

Counting the Cost of Courage



TRAUMA EXPERIENCES OF WOMEN HUMAN RIGHTS DEFENDERS IN ZIMBABWE

**A report by Women of Zimbabwe Arise
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Riot police arrive at Mhlahlandlela Government Complex in Bulawayo after WOZA launched its People's Charter on 29 November 2006. Moments after this photo had been taken, hundreds of women, men and babies were brutally assaulted. Dozens of adults and two babies were injured. Scores were also arrested and held for two nights.



A WOZA member is forced to pick up WOZA newsletters by five police officers after being beaten in the street on 6 June 2007. WOZA had been protesting the lack of inclusion of ordinary voices in the SADC-mediation process. This woman, Sizimisele, was arrested with seven other members. Again dozens of WOZA members required medical attention following the beatings they received after this peaceful protest. One year later, the talks still exclude the issues of women and ordinary Zimbabweans.



WOZA leader, Jenni Williams, shows the injuries she received after being beaten by riot police for demonstrating at Bulawayo High Court on 5 May 2008. WOZA had been demanding an end to political violence and that Morgan Tsvangirai be declared president as the winner of the March 29 election to break the impasse. Williams was released after the beating but two other members are currently facing trial for charges related to the peaceful procession.

Zimbabwe is a nation in crisis, a crisis that has been on going since at least the year 2000, but probably dating from 1997, with the collapse of the Zimbabwe dollar, and the exacerbation of the socio-economic crisis. The crisis began in the political sphere and has spread to the economy and all aspects of social interaction, as ill-conceived government policies have turned peoples' lives upside down. The ability to earn a living is drastically curtailed, basic shelter is compromised by overcrowding or deliberate destruction of housing units by government, and schooling is no longer available to many children. Bare physical survival is at risk through lack of food supplies coupled with the collapse of services, including water, sanitation and health services. Families are divided through the migration of breadwinners, and the whole of life has become a constant, debilitating struggle for the vast majority of Zimbabweans.

Any attempt by political or civic groups to press for alternative policies has been met with repression, effectively cutting off the possibility of working towards improvements in peoples' lives. The ruling party has subverted all electoral processes since 2000, the legislative process, the law enforcement, and judicial processes in favour of its own perpetual rule, with any resistance met by force, both overt and clandestine, actual and threatened. Despite electoral reform brokered as part of the Southern African Development Community (SADC) mediation process, before the peaceful March 2008 election, a wave of violence and retribution was unleashed on citizens even before the results were announced and continued up to, and beyond, the one-candidate run-off on June 27.

In the context of the desperate situation since 2000, Women of Zimbabwe Arise (WOZA) has emerged as a leading rights group calling for change. It is a social justice movement engaged in nonviolent civic action to promote renewal in a politically repressive environment. They claim that their right to freedom of expression has been stifled by unconstitutional legislation, but they aim nevertheless to keep the voice of protest alive. The members demonstrate in the streets and distribute fliers and newsletters calling for government policies which honour the civil and political rights protected in the national constitution, and the economic and social rights guaranteed under international law. They have embraced a programme of peaceful civil disobedience in the face of unjust laws. As is the fate of any other group mounting protests, the women have encountered harassment, brutality and imprisonment at the hands of state agents, who act in breach of their professional and legal obligations.

A recent example of such treatment occurred on 28 May 2008 when 14 members were arrested in Harare during a peaceful procession. After 48 hours in police custody they were taken to court where the magistrate granted bail. The state appealed against that decision to the High Court and the group was remanded in custody for the appeal period. On 10 June, Judge Hlatshwayo allowed 12 of the accused to be released, but refused bail for two leaders, Jenni Williams and Magodonga Mahlangu, saying it would be 'childish' to grant them bail prior to the presidential run-off. The state argued that these nonviolent human rights defenders would mobilise a Kenyan-style revolt before the 27 June election. They were eventually granted bail after 37 days in custody. This development shows a clear increase in repression of peace activists, which is a patent echo of the brutality that has been meted out to members of the political opposition, Movement for Democratic Change (MDC) since March 2008.

Research on Rights Violations experienced by WOZA

In 2007 research was carried out to determine the nature and extent of violations perpetrated on WOZA members by state actors. It used a questionnaire administered verbally to more than 2,000 WOZA members by interviewers from among the WOZA membership. The major results have been detailed in a report released recently.¹ They showed a high level of arrests, assaults, torture and cruel, inhuman and degrading treatment, primarily by members of various sections of the Zimbabwe Republic Police.

One section of the questionnaire sought to document traumatic experiences of WOZA women in order to understand the basis of possible psychological and emotional disorders arising from their civic activism – 'counting the cost of their courage'. The results of this part of the research were not included in the main report, and are rather being presented separately here.

¹ WOZA, *The Effect of Fighting Repression with Love*, March 2008.

It should be noted that this research was carried out and completed before the wave of political violence following the 29 March 2008 election. The atrocities committed since April have drastically increased the levels of trauma experience by both activists and ordinary citizens.

Trauma experiences

Two broad categories of trauma were explored in the research into violence against WOZA women. The first will be described as “displacement” experiences. This concept was developed first in relation to the psychological and emotional plight of refugees fleeing war zones.² It details events such as loss of home, failing to access food and medical care, being lost, being caught up in fighting and similar experiences. While the subjects of this research in Zimbabwe are not refugees in the conventional sense and have not recently experienced war, most have suffered serious dislocation in their lives, both materially and socially, hence it is felt that the concept of displacement can be validly applied to them.³ There is, however, a sense in which Zimbabwe is like a war, a “complex emergency” which is how experts now term situations in which there is significant violence, severe economic decline, and the destruction of social capital.⁴ Recent events have only intensified displacement producing both internal and external refugees accompanied by a full-scale humanitarian crisis.

The second source of trauma considered here is constituted by the abuses WOZA women have suffered at the hands of state agents, primarily the police, but historically also the army. These can be categorized under the rubric, “organized violence and torture” (OVT). They include events of torture *per se* as well as assaults, cruel inhuman and degrading treatment, and verbal threats, insults and taunts.⁵

While a large proportion of Zimbabweans are victims of the displacement type of trauma events, WOZA women who are the subject of this research have experienced OVT events as well. The section on trauma in the questionnaire sought to quantify all those experiences. The detailed descriptions of the kinds of trauma events reported are given in Appendices 3 and 4.

