

REPORT ON 2018 WOMEN'S CONFERENCE

PTSD: A WOMAN'S BATTLE IN CONFLICT ZONES

**EUROPEAN PARLIAMENT
8 MARCH 2018**

 KASHMIR COUNCIL-EU
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POST-TRAUMATIC STRESS DISORDER(PTSD) I KASHMIR

Post-Traumatic Stress Disorder (PTSD) is a mental problem that some people develop after experiencing or being exposed to life-threatening events. If not diagnosed and left to fester untreated, PTSD can morph and mutate into psychologically debilitating illness(es). In situations of armed conflict throughout the world, it is more frequent for the people to suffer from PTSD. The problem of acute and severe trauma is that it is not easily or well recognized by the victim; it takes special treatment and counselling to be able to understand and diagnose trauma and thereby PTSD.

In wars between nations or in civil conflicts, the first victims are always the most vulnerable: women, children and old people.

The non-resolution of the Kashmir Dispute keeps people of Kashmir in a paralyzing limbo, having to cope with occupation by an overwhelming military force, with brutal violence by both state and non-state actors, with impunity for perpetrators of crimes like rape and torture, with fear and mutual distrust in civil and political society and with deep painful feelings of humiliation vis-à-vis powers responsible for (prolonging) the status quo. Youth, elderly, rich and poor: all confronted with, and feel of impact of the conflict in their daily lives.

This political and social-psychological context of conflict in Kashmir has specific impact on women's daily live. For many women it dramatically frustrates their personal and public-exposure, freedom of movement and opportunities for self-development. Widows and half widows have to cope with the loss or unknown fate of their husbands, mothers of disappeared partners or sons seek truth and justice while trying to cope with uncertainty and economic poverty, women who are raped or harassed are dramatically wounded physically and psychologically, and even more, often also socially outcasted.

Mental healthcare, maternity care, lack of gender-specific psychological help for PTSD and likewise mental health disorders is a serious problem for the many (half)-widows and orphans who are in need of dealing with trauma.

Lack of knowledge of risks of bad/insufficient/wrong diet, or indifference to healthy food and physical care (often due to trauma, despair, poverty) negatively affects women's welfare and often the welfare of their relationship. Fertility problems get unnoticed and their causes (e.g. stress, effect of trauma) neglected whereas women suffer the risk of social exclusion.

Impunity for the human rights abuses is a long-standing issue in Jammu and Kashmir. Abuses by security personnel and non-state actors, including awful killings, mass-rape and disappearances, have gone uninvestigated and unpunished.

The Kashmir Council-EU is one of a number of organisations that are launching fresh initiatives aimed at mobilizing additional resources to raise awareness of the human rights violations committed and to persuade the International Community that it has a real role to play in securing an effective peace process for Kashmir.

PTSD: A WOMAN'S BATTLE IN CONFLICT ZONES

SESSION 1
14H00 – 15H00
EP, ROOM A3H1

The Kashmir Council-EU organised its annual Women's Conference, to mark 2018 International Women's Day. The Conference took place in the European Parliament with the support of MEPs Wajid Khan, Julie Ward and Sajjad Karim. The theme of the meeting was: "PTSD: a woman's battle in conflict zones".

The aim of the Conference was to explore the need for mental health counselling and therapy for women suffering from PTSD as a result of trauma (such as rape, abuse, etc.). Mental health disorders and psychosocial problems arising from conflict need to be addressed as part of post-conflict reconstruction and reconciliation efforts. Speakers included senior academics, civil society activists and representatives of the European Institutions.

The conference started with the screening of a video made by Amnesty International, highlighting the need for a ban of pellet guns in Indian-Held Kashmir, as a result of the physical and mental trauma they cause.

The pellet victims injured during the 2016 uprising are at risk of developing Post-Traumatic Stress Disorder (PTSD) as the government's health department has discontinued its rehabilitation plan. The police and military personnel have been issued with pellet guns which they use as routine against unarmed demonstrators. Although technically pellet guns have been labelled as being non-lethal due to the small size of the pellets contained in the cartridges used to load the guns, these weapons are capable of inflicting horrible life-threatening injuries on anyone within a range of 500 yards. The statistics on patients admitted to local hospitals, instead of showing a random distribution of injuries to different parts of the body they show a disproportionate number of patients with wounds to the neck and head caused by pellet guns.



