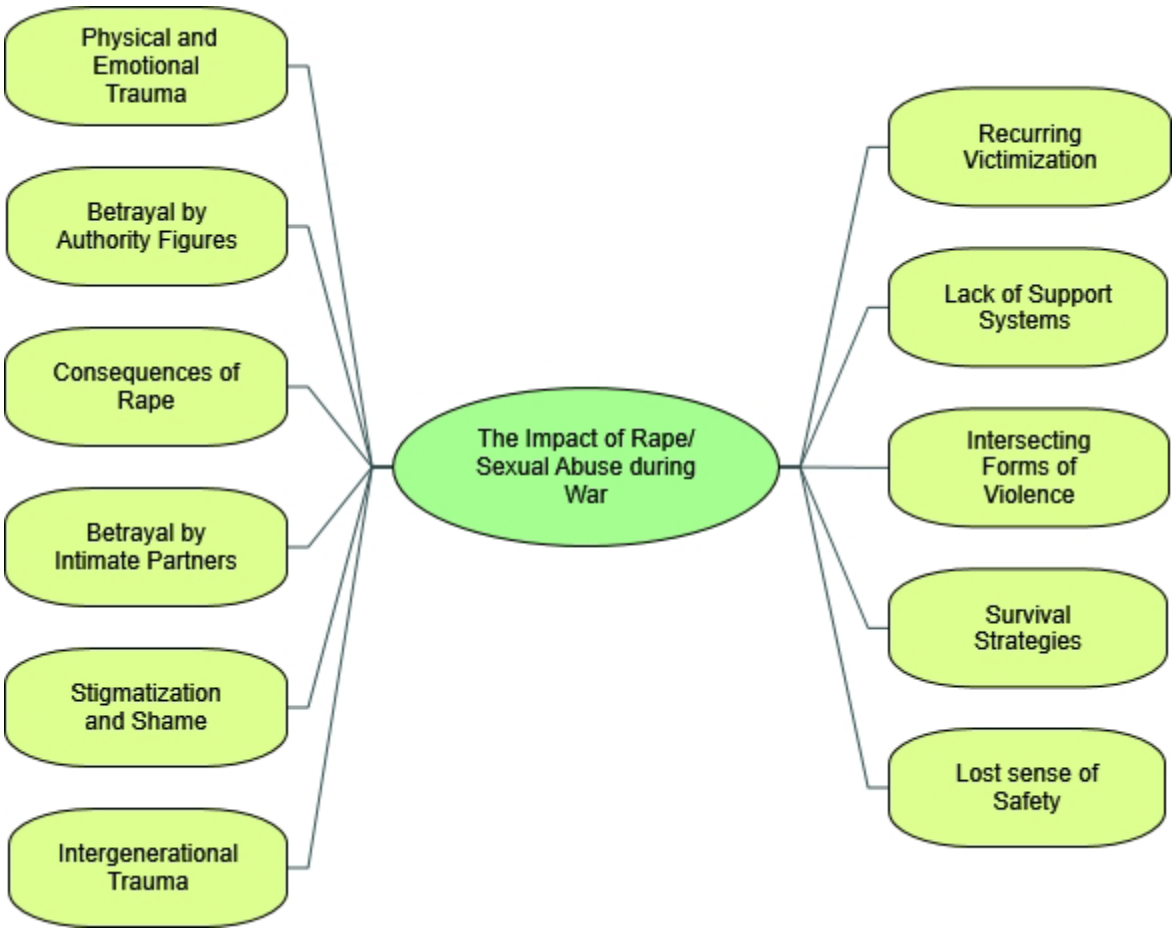
- "We were praying with our priest, all of us. When they came, they separated men and boys and women and girls. All men killed them" (Testimony 4: Congo).

Human Rights Violations and War Crimes. Several testimonies document egregious human rights violations, including killings, rapes, torture, and forced disappearances committed by state actors, rebel groups, or paramilitary forces. "They interrogated us for three days in a row; I was tied for 48 hours and questioned about everything. Then I just saw myself waking up after some time in the room. I was heavily abused, beaten up, and broken. They took a boiled egg while it was hot, and they put it in my armpit. We started gathering the wounded; there were over 300 wounded persons, most cruelly. We stayed there with the corpses for four days. The bodies started smelling very bad. We were hungry. We stayed there for another three weeks. In June, in some evenings, they tied our hands so firmly by using ropes that prisoners were getting sick";" As a civilian, I was defenseless against the brutality of those in power, subjected to the horrors of war without any means of protection. (Testimony 11: Kosovo War).

In summary, the testimonies provided offer harrowing accounts of the human cost of armed conflict, spanning regions such as Congo, Rwanda, Kosovo, and Bosnia. Themes such as the impact of conflict on families, sexual violence and trauma, loss and grief, forced displacement, human rights violations, psychological trauma, and gender-based violence emerge prominently. These narratives shed light on the enduring resilience of survivors, their struggles for justice, and the urgent need for acknowledgment, support, and accountability in addressing the profound and lasting effects of war and violence on individuals and communities.

Main Theme 2: The Impact of Rape/Sexual Abuse During War

Figure 3: Theme 2



Physical and Emotional Trauma. The testimonies vividly describe the excruciating pain and deep emotional scars inflicted by rape. The survivors vividly describe the intense physical pain endured during the assaults, including sensations of abdominal pain, being beaten, and losing consciousness. The testimonies depict the brutality of the violence inflicted upon them, leaving lasting physical scars and trauma. The quotes from the testimony's responses are included below:

- "They started to rape me. I felt pain everywhere. I felt abdominal pain like something was tearing me apart inside. I felt like I could not breathe, I could not scream, I could not cry" (Testimony 1: Congo War).
- "It was a lot of blood, and I was thinking about my husband" (Testimony 2, Congo).
- "Then they took me to their car. I was screaming, so they hit me in my head, and I passed out..."I was raped many times... I cooked and cleaned for them" (Testimony 5: Congo).
- "I lost consciousness... I felt pain. I was naked"(Rwanda Testimony 13).
- "My heart, mind, and body were cut deeply by pain, with scars covering these fresh wounds" (Testimony 16 Rwanda Genocide Survivor).
- "I blacked out. I woke up when they started ripping off my clothes. I remember the pain and horrible smell" (Testimony 5, Congo).
- "Then, two police officers just grabbed me and put me inside the bathroom... by using a knife. The first one raped me" (Testimony 11: Kosovo War).
- "They took my husband into one of the rooms. The half-hour torture inside that room will dictate the mental state of my husband forever. They beat him a lot!... they raped me for hours, and I lost consciousness… They tortured me endlessly… I found out later that my husband had constant bleeding from his colon… My husband was raped this way and many more" (Testimony 13: Kosovo War)
- "I was raped first when I was 12, but this experience was different mentally and emotionally... My heart, mind, and body were cut deeply by pain, with scars covering these fresh wounds" (Testimony 16 Rwanda Genocide Survivor).

- "For about two weeks, they took turns raping us. I lost count of the number of times. I was praying, "I want to die!... You took my family, you took my body, you took my soul" (Testimony 17 Rwanda Genocide Survivor).
- "He raped me. I do not remember the details of what happened. I do not remember how I came back home. I remember my clothes were ripped. I was bleeding. I was fourteen years old. Afterward, I lived in a mental fog. I stopped talking" (Testimony 19 Rwanda Genocide Survivor).
- I wanted the soldiers to shoot me; they raped me, beat me, took off all my clothes, and threw me into a mass grave. A man came by the grave; he saved me, took me into the shade and raped me. He gave me food and water, but only so that he could keep on raping me (Testimony 20 Rwanda Genocide Survivor.
- "My body was struck with sticks and machetes, but I still ran on. I was raped and abused" (Testimony 21 Rwanda Genocide Survivor).

Recurring Victimization. Many survivors recount enduring multiple assaults over time, perpetuating their trauma as quoted below:

- "I was raped once... many women and girls were raped multiple times" (Testimony 7: Congo).
- "He raped me for the first time... raped me again" (Testimony 20).
- "They left me, after that I escaped... again raped me" (Testimony 22).
- "I was raped many times," "I was raped not only one time, but that also happened a few times more" – (Testimony 1 Congo).
- "I was raped again when I worked in the field... police officers raped me." – (Testimony 1: Congo)

- "He raped me for the first time... within hours, I was raped again" – (Testimony 14 Kosovo).
- "I was raped three times by different people" (Testimony 3: Congo).
- "They did rape to me… they did to me many times" (Testimony 6: Congo).
- "I was raped many times by only one commander; he was drunk and heavy" (Testimony 8: Kosovo War).
- "Drunk soldiers.....raped me many times" (Testimony 10: Kosovo War).
- "They raped me. The other soldiers stood around and watched. He told them to rape me too, and so I was raped again. Twice" (Testimony 23 Bosnia war 1992-1995).
- "I was a virgin when they raped me" (Testimony 25 Bosnia war 1992-1995).
- "I do not know how many Serbs raped me. They left me over there. I could not walk" (Testimony 24 Bosnia war 1992-1995).

Betrayal by Authority Figures. Shockingly, individuals in positions of trust, such as priests and police officers, are revealed as perpetrators of further abuse, as quoted below:

- "In the process, the priest raped me" (Testimony 2: Congo War).
- " The very authorities entrusted with ensuring safety and justice were the perpetrators of my suffering, as two police officers violated me while I was in their custody" (Testimony 11: Kosovo War).
- I was a virgin when they raped me... soldiers stood around and watched" (Testimony Bosnia 25).
- "Police officer raped me for the first time" (Testimony 15: Kosovo War).

Lack of Support Systems. Survivors expressed feelings of abandonment and helplessness, with inadequate support exacerbating their suffering, as quoted below:

- "I suffered in silence" (Kosovo Testimony 16).
- "No one is helping. No one is interested. My story is not only mine. No one is helping. No one is interested. Policy, army, NGO, everyone is dangerous" – (Testimony 2 Congo War).
- "Despite the physical and emotional trauma I endured, I was denied even the most basic medical assistance" – (Testimony 1 Congo War).
- "The pursuit of justice seemed like a distant dream" – (Testimony 15 Kosovo War).
- Despite the physical and emotional trauma I endured, I was denied even the most basic medical assistance, left to grapple with my pain in silence (Testimony 11: Kosovo War).

Consequences of Rape. The aftermath of rape reverberates through every aspect of survivors' lives, leaving them grappling with physical, emotional, and psychological challenges, as quoted below:

- "The pursuit of justice seemed like a distant dream as the perpetrators of my suffering roamed free" – (Testimony 1 Congo War).
- "No one is helping. No one is interested" – (Testimony 2 Congo War).
- "I was raped again when I worked in the field. Later, when I was coming home after work, police officers raped me. I have another child after the rape; that is my son" (Testimony 1: Congo War).
- "I have three children with my husband; he left after I was raped the first time" (Testimony 3: Congo War).
- "I felt pain. I was naked. I took some other woman's kanga… I started looking for my children. My daughter was raped, another was beaten, my one son was killed" (Testimony 4: Congo War).

- "From that day forth, I stopped cooking chicken. Looking at a naked, exposed chicken, the smell of its rawness reminds me of the day that I was raped" (Testimony 15: Kosovo War).
- "We moved, Uncle provided food, he also protected me, he never beat me, only raped me, but not every night. Other wives who later moved in with us weren't lucky enough to survive. Later, I realize I am carrying a baby... he began to rape me again, and again I was pregnant" (Testimony 19 Rwanda Genocide).
- I got pregnant after being raped. I only remember smell after raped. I cannot describe this smell, but still, even today, if it is anything close to this smell, I am getting sick" (Testimony 25 Bosnia).

Intersecting Forms of Violence. The testimonies highlight how sexual violence often intersects with other forms of violence, such as physical assault, torture, and murder, further exacerbating the trauma experienced by survivors. For example, survivors recount being raped alongside family members who were subsequently killed, highlighting the interconnectedness of different forms of violence during times of conflict and crisis, as quoted below:

- "They came, they raped me in front of my family. They raped my children; they killed two of my boys" (Testimony 2: Congo War).
- "They started to rip off my clothes...I woke up when they were gone. I think they thought I was dead" – (Testimony 4: Congo War).

Betrayal by Intimate Partners. Some survivors recount experiences of betrayal and abandonment by intimate partners or spouses following their rape, revealing the breakdown of trust and support within familial relationships as quoted below:

- "My husband left me when I was raped and got pregnant... 'You are a whore. I am never getting back to you'" – (Testimony 4: Congo War).
- "He stayed with the kids for a few hours... then he said to me, 'You are a whore. I am never getting back to you'" – (Testimony 14 Rwanda Genocide).
- "I have three children with my husband; he left after I was raped the first time" (Testimony 3: Congo War).

Survival Strategies. Despite enduring unimaginable suffering, survivors demonstrate remarkable resilience and resourcefulness in their efforts to survive and protect their loved ones amidst conflict and crisis. This betrayal exacerbates the trauma of rape, leaving survivors to navigate their recovery alone and without the support of those they once trusted, as quoted below:

- "I realized I had no food, and the kids were hungry...I agreed to do this because you will be provided flour for one week to feed all my kids" – (Testimony 2 Congo War).
- "I found out later that my husband had constant bleeding from his colon... I felt alive again" – (Testimony 13 Kosovo War).
- "One day, I woke up and realized I was alone and trying to deal with all these previous experiences" (Testimony 2: Congo War).
- "I always remained with the women as we shared food and provided support and encouragement" (Testimony 18 Rwanda Genocide).
- "I was raped and abused, but still dared to keep running. You may say that I am brave and courageous" (Testimony 21 Rwanda Genocide).

Stigmatization and Shame. The testimonies reflect the pervasive stigma and shame that survivors of sexual violence often endure. Many recounts feeling isolated and ostracized by their

communities, grappling with internalized feelings of guilt and self-blame. This stigma further compounds the psychological trauma of rape, hindering survivors' ability to seek support and healing, as quoted below:

- "I was raped by people who were stealing my soul... We are all victims here" (Testimony 7 Congo War).
- "The agony didn't end with one assault; I was subjected to multiple rapes during my harrowing imprisonment, each one stripping away a piece of my dignity and sanity" (Testimony 11: Kosovo War).
- "When I was raped, I thought of my daughters. I thought that I wanted them to die before me... they were witnesses of my rape and assault... their innocence died that day" (Testimony 14: Kosovo War).
- "I thought everything that happened to my family and me was of my own doing. It was my own fault for being raped" … I hated myself. I felt dirty and guilty mostly. On the surface, I would be silly and joke with others, but not too deep down; my pain and shame punished me. I did not deserve love" (Testimony 16: Rwanda Genocide).