From the questionnaire it is not possible to determine the degree of behavioural or emotional symptoms resulting from the accumulated traumas, but the frequency of trauma reported in this study suggests that there could well be psychological effects. There is abundant evidence from studies of the effect of traumatic events on populations caught up in war or civil conflict that both displacement and OVT types of trauma-inducing experiences can lead to mental health problems, sometimes amounting to severe psychological disorders.⁶

Zimbabwe’s History of Mass Trauma – 1960s to 2000s

Zimbabwe’s colonial history (1890-1980) saw conquest, forced labour recruitment, and forced evictions from ancestral lands, all of which constituted collective mass trauma experiences. But here the concentration is on the past 50 years, events within the collective memory of WOZA members.

The history of Zimbabwe over the past half-century reveals several periods in which mass trauma has occurred:

- *The Liberation War of the 1970s;*
- *The ‘Gukurahundi’ period of the 1980s;*⁷

² See Mollica, R.F, Guerra, R, Bhasin, R. & Lavelle, J. (Eds) *Book of Best Practices. Trauma and the Role of Mental Health in Post-Conflict Recovery*, Project 1 Billion, International Congress of Ministers of Health for Mental Health and Post-Conflict Recovery, December 3-4, 2004, Rome.

³ Such experiences have been shown in a recent Zimbabwean study to drastically increase the risk of psychological disorder. See Counselling Services Unit, *Report on Common Mental Disorders in Harare*, University of Zimbabwe [Departments of Community Medicine & Psychiatry], City Health Department, & Ministry of Health and Child Welfare, August 2006.

⁴ See Mollica, R. F, Lopes Cardozo, B, Osofsky, H. J, Raphael, B, Ager, A. & Salama, P. (2004), *Mental health in complex emergencies*, LANCET, 364: 2058-67.

⁵ Documented in WOZA, *op cit*.

⁶ Mollica et al, *Mental health in complex emergencies*.

⁷ A Shona word meaning the rain that washes away the chaff from the last harvest before the spring rain. It refers to a campaign of atrocities against civilians by the Fifth Brigade of the Zimbabwean army. This period was well documented. See Catholic Commission for Justice and Peace (CCJP) and Legal Resources Foundation (LRF), *Breaking the Silence, Building True Peace: A Report on the Disturbances in*

- *The 'Food Riots' of 1998;*
- *The violence since 2000, mainly, but not exclusively, associated with elections in 2000, 2002, 2005, and 2008;*
- *Operation Murambatsvina in 2005.*⁸

In each case there were both displacement and OVT sources of trauma, in varying proportions.⁹ During the 1970s Liberation War and the Gukurahundi period, there are at least some of the features of war. They were definitely present in the 1970s, where there are at least two opposing armies and a civilian population caught in the middle. It is to some extent the same for the Gukurahundi period, although the violence was not national and it involved very small numbers of opponents on the one side.¹⁰ Torture was a key component of violence experienced by civilians in both the 1970s and during Gukurahundi, as they were caught in the middle ground between opposing forces and became victims of violence from both sides.

From 1987 onwards it is abundantly clear that no party or group has offered a military threat to Zanu PF, or even a threat of violence. Thus, in contrast to previous periods, the data show a wholly one-sided pattern of violence, with state agents, government supporters, and even militia being the major perpetrators. Their aim has been not to fight an armed insurrection, but to quell non-violent political and civic activity. Nevertheless, torture has remained a major component of this violence.

Both displacement events and organised violence and torture have been frequently experienced by Zimbabweans in all the past four decades, although less so in the 1990s. The current period, from 2000 onwards, is clearly a phase of epidemic torture and organized violence in a variety of forms, as well as a period of experiences similar to the displacement of refugees in a war situation.

The WOZA research

The 2007 survey of WOZA members included a section on trauma experienced pre-Independence (before 1980), post-Independence (1980-1999), and since 2000. While the younger women were either born post-Independence or were too young to have memories of the pre-Independence period, women over 35 (58.8% of the respondents) could be expected to have some recollections of each period.

The data relating to trauma was based on the Harvard Trauma Questionnaire [HTQ]. It was altered slightly from previous uses in Zimbabwe in order to include an historical element, so that there might be a long-range understanding of the women's experience of trauma throughout their adult lives.¹¹

Interviewees were asked to indicate trauma events in two forms: those they have experienced themselves, and those they witnessed being experienced by others. They were asked to record these events for three periods: pre-Independence, 1980-1999, and for each year since 1999.

A number of different measures were taken from the data as follows:

- Total Harvard Trauma Questionnaire score: this records the total number of all Experienced and Witnessed items, for all years [HTQ Total];

Matebeleland and Midlands (1980-1988), 1997. Also Carver, R., *Zimbabwe: Breaking with the Past? Human Rights and Political Unity: An African Watch Report*, 1989 and Lawyers Committee for Human Rights, *Zimbabwe: Wages of War – Report on Human Rights*, New York, 1986.

⁸ A government campaign of destruction of urban informal housing and trading conducted May-July 2005; said to have directly affected as many as two million individual Zimbabweans.

⁹ See Reeler, A.P., *A People on the Run: Displacement and its effects on Zimbabweans over the decades*. Paper presented to: Britain-Zimbabwe Society Annual Research Day, St Antony's College, Oxford, 19 June 2006.

¹⁰ See CCJP & LRF, *op cit*.

¹¹ For a previous study involving the use of the HTQ see ActionAid, *An in-depth study on the impact of Operation Murambatsvina/Restore Order in Zimbabwe*, ActionAid International in collaboration with the Counselling Services Unit (CSU), Combined Harare Residents' Association (CHRA) and the Zimbabwe Peace Project (ZPP), November 2005.

- Total Harvard Trauma Questionnaire [Experienced] score: the total of all Experienced items, for all years 2000 - 2007 [HTQ Experienced];
- Total Harvard Trauma Questionnaire [Witnessed] score: the total of all Witnessed items, all years 2000 - 2007 [HTQ Witnessed].

The items in the questionnaire were then separated into those representing displacement and those representing organized violence and torture, and two more measures were isolated:

- Score for Organized Violence and Torture [OVT] items, by year [HTQ OVT];
- Score for Displacement items, by year [HTQ Displaced].

The same measures were then taken for two historical periods, pre-Independence and 1980-1999.

Results

The results are reported here in two sections. The first deals with historical trauma, which covers the pre-Independence era before 1980, and the post-Independence era from 1980 to 1999. The second section deals with the current trauma, from 2000 to 2007.

