Helping or harming?

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Helping or Harming? NGOs and Victims/-Survivors of Conflict-Related Sexual Violence in Bosnia-Herzegovina

Introduction

In the 1997 film 'First Do No Harm', which is based on a true story, the actress Meryl Streep plays Lori Reimuller, a mother of three whose youngest child, Robbie, starts to have daily convulsive seizures. Diagnosed with severe epilepsy, Robbie's health continues to deteriorate throughout the film. He is given various medications, starting with phenobarbital. They all have side effects – from behavioural problems and skin rashes to bleeding gums and constipation – and none of them control the seizures. As Robbie's prognosis appears increasingly bleak, his mother loses confidence in the doctors treating him, questioning whether they are doing him more harm than good. Through her own research, she comes across the ketogenic diet, which has been used for many years to treat drug-resistant epilepsy in children (Neal et al. 2008). Once Robbie starts the new high fat, low carbohydrate diet, he very quickly stops having seizures; and at the end of film, we are told that after remaining on the ketogenic diet for three years, he never had another seizure again (Abrahams 1997).

What the film powerfully highlights is that the line between helping and harming can be extremely thin. This point has long been recognized within the field of international aid. In her seminal book *Do Not Harm*, Anderson (1999: 3) cautions that 'in some cases aid has done harm…' (see also Birsdall 2007; Wessells 2009). This article develops that argument in a new direction. In 2014 and 2015, I spent a year in Bosnia-Herzegovina (BiH), working with men and women who had suffered conflict-related sexual violence, including rape, forced pregnancy and genital torture. This fieldwork afforded significant opportunities to interact with a number of different non-governmental organizations (NGOs), and in particular women's NGOs that seek to aid victims/-survivors[1] of wartime sexual violence. Some of

these organizations were not co-operative. They insisted that women who were raped during the 1992-1995 Bosnian war (men have been routinely overlooked) have already had to tell their stories too many times. There was also a common belief within the organizations that many 'story seekers' have done harm; they have made empty promises, they have asked insensitive questions, they have cared only about themselves and their own careers. Conversations with these NGOs were often difficult, and one of the most challenging parts of the fieldwork was the frequent feeling of being (pre)judged (Clark 2017a).

In a recently published book, McMahon (2017: 2) points out that 'Scholars and policymakers tend to accept and even celebrate NGO involvement in post-conflict countries, but rarely do they examine what these associations do or their impact on everyday life'. Whilst I fully acknowledge the valuable work that many women's NGOs in BiH are doing, my experience in the field has also led me to adopt a more critical stance. Having recently returned to BiH for an extended period of fieldwork, in this article I ask whether some of the NGOs that have readily accused researchers of doing harm may themselves – unwittingly and despite their good intentions – be doing harm to victims/-survivors of conflict-related sexual violence by over-focusing on trauma and victimhood. In Simić's (2012: 132) words, 'imagining, positioning and constructing women in war as nothing but victims can be harmful to these same women'. In developing this argument, the article's aim is not to unjustly criticize NGOs. Nor is it to trivialize the challenges that victims/-survivors face. Rather, the objective is to demonstrate that an over-use of trauma rhetoric can be counter-productive (see, for example, Summerfield 1999; Fassin and Rechtman 2009; Pupavac 2004).

Trauma can be likened to a smashed vase (Joseph 2012). If people simply try to put the vase back together again, their lives will remain vulnerable and fractured. However, 'those who accept the breakage and build themselves anew become more resilient and open to new ways of living' (Joseph 2012). In BiH, and indeed in the more general context of conflict-

related sexual violence, there is relatively little recognition and acknowledgement of victims/-survivors who accept the breakage, highlighting the fact that trauma can be a highly occlusive discourse. What this research ultimately demonstrates is the imperative need for a fresh new discourse, focused around the core concept of resilience.

The article is divided into three core sections. The first section provides some background information about the Bosnian war and an overview of the NGO sector. It also emphasizes how donor priorities can constrain the work of local NGOs – and the impact of this. The second section explores some of the problems that can result when NGOs focus heavily on trauma. Specifically, it argues that trauma discourse can be disempowering, essentializing and collectivizing. Advocating a shift away from trauma rhetoric and towards resilience, the final section calls for NGOs to adopt a more ecological approach in their work by giving attention to families and communities rather than just individuals. It underlines that the families and communities of victims/-survivors constitute potential resilience resources that should be developed and harnessed. The article draws on my previous work with victims/-survivors of conflict-related sexual violence in BiH[2] (see Clark 2017b) and my ongoing research; this is being undertaken as part of a larger comparative project (focused on BiH, Colombia and Uganda) about resilience in victims/-survivors of conflict-related sexual violence.[3]

Setting the scene

BiH was formerly one of the six republics that constituted the Socialist Federal Republic of Yugoslavia (SRFY). After Slovenia and Croatia – the two most northerly republics – declared independence from the SFRY in 1991, BiH subsequently followed suit in March 1992. However, Bosnian Serbs – who constituted the second largest ethnic group[4] – did not wish to

live in an independent BiH. This opposition, combined with rising nationalism and competing political visions, propelled the country into a bloody war that lasted for three years. The conflict initially pitted the Bosnian army (ABiH) and Bosnian Croat forces (HVO) against the Bosnian Serb army (VRS), but a new front in the conflict subsequently opened up as the ABiH and HVO turned on each other (Shrader 2003). A United States-brokered peace agreement in late 1995 brought the conflict to an end – or rather froze it (Perry 2009: 36). Over 100,000 people were killed during the Bosnian war (Džidić 2013), an estimated 30,000 people went missing (Ristić 2016) and large-scale acts of sexual violence took place (Bassiouni and McCormick 1996).

The war, and in particular the widespread use of sexual violence, led to the emergence of numerous women's organizations in BiH. According to McMahon (2017: 108), 'By the end of the 1990s, the proliferation of women's groups was palpable, with almost three hundred Bosnian women's organizations registered…'. Today, these organizations (those that still exist) address a broad range of issues, from women's economic empowerment and gender-based violence to women's rights and education; and some of them particularly focus on women who suffered conflict-related sexual violence. Their existence partly reflects the influence of international donors and support for the idea – anchored in United Nations (UN) Security Council Resolution 1325[5] – that women have a crucial role to play in peace-building (McMahon 2017: 108). One of the problems, however, is that donor agendas can constrain the freedom and creativity of local NGOs (Crawford 2017: 27). Bieber (2002: 28), for example, maintains that 'Frequently, NGOs are de-facto "commissioned" to carry out the Western donors' policy priorities and have little room to develop their own priorities, being largely reduced to "service provision"'.