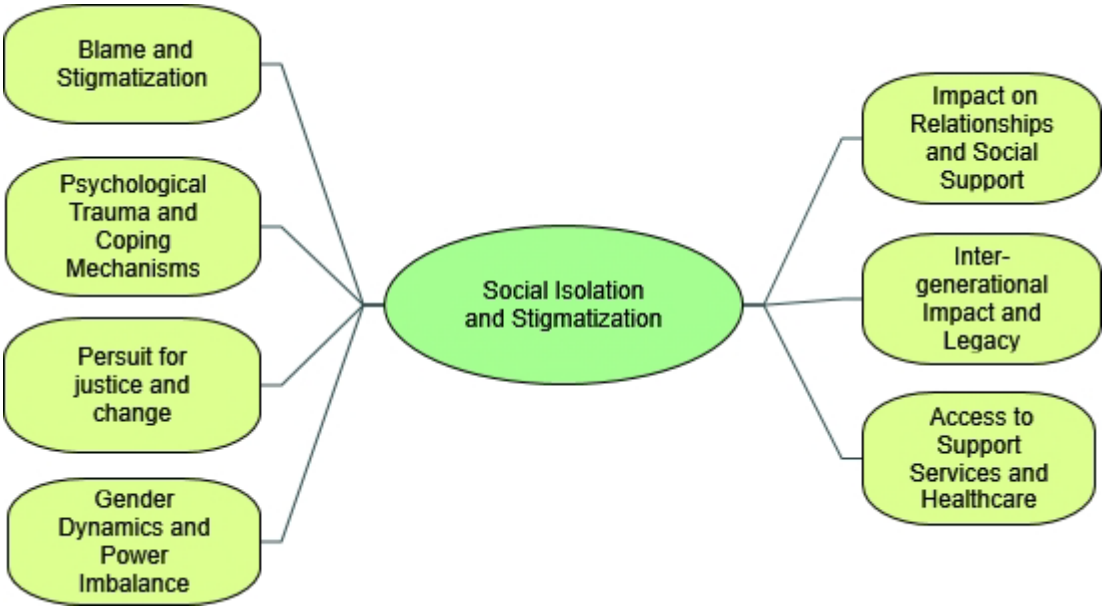
Lost sense of Safety. Although the trauma of sexual abuse during the war is undergone, the theme also highlights survivors' resilience and their quest to reclaim a sense of safety and security. "Each day, I am confronted with a reminder, smells in particular. I am also reminded that these criminals destroyed my sense of safety. I have never felt fully safe in the past 19 years" (Testimony 14: Kosovo War).

Intergenerational Trauma. The testimonies suggest that the trauma of sexual violence can reverberate across generations, affecting not only survivors but also their children and families, perpetuating cycles of suffering and psychological distress as quoted below:

- "I have three children with my husband; he left after I was raped the first time" (Testimony 3: Congo War).
- "They came. They raped me in front of my family" (Testimony 2: Congo War).
- "I know my girls remember the events of the day our homes, our lives, and my body were all invaded and ransacked.... I wish they could forget everything, not only what they saw happen to me but forget their fears and insecurities (Testimony 15: Rwanda Genocide).

Main Theme 3: Social Isolation and Stigmatization

Figure 4: Theme 3



Blame and Stigmatization. Survivors faced blame and stigma from their communities, including being expelled from their families and experiencing whispers and avoidance from neighbors. Testimonies highlighted the societal tendency to attribute responsibility for the violence to the victims themselves, leading to feelings of shame and guilt. The provided testimonies vividly depict the profound social repercussions experienced by survivors of sexual violence, particularly in the context of conflict-affected regions such as Congo, Kosovo, and Rwanda. These accounts reveal a pervasive pattern of ostracism, blame, and social isolation

inflicted upon survivors by their families, communities, and even intimate partners. The loss of social support is palpable, with spouses abandoning survivors, families ceasing interaction, and neighbors avoiding them. The pervasive whispers and gossip further compound survivors' feelings of shame and worthlessness, perpetuating a culture of victim-blaming and stigma. Despite the harrowing experiences endured, some survivors find solace in the solidarity of immediate family members, yet the overarching narrative underscores the dire need for broader societal support and compassion, as quoted below:

- "In my society, when you are raped as a child, you are losing space in your society ...I know other women who were expelled from their families because rebels raped them... Everyone is whispering behind your back about shame and signs, and people believe the others..." If everyone is saying the same thing, that this is my fault... probably they are right " (Testimony 1, Congo War).
- " Your neighbors begin to avoid you now as word gets out ...Villagers are whispering behind your back, saying that everything that happened to you is a sign of bad luck" (Testimony 2, Congo War).
- "People said that I was dirty, and that was bad luck for him" (Testimony 3, Congo War).
- "Fears being blamed or shamed by others for what happened to her and her daughters" (Testimony 4: Congo War).
- "People know about what happened to me... people are whispering and blaming me" (Testimony 5, Congo War).
- "Nobody was there to help us" (Testimony 6, Congo War).
- "People were talking, but I don't care about them" (Testimony 8: Kosovo War).

- "Hearing what people whisper about what happened to my family" (Testimony 10: Kosovo).
- "My family and community were saying that I was raped because I did not respect myself" (Testimony 11, Kosovo War).
- "I am fascinated by how people who encounter war-rape victims are almost instinctively trying to assign blame to survivors... To blame survivors for one's own discomfort is wrong and keeps rape alive" (Testimony 16 Rwanda Genocide).
- "Sometimes I think it was easier to kill than to talk... I did not share my stories " (Testimony 17 Rwanda Genocide).
- "Everybody knows that you were raped. Everyone whispers, gossiped. Everybody knows that you were raped. Everyone whispers, gossiped. People are mean even after the war, maybe even meaner" (Testimony 23 Bosnia War).

Impact on Relationships and Social Support. Survivors often lose support from their families and communities, with spouses leaving them and neighbors avoiding them. The lack of support exacerbated survivors' feelings of isolation and abandonment, with some relying on their immediate family for shelter and sustenance, as quoted below:

- "Often when you are raped, your husband leaves you, your family stops interacting with you. You are alone" (Testimony 1, Congo War).
- "Your neighbours begin to avoid you now as word gets out" (Testimony 2, Congo).
- "Relies on her brother's household for shelter and struggles to find support from her family" (Testimony 3, Congo).
- "It was a lot to do. I was not seeking help; I never talked to my mother or anyone" (Testimony 8: Kosovo War).

- "I was afraid my husband would leave me" (Testimony 9: Kosovo War).
- "Feelings of abandonment and lack of support from others" (Testimony 10: Kosovo War)
- "I found myself utterly alone, with no support to lean on, no voice to speak for me, condemned to suffer in silence" (Testimony 11: Kosovo War).
- "The negative perceptions of society and the difficulty in getting suitable medical treatment in a poor country like Kosovo have driven several of these rape victims to suicide" (Testimony 14: Kosovo war).
- "I was lucky I never asked for help, but my life after rape was hell" (Testimony 24 Bosnia war).
- "You cannot remove the memory of the rape war; you will be remembered forever. Somewhat you can live with that but never forget" (Testimony 25 Bosnia war).

Psychological Trauma and Coping Mechanisms. Testimonies revealed the profound psychological trauma endured by survivors, including feelings of shame, vulnerability, and worthlessness. Coping mechanisms vary, with some individuals retreating into silence and hiding their experiences, while others seek therapy and gradually open up about their trauma, as quoted below:

- "People are my biggest problem... Everyone is whispering behind your back about shame and signs..." (Testimony 1, Congo).
- "Shame and guilt consumed me... casting me as the architect of my own suffering. Fear and shame forced me into a suffocating silence, compelling me to bury the truth deep within" (Testimony 11: Kosovo War).
- "I still feel dirty and ashamed... I feel so vulnerable when I share my story with others" (Testimony 15: Kosovo War).

- "I did not recall much else for the following days... I lost my life" (Testimony 2, Congo).
- "I was going around our area to the bush for food. That is risky, but everything here is risky when you are a woman" (Testimony 3, Congo).
- "Nobody helps us, but that is normal here" (Testimony 4: Congo).
- "I feel sorry for myself" (Testimony 12: Kosovo war).
- "I still feel dirty and ashamed... I am being judged as a mother and as a woman" (Testimony 15: Kosovo war).
- "I survived, and my oldest sister was in Burundi at school. I never spoke of that" (Testimony 22 Rwanda Genocide).

Pursuit for Justice and Change. Several survivors expressed a desire for societal change and justice, emphasizing the need to challenge harmful narratives and support survivors rather than blame them. Some seek to break the silence surrounding sexual violence in conflict, advocating for awareness, education, and support for survivors, as quoted below:

- "I will change their minds about survivors... I will change that" (Testimony 1, Congo).
- "Why shouldn't I bring all of us story? Let all the victims speak up about what the Serbs did to our Albanian sisters" (Testimony 10, Kosovo).
- "To blame survivors for one's own discomfort is wrong and keeps rape alive" (Testimony 16, Rwanda Genocide).

Inter-generational Impact and Legacy. The testimonies underscored how the trauma of conflict and sexual violence reverberates across generations, affecting not only survivors but also their children and families. Despite the immense challenges, some survivors find resilience in fostering supportive relationships, adopting children, and striving to create a better future for themselves and their loved ones, as quoted below:

- "I will change their minds about survivors... I will change that" (Testimony 1, Congo).
- "Why shouldn't I bring all of us story? Let all the victims speak up about what the Serbs did to our Albanian sisters" (Testimony 10: Kosovo War).
- "To blame survivors for one's own discomfort is wrong and keeps rape alive" (Testimony 16 Kosovo).

Access to Support Services and Healthcare. Many survivors face barriers in accessing medical and psychological support services, particularly in conflict-affected regions with limited resources. The testimonies highlight the importance of adequate healthcare infrastructure and support networks in addressing survivors' physical and mental health needs, as quoted below:

- "Fearing stigmatization... thousands of them have lived in silence, some of them with serious health problems" (Testimony 14, Kosovo War).
- "I spoke with my therapist... It's alright to take it slowly to see what happens to you" (Testimony 15, Kosovo War).
- "Nobody is asking for help during this time, especially for psychological help" (Testimony 25 Bosnia War).

Gender Dynamics and Power Imbalance. Gender dynamics play a significant role in survivors' experiences, with women disproportionately affected by sexual violence and facing greater social and economic vulnerabilities. The testimonies underscore the need to address underlying power imbalances and gender inequalities that perpetuate violence against women and hinder survivors' access to justice and support, as quoted below:

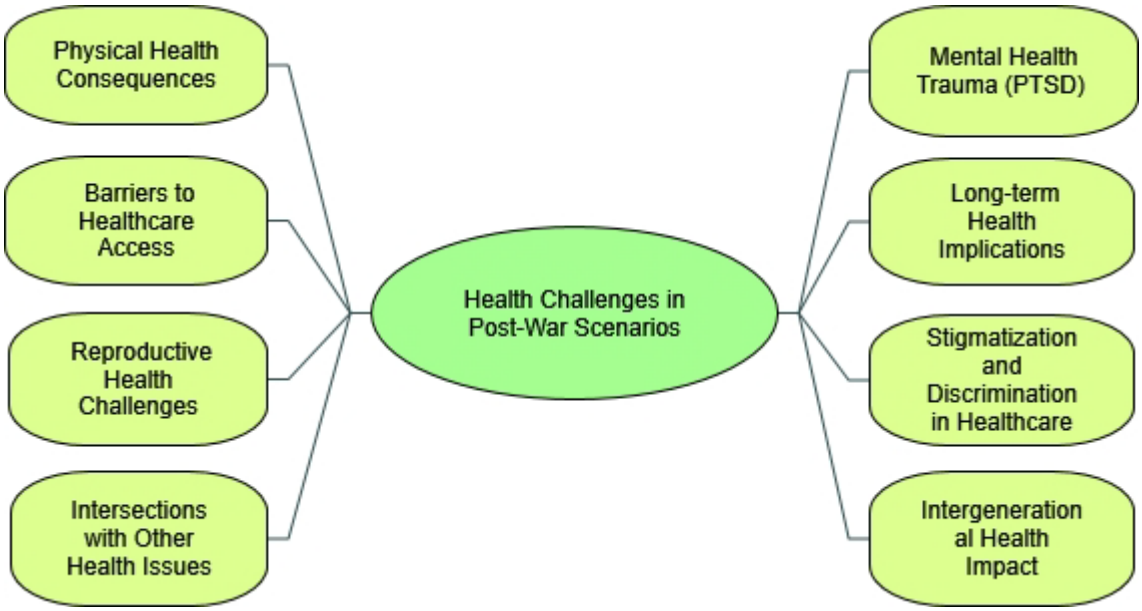
- "In my society... when your family is gone... your husband leaves you" (Testimony 1, Congo).
- "I was praying to keep all the children, but he just left" (Testimony 3, Congo).

- "Sometimes I watch women walking around, being happy, and wonder why I can't be like that" (Testimony 20, Rwanda Genocide).

In summary**,** the testimonies shared how survivors of sexual violence in places affected by war are often blamed and poorly treated by their communities. People gossip about them, avoid them, and sometimes even kick them out of their families. This blaming makes survivors feel ashamed and alone. Despite this, some survivors find comfort in their families. These stories highlight the need for everyone to support survivors and for things to change so survivors can get the help they need.

