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Long-term consequences of conflict-related traumatic experiences and sexual violence: A transgenerational perspective

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Introduction

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„ ... conflict-related sexual violence (CRSV) refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls and boys.“
(UN, Report of the Secretary General on CRSV, 2017)

Perpetrators are often affiliated with a state or non-state armed group or a terrorist entity or network

Victim are often actual or perceived members of a persecuted political, ethnic or religious minority or is targeted on the basis of actual or perceived sexual orientation

Climate of impunity

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CRSV/wartime rapes used as a tactic of war and terrorism

- systematically targets not only an individual but the family and entire society
- happens in conjunction with other crimes (e.g. killing, forced displacement etc.)
- used as an incentive for recruitment/in-kind compensation for fighters
- Used to suppress womens rights an controlling their sexuality and reproduction
- CRSV is common in past and recent conflicts/post-conflict settings

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Introduction

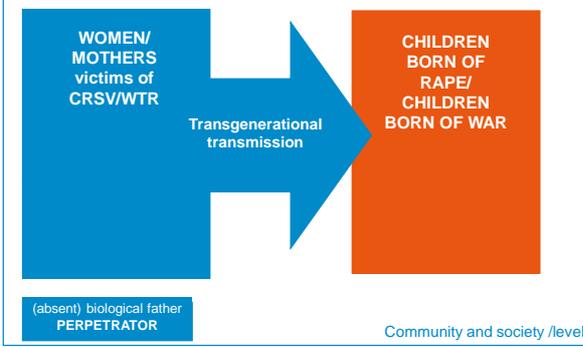
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- WTRs has been referred to as “one of history's great silences”
- after mass rapes in Rwanda and Bosnia and Herzegovina during 1990s and with the establishments of the international tribunals for war crimes, it has been declared as a war crime, crime against humanity and a part of genocide

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A transgenerational perspective

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Outline

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- I. Female victims/MOTHERS: Longterm consequences of CRSV/WTR on female victims AND conflict related traumatic experiences on civilian populations
- II. CHILDREN BORN OF RAPE/WAR: Psychosocial perspective on Children born of rape/war
- III. TRANSGENERATIONAL PERSPECTIVE → mechanisms of transgenerational transmission

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A transgenerational perspective

**WOMEN/
MOTHERS
victims of
CRSV/WTR**

Community and society /level

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I. MOTHERS

	Type-I-Trauma (single event/short-term)	Type-II-Trauma (repeatedly/ long-term)
accidental trauma	<ul style="list-style-type: none"> serious accidents, occupational traumata (e. g. police, fire brigade), short-lasting catastrophes 	<ul style="list-style-type: none"> long-lasting catastrophes (earth quakes, flooding), technical catastrophes
interpersonal traumata (man made)	<ul style="list-style-type: none"> sexual assaults (e. g. rape), criminal and physical violence, civil experiences of violence (e.g. bank robbery) 	<ul style="list-style-type: none"> sexual and physical violence during childhood or adult life, experiencing war, captivity, torture, political imprisonment

➔ Man made trauma and repeated/sequential traumatic experiences → impact on mental (and physical) health

CRSV/WTR is of interpersonal nature and is embedded in a context of other conflict-related traumatic events

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Longterm (Mental) health outcomes

Traumatic experiences

- ➔ **(Classical) stress and trauma related disorders**
acute stress reaction, adjustment disorder, Posttraumatic Stress Disorder, complex PTSD, Pain, Borderline personality disorder, dissociative disorders
- ➔ **Disorders related to trauma**
Affective disorders, eating disorders, somatoforme disorder, substance abuse and addiction
- ➔ **Dementia and physical morbidity**
e.g. cardiovascular diseases
- ➔ **Long-term psychological alterations beyond mental disorders**
Attachment, behaviour, chronic feeling of insecurity and danger, emotion dysregulation, changing world assumptions)

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Long-term consequences of WWII in Germany on the population level

War-related traumatic experiences are common experiences in the WWII Generation (e.g. bombings, forced displacement, WTR, war captivity)

- ➔ Trauma and PTSD are related to depression to somatoforme disorders as well as to suicidal ideation
- ➔ Trauma and PTSD are related to increased physical morbidity (e.g. Cardiovascular diseases and riskfactors)
- ➔ PTSD is more prevalent in the WWII generation than in the younger generations even decades after WWII
- ➔ Trauma and PTSD are related to increased health care utilization far beyond mental health care (general medicine, specialized care, hospitalization).