Historical trauma

Of the 1,983 women interviewed, 1,505 filled in the historical section of the trauma questionnaire. Those who did not would have been either too young to remember or not yet born in the early years. As indicated above, this covered both the pre-Independence period and the Gukurahundi era. Figures from Matabeleland were looked at separately to ascertain the levels of trauma during Gukurahundi.

The two time periods [pre-1980 and 1980-1999] were negatively correlated [$p=-0.09$], meaning that the probability of a violation in one period is not related to the probability in the next, but there was a marked and statistically significant increase in the number of trauma types reported in the 1980-1999 period compared to the pre-Independence period. This shows that, for the WOZA women, post-Independence carried greater risks than the pre-Independence era. While the average number of trauma events experienced and witnessed by each respondent before 1980 was 2.9, the average for the first two decades of independence was 5.8.

Table 1: Trauma totals: pre-1980 & 1980-1999

	1979	1980-1999
Mean	2.9	5.8
Standard Deviation	5.3	5.6

The difference between the two periods applied for every measure taken of the trauma, as can be seen from the table below, and the differences were strongly statistically significant. Considering that the 1970s were a decade of open armed liberation struggle, this seems improbable until one remembers that WOZA began in Bulawayo, that many of its members come from the Matabeleland provinces, and many were affected by the Gukurahundi violations.

Table 2: Comparison of trauma types: pre-Independence [1980] & post-Independence [1980-1999]

	HTQ [Total]	HTQ [Experienced]	HTQ [Witnessed]	HTQ [OVT]	HTQ [Displace]
Pre-Independence	2.9	1.5	1.5	0.3	0.5
Post-Independence	5.8*	2.6*	3.3*	0.4*	1.4*

**p=0.0001*

When the breakdown of the types of trauma is examined, virtually every type of trauma, deriving from both displacement and from OVT, was reported more frequently in the post-Independence era. The increases were very dramatic in the case of some types of trauma, especially food deprivation and beatings.¹²

As can be seen from Table 3, and in line with the comments above, the Matabeleland sample reported significantly more trauma than the Mashonaland sample for both the pre-Independence and Gukurahundi eras. This might have been an artefact of the age structure of the two groups, since the Matabeleland sample was slightly older than the Mashonaland sample. However, it is essential to note that the Matabeleland sample includes a large group of rural women who were subject to a multitude of trauma-inducing events during the Gukurahundi violence. Even the urban women of Matabeleland have rural origins, some of them having moved permanently to Bulawayo during Gukurahundi, hence the abuses of that period will also be reflected in the Bulawayo data.

Table 3: Comparison of trauma between provinces: pre-1980 & 1980-1999

	Mashonaland	Matabeleland
Pre-1980 [Experienced]	1.11	1.59*
Pre-1980 [Witnessed]	1.11	1.59*
Pre-1980 [OVT]	0.22	0.33*
Pre-1980 [Displaced]	0.43	0.53
1980-1999 [Experienced]	2.26	2.7*
1980-1999 [Witnessed]	2.45	3.55*
1980-1999 [OVT]	0.3	0.46*
1980-1999 [Displaced]	1.36	1.37

**p=0.001*

Given the possibility that the differences might result from a large number of older women forming the Matabeleland sample, the effects of age were examined for the women throughout the country, by comparing trauma witnessed and experienced pre-1980 and 1980-1999 in those under-35 and those over-35 years. Unsurprisingly, the older women everywhere reported more trauma compared to the younger women, so it seems unlikely that the differences seen between the two groups were due to age alone.

When the age difference was examined for Matabeleland only, which was done mainly to get an idea of the trauma experienced during the Gukurahundi years, the trends seen above remained the same, with older women reporting more trauma generally [see Table 4 below]. It is again also evident that the frequency of trauma increased during the two post-Independence decades, and this was due to the increase in trauma events that would be associated with the Gukurahundi, such as deprivation of food, imprisonment, rape, severe beatings, and torture [see Appendix 2].¹³

Table 4: Comparison of trauma [Matabeleland only]: under 35 & over 35 years

	Under 35 yrs	Over 35 yrs
Pre-1980 [Experienced]	0.51	1.95*
Pre-1980 [Witnessed]	0.53	1.95*
Pre-1980 [OVT]	0.12	0.41*
Pre-1980 [Displaced]	0.17	0.66*
1980-1999 [Experienced]	2.19	2.87*
1980-1999 [Witnessed]	3.02	3.73**
1980-1999 [OVT]	0.22	0.55*
1980-1999 [Displaced]	1.41	1.36

**p=0.0001; **p=0.01*

¹² See Appendices for the data.

¹³ Similar findings were reported in a study of the effects of Operation Murambatsvina. Here see ActionAid (2005), *op cit*.

The major conclusion to be drawn from the historical data is that experience of trauma existed in terms of both displacement and organized violence and torture. The post-Independence years were more traumatic than the pre-Independence decades, with older women reporting more experience of trauma countrywide, and women in Matabeleland reporting significantly higher levels of trauma than those elsewhere.

Trauma (2000-2007)

The sample here was larger, with a total of 1,972; 11 people either did not experience any trauma or the interviewer omitted to fill in the relevant section.