While this 'palliative' service provision (Banks et al. 2015: 708) is of course important, it is primarily backward-looking due to the focus on trauma and victimhood. In the absence

of broader transformative and systemic change, moreover, it is also necessarily limited. Commenting on the work of the Acid Survivors Foundation (ASF) in Bangladesh, for example, and expressing concern that female survivors of acid attacks are 'increasingly being treated as "clients"' to be slotted into the organization's programmes, Chowdhury (2007: 869) underlines that 'In the absence of real choices, women are actively incorporated into service positions that do very little to disrupt global, national, and local systems of hierarchies based on gender, class, race, and nationality'. Transformative change, however, is far less easy to 'sell' to donors, who are more interested in measurable results and numbers (Freedman 2014: 128; Banks et al. 2015: 712). Additionally, the competition that inevitably exists between NGOs vying for limited funding means that there is arguably little incentive for them to innovate and move in a significantly new direction once they have carved out a niche for themselves within a particular field. Highlighting this point, Carpenter (2011: 74) comments that 'Organizations that have branded themselves within a particular issue area are likelier to attract further funding for projects in that issue area, leading to greater expertise and exposure'.

All of the above, combined with the fact that it is women's organizations that have assumed the main role of aiding victims/-survivors of sexual violence in BiH, means that men who suffered various forms of sexual violence during the Bosnian war – including rape, genital beatings and forced sexual acts on other men or family members (see, for example, Clark 2017c) – have been routinely overlooked. At the international level, similarly, male victims/-survivors of conflict-related sexual violence have long been neglected. Only in 2013, for example, did the UN Security Council – in Resolution 2106 – officially acknowledge, albeit somewhat perfunctorily, that conflict-related sexual violence also affects men and boys.[6] While more scholars are now writing about the issue (see, for example, Sivakumaran 2007; Apperley 2015; Edström and Dolan 2018; Schulz 2018), it is also the case that

'…policy discourses and practices in international organizations continue to operationalise sexual violence as male-on-female…and portray male rape as aberrational' (Zalewski et al. 2018: 2). It is therefore unsurprising if few international donors are interested in funding projects to support male victims/-survivors of sexual violence.[7] In BiH, moreover, the vulnerability of male bodies does not sit comfortably with a meta script that specifically casts women as '(passive) victims and symbols of their ethnic group's victimization through rapes, ethnic cleansing, and massacres during the war' (Helms 2003: 27). Accordingly, there is little incentive for local NGOs to write funding proposals focused on men who suffered conflict-related sexual violence.

If these men have been frequently overlooked, the same is *potentially* true of victims/-survivors from the LGBT (lesbian, gay, bisexual, transsexual) community in BiH. I stress the word 'potentially' because during my fieldwork in BiH, I have not come across any cases of wartime sexual violence against members of the LGBT community.[8] The Executive Director of the Sarajevo Open Centre, which is the principal LGBT organization in BiH, confirmed that she is not aware of any such cases (personal correspondence, 22 August 2018); and according to a personal contact (a psychotherapist) who has worked extensively with female victims/-survivors of conflict-related sexual violence in BiH (and Croatia), none of the 150 cases of sexual violence that she dealt with at the Women's Therapy Centre Medica Zenica involved LGBT people. She also emphasized, however, that during the wars in the former Yugoslavia, it was very rare for people to publicly identify themselves as LGBT (personal correspondence, 21 August 2018).

Even today, more than 20 years on, there is serious discrimination against members of the LGBT commuity. According to US Aid (2018), for example, 'In Bosnia and Herzegovina (BiH), the lesbian, gay, bisexual, transgender and intersex (LGBTI) community continues to be a marginalized and nearly invisible group. Prejudice exists in both private and public

spheres'. The fact, therefore, that there are no reported cases of wartime sexual violence against LGBT people does not necessarily mean that such cases do not exist. The broader issue is that if some members of the LGBT community (regardless of whether or not they openly identified as such during the 1990s) did suffer sexual violence during the war, they are not being encouraged – by the government, state organizations or the main NGOs that work with victims/-survivors of sexual violence – to come forward as people who experienced sexual violence *and* who are also LGBT. Durkalić (2015: 65-66), for example, notes that LGBT women 'hide their sexual orientation and gender identity from the medical professionals from fear of discrimination and unprofessional responses'.

In international law, not all victims are legally recognized as such. There are necessarily parameters, and these legal parameters 'give the pyramid of juridified victimhood its shape' (Kendall and Nouwen 2013: 241). In BiH, a combination of factors – including donor priorities, political interests and NGO projects – have similarly contributed to creating pyramids of victimhood. Berry (2017: 842) describes how, in order to secure funding, organizations have 'competed in "oppression Olympics" by claiming that the people they served were *more* victimized or *more* oppressed than others'. If 'raped women' (and in particular Bosniak women) occupy a position at the top of the victim hierarchy, a key factor in this regard has been the recurrent and persistent emphasis – particularly within the NGO sector – on the thematic of rape trauma (Burgess and Holmstrom 1974). This article's central thesis is that there has too much focus on trauma.

Based on her research in Liberia and work with an NGO which she calls Healthworkers International (HI), Abramowitz discusses 'Open Mole'. This is characterized by a soft area on the top of the skull, but is 'increasingly regarded as short-hand for PTSD [post-traumatic stress disorder]' (Anyadike 2010). Abramowitz (2010: 368) notes that:

> …as HI has engaged with the illness category of Open Mole, the meaning of open mole has undergone a gradual shift among the populations receiving HI medical and Psych Team services…Open Mole has come to be understood at HI as a symbol of long-term suffering that is the consequence of war-related hardships, deaths, losses. In a process of overdetermined causal associations, HI patients link their complaints of Open Mole to the deaths of husbands and children, family conflict, stunted life chances and deaths and illnesses of sisters and wives...

If the boundaries of Open Mole have thus become stretched, the same point can be made about trauma discourse in BiH. Particularly in relation to sexual violence, 'trauma' has become a catch-all term that is so widely used that it has arguably lost some of its utility and meaning. Building on this, the next section seeks to demonstrate that an over-emphasis on trauma is not only problematic, but also has the potential to do harm.

Thinking critically about trauma discourse

Several years ago, I was sitting on a crowded bus on my way home. I suddenly noticed the man in front of me. I noticed his hands. They were large and hairy, gripping the seat in front of him. In that moment, I went back in time, to an event that I had long suppressed. I was now seeing someone else's hands; hands that had left a lasting imprint, hands that I will never forget. I therefore think of trauma as an intruder; 'bits of memory, flashing like clipped pieces of film held to the light, appear unbidden and in surprising ways, as if possessed of a life independent of will or consciousness' (Culbertson 1995: 169).