Main Theme 4: Health Challenges in Post-War Scenarios

Figure 5: Theme 4



Physical Health Consequences. The testimonies revealed the profound physical toll inflicted upon survivors, including HIV infection, fistulas, reproductive health issues, exhaustion, and weight loss. These consequences not only result from the immediate violence but also from the lack of access to medical care and resources in conflict-affected regions. The

physical pain endured by survivors is not only a reminder of their trauma but also a barrier to their ability to lead healthy and fulfilling lives, as quoted below:

- "I realized I was pregnant, and a few months later, I delivered my daughter." .... I have another child after the rape; that is my son... I have HIV. I had a fistula after the rape in the field; now it is better" (Testimony 1 Congo War).
- "After some time, I realized that I was pregnant after rape" (Testimony 4 Congo War).
- "I often feel abdominal pain. I was lucky not to get pregnant, but something was still not right. They are saying that I need surgery, but we cannot afford it... My mother said that I had a fistula" (Testimony 5 Congo War).
- "I got very exhausted, I started losing weight, and I didn't have enough milk for the baby" (Testimony 5 Congo War).
- "My healing after rape has not finished... I am still HIV positive... I am still trying to find my way to navigate my health" (Testimony 20 Rwanda Genocide).
- "I got sick" (Testimony 8 Kosovo War).
- "I was sick for a long time; I was numbed" (Testimony 9 Kosovo War).
- "I would eventually proceed with surgery because of my breast cancer and cancer to my woman's parts" (Testimony 15 Kosovo war).
- "I have HIV and other illnesses, and I have a trauma of being alone" (Testimony 19 Rwanda Genocide).
- "I am HIV positive" (Testimony 19 Rwanda Genocide).
- "This brought pain, loss of memory, shame, blame, guilt" (Testimony 20 Rwanda).
- "My body after rape never recovered" (Testimony 23 Bosnia war).
- "I was cold and absent" (Testimony 24 Bosnia war).

Mental Health Trauma (PTSD). Survivors grapple with severe mental health challenges, including post-traumatic stress disorder (PTSD), depression, and suicidal thoughts. The enduring psychological trauma inflicted by conflict-related sexual violence leaves survivors feeling overwhelmed, hopeless, and trapped in a cycle of suffering. The lack of access to mental health services exacerbates their distress, highlighting the urgent need for comprehensive psychological support and trauma-informed care, as quoted below:

- "Experienced physical and emotional trauma from the attack and subsequent rapes" (Testimony 2 Congo).
- "Experienced trauma but did not seek medical assistance due to financial constraints and lack of access to healthcare facilities" (Testimony 2 Congo).
- "Years are passing by, and the issue of rape is not fading away, but it's getting more complex every day. Testimony... The trauma inflicted upon me left scars that run deeper than any physical wound, plunging me into the abyss of PTSD and depression" (Testimony 11 Kosovo War).
- "I feel sorry for myself for finding out at such a young age about what has happened to her, and I am surprised how I managed to face it" (Testimony 12 Kosovo War).
- "Sometimes, I wish I were dead" (Testimony 12 Kosovo War).
- "My husband still has some consequences, some headaches, and nervousness" (Testimony 13 Kosovo War).
- "Sometimes you are struggling to find some light to believe that everything will be alright" (Testimony 15 Kosovo war).
- "When I shared my experiences with my first therapist, she exclaimed, … You can traumatize others by sharing your story" (Testimony 15 Rwanda Genocide).

- "I survived the genocide, but sometimes I wish I were dead... I am having insomnia; I am crying a lot" (Testimony 17 Rwanda Genocide).
- "After the genocide, I did not laugh, I did not talk. Sometimes I sit and cry and cry for no reason."
- "Sometimes I wish I were dead. I tried to commit suicide twice, but each time, I failed to die" (Testimony 18 Rwanda Genocide Survivor).
- "My healing after rape has not finished... I was doing different therapies after many years.... I have a trauma of being alone" (Testimony 19 Rwanda Genocide Survivor).
- "I am a dead person with shame and blame inside" (Testimony 20 Rwanda Genocide Survivor).
- "I froze for a long time. I was like a robot... This word was dirty and shameful. ... But I felt nothing... Sometimes when people delivered children after rape, it was a problem" (Testimony 22 Bosnia War).
- "I cannot work as usual, and I cannot move forward. I am coming back to the past; I am having insomnia, I am crying a lot, and I cannot think about my family" (Testimony 20 Rwanda Genocide).

Barriers to Healthcare Access. Financial constraints, lack of healthcare infrastructure, and social stigma create significant barriers to survivors seeking medical assistance. Many survivors cannot access essential healthcare services due to economic hardship or fear of social (repercussions. The testimonies underscore the need for improved healthcare infrastructure, including accessible and affordable medical services, as well as efforts to address social stigma and discrimination against survivors, as quoted below:

- "I never went to the doctor with myself or my daughters. I could not afford this" (Testimony 4 Congo War).
- "I was numbed... I didn't have enough milk for the baby... I needed to get some treatment, but at that time, we didn't have good living conditions" (Testimony 9 Kosovo War).
- "I am still trying to find a way to navigate my health... I still hate that I was raped" (Testimony 19 Rwanda Genocide).
- "In my culture during this time, nobody spoke about rape... Sometimes when people delivered children after rape, it was a problem" (Testimony 22 Bosnia War).

Long-term Health Implications. The testimonies highlight the enduring health implications of conflict-related sexual violence, including chronic pain, headaches, nervousness, and HIV/AIDS. Survivors continue to grapple with these long-term health challenges, which further compound their trauma and hinder their ability to rebuild their lives. Addressing the long-term health needs of survivors requires comprehensive healthcare interventions that address both physical and psychological well-being, as quoted below:

- "This condition lasted for several years, even after the war ended" (Testimony 10 Kosovo War).
- "My husband still has some consequences, some headaches, and nervousness... he complains. My head hurts a lot! and he has headaches for 24 hours, even if he takes medication" (Testimony 13 Kosovo war).
- "I have tried to commit suicide twice... I am HIV positive and find it difficult to accept my circumstances" (Testimony 16 Rwanda Genocide).
- "My body after rape never recovered... I got cancer; I had a mastectomy, then I got ovarian cancer" (Testimony 23 Bosnia War).

- "My body never forgave... I was cold and absent" (Testimony 24 Bosnia War).

Reproductive Health Challenges. Survivors often face significant reproductive health challenges, including unwanted pregnancies resulting from rape. Some testimonies depict the difficult decisions survivors must make regarding pregnancy, such as seeking abortions or carrying pregnancies to term despite the circumstances. Additionally, survivors may experience complications during childbirth, such as fistulas, which further exacerbate their physical and emotional trauma, as quoted below:

- "After some time, I realized that I was pregnant after rape. I was shocked. I went to the shaman for the herbs, but she said that using herbs after that is a sin. So, I carried on with my pregnancy" (Testimony 4 Congo War).
- "After staying in the camp, I have problems with my hygiene... My mother said that I had a fistula. I do not know what I am going to do" (Testimony 5 Congo War).
- "Later, I realized I was pregnant, and a few months later, I delivered my daughter" (Testimony 1 Congo War).
- "My sister got pregnant, but she decided to have an abortion before her husband got home" (Testimony 8 Kosovo War).
- "I got pregnant, Uncle's child... Uncle did not touch me for a long time after her birth, but when she started walking, he began to rape me again" (Testimony 18 Rwanda Genocide Survivor).
- "I have HIV and other illnesses, and I have a trauma of being alone... I still hate that I was raped" (Testimony 20 Rwanda Genocide).

Stigmatization and Discrimination in Healthcare. Many survivors experience stigmatization and discrimination when seeking medical assistance, particularly for issues related

to sexual violence. Healthcare providers may lack sensitivity and understanding of survivors' experiences, leading to further marginalization and reluctance to seek care. Stigmatization within healthcare services highlights the urgent need for training and education to ensure that survivors receive compassionate and trauma-informed treatment, as quoted below:

- "I never went to the doctor with myself or my daughters. I could not afford this" (Testimony 4 Congo War).
- "People here are focused on themselves. I have a great doctor. She is from Morocco. She gets my story" (Testimony 19 Rwanda Genocide).
- "I never went to the doctor with myself or my daughters... I could not afford this" (Testimony 4 Congo War).
- "After staying in the camp, I have problems with my hygiene... My mother said that I had a fistula. I do not know what I am going to do" (Testimony 5 Congo War).
- "People here are focused on themselves. I have a great doctor. She is from Morocco. She gets my story" (Testimony 19 Rwanda Genocide).

Intersections with Other Health Issues. The testimonies illustrate how conflict-related sexual violence intersects with other health issues, such as HIV/AIDS and cancer. Survivors may contract HIV/AIDS as a result of rape, leading to additional health complications and challenges. Moreover, some survivors attribute their cancer diagnoses to the trauma of sexual violence, highlighting the complex interplay between physical and psychological health outcomes as quoted below:

- "I have HIV. I had a fistula after the rape in the field; now it is better" (Testimony 1 Congo War).

- "This condition lasted for several years, even after the war ended" (Testimony 10 Kosovo War).
- "I am HIV positive and find it difficult to accept my circumstances" (Testimony 20 Rwanda Genocide).
- "My doctors are saying that cancer is cancer, but I know that is a consequence of rape" (Testimony 23 Bosnia War).

Intergenerational Health Impact. The testimonies suggest that the health consequences of conflict-related sexual violence can extend beyond individual survivors to affect future generations. Survivors' children may inherit health issues or experience indirect health impacts due to their mothers' trauma, underscoring the need for comprehensive healthcare interventions that address the intergenerational effects of violence as quoted below:

- "After the genocide, I did not laugh, I did not talk, but since my daughter's birth, I felt alive again" (Testimony 18 Rwanda Genocide).
- Sometimes, I imagine meeting my mother on the street... I have never recovered their bodies, which is why I think that one day they will come back" (Testimony 20 Rwanda Genocide).
- "Sometimes when people delivered children after rape, it was a problem" (Testimony 22 Bosnia war).

In summary, the testimonies shared here tell us about how bad things happened to people during wars. Many women were hurt and felt pain all over their bodies because they were raped. Some got pregnant, and others got very sick. It was hard for them to find doctors to help because they were poor or scared. Some got HIV, which is a sickness that makes you very weak. Others got cancer, which is also very bad. Even the children of these women could get sick because of

what happened to their moms. It shows that war not only hurt people at that time but can make them and their families sick for a long time.

Comparative Analysis of Testimonies Regarding Rape and Consequences in Different Wars

Frequency of Rape

Congo. Testimonies highlight repeated instances of rape, with survivors enduring multiple assaults over time. One survivor shared, "I was raped many times" (Testimony 1). Another survivor emphasizes, "I was raped again by another Serb," depicting the frequency of assaults (Testimony 14).

Kosovo. Survivors recount being raped multiple times by different perpetrators or during prolonged periods of captivity. One survivor shared, "I was raped many times by only one commander," depicting the frequency of assaults. Multiple testimonies underscore the frequency of rapes during this conflict, with survivors recounting being raped many times by different perpetrators (Testimony 8, Testimony 9).

Rwanda. Testimonies reveal instances of repeated rapes during captivity or as part of systematic violence against communities. A survivor expresses, "For about two weeks, they took turns raping us," indicating the prolonged and repeated nature of the assaults.

Bosnia. Survivors describe being raped multiple times, sometimes by multiple perpetrators in a single incident or during prolonged captivity. A survivor narrates, "I was raped again by another Serb," highlighting the repeated assaults by different individuals.

Physical and Emotional Impact

Congo. Survivors experienced intense physical pain during rapes, leading to emotional trauma and lasting psychological scars. One survivor recalls, "I felt pain everywhere," depicting the profound physical suffering.

Kosovo. The testimonies illustrate the physical and emotional toll of rape, including loss of consciousness, physical injuries, and ongoing psychological distress. A survivor expresses, "The scars left on my psyche were deep and festering," indicating the lasting emotional wounds.

Rwanda. Testimonies highlight the profound emotional and psychological trauma resulting from rape, leading to feelings of shame, guilt, and deep psychological wounds. A survivor shares, "I suffered in silence," reflecting the internalized pain and struggle. A survivor expresses, "My heart, mind, and body were cut deeply by pain" (Testimony 16).

Bosnia. Survivors express physical pain, emotional distress, and long-lasting trauma resulting from rape experiences, impacting their mental health and well-being. One survivor reveals, "I do not know how many Serbs raped me," indicating the severity of the trauma. One survivor recalls, "I felt pain everywhere" (Testimony 23).

Cultural and Social Ramifications

Congo. Cultural stigma and societal indifference are evident, with survivors facing challenges in receiving support or acknowledgment of their suffering. A survivor laments, "No one is helping. No one is interested," highlighting societal neglect.

Kosovo. The testimonies reveal societal taboos, shame, and challenges in seeking justice or support post-rape, reflecting broader cultural barriers. A survivor reflects, "Policy, army, NGO, everyone is dangerous," depicting the lack of trust in institutions.

Rwanda. Cultural beliefs and societal attitudes influence survivors' perceptions of self-blame, shame, and challenges in disclosing their experiences due to stigma. A survivor shares, "I felt dirty and guilty mostly," reflecting internalized stigma.

Bosnia. Cultural norms and societal attitudes contribute to survivors' struggles in seeking justice, medical care, and acknowledgment of their experiences within their communities. A survivor expresses, "He said that if my mother wanted to survive, I must go with him," highlighting coercion and power dynamics.

Access to Support Services

Congo. Limited access to medical care, mental health support, and justice systems is evident, exacerbating survivors' suffering and isolation. A survivor reveals, "I visited the priest to ask for help, and in the process, the priest raped me," indicating betrayal and lack of support.

Kosovo. Testimonies highlight challenges in accessing medical and psychological support services, compounded by fear, shame, and distrust of authorities. A survivor shares, "I was denied even the most basic medical assistance," depicting systemic failures.

Rwanda. Survivors face barriers in accessing comprehensive support services for physical and mental health needs, reflecting gaps in post-conflict care and societal support. A survivor expresses, "After the war ended when we returned to Kosovo, I let him deal with himself," indicating limited resources.

Bosnia. Limited access to medical and psychological services, coupled with societal barriers and stigma, hinders survivors' recovery and pursuit of justice. A survivor narrates, "I was left over there; I could not walk," depicting physical and emotional abandonment.

Long-term Consequences

Congo. Survivors endure long-term physical and psychological consequences, including untreated injuries, chronic pain, and emotional trauma affecting their daily lives. A survivor shares, "The consequences of the rape reverberate through every fiber of my being," indicating enduring trauma.