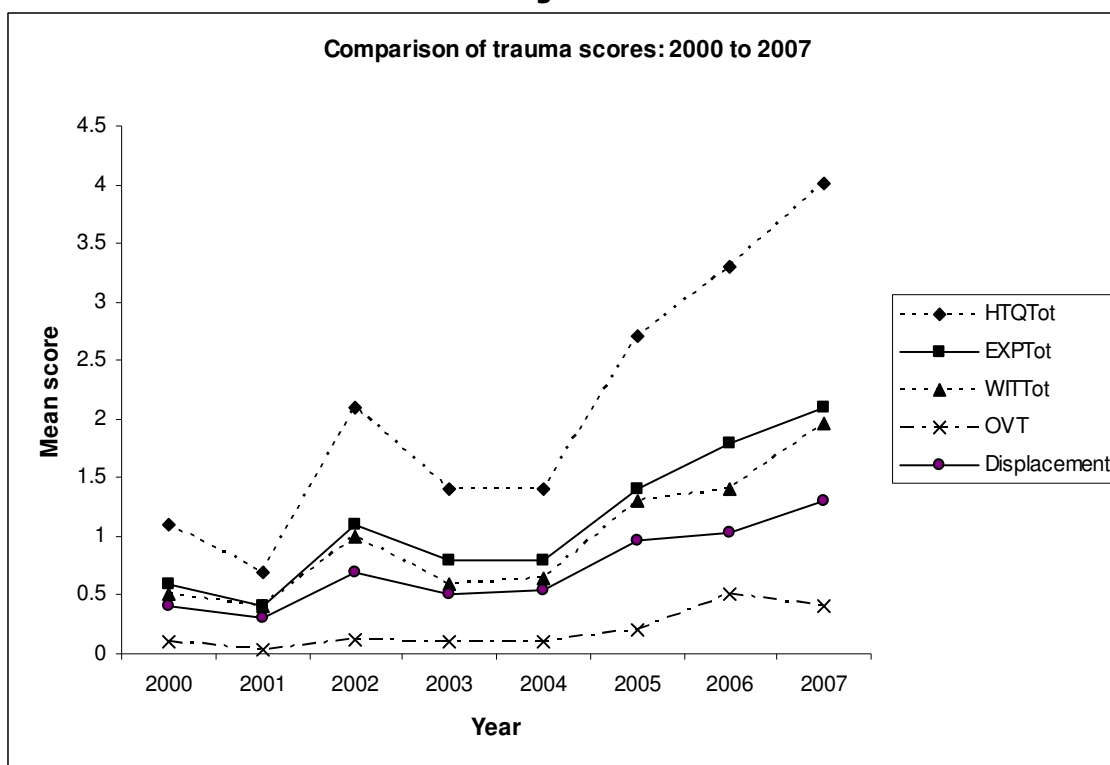
Overall, a high number of trauma events were reported on average, with enormous variation over the sample, and some persons reporting as many as 30 trauma items over the past eight years. The number of events experienced, both of a displacement nature and of OVT, was calculated for each respondent, and an average of the totals worked out. This produced the results in the table below, with an average of 8.8 trauma events experienced, and 7.9 witnessed. And it must be remembered that this can only indicate the types of events for each year, not the number of similar events. For example, if a person recorded beating in the year 2002, but was beaten three times that year, this has not been captured, and it will only show up as a single trauma event.

Table 5: Trauma Questionnaire scores [means & standard deviation]

Trauma scale	Number [<i>n</i>=1972]
No. of trauma events Experienced	8.8 [6.4]
No. of trauma events Witnessed	7.9 [10.4]
Total no. of trauma events	16.7 [13.9]

There is also a steady increase in the number of trauma items reported over the years, as can be seen from the figure below.

Figure 1



There are number of observations to be made here.

Firstly, there are clear increases for the election years 2000 and 2002, and dips prior and subsequent to these years. However, there is a very steady and marked increase in the number of trauma events reported from 2005 onwards. This corresponds more or less exactly to the data reported by Zimbabwean human rights groups, such as the Zimbabwe Human Rights NGO Forum.¹⁴ All reports from Zimbabwe human rights groups show the same trends: human rights violations (and hence trauma) increase during elections, and all violations have been increasing since 2005, which saw the beginning of Murambatsvina, the effects of which continue to be felt. In common with the Human Rights Forum, the WOZA sample reports 2007 as the worst year since 2000.¹⁵ However, since this data was collected, it is evident from the reports of the Zimbabwe Human Rights NGO Forum that the violence has worsened significantly in 2008, and, in particular, the violence since the March 2008 election has been extreme.¹⁶

Table 6: Trauma scores by year 2000-2007

	2000	2001	2002	2003	2004	2005	2006	2007
HTQ [Total]	1.1	0.7	2.1	1.4	1.4	2.7	3.3	4.01
HTQ [Experienced]	0.6	0.4	1.1	0.8	0.8	1.4	1.8	2.1
HTQ [Witnessed]	0.5	0.4	1	0.6	0.64	1.3	1.4	1.96
HTQ [OVT]	0.1	0.03	0.11	0.1	0.1	0.2	0.5	0.4
HTQ [Displace]	0.4	0.3	0.7	0.5	0.54	0.97	1.04	1.3

Secondly, looking at the table above, it can be seen that the average frequency for Experienced items exceeds that for Witnessed items. Although this is not statistically significant, interestingly this is the case for every single year since 2000. This seems counter-intuitive – that people should experience more trauma than they witness – but it must be remembered that the WOZA women are activists, and have been engaged in protesting the terrible conditions that they and their families have been experiencing since 2003. Given the repressive attitudes of the state and state agents to dissent and disagreement, it is predictable that the actions of the WOZA women would lead to them directly facing possible trauma, and the data bears this out.

Thirdly, Displacement items are more frequent than OVT items for all years. The comment here is that the Displacement score does not only reflect actual displacement but also the increasing economic hardship faced by these women. Lack of food, lack of shelter – especially after Operation Murambatsvina – and lack of access to medical care have become common features of Zimbabwean life in the last few years, and particularly for working and sub-working class families, which are the social groups from which WOZA draws the major portion of its membership.

There was also a significant correlation between the total number of human rights violations reported and the number of trauma events Experienced [0.37 ; $p=0.005$].¹⁷ The actual violations reported by the sample correlated strongly with the measure of OVT from the HTQ [imprisonment, rape, kidnapping, severe beatings, torture, and sexual abuse] but not at all with the measure of Displacement. This is perhaps unremarkable and to be expected, but it does give considerable confidence in the data that different measures of the same events correlate strongly.