Trauma may intrude for brief periods every now and again, or it may assume a more persistent presence (Whitbeck et al. 2004: 120). For some people, it can be highly debilitating and have profound effects on their everyday lives. As Hunter (2015: xiv) notes, 'The costs of trauma have an impact on nearly every aspect of being human. Trauma impairs a person's ability to act effectively in the world, authentically relate to fellow human beings, or even

feel safe in one's skin'. It can fundamentally change people's lives and how they make sense of the world around them, leaving them feeling exposed and vulnerable. To cite Hutchison (2010: 67-68), 'Commonly held assumptions and meanings that have, over the course of our lives, come to define us are stripped away with trauma'.

The purpose of this section, therefore, is not to dispute the reality of trauma or to minimize the seriousness of its possible effects. There is, however, a delicate balance to be achieved between, on one hand, over-emphasizing trauma and, on the other hand, downplaying it. In their work with refugee populations, for example, Steel et al. (2002: 1056) have argued that from a human rights angle, 'an exaggeration of the mental health effects of trauma will risk medicalising, and potentially stigmatising, survivors'. At the other end of the spectrum, 'an underestimation of the mental health consequences of mass trauma might lead to neglect of the legitimate care needs of some survivors' (Steel et al. 2002: 1056). Problematizing what it sees as an uncritical and writ large use of trauma discourse, this section presents and develops three particular critiques.

Trauma as a disempowering discourse

At the start of the Bosnian war, when she was just 14 years old, Selma (not her real name) was taken to one of the many camps that were established in BiH. Serious human rights abuses, including beatings, acts of torture and sexual violence, were the norm in these camps (Campbell 2002; Askin 2003). Selma suffered multiple rapes over a period of many months. Today, she is married and has three children. She recently set up her own NGO as a way of bringing together women in her town (not just those who suffered sexual violence) who are fighting to make a better life for themselves and their families. She deeply resents the way that NGOs frequently speak about victims/-survivors of sexual violence as if they are all

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'traumatized, fragile and miserable'. She also expressed anger and frustration that some NGOs purport to speak on behalf of women like her and decide when it is appropriate for them to tell their stories – and to whom (author interview, 12 November 2014 and subsequent personal correspondence, 9 December 2017).

When I contacted one NGO in October 2014 and explained what I was doing, I was curtly informed that the organization would not facilitate my research in any way as 'raped women' need to be protected from retraumatization. When I subsequently – through another interviewee – had the opportunity to speak to a woman who had received help from this particular organization, she stressed that while she has grown tired of telling her story and giving statements, sometimes it is nevertheless helpful for her to talk and to feel that she is being listened to (author interview, 5 February 2015).

What these examples show is that however well intentioned, efforts to *protect* 'traumatized women' from further harm are not always beneficial (Wood 2005: 4).[9] Some NGOs have arguably taken their legitimate gate-keeping role too far (Clark 2017a), and this 'usurpatory ventriloquism' – to coin Bourdieu's term (1990: 211) – offers a poignant illustration of how the use of trauma discourse can contribute to disempowering victims/-survivors. To further develop this argument, Dawson (2017: 86) comments on the 'inherent pathologising of the subject as traumatised under the impact of a determining external event, which has been selected and interpreted as such by cultural analysts trained in deciphering its unspeakable effects'. When NGOs have repeatedly told me that 'raped women' are highly traumatized, they are thereby elevating rape as the 'determining external event'. Yet, this has arguably 'stripped women of agency' in deciphering how they define and identify themselves (Berry 2017: 841).

This emphasis on rape trauma also risks minimizing other forms of violence and trauma that women might have experienced. Tabiha, for example, was detained in the

notorious Omarska camp in north-west BiH (Vulliamy 1992) and raped. She also lost her

eldest son, who was killed by Serb forces. Berry (2017: 842) notes apropos of Tabiha that:

> In her mind, her own experiences pale in comparison to the pain she feels about her son's murder. And yet, many journalists and NGOs with whom she has interacted over the years have been primarily interested in her experiences at Omarska, imposing on her the identity of "rape victim".

As part of my ongoing research on resilience among victims/-survivors of conflict-related

sexual violence, in January and February 2018 my assistants and I piloted a questionnaire in

five different locations in BiH. Ten women and one man participated in this piloting

process.[10] One section of the questionnaire (Traumatic Events Checklist) asks respondents

about their past traumatic experiences and requires them to state which of these experiences

was the most traumatic. The results are below in table 1. It is interesting to note that only

three (female) respondents selected sexual violence as their most traumatic experience, and

one (female) respondent selected both sexual violence and an unrelated domestic incident. A

fifth (female) respondent said that being forced to witness sexual violence was one of her two

most traumatic experiences.[11]

Respondent	Most traumatic experience
1 (female, Bosniak)	Sexual violence
2 (female, Bosniak)	Having a family member, relative or friend wounded or killed
3 (female, Bosniak)	Sexual violence
4 (female, Bosniak)	Sexual violence + other (domestic incident involving husband and daughter)
5 (female, Bosniak)	Other (having daughter taken away by a soldier)
6 (female, Bosniak)	Other (walking over dead bodies)
7 (female, Croat)	Sexual violence
8 (female, Bosniak)	Being forced to witness sexual violence + seeing someone being beaten, tortured, shot or killed
9 (female, Serb)	Other (abduction of a child)
10 (female, Serb)	Being forcibly held against one's will

| 11 (male, Bosniak) | Having a family member, relative or friend wounded or killed |

Table 1: Most traumatic experience, pilot results from BiH

The project has now moved into its post-pilot phase and the questionnaire is currently being applied in BiH, Colombia and Uganda. In BiH, where over 80 questionnaires have so far been completed, the results show that in comparison to the pilot data, more respondents are identifying sexual violence as their most traumatic experience, although the dataset is not yet complete. What is important to underline, however, is that an over-emphasis on rape trauma can have the effect of eclipsing other conflict-related events that individuals may have directly or vicariously suffered. This, in turn, can constrain the stories that victims/-survivors tell; they are effectively provided with a heuristic framework in which to recount what has happened to them and how they are feeling. Consequently, they may express themselves in language that decontextualizes their experiences and is not their 'own' (Gilligan 2006: 333). As one illustration, Hamber (2016: 4) observes that:

> PTSD and the word "trauma" have become shorthand that tells us little about the context of violence, its cultural specificities, and how dealing with violence is linked with the socio-economic, political and cultural context…"[T]rauma" has begun to change the language of suffering. Victims end up expressing themselves in medical language ("I am suffering from PTSD", "I am traumatised")...