Kosovo. The testimonies reflect enduring trauma, PTSD symptoms, and ongoing struggles in rebuilding lives post-conflict, indicating the long-term impact of rape. A survivor expresses, "I have never felt fully safe," depicting persistent insecurity.

Rwanda. Long-lasting psychological scars, challenges in intimacy and relationships, and ongoing mental health needs characterize survivors' post-genocide experiences. A survivor reveals, "Each day, I am confronted with a reminder, smells in particular," indicating triggers and ongoing trauma.

Bosnia. Survivors face lasting physical health issues, psychological trauma, and challenges in reclaiming agency and autonomy after wartime sexual violence. A survivor shares, "I could not take a shower when I was alone in my home," depicting ongoing fear and vulnerability.

Comparative Analysis

Impact on Social Status.

Congo. Testimonies from Congo highlight a severe impact on social status, with survivors facing ostracization, blame, and shame from their communities. This leads to isolation and a lack of support networks for many survivors. Testimonies from Congo illustrate the societal stigma faced by survivors, with one survivor lamenting, "People know about what happened to me; people are whispering and blaming me" (Testimony 5, Congo). This societal

blame and ostracization are shared in post-conflict societies where survivors are often unfairly judged.

Kosovo. While social stigma and gossip are mentioned in Kosovo testimonies, familial support and understanding are also evident in some cases. This indicates a more varied response from society, with some survivors receiving support from close relationships. Survivors in Kosovo express mixed experiences, as shown by a survivor who mentions, "People were talking, but I don't care about them" (Testimony 8, Kosovo). These highlight varying degrees of societal judgment and resilience among survivors in Kosovo.

Rwanda. Survivors in Rwanda similarly face social challenges, including stigma and judgment from society. The shame associated with rape and trauma is a common theme across testimonies, impacting survivors' social interactions and perceptions of self-worth.

Bosnia. Testimonies from Bosnia also highlight the negative social consequences of rape and trauma, with survivors experiencing gossip, blame, and isolation. The cultural context of honor and shame significantly influences survivors' social status and community acceptance.

Support Systems.

Congo. Many testimonies from Congo portray a lack of support systems, with survivors relying on limited resources and struggling to find understanding or assistance from their families or communities. Survivors in Congo struggle to find support, with one testimony highlighting reliance on siblings for shelter: "Relies on her brother's household for shelter and struggles to find support from her family" (Testimony 3, Congo). The lack of robust support systems exacerbates survivors' challenges.

Kosovo. Testimonies from Kosovo show a mix of familial support and societal challenges. Some survivors receive support and acknowledgment of their trauma from family

members, which plays a crucial role in their healing process. Conversely, survivors in Kosovo often find familial support crucial, as indicated by a survivor's experience: "My husband was tortured; he understood my pain. We both are heroes of the war" (Testimony 9, Kosovo). This underscores the role of family solidarity in post-conflict recovery.

Rwanda. Similar to Congo and Bosnia, testimonies from Rwanda indicate difficulties in receiving adequate support and understanding from society. Therapeutic interventions and support networks play a crucial role in helping survivors cope with trauma.

Bosnia. Survivors in Bosnia also face challenges in accessing support systems, with limited resources for psychological or legal assistance. Family support, when available, is highlighted as a significant factor in survivors' recovery journeys.

Legal and Justice Systems.

Congo. Testimonies suggest a lack of trust in legal and justice systems, with survivors often feeling powerless to seek justice or hold perpetrators accountable. The focus is more on survival and rebuilding lives.

Kosovo. While some testimonies from Kosovo mention legal processes, there is variability in survivors' experiences with seeking justice. Challenges such as stigma and fear of repercussions may deter survivors from engaging with legal avenues.

Rwanda. Testimonies highlight complexities in seeking justice in post-genocide Rwanda, with some survivors expressing frustration over perceived impunity for perpetrators. Legal and transitional justice mechanisms affect survivors' perceptions of closure and accountability.

Survivors in Rwanda face challenges in seeking justice, as mentioned in a testimony: "Challenges such as legal delays and societal pressures persist during court proceedings" (Testimony 14, Kosovo). This reflects broader systemic issues in addressing wartime atrocities.

Bosnia. Survivors in Bosnia also face challenges in navigating legal systems to address wartime atrocities like rape. The testimonies reflect a lack of confidence in justice systems and a focus on personal healing rather than legal redress.

Survivors in Bosnia navigate complex legal landscapes, as one survivor shares, "Everyone knows that you were raped. Everyone whispers, gossiped. People are mean even after the war, maybe even meaner" (Testimony 23, Bosnia). This indicates the lingering challenges in achieving legal recourse and societal acceptance.

Psychological Impact.

Congo. Psychological scars are profound among Congo survivors, with testimonies highlighting feelings of shame, guilt, trauma, and struggles with self-worth and identity. Limited access to mental health services exacerbates these challenges. Psychological scars are evident among Congo survivors, with one stating, "Because Serbs raped me, what I knew I was thinking that was my fault" (Testimony 12, Congo). This self-blame and trauma are common responses to wartime violence.

Kosovo. Survivors in Kosovo also experience deep psychological trauma, but familial support and therapeutic interventions may offer some avenues for healing and resilience.

Rwanda. Psychological trauma is pervasive among Rwandan survivors, with nightmares, flashbacks, and ongoing struggles with shame and guilt common themes. Therapeutic support and community interventions play crucial roles in addressing these challenges. Survivors in Rwanda grapple with trauma and emotional wounds, as expressed by a survivor: "It was like a horror movie. I survived, and my oldest sister was in Burundi at school" (Testimony 22, Rwanda). Such testimonies highlight the enduring psychological impact of genocide and war rape.

Bosnia. Testimonies from Bosnia emphasize the long-lasting psychological effects of wartime rape, including PTSD, depression, and anxiety. Survivors' journeys toward healing often intersect with cultural attitudes toward mental health and trauma.

Narrative and Memory.

Congo. Testimonies reflect a mix of silence and a desire to speak out, with survivors grappling with societal judgments and the stigma associated with sharing their stories openly. Survivors in Congo often face silence and judgment, leading to selective sharing of experiences. As one survivor notes, "Nobody helps us, but that is normal here" (Testimony 6, Congo). This silence reflects societal taboos and survivor reluctance to share openly.

Kosovo. Some Kosovo survivors express a desire to share their stories to challenge societal perceptions and promote understanding, although fear of judgment and stigma also influence their narrative choices. Kosovo's survivors navigate memory and storytelling differently, with some survivors advocating for truth-telling. One survivor emphasizes, "We must share honest, authentic stories to prevent the next generations" (Testimony 10, Kosovo). This reflects a push for collective memory and accountability.

Rwanda. Survivors in Rwanda navigate complex narratives of trauma, memory, and silence. Some advocate for open dialogue to prevent historical erasure and promote healing, while others struggle with the stigma of being labeled as survivors of sexual violence.

Bosnia. Testimonies from Bosnia highlight survivors' reluctance to share their experiences due to fear of judgment and re-traumatization. Cultural attitudes toward shame and honor intersect with survivors' decisions about memory and narrative.

Long-term Effects.

Congo. Despite immense challenges, testimonies from Congo also reveal narratives of a basic sense of the survivor instinct, inner strength, and the importance of support networks in helping survivors rebuild their lives, find purpose, and develop some resilience. Despite challenges, resilience shines through, as seen in a survivor's determination: "If I have the power, I will change my people. I will change their minds about survivors" (Testimony 1, Congo). This resilience underscores survivors' agency in driving societal change.

Kosovo. Similar themes of a basic sense of survivor instinct and some resilience emerge in Kosovo testimonies, with familial support and community resilience playing critical roles in survivors' ability to navigate post-conflict challenges.

Rwanda. Survivors in Rwanda demonstrate remarkable resilience amid ongoing challenges, with testimonies reflecting a mix of trauma acknowledgment, healing journeys, and advocacy for justice and memory preservation. Survivors in Rwanda showcase resilience amid trauma, as mentioned by a survivor: "I am living my life not in my homeland, not with my family" (Testimony 19, Rwanda). The basic sense of survivor instinct and resilience, despite displacement and loss, highlights survivors' inner strength.

Bosnia. Despite enduring psychological scars, testimonies from Bosnia also highlight survivors' ability to activate a basic sense of survivor skills and resilience, plus their determination to rebuild their lives, find support, and advocate for change within their communities.

Cultural and Societal Context.

Congo. Cultural norms around shame, honor, and stigma significantly influence survivors' experiences and societal responses to their trauma. Limited resources and societal support systems further.

Kosovo. Kosovo's societal context, shaped by post-war rebuilding efforts and international interventions, influences survivors' access to support services, legal avenues, and societal attitudes toward trauma and resilience.

Rwanda. Rwanda's cultural and historical context, marked by genocide remembrance and reconciliation efforts, informs survivors' narratives, advocacy efforts, and societal responses to wartime atrocities and sexual violence.

Bosnia. Bosnia's post-conflict society grapples with a complex legacy of war and ethnic divisions, impacting survivors' experiences of stigma, justice-seeking, and community support within this context.

Healthcare Accessibility and Treatment.

Congo. Testimonies from Congo highlight significant challenges in accessing medical care, with survivors mentioning financial constraints and lack of healthcare facilities: "I never went to the doctor with myself or my daughters. I could not afford this" (Testimony 4, Congo).

Kosovo. In Kosovo, survivors faced varying degrees of medical attention. While some received treatment, others struggled with limited resources: "I got exhausted...I needed to get some treatment, but at that time, we didn't have good living conditions" (Testimony 10, Kosovo).

Rwanda. Survivors in Rwanda also faced barriers to healthcare, with one survivor sharing her ongoing struggles: "My healing after rape has not finished...I am still trying to find my way to navigate my health" (Testimony 19, Rwanda).

Bosnia. Testimonies from Bosnia reflect a lack of psychological support, with survivors experiencing ongoing trauma and physical health issues: "My body after rape never recovered...My doctors are saying that cancer is cancer, but I know that is a consequence of

rape" (Testimony 23, Bosnia). "I never get better. Never. "Testimony 24, Bosnia War 1992-1995).

Psychological Trauma and PTSD.

Congo. Survivors in Congo experienced profound emotional trauma and likely suffered from PTSD due to the traumatic events endured: "Experienced physical and emotional trauma...Likely suffering from post-traumatic stress disorder" (Testimony 2, Congo).

Kosovo. Testimonies from Kosovo also highlight enduring psychological scars and depression among survivors: "The trauma inflicted upon me left scars...plunging me into the abyss of PTSD and depression" (Testimony 11, Kosovo).

Rwanda. Survivors in Rwanda grapple with deep psychological wounds and suicidal thoughts, even years after the genocide. Psychological scars are evident, with survivors enduring PTSD and suicidal thoughts, and ongoing therapy needs to address complex trauma. "Sometimes I wish I were dead...I tried to commit suicide twice" (Testimony 20, Rwanda). "I committed to begin therapy." Testimony 16 (Rwanda Genocide Survivor).

Bosnia. Survivors in Bosnia similarly struggle with PTSD and ongoing mental health challenges, with testimonies reflecting deep psychological pain and emotional numbness: "But I froze for a long time...I felt nothing" (Testimony 22, Bosnia). "But when you are saying out loud about rape is still painful, still real, still fresh" (Testimony 24, Bosnia War 1992-1995).

Impact on Physical Health.

Congo. Survivors faced physical trauma from rapes and subsequent pregnancies, with limited resources for post-rape medical care. Testimony 4 (Congo): "After some time, I realized that I was pregnant after rape."

Kosovo. Physical health effects included long-lasting conditions such as headaches, nervousness, and post-traumatic stress disorder (PTSD) symptoms. Testimony 13 (Kosovo War): "My husband still has some consequences, some headaches, and nervousness."

Rwanda. Testimonies reveal enduring physical health challenges such as HIV, cancer, and the aftermath of untreated injuries sustained during the genocide. Testimony 20 (Rwanda Genocide Survivor): "I am HIV positive and find it difficult to accept my circumstances."

Bosnia. Survivors report ongoing health issues, including cancer, mastectomy, and other medical complications linked to wartime rape trauma. Testimony 23 (Bosnia War 1992-1995): "My doctors are saying that cancer is cancer, but I know that is a consequence of rape."

Social and Cultural Barriers to Healthcare.

Congo. Economic constraints, cultural beliefs, and stigma surrounding rape hinder survivors' access to essential medical services and psychological support.

Testimony 5 (Congo): "I never visited a doctor after that."

Kosovo. Societal taboos and limited healthcare infrastructure pose barriers to survivors seeking comprehensive medical and mental health care post-conflict.

Testimony 15 (Kosovo war): "Sometimes, you struggle to find some light to believe that everything will be alright."

Rwanda. Cultural stigma, ongoing health challenges, and complex trauma narratives impact survivors' ability to access and benefit from healthcare systems. Testimony 18 (Rwanda Genocide Survivor): "My healing after rape has not finished."

Bosnia. Survivors face cultural barriers in discussing rape-related medical issues, leading to delayed or inadequate medical interventions and psychological support. Testimony 22 (Bosnia War 1992-1995): "Sometimes when people delivered children after rape, it was a problem."

Long-term Health Consequences.

Congo. Survivors continue to grapple with untreated medical conditions, chronic pain, and emotional scars, highlighting the need for sustained post-conflict medical and mental health care. Testimony 4 (Congo): "After some time, I realized that I was pregnant after rape."

Kosovo. Long-term health effects include chronic illnesses, cancer, and persistent psychological distress, underscoring the intergenerational impact of conflict-related trauma. Testimony 10 (Kosovo War): "This condition lasted for several years, even after the war ended."

Rwanda. Testimonies reveal enduring HIV-related health challenges, mental health complexities, and physical ailments resulting from wartime experiences, requiring ongoing medical and psycho-social support. Testimony 20 (Rwanda Genocide Survivor): "I have HIV and other illnesses, and I have a trauma of being alone."

Bosnia. Survivors face lasting health repercussions, including cancer linked to rape trauma, emphasizing the need for holistic survivor-cantered healthcare approaches. Testimony 23 (Bosnia War 1992-1995): "My body after rape never recovered."

