

Podcast Transcript:**Trauma transmission from survivors of sexual violence to the younger generations**

Dafina Haliti: Hello everyone. In the newest episode of Kosovo 2.0's Podcasts, today we will talk about one of the most important issues regarding the consequences of the war that continues to be a very relevant topic, even today. That is, post-traumatic stress disorder in survivors of wartime violence and how exposure to such trauma can have long-term effects on future generations.

This is one of the topics that best portrays how the effects of traumatic events and especially war is so shocking that often stays there forever even if in a softened form, affecting the lives of those around. The Kosovo Center for the Rehabilitation of Torture Victims, KRCT, a leading organization in protecting and promoting the rights of survivors of sexual violence during the war in Kosovo, is trying to include intergenerational trauma, the transfer of trauma from one generation to the next, in public discussion.

KRCT has published, in collaboration with the Danish Institute against Torture in Denmark [DIGNITY] and with the support of the Copenhagen University Hospital and the Monash University in Australia, a major epigenetic research on intergenerational trauma in Kosovo.

Today I have here Selvi Izeti, clinical psychologist at KRCT, with 20 years of experience in her work with survivors of sexual violence during the war. We will talk in more detail about post-traumatic stress disorder, KRCT research and intergenerational trauma.

Selvi Izeti: Thank you for having me.

Dafina Haliti: **Many evidences and studies on sexual violence during war, but also outside of this context, show that survivors of sexual violence are accompanied by long-term consequences of post-traumatic stress disorder, mainly known by the English acronym PTSD. Selvi, to begin we would like to know better what post-traumatic stress disorder is and how it is manifested?**

Selvi Izeti: So, experiencing a traumatic event; for example, a war as our society went through, or when the life of an individual is directly threatened, is witnessing the murder of someone or experiencing sexual violence or such things, that can cause a post-traumatic stress disorder.

What this means is that immediately after the traumatic event it is very normal for people to develop a marked anxiety and fear, avoiding the places where the event took place or thinking about it, having dreams about war... Flashbacks are one of the main symptoms, when certain events that directly endangered the life of the individual come as a live image.

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Such symptoms often occur within a period of three months after experiencing the traumatic event; this is known as acute stress. If after three months these continue and the person still recollects a traumatic event, avoids the place where it occurred, suffers deviations from thoughts, does not want to think about it, or has mood instability or flashbacks, then it is post-traumatic stress disorder.

Post-traumatic stress disorder does not develop in all persons who have experienced trauma, by no means. It depends on how often they were exposed to a traumatic event, but it is also important to note that it depends on the individual's own coping skills. It also depends on the people supporting them, such as family, society, but also their own ability to ask for help.

If we talk about victims of sexual violence in contrast to all other experiences that can be traumatic, here the PTSD, in addition to all the other symptoms it has, is accompanied by a sense of shame. This somehow isolates these individuals and their self-isolation becomes their behavioral role model, which they find difficult to abandon. Then they start avoiding public gatherings or meeting with people; they close themselves off.

Precisely because they are closed on themselves, they do not seek help. For that reason PTSD is very common in victims of sexual violence. There are even studies showing that these are some of the most traumatic events associated with PTSD. Among persons who experienced sexual violence, around 50% of them can develop PTSD, often associated with depression, anxiety as well as other psychological disorders.

Dafina Haliti: In fact, if we talk about the context of Kosovo, you have witnessed yourself that for many years that stigma accompanied the survivors of sexual violence during the war. A stigma that often came from the family itself, but also from the society and even the state. In fact, we have only started to talk more about it and show support to survivors of sexual violence, as a society as well as institutionally, in recent years. Has this stigmatization led to this very high level and rate of PTSD among survivors of sexual violence during the war?

Selvi Izeti: What you are saying is true. In fact, the organization I work with, the Kosovo Center for Rehabilitation of Torture Victims has worked since 1999 with people who have had various traumatic experiences. They have had relatives murdered, have been directly and indirectly exposed to various tortures, have had relatives missing and when they come to the organization, all these people have no problem talking about their traumatic experiences. They have no problem sharing the experience with people close to them, even in the park, they can talk about it and very often their traumatic experience is very easily treated. Their trauma is more easily processed; naturally, they often do not need to be treated by a professional.