When individuals are encouraged to think of themselves as traumatized, moreover, they may feel less able to cope. Many of the victims/-survivors with whom I have worked in BiH are taking anti-depressants, sleeping tablets and/or benzodiazepines such as Lexaurin. Some of them have acknowledged that they are dependent on these drugs – which are readily available – but do not know how to come off them.[12] Long-term use of these medications, combined

with the repeated emphasis within the NGO sector on trauma, can also make it more difficult for victims/-survivors to find meaning in their experiences (Lader 2012: 296).

Developing the concept of logotherapy, which is precisely about discovering meaning through suffering, Frankl (2004) posited a crucial linkage between meaning-making and coping.[13] Drawing on his own experiences of Nazi concentration camps, he underlined that 'There is nothing in the world, I venture to say, that would so effectively help one to survive even the worst conditions as the knowledge that there is a meaning in one's life' (Frankl 2004: 109). More recently, in her work on 'meaning-making coping', Park (2010: 259) has argued that an individual may revise his/her initial appraisal of an event's meaning, by giving it a more positive meaning (Park 2010: 261). This can facilitate coping strategies and post-traumatic growth (Tedeschi and Calhoun 2004). The fundamental point, to cite Edkins (2003: 40), is that 'Trauma is not experienced as such – as an experience – when it occurs…'.[14] Rather, it is an individual's reaction to the event and the meaning – if any – that s/he attaches to it that are crucially determinative of its impact (Gilligan 2006: 330; Ganzevoort 2008: 20; Dawson 2017: 84). It is essential, therefore, that individuals who have experienced trauma are given the space to potentially find meaning in their experiences (Frazier, Conlon and Glaser 2001: 1049).

What emerged during the piloting of the aforementioned questionnaire, for example, is that some of the research participants in Colombia had found meaning in their experiences – including sexual violence, forced displacement and kidnappings – by taking on new roles as social leaders and human rights defenders. One participant was the leader of a women's group and she was working with female prostitutes to give them an education. Smiling broadly, she explained that 15 women from the programme had graduated the previous year (questionnaire pilot, 23 February 2018). Another participant, who was raped by FARC (Revolutionary Armed Forces of Colombia) guerrillas when she was 11 years old, was the

head of an organization that was advocating for reparations for victims of the Colombian armed conflict. Like several of the 10 participants in Colombia, she had received death threats as a result of her work[15] and was part of a security protection scheme. Despite the dangers, she stressed that she will keep resisting and working to repair the social fabric (questionnaire pilot, 2 March 2018).

Trauma discourse, however, can potentially close – or at least narrow – the space for active meaning-making, which is further disempowering. In BiH, I recently met a woman, in her early 60s, who was raped in 1992. After completing a questionnaire, she explained – through her tears – that she visits a local NGO to get tablets to calm her nerves. After showing me a scar on her hand, she revealed that she also has a large scar on one of her breasts. This, she said, was a constant reminder of the rape which she desperately wants to forget (questionnaire, 3 September 2018). I wondered whether anyone had encouraged her to view her scar, and her body more generally, in a different way. The rape had left an indelible mark, both physically and mentally, but her scars were part of her life story. They evidenced what she had gone through, but also what she had *come through* and survived. As Ganzevoort (2008: 23) argues, 'Scars do not subtract meaning from our lives, but in fact add meaning to it'. In the context of a trauma narrative, this meaning is most likely to be a negative one. However, while contraction is part of the normal wound healing process, scars themselves do not need to only have a limited and contracted meaning. Quintessentially, 'Alternative narratives, such as looking beyond the trauma itself, invite individuals to incorporate meaning that includes things such as appreciation for care shown by others, their resiliency, and/or their Spirituality' (Vis and Boynton 2008: 81).

Trauma as an essentializing discourse

If trauma discourse can be disempowering, it can also entrench those who have suffered sexual violence in a perpetual victim role. According to one NGO leader who was herself raped during the Bosnian war, for example, '*Mi ćemo uvijek biti žrtve…*' ('We will always be victims…') (cited in Maksimović 2014). More recently, a Bosniak woman in Brčko District in north-east BiH told Amnesty International (2017: 49): 'We are victims and continue to be victims. Our suffering did not end with the war'. If the language of trauma contributes to the essentialization of victimhood as 'intrinsic and timeless' (Koven 2016: 20), it also thereby cultivates the idea that those who experienced sexual violence continually need help. This is the message that many Bosnian NGOs unfortunately convey, which, by extension, can lead victims/-survivors to repeatedly seek help.

As part of my current research, for example, 12 women in BiH took part in a focus group in October 2017. The purpose of the focus group was to explore their views about resilience and they were asked questions such as: 'How would you define/describe a person who has been able to overcome multiple adversities in his/her life?', and 'In your community/society, are people expected to deal with adversity in certain ways?' The women, however, overwhelmingly spoke about their own problems and need for help. One participant maintained that:

> They [the government] should sometimes provide us with coal, accommodation…We need financial assistance and that would make things easier for us. We should be given priority in housing and employment. We don't have anything for free, not electricity, not medicines, we have to pay for everything. They [the government] should enable us to get free medicines and doctors (focus group participant, 20 October 2017).

Another participant underlined that:

> Our problems are huge…We are neglected. We are not a priority. We are rarely supported, they [the government] rarely even discuss us…There should be more

discussions about us. They [the government] should take better care of us, both men and women as we are in the same situation. We don't have enough rights and recognition (focus group participant, 20 October 2017). [16]

All of the women in the focus group were in contact with at least one local NGO and were receiving ongoing support. Furthermore, almost all of them had successfully claimed civilian victim of war status[17] and were thus receiving a monthly social payment from the entity and cantonal government.[18] The prevailing opinion among them, however, was that they needed more help and support – and were entitled to it. If, as James (2004: 142) argues, '[t]he global discourse of trauma is quickly becoming a language of entitlement in neo-modern discourses of human security…' (see also Sykes 1992), it is striking that it is often the women who are in regular contact with NGOs who most pronouncedly invoke this language of entitlement.