On the basis of the figures we have seen in the media, more than 300 individuals, some of them children, have had irreversible damage done to their eyes due to pellets from these dreadful weapons. Some of the wounded whose sight could be saved are unable to get the treatment they need because of limited facilities in the hospitals of Jammu & Kashmir. Many of the patients with damaged sight are children and young people. They will live for the rest of their lives wholly or partially in darkness.

Many of these victims show symptoms of psychological trauma and all of them face every day struggles: of dealing with the darkness they say has descended on their lives, of having to let go of simple pleasures and of preparing for difficult futures.

This is an alarming situation that if left unmoored and unattended these victims of trauma are vulnerable to PTSD. The state and the non-actors should cease immediately and completely all military and paramilitary action against the people of Jammu and Kashmir.

The screening was followed by the opening statement made by **Mr Ali Raza Syed, Chairman of the Kashmir Council-EU**, who welcomed the participants and introduced the goals for the event.

Mr Ali Raza Syed, pointed out that following the partition in 1947, the Kashmir Valley has been subject to continual political insecurity and ongoing conflict. When the conflict broke out, Kashmir was ill-equipped to deal with PTSD and other disorders. Subsequently, the region witnessed an epidemic of stress-related disorders after the outbreak of armed conflict. Generation after generation born and died suffering of stress-related disorders.

The Kashmir Valley is famously known as the paradise on earth, but it was turned into a flashpoint. The region has been classified as the world's most militarised zone as well as the largest region occupied by security forces. The heavily deployed security personnel have resorted to different forms of human right violations like extra-judicial executions, custodial deaths, custodial torture, rapes, forced labour, including the enforced disappearances. People from all spheres of life and different age groups, from 10 years to seventy years after their arrests have got disappeared.

This political and social-psychological context of conflict in Kashmir has specific impact on women's daily lives. For example, rape in Kashmir is hardly acknowledged and reported on, especially not when the perpetrators are state or non-state actors (military and militants). Rape is still not reported in all its facts and figures. Conflict-related sexual violence is one of the most outrageous human rights violation, it should be banned.

Member of the European Parliament (MEP) Wajid Khan addressed the European Parliament's actions regarding issues related to PTSD, and what further actions they should take.

He emphasized that it is important to take into account the recent '*Kashmir Mental Health Survey Report*' from Doctors without Borders that reveals that million or 45 per cent of Kashmir's adult population suffer from mental stress; one in five adults is living with Post Traumatic Stress Disorder (PTSD); and that the prevalence of mental distress is significantly higher among women than men. Generation after generation has been at the receiving end, anyone can get killed or injured in their life on a daily basis.

The EU has been providing assistance to the people affected by PTSD in conflict zones through numerous projects. In Kashmir, the EU has provided financial support for humanitarian projects, for psychosocial medical and long-term support.



The EU has been prominent in emergency humanitarian response, supporting women and families of sexual violence. In Bangladesh, the EU has been supporting with essential services and solutions for the Rohingya refugees, with the objective to reduce the risk of sexual and gender-based violence and improve the quality of response. The EU is leading in 2018 the global action of '*Call to Action on Protection from Gender-Based Violence in Emergencies*'. The goal of EU is to drive change and foster accountability so that every humanitarian action, from the earliest phases of a crisis, to mitigate gender-based violence risks, especially violence against women and girls, and to provide safe and comprehensive services for those affected by gender-based violence.

Even though the conflict is over, the severe trauma that they experienced will stay with them for the rest of their lives.

The International Community can and has to do more about this matter. For example, the EU needs to look on the ground and provide assistance so that people do not feel forgotten. The EU also needs to look at the mental health needs, individuals' well-being so that Kashmiri can effectively rebuild their communities and country. Often survivors have to rely on psycho-social and medical assistance from NGOs, whose commitment and delivering assistance is excellent and specialised care to the women that face challenges.

MEP Sajjad Karim, then spoke about the UN's viewpoint on PTSD, such as their resolutions and how these are implemented around the world.

He emphasized that the biggest challenge for the international agencies is to when trying to deal with issues of PTSD is getting access to those who are affected, access to the affectees. When one examines the situation, there is a real need for serious concern. In Rohingya, we find exactly that situation where international agencies cannot access the affected. They can even see them 100m down the road but cannot get to them and provide assistance or to carry out the assessments that are required. Those people are being targeted based upon their lack of statehood, which once again is in parallel with the people of Kashmir. They are also targeted as they are seen as a minority group, who are not wanted in that geographical area, and once again there are parallels there with women in Kashmir as well, certainly so far as Indian Administered Kashmir is concerned. When one examines what has unfolded in Sri Lanka over the last 4 days, once again you see the emergence of one particular community beginning to turn on another.