However, when we talk about victims of sexual violence this is a completely different experience. As I pointed out earlier, they generally live an isolated life and do not seek help to avoid being stigmatized. When talking about stigma, it exists in three forms. Self-stigma, family

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stigma and social stigma. There are many cases I work with in which no one is aware that the person has experienced sexual violence.

It was an individual act and maybe the sexual violence took place without anyone else present, yet the stigma itself is there, "if I come out, others will see me and know what I have experienced." This causes them to close themselves off, self-stigmatize and then never talk about it.

On the other hand, during our work we have noticed that family stigma is very common. As I said before, sexual violence is accompanied by shame, especially since in Kosovar society sexuality is very much associated with honor. The moment a family member has experienced sexual violence, not only the individual feels dishonored, but it is considered that the whole family has also been dishonored.

That then isolates the family as a whole, not to mention the member who experienced sexual violence, who then becomes even more isolated. We had many cases where the family forced young girls at the age of 16 or 17 to marry much older people or widowers. In other cases, the family isolated them and did not allow them to ever leave the house. "Don't let it be known or for others to see what happened."

Not to mention the social stigma that we have witnessed until the years 2012-2013, until when institutions had not addressed even once sexual violence in Kosovo, almost like it did not happen at all.

Dafina Haliti: You mean that until those years sexual violence was not legally acknowledged?

Selvi Izeti: In fact, sexual violence has always been legally recognized but Kosovo, our state has not given any special importance to the issue. We have heard many times the number of 20,000 victims of sexual violence. We are witnesses of that and that this data has not been collected by non-governmental organizations, it was collected by international organizations that operated here during and after the war. And it was mainly collected through hospitals and various organizations that worked at that time in Albania, Kosovo or Montenegro. All of this means that we can assume that this figure is sound. However, from 2000 to 2012 - 2013, it was never important. I mean, in terms of public institutions; non-governmental organizations have always done discreet work with survivors.

Institutions, however, have not given it any importance but when women became part of the political sphere. Back then it was Vlora Çitaku, and then President Jahjaga came, only then they started to care about the issue of sexual violence. Since then, I think the survivors of sexual violence have started to ask for more help because they have started to feel more supported, not only from government organizations but also directly or indirectly from the country's institutions.

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Dafina Haliti: Can post-traumatic stress disorder be treated without talking to family members, if survivors of sexual violence cannot speak about it with close relatives? For example, can the trauma be processed only through psycho-social treatments received from organizations such as KRCT?

Selvi Izeti: Treating trauma can be done in different ways. But it would be much easier to process the trauma and overcome PTSD if the survivors had family support. Clearly, if someone in the family has developed a post-traumatic stress disorder or has symptoms of it, that affects not only the individual but the whole family. But then the support or lack thereof they receive from the family facilitates or complicates [overcoming] the PTSD.

Unfortunately, among the survivors of sexual violence, a large percentage of those who come to our organization continue to hide it from their families, because they are afraid of how they might react.

Those who are aware, even though they are aware, have some kind of unspoken pact of silence, "we both know what happened, but let's not talk about it." Survivors sometimes consider this to be somehow supporting, but in fact, psychologically it is not. They are constantly struggling with a disorder that has developed within them, without the chance of discussing it. "The inability to talk about what is happening to me and the impossibility of asking for help."

Even if they talk it with family members like, "I have concerns and should ask for help," relatives do not allow them to go to organizations that offer this help, out of a feel of stigma, like "if you go, how will others see you, everyone will find out, and then what will happen to us?"

What happens in these cases is that survivors often somatize it, that is, PTSD manifests on their body, sometimes producing numbness in hands and legs. There are cases when, for example, it is like that they are paralyzed and cannot even talk about it because of an acute stomach ache, which means that they put all the pain in the body to seek medical help.

It is true that these family members send them to the doctor to receive treatment, but that is not the right treatment. The source of the ache is somewhere else and not in the body. It is in the mind, manifested in the body.

So, the moment they come to the organization, with the support of the family, they undoubtedly have a great relief. For the first time they start to talk about what has happened and what is happening with their world. I am emphasizing it again, when there is family support, we work with the whole family, and this makes overcoming post-traumatic stress much faster. Even in those cases when the family does not know they are seeking help in the right place we can provide great relief and help to start processing their trauma.