What also emerged from the aforementioned focus group – and from my fieldwork in 2014-2015 – was the view that those who had suffered sexual violence should be given preferential treatment. Again, NGOs that work with victims/-survivors have themselves frequently promoted this idea. As one illustration, in October 2014 I attended an event in Sarajevo focused on the rights of 'civilian victims of war', and specifically (female) victims of sexual violence. All of the participants were women, the majority were from the NGO sector and only one of the women was an actual victim/-survivor of sexual violence. Despite this under-representation – a common trend at such events – the discussion primarily centred on the needs of *victims* (the term 'survivor' is rarely used), and there was a general consensus that rape victims should be given priority in relation to, inter alia, healthcare, employment and social housing. In a society where so many people suffered during the Bosnian war, however, and where many of the problems that victims/-survivors of sexual violence regularly articulate (such as lack of jobs, difficulties meeting everyday needs and economic insecurity) are common to the general population, the notion of systematically privileging

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one particular group is problematic. Not only does it risk reinforcing the 'otherness' of raped women (Gavey and Schmidt 2011: 450–451), but it also entrenches the aforementioned hierarchization of victimhood.

None of the above is intended to suggest that those who experienced wartime sexual violence do not need attention and support. What is at issue is the continual and counter-productive use of a 'help narrative' which necessarily foregrounds people's problems and the things they do not have. According to Wessells (2009: 848), this 'exclusive or excessive focus on deficits' – which he terms the 'deficits trap' – frequently 'enables or contributes directly to harm'. Part of an essentializing trauma discourse, there are three particular ways in which the 'deficits trap' can do harm to victims/-survivors.

Firstly, the emphasis on unmet needs, and the concomitant idea that 'raped women' require continued help, arguably incentivizes victimhood.[19] When individuals are encouraged to see themselves as needing help, and thus to embrace a victim identity, there is little impetus for them to draw on or to explore their own resources. As Berry (2017: 842) found during her own work in BiH, 'being incentivized to identify as a rape victim through the promise of services marginalized those who articulated their experience as one of survival…'. According to the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007: 4), even those who have been exposed to 'extremely stressful events/trauma' – including victims/-survivors of sexual violence – have resources that they can draw on to support psychological wellbeing. Yet, too often insufficient attention is being given to enabling victims/-survivors to recognize and utilize these resources, due to a focus on deficits. If this represents a 'common error in work on mental health and psychosocial well-being' (IASC 2007: 4), it is an error that can be widely observed in BiH. One way in which to potentially address this would be to shift the focus away from needs (and thus deficits) to opportunities. Emphasizing opportunities would

not only be a more forward-looking approach, but it would also contribute to broadening victim discourses in a way that acknowledges men and women who suffered sexual violence as 'both victims *and* as agents…' (Leisenling 2006: 327).

Secondly, and relatedly, the deficits trap can have a negative impact on people's mental states. Quintessentially, when NGO work focuses primarily or exclusively on deficits, and thereby encourages victims/-survivors to think and speak only about the problems and shortfalls in their lives, this can 'blunt the hopes of survivors at a moment when hope is desperately needed', thus leaving them jaded and despondent (Wessells 2009: 848). During my work with male and female victims/-survivors in BiH over the last four years, they have overwhelmingly focused on their problems and expressed feelings of hardship. These negative states of mind leave little scope for what Dawson (2017: 82) has termed 'transformation in subjectivities'.

Highlighting this point, I recently worked with a male victim/-survivor and at the end of the questionnaire, I asked him whether he felt optimistic about the future. Answering yes, he went on to elaborate that he has to be optimistic, but that he has no influence at all on whether the future will be better (questionnaire, 6 September 2018). A female respondent, similarly, confided that she feels that there are only bad things waiting for her (questionnaire, 5 September 2018). These expressions of resignation and lack of control over one's own life reinforce a highly passive notion of victimhood that potentially exacerbates reliance on psychotropic medications (Knežević 2017). They also demonstrate how Springer's (2011: 91) argument regarding the performative function of Orientalism – in the sense that it encourages individuals to act out a role that is expected of them – can be similarly applied to victimhood.

Thirdly, the deficits trap can foster cross-temporal causal explanations. When everyone is speaking only about the problems that victims/-survivors have and the 'deficits' in their lives, this can encourage these men and women to blame all of their present

difficulties on their past victimization. The past, in short, is experienced 'as a persistent and massive depository that sticks to the present' (Bevernage 2012: 4). Not only can this further propagate a culture of help-seeking, but it essentially frees victims/-survivors from any responsibility for the decisions that they have made – and make – in their lives (Bell 2010: 10). During the Bosnian war, for example, those who suffered sexual violence included children. One NGO leader has stressed that more than two decades on, these individuals 'have so many social, psychological and economic problems…because we're talking about women who went through torture when they were extremely young. None of them completed education, none of them were able to get a job, so their life passed totally marked by this traumatic event' (cited in Brkanić 2015; author's translation from Bosnian). It is highly reductionist, however, to distil these women's lives into a single defining event. Now in their late 30s/early 40s, women who were raped in the war as children have decision-making capabilities, and the decisions and choices that they have made – in addition to their war experiences – have impacted on and shaped their current lives.

Trauma as a collectivizing discourse

A third major problem with trauma discourse is that it easily becomes a collectivizing discourse that effectively homogenizes victims/-survivors and their diverse experiences. According to a recent report by Amnesty International (2017: 10), for example:

> Over 20,000 women and girls had been subjected to rape and other forms of sexual violence in nearly three years of the [Bosnian] war…In the vast majority of cases, these women were victims of multiple crimes under international law, including rape, enforced disappearances and arbitrary detention. Many of them witnessed the torture or killing of their family members. As a result, they suffered devastating and often lasting physical and psychological consequences that still affect their day-to-day lives.

Not only does the report paint an extremely bleak and depressing picture. Its strong trauma thematic conveys the idea that all women who were raped have the same problems, linked by the same trauma thread. Highlighting this, it claims that 'Lasting and often untreated trauma and the range of physical conditions caused by sexual violence have had a debilitating effect on these women' (Amnesty International 2017: 11). In her own work, similarly, the Bosnian writer Masha Durkalić (2015: 50) has underlined that women who survived wartime rape 'are unable to pursue intimate or emotional relationships because of their numerous traumas. They often leave their partners or the partners leave them, and the deep traumas difficult to overcome make them vulnerable and they easily become victims of domestic violence'.