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I. MOTHERS

Consequences of CRSV/WTR

- complex and long-lasting,
- impacting the lives of victims, their families and their wider communities
- unwanted pregnancy, obstetric fistulae, sexually transmitted infections (including HIV/AIDS) and traumatic injury (Mukwege & Nangini, 2009)
- anxiety, depression and PTSD are common outcomes (e.g. Kuwert et al., 2014)
- Stigma and discrimination is a common experiences of survivors of WTR

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I. MOTHERS

Female survivors of CRSV/WTR

- are at very high risk of developing mental disorders as well as of suffering from STI and other physical health problems
- CRSV/WTR happens in a acute or chronic conflict or post-conflict situation with an increased risk of other forms of traumatic events

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A transgenerational perspective

**WOMEN/
MOTHERS**
victims of
CRSV/WTR

**CHILDREN
BORN OF
RAPE/
CHILDREN
BORN OF WAR**

Community and society /level

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II. CHILDREN

CHILDREN BORN OF WAR (CBOW)

- ... whenever there have been wars and armed conflicts with lengthy periods of foreign soldiers in close proximity to local civilian populations, there have been encounters between troops and civilians, from the superficial to the intimate
- ... fathered by foreign soldiers and local women
- Among CBOW are those conceived in conflict-related sexual violence (Children born of rape) and also in intimate relations of more or less consensual nature ranging from so called "business arrangements" to love relationships.

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II. CHILDREN

CBOW - Classification of target group (Mochmann & Lee, 2010)

- Children of foreign or enemy soldiers and local women,
- Children of occupation soldiers and local women,
- Children of child soldiers and
- Children of UN Peace Corps and local women

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II. CHILDREN

Descriptive dimensions of CBOW of WW II in Germany and Austria

Kind of relationship to genitor	Origin of genitor	
	Sovjet Union	Allied occupation powers of western countries
Voluntary sexual relationship	Physical appearance of children (Asian, Afro-American), revealing the biological background	
Rape		
Unknown		

Glaesmer H, Kaiser M, Freyberger HJ, Brähler E, Kuwert P (2012). Die Kinder des Zweiten Weltkrieges in Deutschland – Ein Rahmenmodell für die psychosoziale Forschung. *Trauma & Gewalt – Forschung und Praxis*, 4, 319-328.

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II. CHILDREN

A framework of psychosocial consequences of growing up as a CBOW

Stigma/Discrimination

Mental health outcomes
Attachment behaviour

Childhood maltreatment

Identity

Glaesmer H, Kaiser M, Freyberger HJ, Brähler E, Kuwert P (2012). Die Kinder des Zweiten Weltkrieges in Deutschland – Ein Rahmenmodell für die psychosoziale Forschung. *Trauma & Gewalt – Forschung und Praxis*, 4, 319-328.

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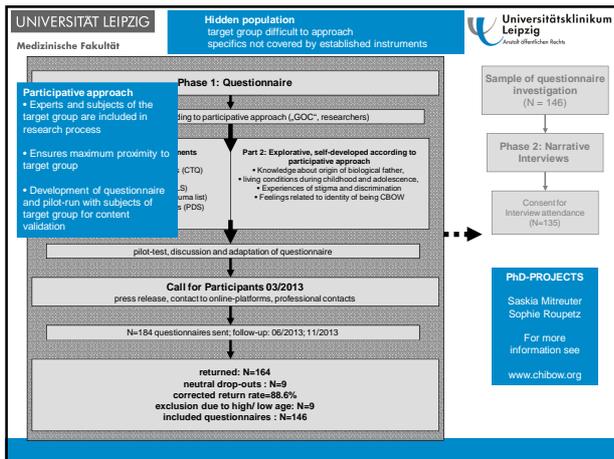
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II. CHILDREN