What is particularly concerning there is seems to be a spreading, almost a mirror image of what is happening in Myanmar is now once again beginning to unfold in Sri Lanka. And it is once again, Muslim communities that in the time of the troubles have to face the brunt of the force that is being pushed against them. A state of emergency has been declared and the immediate effect of the state of emergency is that international agencies cannot assess what is happening on the ground or the assistance that is required. And then of course, when one examines what is happening in other parts of India and then look at what is taking place in Indian Administered Kashmir, the issue becomes quite clear.

There are very real dangers to see for the spread of exactly this sort of targeting taking place, and once you see that sort of activity, be ready because if this sort of unfolding is to take place in that part of the world, then it goes without saying the brunt of that is going to be felt by the Kashmiris.

MEP Julie Ward, pointed out that Post Traumatic Stress Disorder is often seen as a predominantly masculine issue associated with military veterans. But, statistics show that women are twice as likely to experience PTSD as men. In conflict zones, women go through traumatic experiences that can cause mental health issues on the long term.



This echoes the global situation of women's health. Some issues that women experience here in Europe include, but are not limited to: obstetric violence (a normalised form of violence against women and girls such as doctors who do not ask for consent, nor explain what they are doing when performing invasive procedures; humiliation; disregard for women's pain), disregard for period pains (which have not been taken seriously for centuries), barriers of access to safe and legal abortion, trans women's lack of access to medication, and so on.

In Kashmir, she explained, reports of women's rights violations are on the rise. Women have reported being sexually assaulted by the police and the paramilitary, and healthcare employees have reported an increase in the number of miscarriages due to physical violence.

A specific issue concerning Kashmir is the practice of braid-chopping, which denies women of their dignity. The Kashmiri movement has perceived this practice as an intimidation and an attempt to silence them, because of the army's complicity with the attackers.

The specific attacks on women in Indian Occupied Kashmir need to be addressed as such. Repeated sexual abuse calls for a particular response in terms of mental health. This response needs to include a political empowerment aspect. Women must be listened to, and their involvement in political processes (first and foremost the peace processes) is crucial to achieve this.

Nighat Iftikhar, a researcher from Pakistan, highlighted the PTSD among women in Kashmir.

She explained, that the latest researches show that the notion of unisex brain is no longer viable. There is a vast difference between male and female brain. Neurons in the male brain make connections in the area that governs sex and aggression while the neurons in female brain make more connections in the area that governs communication, and therefore women are less likely to take physical risks. The **Prefrontal Cortex** responsible for self-control is greater, so women are usually more patient; the **Hippocampus**, which is responsible for emotional memory is also larger and more active. This is the reason why women are able to remember emotionally charged events in more detail.

Women have a very different and strong brain patterns as compared to its male counterpart and sometimes, the strengths turn into weakness. The stronger the emotional memory, the harder it is to forget, and it makes women more vulnerable to Post-traumatic stress disorder (PTSD) & other mental health disorders.

Over the past year and a half, more than 200 civilian casualties of the ceasefire line in the Kashmir Valley. Subsequently, over 400 women living in that region suffer from mental disorders due to their loss of the loved ones in front of them. Witnessing a trauma is another important risk factor for PTSD. How appalling it is to witness your daughter being raped or your son being shot, or your husband being beaten.

Furthermore, the use of sexual slavery and sexual violence as tactics and tools of war/conflict is all too common and yet overlooked, it requires consistent and committed action. Rape by committed by military personnel is less common in Kashmir, but in recent years it has been reported more often along with other violent crimes such as kidnapping and murder. These crimes have largely gone unpunished.

The Indian authorities rarely investigated charges or allegations of rape. In Kashmir there is no evidence of a government policy that prosecutes or punishes those responsible of committing such acts.

Nowadays, unfortunately, the Kashmir conflict is still ongoing, nothing has been done to stop these awful human rights violations against humanity, and women.

Even though, PTSD has a very long-lasting impact it can be controlled. And the only way to prevent this, is to end the violence in the region, and give Kashmiris their right of self-determination. They need their freedom back so that can build a future for them and for their children.