Within the NGO sector in BiH, there is also a tendency to speak about 'raped women' as a collective group. During my fieldwork in BiH in 2014-2015, NGOs routinely used phrases such as 'Our women do not want to speak', 'These women are tired of telling their stories', 'Women are traumatized', 'They are sick'. These sweeping statements, which reiterate the problematic of disempowerment, critically neglect the diversity and individuality of victims/-survivors of sexual violence (Harvey 2007: 13; Hunt 2011: 26). It is precisely their common '*trauma portfolio*' (James 2004: 131) that allows these generalizations to be made, by compressing – or flattening – individual differences. This trauma portfolio foregrounds a victim identity; and when those who have suffered sexual violence are referred to simply as 'victims', they are thus transformed into 'a homogenous unity, like "the masses," "the general will," or "the people"' (Kendall and Nouwen 2013: 254).

It would be more useful to view victims/-survivors of conflict-related sexual violence as forming fuzzy sets. In fuzzy set theory, 'Constraints upon membership in a category are elastic. Instead of an object either belonging to, or not belonging to, a category…the object may be more or less a member of a category' (Laughlin 1993: 18). Some common examples of fuzzy categories include 'beautiful man', 'good person' and 'tall man' (Laughlin 1993:

18). To this list, it is argued, should be added victims/-survivors of sexual violence. Their diversity and heterogeneity necessarily renders the boundaries of the category 'fuzzy'.

Recognition of this fuzziness, by extension, has wider implications. In BiH, as in many societies, there is still social stigma attached to sexual violence. During my previous fieldwork, for example, some women expressed feeling marginalized and rejected, and some of them talked about experiencing verbal abuse from family members or neighbours (Clark 2017b). More recently, I visited the home of a research participant. When we got to the part of the questionnaire that asks about the impact of sexual violence, she immediately stood up and closed the internal door between the front door to her apartment and the lounge where we were sitting. Insisting that she could never face her neighbours again if they knew that she had been raped, she stressed that only the four walls of her apartment would hear us talk (questionnaire, 11 September 2018).

The problem of stigma is widely acknowledged within civil society. According to one NGO leader, for example, 'People who suffered rape are faced with stigma, they are afraid, shunned by the public' (cited in Džidić 2015). Despite this, there have been few efforts to tackle the issue.[20] The very existence of social stigma, however, underlines the reality that in post-conflict societies such as BiH, there are often many bridges to be rebuilt – and not only between former enemies. A strong emphasis on trauma, and the collectivization of victims/-survivors of sexual violence as a generic and traumatized group, can critically obstruct this bridge-building process. Accentuating this point, Hamber (2016: 14) notes that there is always the danger that 'victim groups become narrow interest groups in which their disconnection from society (their victimhood) is continually reinforced rather than overcome'.

Although 'trauma's star' may have been rising since the 1990s (Radstone 2007: 9), this rise has not been unproblematic. This section has identified and explored a number of

issues with trauma discourse, arguing that it can be disempowering, essentializing and collectivizing. Underscoring the need for a meta discursive shift within the field of conflict-related sexual violence, the final section foregrounds the concept of resilience. Specifically, some of the problems with trauma discourse that this section has discussed could potentially be addressed through a new emphasis on resilience. In the words of Panter-Brick and Leckman (2013: 333), 'A lens on resilience shifts the focus of attention – from efforts to appraise risk or vulnerability, towards concerted efforts to enhance strength or capability'.

New directions

Some authors insist that pain cannot be narrated. One explanation is that language is simply inadequate to capture and convey the depths of human pain, as a result of which this pain remains 'inexpressible and, therefore, unsharable' (Sparkes and Smith 2008: 682; see also Craig 2009: 26). If pain resists language, the extended version of this argument is that pain actively destroys language, thereby 'bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned…' (Scarry 1985: 4). For Arendt, however, the impossibility of narrating pain is not an issue of language, but rather, more elementally, of ontology. Pain is so specific to individuals that it is the 'most private and least communicable' of all human experiences (Arendt 1958: 50-51).

In BiH, discussions about pain have often taken a different direction. They have focused less on issues concerning the expression/communicability of pain, and more on the idea that victims/-survivors should not be repeatedly asked or required to recount their stories of pain and trauma. The juxtaposition of story-telling and re-traumatization, however, assumes that these women and men only have negative stories to tell. This assumption, in turn, can foster 'deficit story-telling' (Solórzano and Yosso 2002: 30) – the recounting of

stories in which something crucial is minimized or overlooked. As an example of deficit story-telling, Solórzano and Yosso (2002: 32) refer to 'majoritarian stories about the insignificance of race and the notion that racism is something in the past'. Trauma-centric work with victims/-survivors of sexual violence itself encourages deficit story-telling, precisely by neglecting the important thematic of resilience.

There is a rich and ever-growing body of scholarly literature addressing resilience (see, for example, Luthar et al. 2000; Ungar 2011; Bonanno 2014; Masten 2014; Panter-Brick 2014). Highlighting the popularity and elasticity of the term, it is used in disciplines as diverse as engineering, physics, environmental studies, genetics and psychology. Garrett (2016: 1910) underlines that '"Resilience" is, seemingly, the "go-to" concept for a heterogeneous scattering of authors and researchers'. At the same time, because it is '[d]erived from multiple epistemologies and traditions', the concept of resilience is inherently 'messy' (Ziervogel et al. 2017: 123) and difficult to pin down. It also has its fair share of detractors.

One of the principal criticisms of resilience is that it is part of a neo-liberal agenda aimed at encouraging individual responsibility. Joseph (2013: 51), for example, submits that 'Resilience is best understood in the context of rolling-out neoliberal governmentality'. For their part, Chandler and Reid (2016: 1) contend that 'Resilience is currently propounded by neoliberal agencies and institutions, especially, as the fundamental property that people and individuals worldwide must possess in order to become full and developed subjects'. An elemental part of this neo-liberal critique is that there is too much pressure on individuals to positively adapt to adversity, thereby relieving the State of its responsibility to intervene. According to Neocleous (2013: 5),

> Good subjects will "survive and thrive in any situation", they will "achieve balance" across the several insecure and part-time jobs they have, "overcome life's hurdles" such

as facing retirement without a pension to speak of, and just "bounce back" from whatever life throws, whether it be cuts to benefits, wage freezes or global economic meltdown.

These criticisms must, of course, be seriously. The purpose of this section, however, is not to idealize the concept of resilience, but simply to emphasize that within the field of conflict-related sexual violence, resilience offers a useful – and neglected – counter-weight to the heavy focus on trauma. The rationale for giving greater attention to resilience is primarily two-fold.