Living conditions

- living conditions were similar to those in other conflict and post-conflict zones
- many lived in familial & societal areas of conflict between integration & rejection
- concealment, financial distress, public and/or familial repulse, stigmatized single mothers

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	USA (n=71)	France (n=33)	Russia (n=32)	Great Britain (n=6)	Total (N=146)
Voluntary/positive	57 (80.3)	26 (78.8)	21 (65.6)	6 (100)	110 (75.3)
Rape	1 (1.4)	1 (3.0)	7 (21.9)	-	10 (6.8)
Unknown	13 (18.5)	6 (18.2)	4 (12.5)	-	26 (17.8)
Total	71 (100)	33 (100)	32 (100)	6 (100)	146 (100)

A small number (n=4) of people did not know the origin of their father. Frequencies for single countries thus refer to N=142; information on total sample however refers to N=146.

Majority states to have been fathered in a consensual relationship.
 Children born of rape: Clearly under-represented in this sample.

Kaiser M, Kuwert P, Glaesmer H (2015). Aufwachsen als Besatzungskind des Zweiten Weltkrieges in Deutschland - Hintergründe und Vorgehen einer Befragung deutscher Besatzungskinder. Z Psychosom Med Psychother, 61(2), 191-205.

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Traumatic experiences and mental disorders across the lifespan

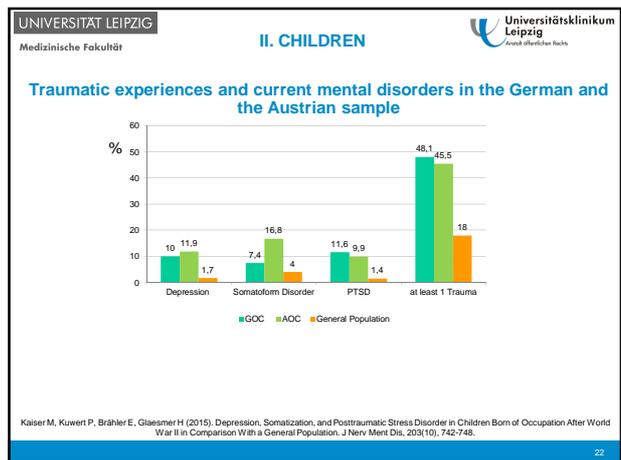
TABLE 2. Mental Distress, Traumatic Events (TE), and Posttraumatic Stress Load of GOC and BCMS