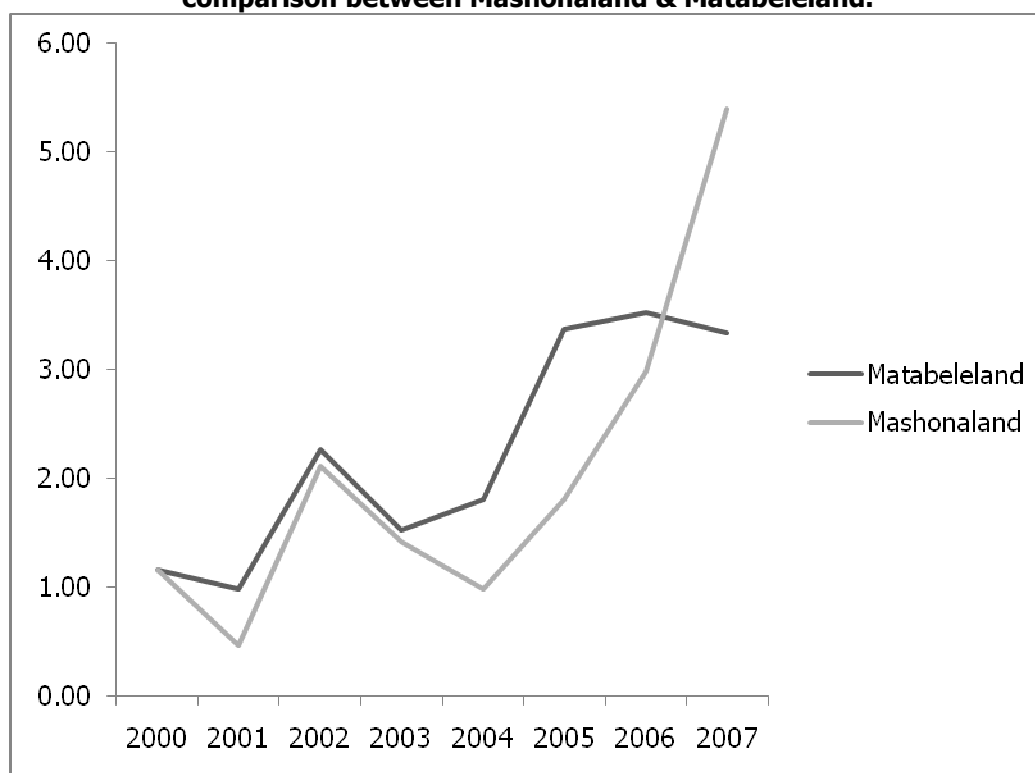
¹⁴ Zimbabwe Human Rights NGO Forum, *At Best a Falsehood, At Worst a Lie? Shooting Oneself in the Foot? Comments on the Zimbabwe Republic Police Report "Opposition Politics in Zimbabwe. A Trail of Violence"*, June 2007.

¹⁵ Since the research was carried out in May-June, in fact these figures cover less than half the year, suggesting a higher level if the whole year was considered.

¹⁶ See Zimbabwe Human Rights NGO Forum, *Can the Elections in Zimbabwe be Free and Fair?*, Paper produced by the Research and Advocacy Unit [RAU] for the Zimbabwe Human Rights NGO Forum, 2008; Zimbabwe Human Rights NGO Forum, *If you can't join them, beat them! Post-election violence in Zimbabwe*, An alert of the Zimbabwe Human Rights NGO Forum & the Research and Advocacy Unit. May 2008.

¹⁷ See WOZA, *op cit*.

Figure 2
Average number of trauma events reported between 2000 & 2007:
comparison between Mashonaland & Matabeleland.



It was observed under the section on historical trauma that the sample from Matabeleland consistently reported greater numbers of trauma events both pre- and post-Independence, and, to some extent, this observation still applies for the period since 2000. However, as can be seen from the figure above, this pattern only holds until 2007, when the Mashonaland sample reports markedly more trauma events than the Matabeleland sample. This finding accords with the reports of human rights groups that 2007 has been the worst year since 2000 for human rights violations, the majority of which have been reported in the northern half of the country.¹⁸ It is also evident that the general trend for violations to increase during election years is seen for both groups.

One of the reasons for studying trauma experiences is to be in a position to determine the psychological effects and devise appropriate treatment if it is required. This research did not directly measure psychological disorder, but used an indirect measure, the overall score on the HTQ of the last year, 2007. Research carried out in Zimbabwe, by ActionAid, in the aftermath of Murambatsvina indicated that psychological disorder among a random sample of victims, as measured by a psychological screening instrument, the SRQ-8,¹⁹ correlated with scores on the HTQ of 3 or more.²⁰ Using this as a measure on the HTQ in the present study, it was found that 1,051 [53%] women in the sample had scores on the HTQ of 3 or more, and hence indicative of psychological disorder. This is not as high as that found in the ActionAid survey, where 69% of the sample drawn from Bulawayo, Harare, and Mutare were suffering from psychological disorder, but is nonetheless much higher than estimates from the general population.²¹

¹⁸ See again Zimbabwe Human Rights NGO Forum (2007), *op cit*.

¹⁹ For use of the SRQ-8 in Zimbabwe with victims of OVT, see Amani Trust, *Survivors of Torture in Mount Darwin District, Mashonaland Central Province: Report and Recommendations*, Amani Trust, 1997; Amani Trust, *Preliminary Report of a Survey on Internally Displaced Persons from Commercial Farms in Zimbabwe*, Amani Trust, 2002.

²⁰ See ActionAid (2005), *op cit*.

²¹ For example, see Counselling Services Unit, *Common Mental Disorders*. This study, carried out in outpatient settings in Harare, indicated that the prevalence of Common Mental Disorders had risen to 38%.

Effects of Trauma

Research into the effects of trauma experiences in many other countries has shown that they frequently result in psychological disturbance and disorder. Many studies demonstrate high rates of Post-Traumatic Stress Disorder [PTSD] and other disorders as a consequence of OVT. For example, a multi-country study of the relationship between life events, such as torture, and PTSD showed very high rates of PTSD in all four countries surveyed: the prevalence rate of assessed PTSD was 37% in Algeria, 28% in Cambodia, 16% in Ethiopia, and 18% in Gaza.²² Conflict-related trauma after age 12 years was the only risk factor for PTSD that was present in all four samples, whilst torture was a risk factor in all samples except Cambodia. A longitudinal study of Bosnian refugees showed similar high rates of disorder.²³

As noted previously, this survey did not directly measure the degree or nature of psychological disturbance resulting from trauma among the WOZA women. This awaits further research. Nevertheless, considering the level of trauma recorded and the psychological effects observed in victims in other situations, it could be expected that such effects would be discovered if an attempt to document them was made. Furthermore, trauma research suggests that repeated exposure to trauma has a cumulative effect, making the victim more likely to suffer from a psychological disorder.²⁴ Zimbabwean women, with their history of repeated trauma through recent history are then candidates for clinical psychological symptoms resulting from repeated trauma of various types.

WOZA women have received very little counselling to help them deal with their trauma. Some group healing sessions with professional counsellors were organized, but remarkably, the women seemed more concerned to discuss their 'displacement' issues than their experiences of OVT, which they said they expected in any case and they had recovered from. Of course, this does not mean that they do not have any trauma-related disorders, but they themselves do not perceive them, and their observed behaviour does not indicate them either. It is interesting to speculate on the reasons for this, in the absence of any scientific data.

Possibly the torture episodes were not as serious as those inflicted on some other activists.²⁵ WOZA women have been threatened with dire consequences of their actions, but none have been subjected to prolonged physical or even mental torture such as electric shocks or lengthy detention. Most have been released from police custody within a few days of arrest.²⁶ However, the threat and possibility of such harsh treatment is always present, and many women struggle to overcome fear in order to participate in actions.