The first reason is that within the field of resilience, there has been a growing shift away from individual-focused definitions to more holistic definitions that emphasize the broader social ecology. Ungar (2013: 256), for example, argues that '…in situations of adversity, resilience is observed when individuals engage in behaviors that help them to navigate their way to the resources they need to flourish…'. The extent to which individuals are *able* to engage in these behaviours, however, depends upon the wider context. More specifically, 'The personal agency of individuals to navigate and negotiate for what they need is dependent upon the capacity and willingness of people's social ecologies to meet those needs' (Ungar 2013: 256). In a similar vein, Windle (2011: 163) underscores that *'Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and "bouncing back" in the face of adversity'* (emphasis in the original). In other words, resilience is not a property that exists in individuals. It is a process that develops and takes shape through the interactions between individuals and their environments.

In BiH, the emphasis on victimhood and trauma has arguably contributed to a culture of passivity. Many victims/-survivors with whom I have worked are waiting for help, insisting that the help they have received to date is inadequate and not commensurate with their level of suffering and trauma. The introduction of a resilience discourse, however, and

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the active operationalization of this discourse within the NGO sector, would spur individuals not just to sit and wait for help, but to actively seek the resources that they need. This reinforces an earlier point that was made about opportunities. Victims/-survivors should not be encouraged to think about what they are lacking, but about the resources that they require – and which they themselves should actively seek out – in order to create new opportunities in their lives. Research participants have frequently told me, for example, that they would like opportunities, inter alia, to go to the sea, to visit a spa, to get an education or to have a job. Yet, too often they see these goals as beyond their reach rather than as goals to actively strive for. The point about resilience, according to Walsh (2007: 213), is that it 'involves ''mastering the possible'', coming to accept what has been lost and cannot be changed, while directing efforts to what can be done and seizing opportunities for something good to come out of the tragedy'.

A second reason for accentuating resilience is that within the NGO sector in BiH, the main focus is directly on victims/-survivors themselves; they are given counselling, economic support, occupational therapy and so on. Helping individuals is necessarily a piecemeal approach, however, if these same individuals, inter alia, are experiencing domestic violence, have relationship difficulties (with partners or children), feel that they are stigmatized or have no support at home. During my fieldwork in 2014-2015, for example, some female interviewees spoke about their husbands' own war experiences. In one case, an interviewee explained that her husband had been detained in a camp for several months and regularly beaten. During this time, he had no idea whether his wife and children were alive and safe (interview, 5 November 2014). Another described how her husband had sustained serious shrapnel wounds (interview, 3 February 2015). Both women felt unable to rely on their spouses for any sort of support, maintaining that these men had too many problems of their

own. The vulnerabilities of these husbands and wives were thus inextricably inter-linked. Nevertheless, local NGOs were concerned only with helping the wives.

Emphasizing resilience – conceptualized within an ecological framework – instead of simply trauma underscores the fact that families and communities are potential support networks that merit greater attention. Relatedly, they are also important resilience resources that should be strengthened and harnessed. Antonovsky's concept of salutogenesis is useful for developing this argument. Salutogenesis is quintessentially about the origins of health and health promotion. However, it does not approach health as a dichotomous classification that distinguishes those who are well from those who are not. A professor of medical psychology, Antonovsky instead preferred '[a] continuum model, which sees each of us, at a given point in time, somewhere along a "healthy/dis-ease continuum…' (1996: 14). He was interested precisely in the movement of people along this continuum (Antonovsky 1990: 76), which, he argued, was the result not only of risk factors but also, and more significantly, of 'salutary factors' (Antonovsky 1996: 14).

If the identification and fostering of these salutary factors can facilitate resilience, the notion of people moving along the healthy/dis-ease continuum further highlights a crucial ecological dimension. Fundamentally, it is in 'the interaction between the individual, the community, and the environment' (Vaandrager and Kennedy 2017: 161) that individuals move along the healthy/dis-ease continuum. As Antonovsky saw it, therefore, exposure to stressors[21] does not ineluctably lead to stress and disease. The pivotal issue is whether there are sufficient resources – or more specifically 'Generalized Resistance Resources' (GRRs) – in place to mitigate those stressors (Antonovsky 1972: 541). By giving more attention to resilience, by expanding their focus beyond just victims/-survivors and by seeking to foster a collective movement along Antonovsky's continuum, it is argued that NGOs in BiH could significantly contribute to enabling and developing the potential GRRs that exist within

families and communities. Crucially, these wider social ecologies also require attention and care because 'Resilience at the level of the individual, the household, and the community is all interrelated… ' (Berkes and Ross 2013: 15).

As a final point, Antonovsky (1979: vii) linked the origins of health with what he called a 'sense of coherence' (SOC). As he defined it, this SOC 'expresses the extent to which one has a pervasive, enduring though dynamic, feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected' (Antonovsky 1979: 123). Based on my work with victims/-survivors in BiH, I would argue that little SOC exists in BiH. More than 20 years after the war ended, there is a pervasive sense of disappointment, apathy and general fatigue. The positive changes that many people expected to see – including new economic opportunities – have largely failed to materialize and post-war optimism has given way to a growing sense of pessimism (Arnautović 2011; Garaca 2017; Knežević 2017). What is significant is that Antonovsky posited a close dialectic between resources and SOC, with each one feeding into the other. In short, 'The more resistance resources people are conscious of and are able to mobilize and make use of, the higher SOC. A higher SOC will in turn help people mobilize more of their resources, leading to better health and well-being' (Vinje et al. 2017: 35). Ultimately, thus, if NGOs were to move towards developing more ecological-framed projects aimed at strengthening local resources, this could have a positive overall impact on SOC and thereby contribute to both individual and collective health and well-being. Well-being, in turn, is an important component of resilience (Ungar et al. 2013: 348).

Conclusion

Centred on BiH, this article has developed the core thesis that some NGOs working with victims/-survivors of conflict-related sexual violence are potentially doing more harm than good, through their heavy emphasis on trauma. It is important to reiterate that this research has not sought to minimize or dismiss the trauma of those who have experienced sexual violence. Indeed, trauma and resilience can co-exist. Furthermore, it is not claiming that victims/-survivors of conflict-related sexual violence *should* be resilient. The crucial point is that if resilience 'offers the promise of a paradigm shift in many fields of research, clinical practice, and policy' (Panter-Brick and Leckman 2013: 333), one of these fields is conflict-related sexual violence.

The article's central argument is that there is significant untapped potential to foster resilience in victims/-survivors and their environments via an ecological paradigm shift. In this regard, an important new challenge – in which NGOs have a crucial part to play – is the development of 'restorative environments' that 'promote the renewal of adaptive resources' (von Lindern et al. 2017: 181). The fact that donor priorities inevitably steer the work of local NGOs means that the advocated meta discursive shift from trauma to resilience also needs to occur at the international level. Despite its particular geographic focus, therefore, the article necessarily has a wider relevance that extends beyond the case of BiH.