	GOC N = 146						BCMS N = 977						GOC vs. BCMS ^{a, b} Statistical Tests
	Women		Men		Total		Women		Men		Total		
	%	N	%	N	%	N	%	N	%	N	%	N	
Traumatic events^c													
Natural disaster	1.2	1	5.9	3	3.0	4	0.8	4	0.2	1	0.5	5	0.18 (0.03-1.17)
Physical violence	15.7	13	15.7	8	15.7	21	1.7	9	2.9	13	2.3	22	0.09 (0.04-0.23)***
Rape	10.8	9	3.9	2	8.2	11	1.5	8	0	0	0.8	8	0.17 (0.04-0.67)*
Prisoner/hostage	0	0	3.9	2	1.5	2	0.2	1	0.2	1	0.2	2	0.27 (0.02-4.89)
Childhood abuse	19.5	16	11.8	6	16.5	22	1.7	9	0.4	2	1.1	11	0.04 (0.01-0.11)***
Serious accident	12.0	10	17.6	9	14.2	19	3.4	18	7.4	33	5.2	51	0.37 (0.18-0.78)**
Displacement/eviction	3.6	3	3.9	2	3.7	5	1.5	8	1.6	7	1.5	15	1.12 (0.29-4.39)
Witnessed trauma	6.0	5	7.8	4	6.7	9	8.9	47	6.2	28	7.7	75	0.98 (0.42-2.28)
Other traumatic event	15.7	13	19.6	10	17.2	23	8.9	47	7.6	34	8.3	81	0.48 (0.25-0.91)*
At least one TE	46.7	43	51.9	28	48.6	71	17.6	93	18.5	83	18.0	176	4.02 (2.51-6.42)***
Full PTSD ^d	13.0	12	9.3	5	11.6	17	2.1	11	0.7	3	1.4	14	13.11 (4.50-38.16)***
Partial PTSD ^d	16.3	15	20.4	11	17.8	26	7.0	37	6.7	30	6.9	67	2.82 (1.66-5.01)***
PDS ^e (mean/SD)	10.04(1.38)	8.68(1.256)	9.47(1.84)	1.85(4.88)	1.44(4.2)	1.66(4.59)	0.38 (6.64-9.43)***						
PHQ-9 (mean/SD)	6.54(5.73)	4.30(5.80)	5.72(5.94)	2.52(3.19)	2.19(3.34)	2.36(5.26)	0.23 (2.30-3.89)***						
MDS ^f	10.1	9	9.8	5	10.0	14	1.3	7	2.2	10	1.7	17	8.16 (2.86-23.29)***
ODS ^g	3.4	3	3.9	2	3.6	5	1.5	8	4.7	21	3.0	29	0.76 (0.23-2.32)*
PHQ-15 (mean/SD)	4.54(5.81)	4.90(4.66)	2.15(5.59)	3.53(5.2)	2.80(3.55)	3.23(3.55)	0.27 (2.44-4.14)***						
SS ^h	20.7	19	7.4	4	15.8	23	3.6	19	4.5	20	4.0	39	5.29 (2.67-13.27)***

^ap < 0.05; ^bp < 0.01; ^cp < 0.001.

^dLinear regression for dependent variables: PDS sum score, PHQ-15 sum score, and PHQ-9 sum score including age and sex as possible confounding variables; values standardized (β, CI, p). ^eBinary logistic regression including age groups (reference category is least-child) and sex as possible confounding variables; values: OR, CI, p. ^fFrom the trauma list of the Munich Composite International Diagnostic Interview, according to PDS. ^gPartial PTSD (A) criterion and at least 1 symptom of at least 2 clusters (B-D). ^hTotal score of PDS (GOC, BCMS), ODS, and SS according to PHQ-morbidity level (1) (restriction item excluded).

Kaiser M, Kuwert P, Brähler E, Glaesmer H (2015). Depression, Somatization, and Posttraumatic Stress Disorder in Children Born of Occupation After World War II in Comparison With a General Population. J Nerv Ment Dis, 203(10), 742-748.



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Childhood maltreatment in CBOW in Germany

Table 2. Prevalence of childhood abuse and neglect in German occupation children (GOC) and the German general population (BCMS)

	GOC ^a N=146				BCMS ^b N=920				Regression analysis GOC vs. BCMS ^c OR (CI)				
	women		men		women		men						
	N	%	N	%	N	%	N	%					
Emotional abuse ^{1,2}	49	57.0	29	55.8	78	56.5	63	12.8	35	8.2	98	10.7	10.79 (6.56-17.77)***
Emotional neglect ^{1,2}	37	44.6	22	43.1	59	44.0	74	15.0	63	14.8	137	14.9	4.77 (2.97-7.67)***
Physical abuse ^{1,3}	31	36.0	26	49.1	57	41.0	58	11.8	49	11.5	107	11.7	5.60 (3.43-9.17)***
Physical neglect ^{1,4}	49	57.6	35	67.3	84	61.3	214	43.4	194	45.6	408	44.4	1.46 (0.96-2.22)
Sexual abuse ^{1,5}	26	30.2	9	17.3	35	25.4	52	10.5	15	3.5	67	7.3	5.29 (2.91-9.66)***

¹p < 0.001; ²p < 0.01; ³p < 0.05; ⁴according to Childhood Trauma Questionnaire (CTQ); ⁵according to Walker et al. (1999).
^aLogistic regression controlled for age and gender, OR for sample is reported.
^bGOC= German occupation children; BCMS=birth-cohort matched sample from the German general population.