Appendix A represents the Code Book and process of the theme coding to highlight my approach when proceeding with NVivo coding and findings. Analyzing survivors of sexual violence testimonies from different post-war zones in Kosovo, Bosnia, Rwanda, and Congo confronted with contrasting cultural, social, and economic differentials at almost the same time with the same language description when referring directly to the sexual violence incidents and short and long-term consequences.

Chapter 5: Research Findings, Conclusion and Recommendations

Approaching collected analysis data by NVivo, where I was focused on findings themes investigating the survivors of sexual violence during war testimonies from the different post-war zones, I will proceed with interpretation based on the framework related to the psycho-medical and social understanding of long-term consequences presented and highlighted in the victims of the sexual violence during war testimonies. I will use concepts well-known in the research dedicated to war rape survivors, such as resilience and Post Traumatic Growth, and justify the necessity of redefinitions when working with survivors of sexual violence.

How a person responds to surviving a traumatic event depends on multiple factors, including biological, psychosocial, cultural, geographical, and political. The first is crucial to interpreting findings.

NVIVO Findings

After the NVIVO analysis, themes were organized into specific groups.

Main Theme 1: Brutal Realities, Violence, and Tragedies of the War

The first one is shown in all survivor's narratives—brutal realities, violence, and tragedies of the war from the survivor's perspective.

In this group of themes, survivors were sharing their narratives regarding war's impact on families, fundamental family changes, dead, social roles changes, unwanted pregnancy in the context of rape during war, physical disability, loss and grief related to the loss of the loved one, family members, friends, displacements, health, mental health, social position, family construct, then gender-based violence and discrimination, so far most of the research is showing violence during war addressed towards women and children. In this group of themes, analyzing survivors' testimonies, all human rights during war are violated, and often, war crimes have been

committed. All research participants struggled to achieve justice as individuals and as specific groups. No one received legal support and recognition until the interview with this group of researchers.

Research shows that justice is not only a legal term and definition. The perception of injustice is a fundamental precursor to many disagreements, from small struggles in daily life to the horrific conflicts between cultures and countries. Little is known about how the brain processes these violations despite its evident importance. It is crucial to combine methods from neuroscience, psychology, and economics to explore the neurobiological mechanisms involved in both the perception of injustice and the punishment and compensation decisions that follow by taking an interdisciplinary approach. Using a novel behavioral paradigm, identifying specific brain networks, a computational model of punishment was developed, and it was found that administrating the neuropeptide oxytocin increases the administration of low punishments for norm violations in particular. Results provide valuable insights into the fundamental neurobiological and neuropsychological mechanisms underlying social injustice.

Neuroscience and the Perception of Justice. Justice is not just a legal concept but is deeply rooted in human psychology and biology. Understanding how the brain perceives and processes justice can provide valuable insights into social behaviors and conflicts. Recent interdisciplinary research has explored the neurobiological mechanisms involved in the perception of justice, punishment, and compensation.

Critical Findings in Neuroscience Research on Justice.

1. Brain networks involved in justice perception:
    - Researchers have identified specific brain networks that are activated when individuals perceive injustice or decide punishment. These networks include areas

involved in emotional processing, moral reasoning, and decision-making, such as the amygdala, prefrontal cortex, and anterior cingulate cortex.

2. Role of oxytocin:
    - A study by Stallen et al. (2018) explored the effects of the neuropeptide oxytocin on punishment decisions. The research found that oxytocin administration led to increased leniency in punishment for minor norm violations; this suggests that oxytocin may promote social bonding and reduce harsh punitive responses, highlighting its potential influence on the perception of justice.
3. Computational models of punishment:
    - Researchers have developed computational models to understand how people decide on appropriate punishments for different types of norm violations. These models incorporate factors such as the violation's severity, the violator's intent, and the punishment's perceived fairness. Such models help predict and explain punitive behavior variations across individuals and cultures.
4. Impact of injustice on mental health:
    - The perception of injustice can have profound effects on mental health, leading to feelings of anger, resentment, and helplessness. Chronic exposure to injustice, such as that experienced by survivors of war and sexual violence, can contribute to long-term psychological issues like PTSD, depression, and anxiety.

Implications for War Rape Survivors. For survivors of sexual violence during war, the perception of justice is crucial for their psychological recovery and long-term well-being. The struggle for justice, both legal and social, is often fraught with obstacles, including lack of legal recognition, inadequate support systems, and ongoing discrimination. Understanding the

neurobiological underpinnings of justice perception can inform more effective support and intervention strategies for these survivors.

Interdisciplinary Approach. An interdisciplinary approach combining neuroscience, psychology, sociology, law, history, cultural differences, and economics is essential to fully understanding the complex mechanisms underlying the perception of justice. This approach can lead to:

- Better support systems: By understanding how the brain processes justice and injustice, mental health professionals can develop targeted therapies to help survivors cope with their experiences.
- Improved legal frameworks: Neuroscience insights can inform policies and legal practices to ensure that justice systems are more attuned to the psychological needs of survivors and current neuroscience research about CPTSD.
- Enhanced social interventions: Understanding the neurobiological factors influencing perceptions of fairness and justice can benefit programs to foster social cohesion and reduce stigma.

Conclusion. Integrating neuroscience research into the study of justice perception offers a deeper understanding of how individuals process and respond to injustice. For survivors of sexual violence during war, this knowledge is vital in addressing their complex needs and supporting their journey toward healing and justice.

Main Theme 2: The Impact of Rape/Sexual Abuse During War

The second theme is organized around the impact of rape/sexual abuse during the war. In conclusion, the text underscores the urgent need for a holistic approach to supporting survivors of sexual violence, especially in post-war settings. This approach should include better

professional training, societal attitude shifts, comprehensive research on complex specify trauma of sexual violence during war and particular resilience process development approach, and targeted interventions to address immediate and long-term consequences.

All groups of survivors of sexual violence reported all kinds of psycho-social consequences and medical problems. Analyzing the second group, we concluded that all 25 participants reported psychological and social consequences. What was repeated by the participants from all post-war zones was the experiences of betrayal by the authority figures. That means that survivors of sexual violence have not received appropriate support from medical, social, and legal professionals. Analyzing this part leads to the following findings that research what was done on the consequences after sexual violence also needs to cover re-experiencing trauma when interacting with official institutions when the survivors of sexual violence request help or report war crimes and already struggling with complex trauma experiences. New trauma related to being betrayed by professionals who need to provide support for the victims is shaking the perception of any available support system.

Looking for support after war and war rape experiences is uneasy at least; however, to experience after that another trauma from the professionals who are designed to help is betrayal. Another question to research is why the professionals, medical staff, psychological support, social professionals, and finally, legal staff are not ready to traumatize already traumatized victims of sexual violence. How to build procedures if required, focusing on inter-connections and multilayered understanding when providing any support for the survivors of sexual violence. The experience of betrayal is highlighted when the survivors were sharing their experiences after rape in their intimate relationship; major groups from different post-war zones reported dead of their loved ones and the painful process of grief, often based on experiencing loved ones'

executions. Some of the survivors reported drastic changes in their loved ones and husbands' decisions to leave victimized wives.

The part of the reported challenges here is based on the power of the society, which is still shaming and blaming survivors of sexual violence, not the perpetrators. In all stories, survivors of sexual violence reported shame and blame from their loved ones, family members, neighbors, or society. The power of shame and blame is still underestimated in research dedicated to survivors of sexual violence. Shame and blame are leading to recurring stigmatization and increasing loss of safety, culminating in the possibility of survival strategies and entailing transmission of trauma/transgenerational trauma. This part to research the connections between war rape trauma, re-trauma after the war and additional traumas/loss, re-victimizations, shaming, blaming then, survival strategies, and developing transgenerational trauma need to be more available for the researchers who are trying to understand survivors of sexual violence. Analyzing data from the survivors of sexual violence provided clarity that survivors mostly did not receive any support. Basic survival instinct determines a survivor's ability to continue to live.

Research on the basic survivor instinct and survivors' ability to activate resilience and potentially PTG needs to be done more carefully. Data provided by the survivors of the current research and dissertation show that survivors' basic survival instinct is determined more by the evolution of overcoming the brutality of the war than resilience itself.

1. Psychological and social consequences:
    - All participants reported significant psychological and social issues resulting from sexual violence.

- Common themes included betrayal by authority figures, lack of appropriate support from medical, social, and legal professionals, and re-experiencing trauma when seeking help.

2. Betrayal by professionals:
    - Survivors consistently felt betrayed by those expected to support them, exacerbating their trauma.
    - This betrayal shakes their perception of the support system, causing additional trauma.
3. Challenges in support systems:
    - Professionals (medical, psychological, social, and legal) often inadvertently traumatize survivors.
    - There's a need to research and develop procedures that understand and address the multilayered needs of survivors.
4. Betrayal in intimate relationships:
    - Survivors reported betrayal by loved ones, including partners leaving them after victimization.
    - This added another layer of trauma, compounded by societal shame and blame.
5. Shame and blame:
    - Survivors frequently experience shame and blame from their loved ones and society.
    - This stigma leads to recurring victimization and a significant loss of safety.
6. Transgenerational trauma:

- The shame and blame contribute to transgenerational trauma, which needs more research.

7. Survival instinct and resilience:
    - Survivors' basic survival instinct is crucial for their ability to live.
    - There is a need to research the relationship between survival instinct, resilience, and potential post-traumatic growth (PTG).
    - Research dedicated to the environmental resilience process is necessary to support social shifts around the short and long-term consequences of sexual violence during war.
    - Data suggests that the brutality of war shapes the survival instinct more than resilience itself.

Analysis and Key Findings.

1. Impact on support systems:
    - There's an urgent need to improve support systems for survivors of sexual violence, ensuring they do not re-traumatize the victims.
    - Training and protocols for professionals should emphasize empathy, understanding, and appropriate responses to survivors' complex trauma.
2. Need for comprehensive research:
    - Research should explore the interconnections between initial trauma, re-trauma from seeking help, and the broader socio-cultural implications.
    - Understanding these connections can help develop effective support mechanisms and policies with all necessary approaches.
3. Addressing societal attitudes:

- Societal attitudes towards survivors need to change, with a focus on blaming perpetrators rather than victims.
- Public awareness campaigns and education can play a role in shifting these perceptions.

4. Long-term and transgenerational effects:
    - The long-term and transgenerational effects of sexual violence need more attention in research.
    - Investigating these areas can help create targeted interventions for survivors and their descendants.
5. Enhancing resilience and PTG:
    - While resilience is vital, understanding how survivors can achieve post-traumatic growth (PTG) is equally important.
    - Research should focus on identifying factors contributing to PTG and ways to foster these in survivors.

Main Theme 3: Social Isolation and Stigmatization

In conclusion, addressing the health challenges faced by survivors of sexual violence in post-war scenarios requires a comprehensive and empathetic approach, focusing on improving healthcare access, combating stigma, training professionals, and conducting in-depth research on resilience and survival instincts.

When studying complex trauma response, it is possible to learn that trauma definition describes our human possible response to the overwhelming experience. Polyvagal theory is one of the well-developed theories of complex trauma, and trauma responses emphasize the role the autonomic nervous system—especially the vagus nerve—plays in regulating our health and

behavior. The theory describes the physiological/psychological states. The polyvagal theory describes an autonomic nervous system that is influenced by the central nervous system, sensitive to afferent influences, characterized by an adaptive reactivity dependent on the phylogeny of the neural circuits, and interactive with source nuclei in the brainstem regulating the striated muscles of the face and head (Porges, 2022). The theory depends on accumulated knowledge describing the phylogenetic transitions in the vertebrate autonomic nervous system—emergent properties of a social engagement system that would enable social interactions to regulate the visceral state.

It is essential to see social isolation and stigmatization also as a part of the trauma or re-trauma experiences after war and sexual violence when analyzing specifics related to the theme third. Almost all survivors from the different war zones reported blame and stigmatization encounters. When analyzing testimonies from people already traumatized by the war and sexual violence without a support system in place and without a psycho-social understanding of their experiences, most survivors reported during this research another trauma based on blame on survivors instead of perpetrators. That is another layer to explore why victims are blamed for the other crimes. This phenomenon is well described from the feminist perspective, where feminist researchers refer to the construct of the world based on patriarchal power, primarily white men's power. Shame and blame from this perspective are used to control the current political and social environment. It is necessary to use internalized rules that apply to the specific society to control the group effectively.

Shame and blame phenomena are well known in the research field dedicated to sexual violence during the war; however, the traits and constructs of the power of the shame and blame by society, family, and institutions placed on the victim's shoulder and connections to another

trauma or retraumatizations are highly undeveloped in this area. The feminist theory about sexual violence during the war is also referring to gender inequality. With an unsupportive social and psychological environment where the traumatized survivor needs to fight the system and social rules and regulations after complex trauma or traumas, it is almost impossible to accomplish any emotional or legal compensation. Testimonies from the survivors justify another war on themselves after the war instead of support and justice.

The occurrence of rape as a weapon of war and the effectiveness of this tool is mainly based on the society dynamics. All modern societies are based on the social construct of the power dynamic. One of the tools used to control society is the shame and blame regulations. Shame has recently been included in the diagnostic criteria for PTSD in the DSM-V under the umbrella of *persistent negative emotional states* (Taylor, 2015). Hence, shame has recently come to be identified in the trauma literature as part of a constellation of negative emotions (along with fear, horror, anger, and guilt) that are common for trauma survivors, including war rape survivors in post-trauma states—understanding shame and its role in post-trauma recovery and prevention of the re-traumatization process.

Shame is also connected to social control and power through the normative boundaries that determine what is shameful and not in a particular society or culture (Dolezal, 2015b). Because of its significance and prominence in both personal experience and social life, shame is considered by many to be the *master emotion* (Scheff, 2004). Shame is commonly characterized as a negative self-conscious emotion; it is an experience that arises when concerned about how others will see and judge. Shame occurs when survivors of sexual violence during the war see by another or others (whether they are present, imagined, or simply a viewpoint that has been internalized) to be flawed in some crucial way or when some part of our core self is perceived to

be inadequate, inappropriate, or immoral. Rape is still a social taboo. Still, the victim of violence is shamed by the acts committed against them. Still, society instead punishes perpetrators, punishing by shaming victims.