Notes

[1] Loseke (2001:108) underlines that 'The complexity of lived experience has a way of resisting formulaic presentation'. In this article, I use the somewhat clumsy terminology of 'victims/-survivors'. This is to recognize the fact that some individuals who have experienced sexual violence may identify themselves either as victims, as survivors or as both. However, it also acknowledged that some men and women may not identify (or fully identify) with either of these terms.

[2] Between August 2014 and September 2015, I interviewed 79 male and female victims/-survivors of conflict-related sexual violence in BiH. This research was funded by the Leverhulme Trust and received full ethics approval from the Humanities and Social Sciences Ethical Review Committee at the University of Birmingham on 28 July 2014. All interviewees were provided with a participant information sheet, given the opportunity to ask questions and required to sign an informed consent form.

[3] This research is being funded by the European Research Council through a five-year Consolidator Grant.

[4] According to the 1991 census, Bosniaks (Bosnian Muslims) constituted 43.7 per cent of BiH's population, Bosnian Serbs made up 31.4 per cent and Bosnian Croats represented 17.3 per cent (Bieber 2006: 2).

[5] The preamble of UN Security Council Resolution 1325, for example, stresses the importance of women's 'equal participation and full involvement in all efforts for the maintenance and promotion of peace and security, and the need to increase their role in decision-making with regard to conflict prevention and resolution' (UN 2000).

[6] The preamble of UN Security Council Resolution 2106 notes 'with concern' that 'sexual violence in armed conflict and post-conflict situations disproportionately affects women and girls, as well as groups that are particularly vulnerable or may be specifically targeted, as well as affecting men and boys and those secondarily traumatized as forced witnesses of sexual violence against family members' (UN 2013).

[7] Apropos of Uganda, for example, Apperley (2015: 96) comments that '…leading up to the screening of the Refugee Law Project's (RLP) "Gender Against Men" film (http://www.refugeelawproject.org), Dutch Oxfam threatened to cut the project's funding unless women continued to form at least 70% of RLP's patient base…'.

[8] In Colombia, sexual violence has been widely used against LGBT people – primarily by paramilitaries – to serve a 'corrective' function. According to Bartell (2016), 'Colombians defining as LGBT are…singled out by the illegal armed groups throughout the country. They face particular threats of displacement and "corrective rape" to cleanse the society of their perverse behavior'.

[9] Problematizing the very notion of 'protector' and 'protected, Stiehm (1982: 373) notes that 'In Vietnam and Angola peasants' lives have been disrupted and diminished when they were moved into "strategic hamlets" for their protection'.

[10] A fundamental part of the questionnaire is the Adult Resilience Measure (ARM), developed by Michael Ungar and colleagues (Resilience Research Centre 2016).

[11] The piloting of the questionnaire in Colombia (February and March 2018) revealed similar results. Of the 10 women who participated in the piloting process, five of them selected sexual violence as their most traumatic experience (one of these women had been raped by an armed actor and subsequently by her husband). The other five respondents gave a variety of responses, including death threats and mother's assassination. In Uganda, where six men and five women completed a pilot questionnaire (March and April 2018), only one female respondent identified sexual violence as the worst experience that she had suffered and one male respondent said that his most traumatic experience was being made to have sex with a woman. The seven other participants who responded to this particular question answered, inter alia, torture, being shot and being homeless.

[12] The common use of such medications is not specific to victims/-survivors of sexual violence. In 2016, for example, 'more than 1 million packages of prescription antidepressants (1,030,898) were reportedly sold in Bosnia, a country of 3.5 million. This represents a rise of 14 percent since 2014, when 887,573 packages were sold' (Knežević 2017). According to Zdravko Grebo, a Sarajevo academic, boredom is a big part of the

explanation. According to him, 'this is…one boring country in the sense that nothing changes, nothing is moving forward…This is so mind-numbingly boring that we don't see any individual resistance, much less any collective protest. Apathy reigns because the people have been trampled over. They are stupefied. And we are all just tired and bored....' (cited in Knežević 2017).

[13] Frankl (2004: 76) insisted that 'If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death. Without suffering and death human life cannot be complete'.

[14] Fitzgerald, Berntsen and Broadbridge (2016: 10) note that 'Although PTSD is conceptually understood as a sequela of a traumatic event, the prevalence of exposure to traumatic events is much higher than the prevalence of the disorder'.

[15] A Colombian anthropologist points out that 'One of the most inspiring parts of the peace process [a peace agreement was signed between the Colombian government and the FARC in November 2016] was to witness populations long silenced by decades of violence finally able to exercise their rights as citizens. But now, these very leaders who have been constructing peace from their territories are being targeted' (Bolaños 2018).

[16] Using very similar language to the focus group participants, the head of one women's NGO in BiH has stressed that: 'The problems faced by these women [who suffered wartime sexual violence] are not a priority for many. The victims believe that the Bosnian state has forgotten them and only organisations like Medica Zenica are interested in their difficulties. And it has to be said, this is generally the case. Time and time again we have to reprimand the government, reminding them of their responsibility towards survivors' (Medica Mondiale 2013).

[17] Post-war BiH is divided into two entities, namely the Federation and Republika Srpska (RS). Victims/-survivors who live in the Federation – as most of the women in the focus group did – can apply for civilian victim of war status (see Clark 2017b). In RS, victims/-survivors of sexual violence could only seek civilian victim of war status up until the end of 2007, and in order to be successful they had to be able to demonstrate at least a 60 per cent disability (see Clark 2017b). However, the situation is now set to change, following the recent adoption of a new law 'for the protection of victims of war torture' (see, for example Sorguc 2018).

[18] The BiH Federation is divided into 10 different cantons, each of which has its own government.

[19] It is important to stress that this incentivization of victimhood is not exclusive to BiH. Based on her work in the Democratic Republic of Congo (DRC), for example, Freedman (2014: 137) remarks on the creation of 'a "market" for SGBV [sexual- and gender-based violence] prevention and for services to victims'. This 'market', she argues, provides 'incentives for women and girls to claim victimhood in the hope of accessing these services' (Freedman 2014: 139).

[20] One NGO that is working directly on the issue of tackling stigma is the Centre for Peacebuilding in Sanski Most (see http://unvocim.net/eng/break-the-stigma-campaign/).

[21] Antonovsky (1979: 72) defined stressors as 'A stimulus which poses a demand to which one has no ready-made, immediately available and adequate response'.

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