Glaesmer H, Kuwert P, Brähler E, Kaiser M (2017). Childhood maltreatment in Children born of Occupation after WWII in comparison with the general population in Germany.

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- Stigma experiences of GOC
- More than half of GOC (54.6%) reported stigma experiences, because their biological father was an occupation soldier
 - Reasons were ... (multiple answers possible)
 - "... the fact, that my mother got involved with an occupation soldier..." (57.1%)
 - Country of the army father had served for (40.3%)
 - Inherited physical attributes (24.7%)
 - being born out of wedlock (11.7%)
- Albmann AL, Kaiser M, Schomerus G, Kuwert P, Glaesmer H (2015). Stigmatisierungserfahrungen deutscher Besatzungskinder. Trauma und Gewalt.

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Stigma experiences of GOC

Context and kind of worst stigma experiences

- Social environment (neighbourhood, village community, acquaintances and peers)
 - "That my mother was titled Tommywhore and I was called Monkey." (ID86)
 - "When the father of my best sand-box friend came home from war prison the boy wasn't ever allowed to play with me again." (ID32)
 - "That I wasn't allowed to be seen on the same street with my mother in the Hessian town my grandmother originated from and my great-aunt lived in." (ID78)
- Public institutions
 - "A teacher (monastery school) had it in for me and hit me in front of the class. There was dead silence in the class room – everyone was shocked..." (ID114)
 - "When the decision was up to become altar boy. This was denied by the former pastor, justification: He cannot use a 'read head' at the altar. To be precise a 'Russian'" (ID44)
- Family context
 - "When I was three years old and my mother needed help from her mother, she was not admitted to her apartment because a friend of her sister was visiting at the moment." (ID 56)
 - "That my stepfather kept calling me Frenchman and constantly accused my mother, that really hurt." (ID 119)

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Stigma experiences of GOC

Coping strategies for prejudice experiences

Avoidance

"I have always backed down, no protest. I never wanted to attract attention, avoid these situations. But there weren't many such situations." (ID76)

"(I) have tried to be as friendly as possible and unconspicuously, was able to analyse quickly what it needs to relieve tension from a situation; became the 'downer', spread what I didn't have: courage and cheerfulness." (ID26)

Disengagement/ Withdrawal

"I ran away, never told anyone about it, bottled everything up. Instinctively I felt this topic being a taboo for my family." (ID153)

Active confrontation

"In personal confrontation I was eager to remain calm and objective. If a conversation was impossible I remained silent." (ID68)

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Stigma experiences of GOC

Assumed causes for prejudices against occupation children

- Consequences of offence taken by lost war
- Racism and aftermath of National Socialist ideology
 - Wrath and humiliation, descent of women who got engaged with the „enemy“
- illegitimate status of children
- missing awareness about these children

Possible strategies to reduce prejudices

- Societal change of views,
- governmental support and recognition,
- support within family

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- In comparison with the general population in Germany the children of occupation in Germany and Austria
 - carry a dramatic load of different kinds of adverse or traumatic experiences from their childhood
 - report higher rates of mental disorders (even decades later)
- Stigma experiences
- Life-span perspective
- Underlying mechanisms of these long-term negative outcomes?
- Children born of rape as a specifically burdened group among CBOW?

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WOMEN/MOTHERS victims of CRSV/WTR

Transgenerational Transmission (Contents/mechanisms)

CHILDREN BORN OF RAPE/ CHILDREN BORN OF WAR

"Critical discussion: directedness of the term transmission (e.g. biographic research vs. neurobiological research)

- "Intergenerational aspects of trauma" (Albeck, 1993)
- "Multigenerational legacies of trauma" (Danieli, 1998)

(absent) biological father PERPETRATOR

Community and society /level

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Transmission of Holocaust Trauma – An integrative View

- 1990ies: differentiation of **direct transmission** (PTSD of the mother → PTSD of the child) vs. **indirect transmission** (PTSD of the mother → specific parenting behaviour → deprivation of the child → vulnerability for mental disorders)
- Integrative model of Kellermann (2001) differentiates between **content** and **processes/mechanisms** of transmission

Kellermann, NPF (2001a). Transmission of Holocaust Trauma – An integrative view. Psychiatry – Interpersonal and Biological Processes, 64(3), 256-267.
Kellermann, NPF (2001b). Psychopathology in Children of Holocaust survivors. A review of the research literature. Israel Journal of Psychiatry, 38(1), 36-46.

