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**A controlled study of the experience of traumatised
women in relation with their marital, parental and
sexual life in Kosovo**

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Background

Gender-Based Violence (GBV) is one of the most widespread human rights abuse and public health problem in the world today, affecting as many as one third of the women. It is also an extreme manifestation of gender inequity, targeting women and girls because of their subordinate social status. The consequences of GBV are often devastating and last a long time, affecting women's and girls' physical health and mental well-being. At the same time, its ripple effects compromise the social development of other children in the household, the family as a unit, the communities where individuals live and society as a whole (1).

In a post war area, the situation of women and girls seems to be at greater risk of physical and sexual violence. Many women have been raped, forced into marriage with enemy soldiers or have suffer from other form of violence (2).

Local context

In the recent past, Kosovars have experienced a series of major traumatic events, including massive displacement, violence and loss of relatives or friends (3).

Around 60 percent of the Kosovar population (4) has experienced forceful displacement before, during and after the conflict (1998-1999). More than ten thousand have been killed until now more than 500 mass graves have been recovered. Moreover during the nineties, more than 500'000 have experienced detention and ill-treatment from the Serbian police (5).

Chronic exposure to man-caused traumatic experience confers the highest risk for ongoing negative consequences (6)

The last comprehensive studies on trauma conducted in Kosovo were in 1999 and 2000 by the US-based Center for Disease Control (7). In this survey, it was found that 17.1% of the Kosovo Albanian population aged 15 and above showed symptoms consistent with posttraumatic stress disorder (PTSD). Surveys in 2000 found an increase to 25%, a result that could be consistent with the notion that the symptoms of PTSD could require months to emerge. With an estimated population of 1'900'000 in Kosovo, PTSD could affect about 475'000 persons.

According to the same study, 80% of the population has been the subject of four or more traumatic events. About 50% have been tortured or subjected of other assaults. According to the same study, the prevalence of the psycho-somatic symptoms, anxiety associated with war trauma, social dysfunction and depression is as high as 43%. In addition, anger and aggression can cause problems inside the job, the marital and sexual relationship (8).

Other researches on the same topic done outside Kosovo indicate trauma survivors can become angry and aggressive automatically if they feel they are in danger. Trauma survivors may also become angry and aggressive because they are frustrated of having trauma symptoms or because they learned to be aggressive as a way to protect themselves in the trauma situation. This can result in children abuse, domestic violence and affect family relations (9).

Moreover, untreated trauma has also significant consequences, for the individual's family, community and society. In addition to suicide, other effects include domestic violence, secondary trauma of family members, especially children, depression, drug addiction, anti-social behavior, crime, etc.

The annual report 2003 of the Kosovo Rehabilitation Centre for Torture Victims showed that 60% of trauma victims treated in this centre were women with PTSD and other symptoms of trauma.

All these factors have led the Kosovo Rehabilitation Centre for Torture Victims to continue its work on:

- improving the overall social and psychological functioning of the torture and trauma victims and their families in most affected areas throughout Kosovo,
- building capacities of health, educative, community level, psychology students and NGOs staff,
- advocating for the prevention of torture and promotion of human rights for the population in general, decision makers and Kosovo Police Services.

Hypothesis

Women with high traumatic experiences will indicate higher family violence and more self-perceived difficulties with parenting and less marital satisfaction compared to females without traumatic experiences.

Research question

How can wars traumatise women's functioning in their marital, sexual and parental life, in post conflict period?

Aim of the study

To describe the experience of traumatised women in relation with their marital, parental and sexual life.

Objective

- To collect questionnaires from traumatised and non-traumatised women on the quality of their marital relationship (i.e. satisfaction with their marriage, presence of physical and/or psychological abuse and/or sexual abuse)
- To assess their self-perceived ability and their role as parents (parenting style, tendency for child abuse)
- To determine the satisfaction of respondents regarding their sexual life (current and previous relationship, satisfaction, behaviours).

Methodology and instruments

Phase 1

Clinical interviews on traumatic diagnosis will be conducted using the Harvard Trauma Questionnaire checklist (HTQ) (10). This questionnaire is a clinical instrument that should be administered by health care workers and is designed to obtain information about:

- trauma events experienced by survivors,
- the physical, psychological and social sequels
- symptoms associated with diagnostic criteria for Post Traumatic Disorder and Major Depression – define in the Diagnostic and Statistic Manual of the American Psychiatrist Association - (11).