Interpreting testimonies of survivors' third theme seems like the research needs to be done to discover the interrelation between sexual violence trauma responses and shaming approach towards survivors. Many of the interviewees reported the effects of sexual trauma during war and shame experiences aftermath personal reactions to it such as isolation. Isolation showed as an unwillingness to share war experiences, isolation as a shameful secret such as an experience of rape during war, and deep fear that loved ones, family members, or society will be punished because of war rape trauma.

Social isolation is a typical response after war trauma, isolation impacting whole communities at times and reminding each individual of our need for connection. Isolation weaves through life on an intrapersonal, interpersonal, and existential level; all individuals experience this phenomenon to varying degrees at points in their development. Research has shown that persistent social isolation is a predictor of cardiovascular problems, mental health disorders, and increased mortality rates (Brown et al., 2021).

Therefore, it is crucial to understand the various forms in which isolation can manifest and ways to foster meaning as a protective factor. Isolation is understood as a freeze trauma response after sexual violence using the frame of resilience and trauma responses after sexual violence.

In polyvagal theory, Porges (2022) describes the three evolutionary stages of developing our autonomic nervous system. Porges (2022) describes a hierarchy of responses built into our

autonomic nervous system rather than simply suggesting a balance between our sympathetic and parasympathetic nervous systems.

Immobilization or freezing response is a well-known reaction after a traumatic event. The immobilization response is triggered by the dorsal side of the vagus nerve in response to cues of extreme danger, which is considered the oldest pathway. This physiological reaction leads to immobility, where we respond to fear by becoming frozen, numb, and shutting down.

It is almost as if our parasympathetic nervous system is kicking into overdrive as our response causes us to freeze rather than slow down. Freezing response towards trauma is tightly involved in isolation.

Humanistic-existential theorists have long addressed isolation as one of the existential givens, such as death, isolation, freedom, and meaninglessness (Brown et al., 2021). Yalom outlined three types of isolation: existential, intrapersonal, and interpersonal isolation (Brown et al., 2021).

Existential isolation encapsulates the pervasive innate sense of disconnection between oneself and the world. Humans hold an internal world that is private and necessary for survival. Therefore, some level of isolation is always experienced and is unavoidable. Even more alarming is the realization that our time in this body is limited and that we will die, as will everyone we love. Most often, one is unaware of existential isolation or death anxiety owing to allocating cognitive resources to achieve a purpose, such as working or raising a family (Brown et al., 2021).

Awareness of existential isolation is triggered by catastrophe, loss, and other significant changes that highlight isolation. In realizing the imminent loss of existence (death) and the separation it entails, the fallibility of humanness sets in. Death can be a reaction at any moment;

loss is inevitable, and there is a lack of a whole connection (Brown et al., 2021). Understanding the complexity of isolation reported by the survivors of sexual violence seems necessary to increase research focused on the sexual violence trauma connected to re-experiencing shame and isolation.

Many survivors stated that nobody was listening and nobody tried to help in the long run; in their testimonies, that meant a lack of not only an institutional support system but also a lack of psycho-social understanding of war rape experiences and an unresearched tendency to blame victims for their trauma. In many research papers, shame and blame are apparent components of the findings however is still a missing part of the recommended changes in this area and a deeper understanding of the survivor's perception and reaction after war rape, re-experiencing shame and isolation, and survivors' mental health condition after.

Based on current research, these findings must be developed using a multidimensional ethnological and psycho-social approach.

1. Health challenges and medical access:
    - Survivors face substantial obstacles in accessing medical and psychological treatment.
    - Cultural differences affect the availability of mental health support, particularly in African countries.
    - Common health issues include pregnancies, fistula, and sexually transmitted infections (STIs), including HIV.
    - Traumatic gynecologic fistula is a severe condition resulting from sexual violence in conflict areas.
2. Physical and psychological injuries:

- Survivors reported severe physical injuries and psychological trauma, including PTSD, CPTSD, depression, suicidal thoughts, and social isolation.
- Unclear data on access to medical support, abortion options, or adoption facilities for unwanted pregnancies.

3. Intersection of healthcare and stigma:
    - Access to healthcare intersects with issues of stigma, isolation, and mental health problems.
    - Stigmatization and discrimination towards survivors are common, adding to their trauma.
4. Challenges in medical facilities and human approach:
    - Medical facilities face significant challenges during conflicts, compounded by biases and prejudices of healthcare providers.
    - There is a need for trained professionals who can understand and address survivors' complex medical and psychological needs without re-traumatizing them.
5. Access to justice:
    - Access to justice is a fundamental need for survivors, requiring trained legal professionals who can approach traumatized individuals empathetically.
6. Psychological trauma and resilience:
    - Psychological trauma from war rape leads to mental health challenges, with many survivors relying on basic survival instincts rather than resilience alone.
    - Research indicates that most survivors did not receive support, relying on survival instincts to continue living.

7. Defining and expanding resilience:
    - Resilience is the ability to withstand or recover quickly from difficult conditions, but the concept is still evolving.
    - Research shows that resilience is not well-defined compared to the basic survival instinct.
    - More research is needed to distinguish resilience from biological self-preservation and to expand the definition of resilience.

Analysis and Key Findings and Future Research Recommendations.

1. Access to medical and psychological support:
    - There is a critical need for accessible medical and psychological support for survivors of sexual violence.
    - Addressing cultural differences and improving healthcare infrastructure in conflict-affected regions is essential.
2. Addressing physical and psychological injuries:
    - Comprehensive healthcare should include treatment for physical injuries, STIs, and unwanted pregnancies.
    - Psychological support should address trauma, PTSD, depression, and social isolation.
3. Combating stigma and isolation:
    - Efforts to reduce stigma and discrimination against survivors are crucial.
    - Public awareness campaigns and education can help shift societal attitudes and support survivors.
4. Improving healthcare systems:

- Training healthcare providers to approach survivors without biases and prejudices is necessary.
- Developing protocols to prevent re-traumatization and ensure empathetic care is essential.

5. Enhancing access to justice:
    - Legal systems should be equipped to handle cases of sexual violence sensitively.
    - Training legal professionals to support survivors empathetically can improve access to justice.
6. Understanding resilience and survival instincts:
    - Research should explore the neuropsychological and neurophysiological mechanisms underlying resilience and survival instincts.
    - Distinguishing between resilience and basic survival instinct can help develop targeted interventions for survivors.
7. Expanding the definition of resilience:
    - Resilience should encompass adapting successfully to stress, trauma, and adversity.
    - Research should focus on preventing CPTSD symptoms and understanding the conditions necessary for resilience.
8. Comprehensive studies on health challenges:
    - Conduct in-depth studies on the health challenges faced by survivors, including access to medical and psychological support.
9. Focus on cultural and regional differences:

- Research should consider cultural and regional differences in healthcare accessibility and mental health support.

10. Addressing stigma and discrimination:
    - Investigate the impact of stigma and discrimination on survivors and develop strategies to combat these issues.
11. Training healthcare and legal professionals:
    - Develop training programs for healthcare and legal professionals to handle cases of sexual violence with empathy and understanding.
12. Neuropsychological research on resilience:
    - Explore the neuropsychological and neurophysiological aspects of resilience and survival instincts in survivors.
13. Developing multidimensional support systems:
    - Create multidimensional support systems that address survivors' physical, psychological, and legal needs.
    - Develop war rape survivor's syndrome and implement it in the research.

Main Theme 4: Health Challenges in Post-War Scenarios

The central part of sexual violence during the war is health challenges and access to medical and psychological treatment. Most interviewees reported significant obstacles with medical and psychological entry. Considering cultural differences between researched countries, mental health support systems are not evident in most countries in the African continent; however, medical accessibility seems essential, but it is still not. The most common health challenges after sexual violence are pregnancies. Fistula is a condition that can occur as the result of sexual violence, often in conflict. There are no solid estimates of its prevalence, but traumatic

gynecologic fistula can make up a significant part of the overall genital fistula caseload in places where sexual violence has been used as a weapon of war.

Rape, often aggravated by the thrusting of objects into the vagina, can result in a hole between a woman's vagina and bladder or rectum, or both, resulting in the leaking of urine and/or feces. Survivors of sexual violence reported additional, severe physical injuries. A few of them are sexually transmitted infections, including HIV. Data in the current research about unwanted pregnancies is unclear regarding access to medical support, abortion options, or adoption facilities. Analyzing testimonies from survivors regarding access to healthcare is a prominent intersection between this particular theme's findings and stigma isolation and mental health problems afterward; this is another part of exploring the connections between access to the providers and shame and isolation re-trauma or another trauma for survivors. Stigmatization and discrimination towards survivors of sexual violence were reported during testimonies.

Analyzing challenges to the medical facilities during any conflict seems like a challenge; however, another layer of the human approach toward survivors is on top of this challenge. Another recommendation to proceed with research dedicated to challenges around the topic of sexual violence during the war is around the prejudices and biases of the humans who are serving traumatized populations. What is unresearched and still undeveloped is the long-term consequences of war rape. All victims reported consequences after rape; the first was mental health challenges such as trauma, CPTSD, depression, suicidal thoughts, social isolation, and more. The next is uneasy access to professionally trained medical providers willing to understand the complexity of the survivor's medical problems without biases and prejudices. Next, access to justice is a fundamental legal and psychological necessity. This part of the findings also required

professionally trained staff who approached traumatized individuals with the meaning of avoiding re-traumatization.

Psychological Trauma as a War Rape Responds to The Traumatic Event. Analysis of data from survivors of sexual violence during the war shows that most survivors did not receive any support, relying instead on basic survival instincts to continue living. In examining data related to sexual violence during the war, psychological sciences often highlight trauma, PTSD, resilience, and Post Traumatic Growth (PTG).

Resilience and Survivor Instinct. Research into the basic survival instinct and the capacity for resilience and PTG among survivors of sexual violence needs careful attention. Data from the current research and dissertation indicate that many survivors rely more on basic survival instincts shaped by evolution and individual potential (live instinct Freud) rather than resilience alone to endure the brutality of war and post-war realities.

Defining Resilience. Resilience is "the ability to withstand or recover quickly from difficult conditions" (Robertson et al., 2015, p. 534). However, in the context of recent biological and psychological research, resilience has gained a more specific meaning. The concept originated in the 1970s when researchers studied children who developed normally despite adverse conditions (Masten, 2001). By the early 1990s, the focus shifted to how individuals overcome adversity and the psychosocial determinants of resilience in trauma-exposed adults (Cai et al., 2017). However, resilience is still undeveloped and confusing in research compared to basic survivor instinct. My current research shows that survivors of sexual violence face the cruelty of the war, adapt to the oppressive situation, and have the ability to survive. However, the basis of the aptness is unknown.

A lack of resilience can lead to mood disorders, including major depressive disorder (MDD), fear, anxiety, PTSD, and other stress-associated negative emotions (Alves et al., 2017). Further research is needed to define resilience, specifically among survivors of sexual violence during war, distinguishing it from the biological instinct for self-preservation.

Moreover, research dedicated to survivors of sexual violence around a differential basic sense of survivors and resilience needs to be done more carefully. Currently proceeding with research dedicated to survivors of sexual violence, regardless of resilience, needs to be analyzed multidimensional as an individual capacity of an adaptation-specific approach based on the social and neurophysiological support system. That finding leads to the expansion of the definition of resilience.

Expanding the Definition of Resilience. Suppose resilience includes the ability to adapt successfully to stress, trauma, and adversity, thereby avoiding stress-induced mental disorders like depression, PTSD, and anxiety. In that case, research should explore the conditions necessary to prevent CPTSD symptoms after war rape using resilience. Understanding who can overcome war rape trauma requires more profound insights into neuropsychological and neurophysiological mechanisms.

Insights from Neuropsychology and Neurophysiology. Neuropsychology and neurophysiology are beginning to reveal the mechanisms that underlie trauma susceptibility and the specific responses linked to resilience. Testimonies from twenty-five survivors from different post-war zones confirm brutal realities and massive violence but do not fully explain what supports resilience among survivors. Reviewing animal models and human evidence highlights the neurophysiological and neuropsychological underpinnings of trauma and resilience.

Recommendations for Further Research. Analyzing survivor testimonies suggests the need for specific research on how war and sexual violence determine the body's and mind's ability to develop and sustain resilience. This research should aim to:

- Understand the psycho-social factors that support resilience.
- Investigate the conditions necessary to prevent the development of CPTSD.
- Explore how neuropsychological and neurophysiological mechanisms contribute to resilience in trauma-exposed individuals.
- Differentiate between basic survival instincts and resilience.

Conclusion. Developing a comprehensive understanding of resilience among survivors of sexual violence during war requires a multifaceted approach. Researchers can better understand how resilience operates and evolves in extreme adversity by integrating insights from neuropsychology, neurophysiology, and survivor testimonies. This knowledge is crucial for developing effective interventions and support systems for survivors.

Continuously, a deeper understanding of the neurophysiological complexity of resilience could support the development of novel interventions from the psychosocial perspective when working with survivors of sexual violence and, at the same time, increase effectiveness around policy and regulations for the services dedicated to survivors of sexual violence.

The Neurophysiological Complexity of Resilience. A deeper understanding of the neurophysiological complexity of resilience can significantly support the development of novel interventions from a psychosocial perspective when working with survivors of sexual violence. It can also increase the effectiveness of policies and regulations dedicated to services for these survivors.

Challenges in War Trauma Research. Research related to war trauma is inherently challenging, often focusing on specific groups and using Western measurements and tools. A multicultural and multi-segmental approach could provide a more comprehensive understanding of resilience. In advance research, the next major part needs to be developed carefully, analyzing specific oppressive situations such as colonialism as a long-term trauma, racism as an internalized perception of the world, and individuals' positions in the world. Gender psycho-social and cultural consequences also as oppressive/traumatic experiences. The religious context in different wars and genocide areas is an additional support or oppressive tool. The current research highlights the necessity of incorporating a multicultural and multidimensional perspective to develop a meaningful understanding of resilience among survivors of sexual violence during war.

Understanding Survival and Resilience. Current research findings raise questions about the depth of what it means for survivors to grasp survival and its true meaning. Friedrich Nietzsche famously said, "That which does not kill us makes us stronger."

This notion affirms the power of pain and human resilience. However, analyzing survivors' stories reveals that while humans can endure immense cruelty, it remains unclear if this makes them stronger or more burdened with psychological consequences.