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Content of transmission What is transmitted?

Content	Typical results
Self	Impaired self-esteem with persistent identity problems, overidentification with parents' "victim/survivor" status, a need to be super-achievers to compensate for parents' losses, carrying the burden of being "replacements" for lost relatives
Cognition	Catastrophic expectancy, preoccupation with death, stress upon exposure to stimuli that symbolizes the Holocaust
Affectivity	Annihilation anxiety, nightmares of persecution, frequent dysphoric moods connected to a feeling of loss and mourning, unresolved conflicts around anger complicated by guilt
Interpersonal functioning	Exaggerated family attachments and dependency or exaggerated independence and difficulties in entering into intimate relationships and in handling interpersonal conflicts

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III. TRANSMISSION

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Processes/mechanisms of transmission

Table 1
Models of Trauma Transmission

Theory	Medium	Main Transmission Factor
Psychodynamic	Interpersonal relations	Unconscious displaced emotion
Sociocultural	Socialization	Parenting and modeling
Family systems	Communication	Enmeshment
Biological	Genetic	Hereditary vulnerability to PTSD

Note. PTSD = posttraumatic stress disorder.

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Psychodynamic mechanisms

- Emotions could not be consciously experienced by the first generation → given over to the second generation → the child unconsciously absorbs the repressed and insufficiently worked-through experiences of the parents (Kellermann, 2001)

„Transgenerational transmission is when an older person unconsciously externalizes his traumatized self onto a developing child's personality. A child then becomes a reservoir for the unwanted, troublesome part of an older generation. Because the elders have influence on a child, the child absorbs their wishes and expectations and is driven to act on them. It becomes the child's task to mourn, to reverse the humiliation and feelings of helplessness pertaining to the trauma of his forebears (Volkan 1997).“

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Sociocultural mechanisms

- discourse of a society about the truth or about historical facts
- Societal abnegation is an adverse condition for coping with your destiny (Ruppert, 2007)
- e.g. reconciliation processes or truth commissions ...

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Family system and communication

- If the origin of the child is kept as a secret – the secret influences family communication (within the family but also with the community)
- Specific attachment behaviour in traumatized parents and its impact on children's (emotional) development (Schneewind, 2010)
- Specific parenting behaviour (anxious, inconsistent) (Main et al., 1990)
- Impaired communicational skills of traumatized mothers (Papoušek et al., 2003)
- Conspiracy of Silence (Daniell, 1998)

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III. TRANSMISSION

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Biological mechanisms

Direct biological transmission during pregnancy (fetal programming)

Fetal origins hypothesis proposes that the period of gestation has significant impacts on the developmental health and wellbeing outcomes for an individual ranging from infancy to adulthood → goes beyond specific substances, but addresses maternal stress, obesity, influenza, nutrition, pollution on the developing fetus

Extreme stress and undernutrition → elevated stress hormone levels during pregnancy (Yehuda et al., 2000, 2005)

Epigenetic research → Early postnatal experiences → Impaired rearing behaviour and stress regulation of the child (Yehuda et al., 2001)

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A transgenerational perspective

stigma/discrimination
parenting
emotional availability
attachment ...

Community and society /level

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SUMMARY

CRSV puts victims on high risk of developing negative mental outcomes as well as physical health outcomes and of experiencing stigma/discrimination

Children born of War/Rape are at high risk of childhood maltreatment, mental disorders, stigma/discrimination, identity issues etc.

It is important to keep CRSV on the political agenda and to address the needs of victims/survivors

BUT the specific issues of Children born of rape/war need more attention and should be investigated in more detail

AND the transgenerational aspects of CRSV need more attention and investigation

→ interventions on the different levels (individual, community..) for both mothers and children addressing the mechanisms and outcomes of CRSV and the transgenerational aspects

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