Based on the detected responses, the participants will be divided in two checklists:

- Checklist positive
- Checklist negative

The checklist will measure the severity of trauma and symptoms. For the response to each item, the following number is assigned:

- 1 = Not trauma and symptoms at all
- 2 = Little trauma and symptoms
- 3 = Moderate trauma and symptoms
- 4 = Extreme trauma and symptoms

Phase 2

Self administrated questionnaire on marital satisfaction inventory revised – MSI-R. The MSI-R can be administered and hand scored in only 25 minutes. It addresses every important aspect of the relationship. Each woman responds to 150 True-False items which cover the following dimensions of marital interaction:

- Affective communication
- Dissatisfaction with children
- Role orientation
- Disagreement about finances
- Problem-solving communication
- Conflict on child bearing
- Aggression
- Sexual dissatisfaction
- Family history of distress
- Global distress
- Time together

The test can help to identify issues in the relationship that can be contributing to individual or family conflicts such as depression, traumatised women, substance abuse, trouble with children and adolescents.

Study population

The study will be conducted with women who experienced a major traumatic event during the war (1998-1999) and those having a low trauma experience according to HTQ.

Comparative study of two conditions regarding the severity of traumatic experience will be conducted in order to determine whether family violence, marital satisfaction and sexual dissatisfaction is higher within families that went through major traumatic experience during the war in Kosovo, in comparison with women with a low trauma experience.

Sample size

50 women with high traumatic experience -10 for each region of Kosovo

50 women without traumatic experience -10 for each region of Kosovo

These women will be identified by the Kosovo Rehabilitation Centre for Torture Victims workers in the offices of the five regions of Kosovo.

Inclusion/Exclusion

Inclusion criteria are:

- Women exposed to war-related traumatic experiences during the last war in Kosovo
- Women primary diagnosed as having a post trauma disorder (ICD-10 F 43.1) by a trained psychologist
- Age 25-45
- Married at least for five years
- Albanian nationality

Exclusion criteria:

Women having:

- Severe organic disease
- Psychological/behavioral disorder
- Schizophrenia (F2) and schizoaffective disorder (F25)
- No psychopharmacological treatment
- Actual suicide risk (evaluated by a trained psychologist) or having had an attempt
- Not having undergone a psychological treatment after traumatic event

Controlling variables

The two samples will be matched according to different indicators:

- Economic status, urban setting
- Education background
- Receiving treatment versus not receiving treatment
- Age
- Albanian ethnic group

Duration

Preparation including training of assessors will need 3 months. Time to recruit study patients will take 3 months for the first phase and 3 months for the second phase. Final statistics evaluation will request 3 months additional. Total study duration requests 1 year.

Outcome

The practical scope of this study is to collect information on family violence (against spouse and children), marital satisfaction and sexual violence among high traumatised and non traumatised women groups.

The outcome of the research will be used to improve intervention methods for addressing psychological and sexual well-being of traumatized women attending the centre, of their family and husband and advocacy against family violence

Trial sites

- Kosovo Rehabilitation Centre for Torture Victims
- University of Prishtina, Department of Psychology

Ethical consideration

Clients will be informed about the study design and procedure. They will have to give informed consent and can withdraw at any point without any disadvantages. The Kosovo Rehabilitation Centre for Torture Victims will be responsible for handling serious events as well as for the medical care of the participants of the trial.

Ethical consent

Hello my name is _____ and I represent Kosovo Rehabilitation centre for torture victims. We are conducting a study on war consequences in relation to the marriage, children and sexual life of traumatized women.

I want to assure you that all of your answers will be confidential: I will not keep record of your name and address. You have the right to stop the interview at any time or to skip any question that you do not want to answer.

Some topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is voluntary but your experience will increase our understanding on the needs of traumatized women, and we hope that the result of the study will serve to improve psychosocial intervention in the country.

If there is anything unclear to you, we shall be delighted to provide you more information.

The interview will take approximately 1 hour to complete. Do you agree to be interviewed?

Signature of Volunteer:

Signature of investigator:

Date: _____

Date: _____

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