Another possible explanation for the lack of trauma symptoms could be the preparedness of the women for mistreatment. There is some indication from other studies that an individual's or a community's response to trauma, and the psychological damage it produces, is strongly influenced by the person's mental preparedness.²⁷ One study from Zimbabwe is Richard Werbner's *Tears of the Dead*.²⁸ Werbner is an anthropologist, not a psychologist, but his study of a community in rural Matabeleland showed a marked difference between the way people responded to organized violence and torture during the liberation war and during Gukurahundi. During the war they knew what they were fighting for, and there appeared to be a meaning for sacrifices and suffering; but during Gukurahundi, the violence seemed to target virtually everyone and the reason for it was not at all clear.

²² Mollica, R.F., Guerra, R., Bhasin, R. & Lavelle, J. (Eds), *op cit*; Quiroga, J. & Jaranson, J. (2005), *Politically-motivated torture and its survivors: A desk study review of the literature*, TORTURE, 16, No.2-5.

²³ See Mollica, R.F., Sarajlic, N., Chernoff, M., Lavelle, J., Vukovic, I. & Massagli, M.P., *Longitudinal study of psychiatric symptoms, disability, mortality and emigration among Bosnian refugees*, JAMA 2001; 286: 546-54.

²⁴ See Basoglu, M., *Torture and Its Consequences: Current Treatment Approaches*, Cambridge: Cambridge University Press, 1993; Quiroga, J. & Jaranson, J. (2005), *op cit*.

²⁵ The reason for this is not entirely clear, with various suggestions having been given.

²⁶ This trend has changed in view of the May 28 2008 incarceration of members at remand prison after the state challenged bail granted by a magistrate. 12 members spent 17 days in custody and two spent 37 days in prison before being granted bail.

²⁷ Psychological preparedness has been shown to be a factor minimising the consequences of trauma due to organized violence and torture. Here see Basoglu, M. et al (1996), *Appraisal of self, social environment, and state authority as a possible mediator of post-traumatic stress disorder in tortured political activists*, J.ABNORM.PSYCHOL., 105, 232-236.

²⁸ Richard Werbner, *Tears of the Dead*, Baobab, Harare, 1992.

The trauma experienced in the 1980s was much more damaging to individuals and to the community than that experienced during the 70s. Studies from other parts of the world seem to draw similar conclusions.²⁹

It is also a fact that WOZA women are specifically prepared to expect violence, and are trained on how to respond. Thus, they know that when they demonstrate in the streets they are likely to be arrested and may well be beaten and tortured. They never know exactly what to expect, but they go into action in a state of mental preparedness. They understand why they are carrying out their actions and are committed to the ideals for which they take a stand. If there are arrests and/or injuries, there is always a back-up team that goes into action to bring lawyers, food, medicines, to arrange for medical examination and treatment, and to give the emotional support that might be needed at the time. In police custody the women support each other. If it appears that only one is being arrested, others will hand themselves in as a solidarity gesture. Thus a network of caring and support sustains and builds the strength of the women as a group. Furthermore, after each action, de-briefings are held. Those in the action meet to review what happened, success and failures, including their feelings about their action. Were they proud of themselves, were they very afraid, how did they get through it? What could be done differently next time? Mistakes are analysed. These processes may well have an "immunising" effect for the WOZA women.

Evidence from studies in Bosnia suggests that experience of torture may produce feelings of hatred and desire for revenge, all of which can retard healing.³⁰ WOZA women learn to treat the police officers that mistreat them as human beings who also have feelings. They take it as a challenge to try to win respect from the police officers, and to help them to also understand the reasons for their protests. For example, on one Valentine's Day, a police officer in charge of detaining over a hundred women was happy to receive a WOZA red rose to give to his wife. Others, especially female officers, whisper support for the women and encourage them to continue to be brave. All of this, which creates an understanding and a belief that the suffering is worthwhile, has made WOZA women strong and prepared and thus probably less likely to suffer the normal consequences of torture and mistreatment. No one could claim that no WOZA women have feelings of hatred for and desire to revenge against their tormentors, but the group ethos and solidarity helps to reduce this. It is probable that the network of understanding, support and preparedness created by WOZA among its membership enables them to cope more effectively psychologically with the kinds of treatment that they have experienced.

Conclusions

Collective trauma usually occurs among civilian populations caught up in war and civil disturbance. Currently these conditions are referred to as complex emergencies. Zimbabwe has clearly experienced a number of complex emergencies over the past few decades, and certainly both the Liberation War of the 1970s and the Gukurahundi of the 1980s would conform to the definition of a complex emergency. It can be debated whether the period since 2000 would be classified as a complex emergency, as there were no obvious signs of war, but it is indisputable that there has been severe economic disruption, destruction of social capital, and widespread human rights violations, with significant violence, although not large numbers of deaths. However the escalation of levels of violence, torture, deliberate maiming and physical elimination of political opponents since March 2008 has brought Zimbabwe to a state of virtual undeclared war and a political and humanitarian emergency of complex proportions.

As is the case in most complex emergencies, women and their families are generally the most common victims, and Zimbabwe is no exception. Many women of all ages have been brutalized, raped, tortured, and even killed for their political activities and of those of their male family members. As children are normally in the presence of their mothers, they been equally victimised. Most often such victims demonstrate psychological effects of their experience and witnessing of traumatic events.

²⁹ See Willem F. Scholte, MD; Miranda Olff, PhD; Peter Ventevogel, MD; Giel-Jan de Vries, MA, MSc; Eveline Jansveld, MA; Barbara Lopes Cardozo, MD, MPH; Carol A. Gotway Crawford, PhD, *Mental Health Symptoms Following War and Repression in Eastern Afghanistan*, JAMA. 2004; 292:585-593; Barbara Lopes Cardozo, MD, MPH; Oleg O. Bilukha, MD, PhD; Carol A. Gotway Crawford, PhD; Irshad Shaikh, MD, PhD; Mitchell I. Wolfe, MD, MPH; Michael L. Gerber, MPH; Mark Anderson, MD, MPH, *Mental Health, Social Functioning, and Disability in Postwar Afghanistan*, JAMA. 2004; 292:575-584.

³⁰ See Basoglu, M., Livanou, M., Crnobaric, C., Francisikovic, T., Sulji, E., Duric, D., Vranesic, M. (2005), *Psychiatric and Cognitive Effects of War in Former Yugoslavia*, Association of Lack of Redress for Trauma and Posttraumatic Stress Reactions, JAMA, 2005;294:580-590.