Dafina Haliti: This also touches on a very important topic within the discussion of post-traumatic stress of sexual violence survivors, which is intergenerational trauma, in this case the transfer of post-traumatic stress from parents and family members to children. KRCT did great research, and you were one of the authors, about the

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connection between the mother's PTSD during pregnancy and the offspring's ADN. This is the first research of this kind in Kosovo, what are the main findings?

Selvi Izeti: It is true what you are saying Dafina. It is the first research that has been done in the epigenetic aspect of the transmission of trauma from one generation to the next in Kosovo. Although when we talk about trauma, this research is also a first with survivors of violence sexual, not only in Kosovo, but in the world.

That is the main thing. When we talk about the transmission of trauma from one generation to the next, various studies have been done, especially with Holocaust survivors. They have found that the trauma passed from one generation to the next, but these studies have mainly been in terms of modeling or identifying a certain behavior. For example, in accordance with psycho-dynamic theories or behavioral theories, behaviors can be replicated. Thus they expect that, if the mother often cries and is upset, the child would take that as a model and would cry constantly or feel upset.

Meanwhile, if we are talking about epigenetic studies, then this is something else, considering that the transmission of trauma from one generation to the next is not only a modeled behavior, but much deeper than that. The study that we did in 2018 included 120 survivors of sexual violence, i.e. 120 mothers and their youngest child were part of it.

All these children were born after the war; they are not the result of rape, they were born afterwards. So, first children were not part of the study, since more severe trauma has been reported in these. The purpose of taking the youngest child was to ascertain and eliminate environmental factors that could transmit the trauma.

For example, immediately after the war, there were other traumatic elements that older children could have been exposed to. We could not identify whether it is the transfer of trauma from mother to child or direct exposition to traumatic experiences. So we got the youngest child, who had the least exposure to the trauma. In this way we wanted to ascertain that if the youngest child presents signs of trauma, there is little doubt that also older children will have such symptoms.

Then, there were 118 children in the study. The results showed that mothers who had symptoms or had post-traumatic stress disorder during pregnancy had a very high level of cortisol, which is the main hormone that causes anxiety and stress and it is automatically transmitted to children.

About 15% of the participants had very high levels of cortisol from mothers with PTSD during pregnancy, while among children whose mothers had not developed post-traumatic stress disorder, only 3% had high levels of cortisol.

What this shows is that the stress hormone in survivors who had post-traumatic stress disorder during pregnancy is much higher. In general, the research showed that 30% of the children who took part in the study had either very high or very low cortisol levels, which is not good either

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way. They show a predisposition to develop post-traumatic stress disorder, depression, anxiety as well as other health disorders.

Besides the issue of cortisol, the study also identified epigenetic changes occurring on the surface of DNA. This would also indicate a high predisposition from these children with cortisol levels to subsequently develop major psychological disorders as well as other health problems.

This was actually the first phase we did in our research and we got this data. Now the idea was to explore what we could do with these changes we found.

After various discussions with researchers and clinical psychologists, we concluded that the best possible therapy that could be offered to mothers and children who participated in the research was family therapy. We considered that these changes on cortisol levels or epigenetic modifications could be alleviated working with parenting or communication styles and family therapy offered all of that. This is what we are now working on in the second phase.

Dafina Haliti: Does this mean that organizations have started intervening with family therapies?

Selvi Izeti: Exactly. We are now in a second phase where we are testing the issue of family therapy, to see if these changes can be reversed and if we find out that they can, then we can expand this model to stop the chain of trauma transmission from one generation to the next.

Dafina Haliti: After defining high-risk groups and if these treatments work, such a psycho-social approach can actually interrupt the trauma cycle for people with severe symptoms of post-traumatic stress disorder?

Selvi Izeti: We are actually trying to do that through family therapy, but we also still continue individual therapy with mothers and, if necessary, with children as well, depending on their age. I forgot to emphasize that: Only children from 6 months to 20 years old participated in the study.

In the second part of the research we have mainly children from the age of two or three to 15, because it was very difficult to convince children over 15 to be part of family therapy. There is still a stigma for addressing mental health or seeking help for the kind of emotional and psychological issues these children may have, so we have included children up to 15 years old.