Defining Trauma and PTSD among Survivors of Sexual Violence During War. According to the DSM-5, trauma is defined as an event where a person is exposed to actual or imminent death, severe injury, or sexual violence (American Psychiatric Association, 2013). The term "trauma" originates from the Greek word for wound, a concept adapted by Sigmund Freud to describe deep mental health wounds. PTSD, or Post-Traumatic Stress Disorder, is a common

reaction to traumatic events, though not all who experience trauma will develop PTSD (Yehuda et al., 2015).

Research by Atwoli et al. (2015) indicates that approximately 5% of people who experience a traumatic event will develop PTSD. However, this research did not specifically explore the complex trauma experienced by survivors of sexual violence. Prevalence rates of PTSD are influenced by historical circumstances, such as wars, high crime rates, and natural disasters, as well as the mental health care infrastructure within individual countries (Asnakew et al., 2019). Current research is showing the necessity of redefining PTSD or CPTSD when proceeding with diagnosis among survivors of sexual violence.

Cultural, Psycho-Social, Political, and Historical Differences as a Necessary Approach During Research Dedicated to Survivors of Sexual Violence During War. One challenge in the current research is recognizing the significant cultural, psycho-social, political, and historical differences between countries like Kosovo, Bosnia, Rwanda, and Congo. It is crucial to understand the deeper messages conveyed by survivors of sexual violence in these conflicts. While traumatic events may appear similar across different contexts, the specific experiences and consequences can vary greatly.

Survivor Voice, Story Perspectives on Trauma as a Necessity to Redefine and Separate Trauma Experience. Survivors of sexual violence during conflicts, such as a Yazidi woman interviewed for a related project, often feel that their trauma is fundamentally different from that of soldiers. Soldiers might develop PTSD after their missions, but survivors of sexual violence did not choose their trauma. This distinction underscores the need for a nuanced approach to understanding and treating war rape trauma.

Recommendations for Future Research. To address these challenges and support survivors more effectively, future research should:

- Adopt a Multicultural Approach: Recognize and incorporate survivors' diverse cultural, social, and historical contexts.
- Develop Neurophysiological Insights: Focus on understanding the neurophysiological mechanisms of resilience to create targeted interventions.
- Distinguish Between Survival Instinct and Resilience: Differentiate the basic survival instinct from resilience to develop more effective support systems.
- Consider Long-Term Impacts: Investigate the long-term psychological and social impacts of war rape trauma to provide comprehensive care.

Conclusion. Understanding the neurophysiological complexity of resilience is crucial for developing effective interventions and policies for survivors of sexual violence during war. By adopting a multicultural and comprehensive approach, researchers can better support survivors' journey toward healing and resilience.

Resilience and War Rape: A Complex Understanding of Survivor Experiences. Understanding the experiences of survivors of sexual violence using scientific terminology is necessary. However, it is crucial to ensure that this terminology is correct and adequate to the individual experiences of survivors. To state that all participants from my research present war trauma and CPTSD is an oversimplification. One of the significant findings in my research is that the experiences of survivors of sexual violence need to be expanded with more profound psychological tools to consider the multilayered factors determining their long-term consequences after war rape trauma and sexual violence during war.

Prototypical Pathway to Recovery. After trauma, a prototypical pathway of recovery can often be observed. Initially, there is an elevation of psychological symptoms and poor functioning for several months before a return to baseline; pre-trauma levels can occur, typically under stable and safe conditions. This general description of trauma recovery applies broadly but may not be specific enough for survivors of sexual violence during war.

Resilience and Post-Traumatic Growth. Bonanno (2004) suggests that individuals with a typical recovery trajectory after trauma may experience and report some positive consequences from the trauma. The concepts of resilience and PTG have been extensively explored to illustrate how survivors of sexual violence navigate their lives after war traumas. However, questions remain about the processes that determine the development of CPTSD and how resilience can be understood in the context of such long-term consequences.

War Rape Survivors Syndrome. One potential discovery from working with survivors of sexual violence is the notion of *War Rape Survivors Syndrome*. One potential discovery from working with survivors of sexual violence is the notion of War Rape Survivors Syndrome. The researcher's findings were initially described in the book Rape a history of shame diary of the Survivors (Rebecka, 2021). According to the previous book project and current research, the specific description dedicated to war rape survivors needs to implement any protocols, policies, procedures, training, and psychological approach. Combining psycho-social perspective, legal neurophysiological justice understanding, approach and necessity, modern, especially polyvagal meanings of the body trauma imprinting could change the perspective of understanding the consequences of sexual violence during war. The current research in this dissertation verified the resemblance of the survivors of sexual violence from the different post-war zones. The connections between psycho-social, medical, and legal lack of basic understanding and lack of

access to the services amplified twenty-five testimonies, making one strong message requesting profound change and approach around sexual violence during war when working on legal regulations, social implementations, psychological support systems, or medical treatments.

A syndrome is "a combination of medical problems that show the existence of a particular disease or mental condition" (Cambridge Dictionary, n.d.). Survivors of sexual violence during the war face multiple challenges, obstacles, and usually more than one trauma, and they struggle with the consequences, usually long-term. That required more attention, research, and development to rebuild the support system for the survivors and, in general, avoid re-traumatization. Developing War Rape Survivor Syndrome requires a lens based on an understanding of the individual's trauma responses from a neurophysiological perspective, psychological perspective, social, cultural, medical, and legal perspectives.

As mentioned, and suggests that the long-term consequences of war rape may constitute a distinct syndrome that warrants further investigation.

. ***Resilience in Trauma***. Westphal and Bonanno (2007) proposed that more resilient individuals tend not to struggle with potentially traumatic events to the same extent as more traumatized individuals. However, it is unclear if this applies to survivors of sexual violence. This raises important questions:

- How do survivors of sexual violence specifically overcome trauma related to sexual violence and the complexity of local post-war situations?
- How do survivors of sexual violence receive support systems in specific countries and time frames?
- When trauma and PTSD diagnoses are made, who is providing these diagnostic services?

Cross-Cultural Considerations. Kashyap and Hussain (2018), in their discussion of cross-cultural challenges to the construct of PTG, highlight the cultural differences between countries and the Western constructs of trauma, PTSD, and PTG. Understanding these challenges is essential for accurately interpreting the experiences of survivors of sexual violence.

Highlighting Survivor Stories. To fully understand resilience and war rape trauma, it is vital to highlight the individual stories shared by survivors. These narratives provide critical insights into their experiences and the specific support systems they need.

Conclusion. Understanding resilience and war rape trauma requires a nuanced approach that considers the complexities of survivor experiences. Expanding the terminology and psychological tools used to analyze these experiences can lead to more effective support systems and interventions. Recognizing the potential for a distinct *War Rape Survivors Syndrome* and addressing cross-cultural differences are crucial steps in providing comprehensive care for survivors. By highlighting survivor stories and considering the multilayered factors affecting their recovery, researchers and practitioners can better support these individuals in their journey toward healing and resilience.

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Appendix A

Code Book

Initial codes	Main theme	Sub-themes	Quotes	References
SOLDIER CIVILIAN	Brutal realities, violence and tragedies of War	Loss of Family Members	"My four younger brothers were killed right away."	Testimony 1, Congo War
CIVILIAN WITH FAMILY			"Now that my children are gone, I have no one to share these tales with. I do not share my stories; After they killed my husband, they killed my three sons."	Testimony 5, Congo War
RAPE BY SOLDIERS, BY MILITIA, REBELS				
ONE RAPE, MULTIPLE RAPES			"They were eleven, nine, and seven years old."	Testimony 17, Rwanda Genocide Survivor
SEX SLAVERY			"My husband was killed because he stood defiantly against rebels."	Testimony 2, Congo War
SUPPORT SYSTEM AFTER RAPE			"I noticed a Serbian officer had arrived at the house and demanded to know where her father and brother were."	Testimony 14, Kosovo War
LACK OF THE SUPPORT SYSTEM				
MEDICAL SUPPORT		Sexual Violence and Trauma	"They are killing our people, rapping everyone, and burning forests and villages."	Testimony 2, Congo War
LACK OF THE MEDICAL SUPPORT			"After being raped, I was determined to start looking for justice before the courts in Kosovo. Still, in 2014 the Supreme Court acquitted two Serb police officers, initially indicted for rape, on all charges."	Testimony 14, Kosovo War
PSYCHOLOGICAL SUPPORT				

LACK OF THE PSYCHOLOGICAL SUPPORT		"I was raped many years ago, but I remember all details like it was yesterday."	Testimony 22, Bosnia /war 1992-1995
JUSTICE LACK OF JUSTICE		"I was the victim of rape and regular beatings."	Testimony 20, Rwanda Genocide Survivor
		"I was pregnant when Serbs came, three months pregnant with my first child. When they were taking me, I was yelling no, no, no, I am pregnant, I am pregnant. But they took me anyway to a concentration camp; I do not remember much besides pain. I do not know how many Serbs raped me. They left me over there. I could not walk. I was praying to die, but I was praying to save my unborn child; I lost my child. After a while, I went to the hospital, and they told me that I was unable to get pregnant again."	Testimony 24, Bosnia/war 1992-1995
	Loss and Grief	"All of us became emotionless; life and death meant nothing anymore."	Testimony 11, Kosovo War
		"I remember all the details like it was yesterday. It was 6 pm on the 9 May 1992 when Serbian soldiers attacked my Bosnian village and burnt down many of my neighbours' homes."	Testimony 22, Bosnia /war 1992-1995
		"I lost my mother, father, brothers and sisters, and thirty other relatives in the genocide."	Testimony 21, Rwanda Genocide Survivor

		"I do not cry for justice because it is beyond my reach; the horrors of genocide have been reduced to a mere manslaughter; no justice can bring back my sanity and life."	Testimony 21, Rwanda Genocide Survivor
		"They took me and my sister; they raped us. I heard she was screaming; she was a young mother, and I knew she felt pain."	Testimony 9, Kosovo War
		"Since the war ended, I have grown up feeling emptiness because of my father's absence."	Testimony 12, Kosovo war
		"Now that my children are gone, my kids were scared. They were crying and yelling. After my sons were murdered, my daughter and I begged these men, 'Please, spare us!'"	Testimony 17, Rwanda Genocide Survivor
		"I could hear my youngest brother crying."	Testimony 19, Rwanda Genocide Survivor
	Struggle for Justice	"After being raped, I was determined to start looking for justice before the courts in Kosovo. Still, in 2014 the Supreme Court acquitted two Serb police officers, initially indicted for rape, on all charges. I was in the yard on April 14, 1999, when I heard the door knock."	Testimony 14, Kosovo War

	Resilience and Survival	"I was in shock, trying to remain physically close to my mom while comforting my sister; I saw piles of dead bodies, men, women, and children. Some nights, I slept with bodies to conceal that I was alive. No matter the adversity, my mom, my sister, and I stayed together."	Testimony 19, Rwanda Genocide Survivor
		"I don't know how I lost my family; all I know is that wherever they lie, they have more peace than I can ever achieve; pain and sorrow can never reach them. I ran with different people in search of safety."	Testimony 21, Rwanda Genocide Survivor
	Forced Displacement and Refugees	"When the rebels came, we escaped to church."	Testimony 4, Congo
		"All my village now is under rebels."	Testimony 7, Congo
	Psychological Trauma and PTSD	"All that has happened to me is still indescribable. How do you describe human hate? How does one describe the destruction, abuse, and hatred? It is almost impossible for me to describe the feelings experienced during the war."	Testimony 15, Kosovo war
	Gender-Based Violence and Discrimination	"I noticed a Serbian officer had arrived at the house and demanded to know where her father and brother were. My Mother told him they were in Germany, but he said, 'No, they went to war,' and he came in and took me." He	Testimony 14, Kosovo War

		told me he was taking me to the police station."	
		"I remember Serbian police came to their place and took my cousin away."	Testimony 11, Kosovo War
		"They took me from my house."	Testimony 8, Kosovo War
		"We were praying with our priest, all of us. When they came, they separated men and boys and women and girls. All men killed them."	Testimony 4, Congo
	Human Rights Violations and War Crimes	"They interrogated us for three days in a row; I was tied for 48 hours and questioned about everything. Then I just saw myself waking up after some time in the room. I was heavily abused, beaten up, and broken. They took a boiled egg while it was hot, and they put it in my armpit.; We started gathering the wounded; there were over 300 wounded persons, most cruelly.; We stayed there with the corpses for four days. The bodies started smelling very bad. We were hungry; We stayed there for another three weeks. On the 9th of June in the evening, they tied our hands so firmly by using ropes that prisoners were getting sick. As a civilian, I was defenceless against the brutality of those in power, subjected to the horrors of war without any means of protection."	Testimony

THIS THIS HAPPENS TO ME THEY DID IT THEY DID IT MANY TIMES THIS IS SHAME THAT'S MY FAULT THAT'S THEIR FAULTS I AM DIRTY I AM A BAD PERSON THEY ARE BAD, CRUEL PAIN UNCONSCIOUS THE WAR NEVER END	The Impact of Rape/Sexual Abuse during War	Physical and Emotional Trauma	"They started to rape me. I felt pain everywhere. I felt abdominal pain like something was tearing me apart inside. I felt like I could not breathe, I could not scream, I could not cry."	Testimony 1: Congo War
			"It was much blood, and I was thinking about my husband. "	Testimony 2, Congo
			"Then they took me to their car. I was screaming, so they hit me in my head, and I passed out..."I was raped many times... I cooked and cleaned for them."	Testimony 5: Congo
			"I lost consciousness... I felt pain. I was naked."	Testimony 13
			"My heart, mind, and body were cut deeply by pain, with scars covering these fresh wounds."	Testimony 16 Rwanda Genocide Survivor
			"I blacked out. I woke up when they started ripping off my clothes. I remember the pain and horrible smell."	Testimony 5, Congo
			"Then, two police officers just grabbed me and put me inside the bathroom..., by using a knife. The first one raped me."	Testimony 11: Kosovo War