The women of WOZA, like most Zimbabweans, are victims of displacement types of trauma events. These were experienced as far back as the 1970s by some WOZA members, but have accelerated over the post-Independence years. Some of the women also experienced OVT trauma-inducing events after 2000 before WOZA was formed in 2003. Since then, they have for five years attempted to bring the attention of the state and the international community to the parlous position in which Zimbabwean women have found themselves. Their protests have not met with the concern of the state, but have rather been met with repression and gross human rights violations. These are additional events of the sort that would normally induce further trauma. It is for this reason that WOZA has sought to systematically document their treatment.

From the analysis of the responses to the research questionnaire, the following conclusions have been able to be drawn:

- The members of WOZA have experienced trauma over all the past three decades, as well as before Independence in 1980.
- The kinds of trauma are not confined to those most documented by human rights groups, and include a whole range of events that reflect the destruction of the social fabric of society. These have been classified as displacement type events and organized violence and torture (OVT).
- The frequency of trauma of all kinds has been steadily increasing. An average of 2.9 events per respondent for the pre-Independence period doubled to 5.8 in the two post-Independence decades, and then tripled to 16.7 in the period 2000 to 2007.
- A number of differences between different time periods and places emerged. Women from Matabeleland reported higher rates of trauma in all three decades and it was evident that Gukurahundi had significant effects during the 1980s.³¹
- While specific measures of the consequences of the trauma for these women could not be made, it was estimated that over 50% of the sample are at risk of developing significant psychological disorders. The effects may not be experienced immediately – there is little time for the women to focus on their inner worlds with all the many problems they solve daily – but it is probable that the sequential trauma they have suffered will in the future affect them more directly.
- It is also probable that the psychological effects of their trauma may well be lessened due to their understanding of the reason for their suffering and their preparedness to make a sacrifice for the future of their families and their nation. Their commitment and dedication to a cause that they believe in makes them stronger than the person who becomes a victim of random violence without any understanding. Scientific evidence of this assumption relating to WOZA women awaits further systematic research.

The level of deliberate displacement and OVT in Zimbabwe suggests a large number of perpetrators of these abuses. But very little attention has been given to the effect of OVT in particular on these perpetrators of violence. This is not surprising for a variety of reasons, but experience world-wide shows that the perpetrators themselves frequently develop psychological disturbances as a result of the guilt and shame that they feel.³² Anecdotal information describes soldiers who perpetrated massacres and torture during Gukurahundi seeking out their victims' families in order, in the traditional parlance to "cleanse" themselves, thus curing distressing symptoms of psychological disorders. When considering the need to deal with Zimbabweans' traumatic experiences of the past 40 years, it will be necessary not to forget the need for healing of the perpetrators as well as the victims.

³¹ It would appear that this trend has not continued through 2008 in view of election violence in rural areas across the country.

³² See Basoglu, M., (1993), *op cit*.

The state has a responsibility to protect, as was pointed out by the UN Special Envoy in 2005,³³ and the Zimbabwean state has not only failed to protect but also rather inflicted harm on citizens exercising their constitutional rights. It has turned young men and women into torturers who themselves may become tormented.³⁴ At what point will a Zimbabwean government confront the legacy of trauma and look to begin a healing process? This must be an important consideration in determining what form of authority emerges from the current SADC mediation process.

Recommendations

Trauma resulting from displacement can only be rectified over the medium to long term by a government that cares for its citizen's socio-economic needs. In regard to organized violence and torture, we feel that there are specific recommendations that need to be made to deal with the consequences and ensure that it stops and does not start again.

The Zanu PF government, in common with some other African governments, has seemed oblivious to the destructive impact of widespread use of violence as a political tool of control and repression. While it may have achieved its immediate goal of stifling dissent for some years, it has surely had seriously deleterious long-term effects on both the victims and the perpetrators. However this research on WOZA women was not intended to show long-term effects of traumatic experiences because the time lapse was too short.

In order to deal with the problem of the prevalence of OVT as a common feature of our society, we recommend the following:

- Stop the political violence; disband militia camps in all areas of the country. Any political violence must be reported, investigated and prosecuted through the courts without any form of favour or political influence.
- Intensive research should be undertaken into the effects of OVT on Zimbabweans, both as victims and as perpetrators.
- A centre be established within Zimbabwe to carry out research, training and treatment related to victims and perpetrators of violence.
- A needs assessment be conducted regarding what treatment is needed to heal both victims and perpetrators.
- Research should be conducted and disseminated on the most effective ways for non-violent protestors to prepare themselves to lessen the traumatic effects of torture and other forms of violence.
- All government law enforcement agents be trained specifically on their international responsibilities regarding OVT and be required to make specific commitments not to follow orders which require them to contravene this commitment; an international rescue programme could be established to assist any who lose employment as a result of adhering to this commitment.
- All members of the government, defence forces and party institutions who are identified as perpetrators be required to appear before a forum where they admit their crimes; the more senior officers identified as giving orders should be prosecuted.
- Joint sessions of victims and perpetrators should be held to aid the healing process on both sides.
- Government should immediately lift the current ban on organisations providing humanitarian assistance and also allow a United Nations team to address the humanitarian crisis and widespread hunger without political interference.

³³ A. Kajumulo Tibaijuka (UN Special Envoy on Human Settlements Issues in Zimbabwe), *Report of the Fact-Finding Mission to Zimbabwe to assess the Scope and Impact of Operation Murambatsvina*, United Nations Human Settlement Programme, 31 October 2005, www.unhabitat.org/documents/ZimbabweReport.pdf

³⁴ See Solidarity Peace Trust, *National youth service training – "shaping youths in a truly Zimbabwean manner". An overview of youth militia training and activities in Zimbabwe, October 2000 – August 2003*, ZIMBABWE & SOUTH AFRICA: SOLIDARITY PEACE TRUST, 5 September 2003.

- A transitional authority should form a body to consult and develop a transitional justice plan of action designed to bring healing and reconciliation and then deal with justice and restitution for victims in the new Zimbabwe.³⁵

The type of evil that has become an integral part of government behaviour in Zimbabwe must be eradicated and the mindset of power hunger and disrespect for other human beings overcome. It can only happen through the actions of a government with a strong will to correct wrongs and ensure that the rights of all Zimbabweans be respected. We therefore believe that the most appropriate government to replace the current illegitimate incumbent would be a non-political transitional authority whose members have as a priority transitional process of healing, transforming and rebuilding. Such an authority will have the capacity and neutrality necessary to dismantle the structures of violence and oppression.