But for them, besides family therapy, we offer specific individual psychotherapies that work directly in treating their trauma. We are now testing it but the preliminary studies show that these changes can be reversed and the transmission from one generation to the next can be prevented if adequate treatment is provided.

Dafina Haliti: Why should we talk more about intergenerational trauma, that trauma should not only be part of the organizations' discourse but also of the media, part of the political discourse, especially for a post-war society, such as the Kosovar?

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Selvi Izeti: It's true. Our organization has various seminars with certain communities where we aim simply to address the stigma and raise awareness and self-reflection about trauma, its consequences and the transmission of trauma from one generation to the next.

When we talk to students, or religious groups, that is, trying to involve all communities, and people become aware of how the trauma is expressed and what stigma the survivors face, they can relate to them, but then it comes the "thank goodness I'm not that person."

But when we talk about transmitting trauma from one generation to the next, that is something that touches us all. I'm not sure if you remember that many years ago, a few years in fact, was the "Me too" campaign, which was a great success all over the world but not so much in Kosovo, because I have the impression that it was not understood right.

The "Me too" campaign addressed exactly the issue of passing the trauma from one generation to another. I could have been affected as well, especially when dealing with a society such as that of Kosovo, where we are such a small number. Even if I have endured a trauma, if I marry someone else the individual will definitely be affected, meaning it goes from generation to generation.

So, we must talk about this and be aware. We need to be aware that trauma affects us all, but we also need to be aware of the fact that often people do not know where the source of the fear, anxiety, and various worries come from. Sometimes they cannot identify a source for them, not knowing where they come from; precisely in these cases the root may be in a trauma transmitted from one generation to the next.

The more we talk about it, the more the survivors of sexual violence feel accepted. The more the survivors of sexual violence feel accepted, the easier it is to seek help. The more they seek help, the more their trauma is rehabilitated and this is the first step to prevent the transmission to other generations.

Dafina Haliti: One of the biggest secrets of the war, and not just Kosovo's war, but in almost every war or armed conflict that occurs, is sexual violence against men. This conversation has remained almost limited except for some more special cases in the media or in some conferences and discussions. Usually, organizations that deal with this issue keep it within the organization. How does this affect, for example, when we talk about post-traumatic stress disorder for men that have experienced sexual violence or various forms of violence during the war?

Selvi Izeti: Post-traumatic stress remains post-traumatic stress. Even though people experience it in different forms because everyone experiences the trauma differently, the symptoms are nonetheless common. However, women or kids that are survivors of sexual violence, I have the impression that they feel more supported and feel more understood especially due to various campaigns in recent years.

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However, when talking about men and boys, this issue continues to remain hidden and silent. We have data suggesting there is a very large number of survivors, men and boys who have experienced sexual violence, mainly during the war when they were taken, held...

Dafina Haliti: Can you make any guess?

Selvi Izeti: Actually, I cannot give any number but I know that there were various improvised prisons where men were held arbitrarily, each holding some two to three hundred. It is assumed that each of them experienced sexual violence. However, the number of survivors who seek help in our organization or others that provide support in this regard is still very small. We are talking about a few dozens.

For example, in our organization there are 40 survivors of sexual violence; everyone who came was accompanied by someone else. But others find it very difficult to get the courage to come and talk. I have the impression that it is even more difficult for male survivors than women, to come and talk about the experience of sexual violence because it feels like their manship has been violated.

Like the women, men that find facing the stigma in their families very difficult. It may sound strange, but we have cases when a survivor of sexual violence tells his wife what happened to him and she abandons him immediately, as happened to women who their husbands, who also left them. Therefore, also men restrain themselves and do not speak.

But even if they speak, they often give it a different nuance. They do not talk directly about sexual violence but rather about the torture, because they find easier to talk about a torture they have been able to withstand than about sexual violence. I still think that a lot of work should be done for men and boys to feel free in seeking help and treatment. PTSD and the concerns that come associated with it affect equally both men and women, but also their families.

Dafina Haliti: Selvi, thank you very much for reserving your time today to talk about this very important topic.

Selvi Izeti: Thank you too! As for the topic, there are a lot of other things to be discussed, but let this be the first step forward.