I HATE MYSELF I HATE MY BODY I HATE THEM	"They took my husband into one of the rooms. The half-hour torture inside that room will dictate the mental state of my husband forever... "They beat him a lot!" ... they raped me for hours, and I lost consciousness.... They tortured me endlessly… I found out later that my husband had constant bleeding from his colon.... My husband was raped this way and many more. "	Testimony 13: Kosovo War
	"I was raped first when I was 12 but t his experience was different mentally and emotionally... My heart, mind, and body were cut deeply by pain, with scars covering these fresh wounds."	Testimony 16 Rwanda Genocide Survivor
	"For about two weeks, they took turns raping us. I lost count of the number of times. I was praying, "I want to die!... You took my family; you took my body; you took my soul. "	Testimony 17 Rwanda Genocide Survivor
	"He raped me. I do not remember the details of what happened. I do not remember how I came back home. I remember my clothes were ripped. I was bleeding. I was fourteen years old. Afterwards, I lived in a mental fog. I stopped talking."	Testimony 19 Rwanda Genocide Survivor

		"I wanted the soldiers to shoot me.... they raped me, beat me, took off all my clothes, and threw me into a mass grave... A man came by the grave; he saved me, took me into the shade and raped me. He gave me food and water, but only so that he could keep on raping me."	Testimony 20 Rwanda Genocide Survivor
		"My body was struck with sticks and machetes, but I still ran on. I was raped and abused."	Testimony 21 Rwanda Genocide Survivor
	Recurring Victimization	"I was raped once... many women and girls were raped multiple times."	Testimony 7: Congo
		"He raped me for the first time... raped me again."	Testimony 20
		"They left me, after that I escaped... again raped me."	Testimony 22
		"I was raped many times," "I was raped not only one time, but that also happened a few times more."	Testimony 1 Congo
		"I was raped again when I worked in the field... police officers raped me."	Testimony 1
		"He raped me for the first time... within hours, I was raped again."	Testimony 14
		"I was raped three times by different people. "	Testimony 3: Congo
		"They did rape me… they did to me many times."	Testimony 6: Congo

		"I was raped many times by only one commander; he was drunk and heavy."	Testimony 8: Kosovo War
		"Drunk soldiers....raped me many times."	Testimony 10: Kosovo War
		"They raped me. The other soldiers stood around and watched. He told them to rape me too, and so I was raped again. Twice."	Testimony 23 Bosnia War 1992-1995
		"I was a virgin when they raped me."	Testimony 25 Bosnia war 1992-1995
		"I do not know how many Serbs raped me. They left me over there. I could not walk."	Testimony 24 Bosnia War 1992-1995
	Betrayal by Authority Figures	"In the process, the priest raped me."	Testimony 2: Congo War
		"The very authorities entrusted with ensuring safety and justice were the perpetrators of my suffering, as two police officers violated me while I was in their custody."	Testimony 11: Kosovo War
		"I was a virgin when they raped me... soldiers stood around and watched."	Testimony 25
		"Police officer raped me for the first time."	Testimony 15: Kosovo war
	Stigmatization and Shame	"I was raped by people who were stealing my soul... We are all victims here." - Testimony 7	
		"The agony did not end with one assault; I was subjected	

			to multiple rapes during my harrowing imprisonment, each one stripping away a piece of my dignity and sanity." - Testimony 11: Kosovo War "When I was raped, I thought of my daughters. I thought that I wanted them to die before me... they were witnesses of my rape and assault... their innocence died that day." - Testimony 14: Kosovo war "I thought everything that happened to my family and me was of my own doing. It was my own fault for being raped" … I hated myself. I felt dirty and guilty mostly. On the surface, I would be silly and joke with others, but not too deep down; my pain and shame punished me. I did not deserve love. - Testimony 16: Rwanda Genocide Survivor	
		Lost sense of Safety	"Each day, I am confronted with a reminder, smells in particular. I am also reminded that these criminals destroyed my sense of safety. I have never felt fully safe in the past 19 years." - Testimony 14: Kosovo	
SHAME GUILT GOSSIPING WHISPERING	Social Isolation and Stigmatization	Blame and Stigmatization	"In my society, when you are raped as a child, you are losing space in your society ...I know other women who were expelled from their families because rebels raped them... Everyone is whispering behind your back	Testimony 1, Congo

BLAME SADNESS HELPLESSNESS CONFUSION SILENCE HIDDING SECRET DIRTY SECRET THEY LEFT ME HE LEFT ME NO SUPPORT NOBODY LISTENING NOBODY SUPPORTING NOBODY UNDERSTAND	about shame and signs, and people believe the others..." - Testimony 1: Congo	
	"Your neighbours begin to avoid you now as word gets out ...Villagers are whispering behind your back, saying that everything that happened to you is a sign of bad luck." - Testimony 2: Congo	Testimony 2, Congo
	"People said that I was dirty and that was bad luck for him." - Testimony 3: Congo	Testimony 3, Congo
	"Fears being blamed or shamed by others for what happened to her and her daughters." - Testimony 4: Congo	Testimony 4: Congo
	"People know about what happened to me... people are whispering and blaming me." - Testimony 5: Congo	Testimony 5, Congo
	"(Nobody was there to help us)." - Testimony 6: Congo	Testimony 6, Congo
	"People were talking, but I do not care about them. " - Testimony 8: Kosovo War	Testimony 8: Kosovo War
	"Hearing rumours and whispers about what happened to my family. " - Testimony 10: Kosovo War	Testimony 10: Kosovo War
	"My family and community were saying that I was raped because I did not respect myself." - Testimony 11: Kosovo War	Testimony 11, Kosovo War

		"I am fascinated by how people who encounter war-rape victims are almost instinctively trying to assign blame to survivors... To blame survivors for one's own discomfort is wrong and keeps rape alive. " - Testimony 16: Rwanda Genocide Survivor	Testimony 16 Rwanda Genocide Survivor
	Impact on Relationships and Social Support	"Often when you are raped, your husband leaves you, your family stops interacting with you. You are alone." - Testimony 1: Congo	Testimony 1, Congo
		"Your neighbours begin to avoid you now as word gets out." - Testimony 2: Congo	Testimony 2, Congo
		"Relies on her brother's household for shelter and struggles to find support from her family." - Testimony 3: Congo	Testimony 3, Congo
		"It was a lot to do. I was not seeking help; I never talked to my mother or anyone." - Testimony 8: Kosovo War	Testimony 8: Kosovo War
		"I was afraid my husband would leave me." - Testimony 9: Kosovo War	Testimony 9: Kosovo War
		"Feelings of abandonment and lack of support from others" (Testimony 10: Kosovo War)	Testimony 10: Kosovo War
		"I found myself utterly alone, with no support to lean on, no voice to speak for me, condemned to suffer in	Testimony 11: Kosovo War

		silence." - Testimony 11: Kosovo War	
		"The negative perceptions of society and the difficulty in getting suitable medical treatment in a poor country like Kosovo have driven several of these rape victims to suicide." - Testimony 14: Kosovo war	Testimony 14: Kosovo war
		"I was lucky I never asked for help, but my life after rape was hell." - Testimony 24: Bosnia war 1992-1993	Testimony 24 Bosnia War 1992-1993
		"You cannot remove the memory of rape war, you will be remembered forever. Somewhat you can live with that but never forget." - Testimony 25: Bosnia war 1992-1993	Testimony 25 Bosnia War 1992-1993
	Psychological Trauma and Coping Mechanisms	"People are my biggest problem... Everyone is whispering behind your back about shame and signs..." - Testimony 1: Congo	Testimony 1, Congo
		"Shame and guilt consumed me... casting me as the architect of my own suffering." ...."Fear and shame forced me into a suffocating silence, compelling me to bury the truth deep within." - Testimony 11: Kosovo War	Testimony 11: Kosovo War
		"I still feel dirty and ashamed... I feel so vulnerable when I share my	Testimony 15: Kosovo War

	story with others." - Testimony 15: Kosovo War	
	"I did not recall much else for the following days... I lost my life." - Testimony 2: Congo	Testimony 2, Congo
	"I was going around our area to the bush for food. That is risky, but everything here is risky when you are a woman." - Testimony 3: Congo	Testimony 3, Congo
	"Nobody helps us, but that is normal here." - Testimony 4: Congo	Testimony 4: Congo
	"I feel sorry for myself." - Testimony 12: Kosovo war	Testimony 12: Kosovo war
	"I still feel dirty and ashamed... I am being judged as a mother and as a woman." - Testimony 15: Kosovo war	Testimony 15: Kosovo war
	"I survived, and my oldest sister was in Burundi at school. I never spoke of that." - Testimony 22: Rwanda Genocide	Testimony 22 Rwanda Genocide
Pursuit for Justice and Change	"I will change their minds about survivors... I will change that." - Testimony 1: Congo	Testimony 1, Congo
	"Why shouldn't I bring all of us story? Let all the victims speak up about what the Serbs did to our Albanian sisters." - Testimony 10: Kosovo	Testimony 10, Kosovo War
	"To blame survivors for one's own discomfort is wrong and keeps rape alive." -	Testimony 16 Rwanda Genocide Survivor

			Testimony 16: Rwanda Genocide Survivor	
		Inter-generational Impact and Legacy	"I will change their minds about survivors... I will change that." - Testimony 1: Congo	
		Physical Health Consequences	"I realized I was pregnant, and a few months later, I delivered my daughter." .... I have another child after the rape; that is my son ... I have HIV. I had a fistula after the rape in the field; now it is better." - Testimony 1: Congo	Testimony 1 (Congo)
PREGNANCY AFTER RAPE FISTULA PAIN BLOOD HIV AIDS ILLNESSES TRAUMA PTSD DEPRESSION SADNESS I WANT TO DIE SUICIDE	Health Challenges in Post-War Scenarios		"After some time, I realized that I was pregnant after rape." - Testimony 4: Congo	Testimony 4 (Congo)
			"I often feel abdominal pain. I was lucky not to get pregnant, but something was still not right. "They are saying that I need surgery, but we cannot afford it... My mother said that I had a fistula." - Testimony 5: Congo	Testimony 5 (Congo)
			"I got very exhausted, I started losing weight, and I did not have enough milk for the baby." - Testimony 5: Congo	Testimony 5 (Congo)
			"My healing after rape has not finished... I am still HIV positive... I am still trying to find my way to navigate my health." - Testimony 20: Rwanda Genocide Survivor	Testimony 20 (Rwanda Genocide Survivor)

		"I got sick." - Testimony 8: Kosovo War	Testimony 8 (Kosovo War)
		"I was sick for a long time; I was numbed." - Testimony 9: Kosovo War	Testimony 9 (Kosovo War)
		"I would eventually proceed with surgery because of my breast cancer and cancer to my woman's parts" - Testimony 15: Kosovo war	Testimony 15 (Kosovo war)
		"I have HIV and other illnesses, and I have a trauma of being alone." - Testimony 19: Rwanda Genocide Survivor	Testimony 19 (Rwanda Genocide Survivor)
		"This brought pain, loss of memory, shame, blame, guilt." - Testimony 20: Rwanda Genocide Survivor	Testimony 20 (Rwanda Genocide Survivor)
		"My body after rape never recovered." - Testimony 23: Bosnia war 1992-1995	Testimony 23 (Bosnia war 1992-1995)
		"I was cold and absent." - Testimony 24: Bosnia war 1992-1995	Testimony 24 (Bosnia war 1992-1995)
	Mental Health Trauma (PTSD)	"The trauma inflicted upon me left scars that run deeper than any physical wound, plunging me into the abyss of PTSD and depression." - Testimony 11: Kosovo War	Testimony 11 (Kosovo War)
		"Sometimes, I wish I were dead." - Testimony 12: Kosovo War	Testimony 12 (Kosovo War)
		"My husband still has some consequences, some headaches, and nervousness." - Testimony 13: Kosovo War	Testimony 13 (Kosovo War)

	"Sometimes you are struggling to find some light to believe that everything will be all right..." - Testimony 15: Kosovo war	Testimony 15 (Kosovo war)
	"When I shared my experiences with my first therapist, she exclaimed, … You can traumatize others by sharing your story." - Testimony 15: Rwanda Genocide Survivor	Testimony 15 (Rwanda Genocide Survivor)
	"I survived the genocide, but sometimes I wish I were dead... I have insomnia, I am crying a lot." - Testimony 17: Rwanda Genocide Survivor	Testimony 17 (Rwanda Genocide Survivor)
	"After the genocide, I did not laugh; I did not talk..." - Testimony 18: Rwanda Genocide Survivor	Testimony 18 (Rwanda Genocide Survivor)
	"I have tried to commit suicide twice... I am HIV positive and find it difficult to accept my circumstances." - Testimony 16: Rwanda Genocide Survivor	Testimony 16 (Rwanda Genocide Survivor)
	"My healing after rape has not finished... I was doing different therapies after many years.... I have a trauma of being alone." - Testimony 19: Rwanda Genocide Survivor	Testimony 19 (Rwanda Genocide Survivor)
	"I am a dead person with shame and blame inside" - Testimony 20: Rwanda Genocide Survivor	Testimony 20 (Rwanda Genocide Survivor)

		"I froze for a long time. I was like a robot… This word was dirty and shameful… Sometimes when people delivered children after rape, it was a problem." - Testimony 22: Bosnia war 1992-1995	Testimony 22 (Bosnia War 1992-1995)
		"I cannot work as usual, and I cannot move forward. I am coming back to the past, I am having insomnia, I am crying a lot, and I cannot think about my family" - Testimony 20: Rwanda Genocide Survivor.	Testimony 20 (Rwanda Genocide Survivor)
	Barriers to Healthcare Access	"I never went to the doctor with myself or my daughters. I could not afford this." - Testimony 4: Congo.	Testimony 4 (Congo)
		"I was numbed... I did not have enough milk for the baby... I needed to get some treatment, but at that time, we did not have good living conditions." - Testimony 9: Kosovo War.	Testimony 9 (Kosovo War)
		"I am still trying to find a way to navigate my health... I still hate that I was raped." - Testimony 19: Rwanda Genocide Survivor.	Testimony 19 (Rwanda Genocide Survivor)
		"In my culture, during this time, nobody spoke about rape... Sometimes when people delivered children after rape, it was a problem."- Testimony 22: Bosnia War 1992-1995	Testimony 22 (Bosnia War 1992-1995)

	Long-term Health Implications	"This condition lasted for several years, even after the war ended." - Testimony 10