Nonetheless, whatever format the new political dispensation in Zimbabwe takes, it will need to embark on an official programme of acknowledgement of injustices. Economic recovery and democratic reform, whilst imperative, can only go so far in restoring the dignity of people. We believe that for dignity to be fully restored a new administration needs to assist individual survivors to rebuild their broken lives whilst ensuring that 'liveable peace' is achieved.³⁶ It is the only way Zimbabweans can bury the ghosts of their past and move forward into a more secure future.

³⁵ These recommendations amplify and extend the conclusions of a symposium on transitional justice held in 2003. Here see Themba Lesizwe (2004), *Civil Society and Justice in Zimbabwe, Proceedings of a symposium held in Johannesburg, 11-13 August 2003*, PRETORIA: THEMBA LESIZWE.

³⁶ Hayner, P.B, *Unspeakable Truths: Confronting State terror and Atrocity*, Routledge, New York and London, 2001.

Appendix 1:

Comparison of Experienced and Witnessed Trauma: pre-1980 & 1980-1999.

	1979	1979	1980-1999	1980-1999
	<i>Experienced</i>	<i>Witnessed</i>	<i>Experienced</i>	<i>Witnessed</i>
Food (lack of)	14%	4%	66%	21%
Medical (inaccessible)	9%	6%	24%	17%
Shelter (lack of)	6%	5%	12%	16%
Prison	3%	6%	5%	12%
Injury	6%	11%	7%	24%
Combat	9%	6%	11%	13%
Rape	2%	7%	2%	2%
Isolated	1%	3%	2%	5%
Close to death	9%	6%	12%	17%
Separation	6%	5%	5%	10%
Kidnapped	3%	7%	3%	15%
Beating	10%	13%	13%	28%
Torture	11%	9%	15%	19%
Scary situation	17%	7%	26%	16%
Property destruction	11%	7%	11%	16%
Sexual abuse	2%	5%	3%	7%
Dependency	11%	5%	25%	11%

Appendix 2:

Comparison of pre-Independence and post-Independence trauma for Matabelerland sample only.

	1979	1979	1980-1999	1980-1999
	<i>Experienced</i>	<i>Witnessed</i>	<i>Experienced</i>	<i>Witnessed</i>
Food (lack of)	17%	6%	64%	24%
Medical (inaccessible)	10%	7%	23%	20%
Shelter (lack of)	6%	6%	13%	17%
Prison	2%	6%	4%	12%
Injury	7%	15%	8%	26%
Combat	9%	6%	9%	13%
Rape	3%	10%	3%	12%
Isolated	1%	3%	2%	5%
Close to death	11%	7%	16%	19%
Separation	8%	6%	6%	11%
Kidnapped	3%	10%	4%	20%
Beating	14%	17%	17%	33%
Torture	13%	11%	17%	22%
Scary situation	22%	8%	31%	19%
Property destruction	15%	9%	14%	18%
Sexual abuse	3%	6%	5%	8%
Dependency	12%	7%	23%	11%

Appendix 3:

Experienced items by year [2000 to 2007]: percentage reporting each item.

	2000	2001	2002	2003	2004	2005	2006	2007
Food	23.5	17.2	50.4	30.5	30.4	48.1	46.6	59.5
Medical	6.5	6.3	8.9	10.1	12.6	17.5	27.3	26.7
Shelter	2.5	1.9	3.1	2.6	4.4	12.4	7.9	7.9
Prison	1.1	1.02	2.5	3.5	3.9	10.1	24.2	14.6
Injury	0.9	0.4	2.3	1.6	1.3	2.4	4.2	3.6
Combat	3.5	1.4	7.01	4.5	3.4	5.9	9.8	11.3
Rape	0	0	0.1	0.1	0.1	0.1	0.3	0.3
Isolated	0.4	0.2	0.5	0.9	0.44	0.7	1.9	1.7
Close to death	1.1	0.5	3.1	1.7	0.7	1.9	3.3	3.4
Separation	0.3	0.1	0.5	0.22	0.5	0.4	0.5	1.6
Kidnapped	0.5	0.2	0.8	0.4	0.3	0.4	0.7	1.3
Beating	1.3	0.2	2.6	1.5	1.4	4.01	7.7	5.6
Torture	3.6	1.2	5.1	3.9	2.9	5.9	13.4	14.1
Scary situation	3.9	2.1	10.1	4.2	3.8	7.4	9.8	16.4
Property destruction	1.2	0.4	2.1	1.3	1.2	5.9	2.2	1.5
Sexual abuse	0.22	0.5	0	0.2	0.2	0.4	0.3	0.5
Dependency	2.9	1.9	6.7	6.1	5.7	13.2	19.9	30.6

Appendix 4:

Witnessed items by year [2000 to 2007]: percentage reporting each item.

	2000	2001	2002	2003	2004	2005	2006	2007
Food	9.6	7.9	18.5	10.3	10.9	18.8	15.03	19.2
Medical	4.7	5.2	6.5	7.7	9.9	15.1	19.4	18.4
Shelter	4.6	3.2	5.03	5.2	8.8	26.9	15.1	15.9
Prison	1.7	1.6	4.1	3.5	3.4	7.7	12.6	14.6
Injury	3.4	2.1	6.8	3.9	3.2	6.3	10.7	13.5
Combat	2.5	1.2	5.1	2.1	2.1	4.4	6.8	10
Rape	1.1	0.8	0.9	0.9	0.7	1.02	1.4	1.1
Isolated	0.6	0.5	1.2	1.2	1.3	2.2	3.7	7.1
Close to death	1.8	1.3	5.5	2.1	1.6	2.8	6.6	8.2
Separation	1.9	1.6	5.1	2.1	2.8	2.7	3.8	6.9
Kidnapped	1.4	0.6	2.8	1.3	1.3	1.4	1.9	5.3
Beating	4.3	3.1	9.8	4.7	3.1	6.9	11.3	15.7
Torture	4.01	2.3	7.4	4.2	3.3	5.8	7.9	11.1
Scary situation	2.7	1.4	4.3	2.2	1.7	3.9	4.7	8.9
Property destruction	1.5	0.8	2.03	1.4	1.7	10.8	4.3	4.8
Dependency	1.4	1.2	2.8	2.6	2.4	5.7	7.3	10.3