Dr Nighat Iftikhar speech, was followed by a video screening with Natasha Rather and Isaar Batool, authors of "*Do you remember Kunan-Poshpura?*", the 27-year old story of a mass rape in IHK.

The two and a half decades-long struggle of the survivors of Kunan and Poshpora is a part of the larger ongoing struggle in the Indian Administered State of Jammu and Kashmir, against the institutionalized and structural violence of the Indian State in the region.

Both authors called upon the International Community to take action and punish those involved in the Kunan-Poshpura incident.

Member of the Brussels Parliament Dr Zahoor Manzoor spoke about the rape of women in a war zone: the Kunan-Poshpura case.

On 23rd February 1991, Indian army launched a search and interrogation operation in the twin Kashmiri villages of Kunan and Poshpora. It is reported that at least 100 women were gang-raped by the security personnel that night. Human rights organizations, including Human Rights Watch have stated that the number of raped women could be as high as 150.

The effects of rape or sexual assault can include both the initial physical trauma as well as deep psychological trauma. There are many emotional and psychological reactions that victims of rape and sexual assault can experience.

Physical effects:

When women try to defend themselves against these aggressions, they are often assaulted and left with injuries on their arms, chest, face and genitals. The internal skin of the intimate organ is torn which leads to a very painful and a slow healing process which can take weeks.

Psychological effects:

During a rape or sexual abuse, after trying to stop the perpetrator the victim often feels powerlessness and paralyzed (unable to cry). The victims' soul leaves the body and watches the aggression from distance. This is a form of psychological protection strategy, called "dissociation", where the victim experiences the abuse as if it is not happening to them, but as if they are outside their body watching.

These rape victims are usually prone to develop PTSD. It is a very painful and long-term process to bring them in a so-called normal psychological state (which in fact is never reached).

Even after months of psychological support, the trauma of being raped or sexually assaulted can be devastating, leaving you feeling scared, ashamed, and alone or overwhelmed by nightmares, flashbacks.

Dr Manzoor, concluded his statement by stressing that severe measure should be taken against the perpetrators that make use of rape as a weapon of war, particularly the ones responsible for the Kunan Poshpura incident.

Jasmin Ibrahim, member of the Theater X highlighted the battles that women fight against aggression and oppression.

Theater X is a self-organized community theater based in Berlin that promotes emancipatory education and cultural activism offering a stage to young people, who do not have a platform to talk and have their voices heard.

The 8th of March marks International Women's Day, a day with over a century of history and change behind it. Originally known as International Working Women's Day, its roots lie in the socialist, rather than feminist, a struggle of the early 20th century.

It is a day founded by Klara Zetkin, a great German revolutionary who coined the phrase, that women are – kämpferisch und schutzbedürftig zugleich - which means – combative and in a need of protection at the same time. What does she mean by this?

Women have to fight the same fights that men have too: against exploitation and poverty, against imperialism and war and so on. But women also have to fight against special forms of oppression specific to their gender: against the exploitation of their bodies, for the right to determine their own sexuality and for the socialization of reproductive work. In this case, the local and international struggle is the key.

Subsequently, women have to fight against this double exploitation and oppression. The traumatization is double and deep.

Today, the #metoo movement has shown how far from being liberated the situation of women in the most powerful country in the world is. We naturally support this movement but the situation of the oppressed in other parts of the world especially in those countries that have been colonized and suffer divisions and war, should also and perhaps much more occupy our attention and demand our solidarity.

We have learned much from our colleagues from the Free Kashmir movement about the situation in Kashmir. For example, the terrible events in Kunan Poshpora. After many talks with the colleagues with the Kashmir Council-EU Chairman Mr. Ali Raza Syed, they have decided to engage their community theatre organization in this struggle for women and in general for human rights.

"We want to create and show the community in struggle and fight together for the decolonization of our bodies."

Marjan Lucas, a researcher on global conflicts, addressed the role of the local community in providing support to female members who suffer from PTSD.

We have heard a lot of stories of violence against females, but we must not forget the stories of bravery and strength of the women. We have also seen women as strong fighters, women that possess a strong spirit of strength. The women express a sense of determination that Kashmir's sacrifices should not be in vain. This event is an occasion to come together to connect but also to empower women. The book on Kunan Poshpora, written by those who survived the attack are still fighting for justice, is a proof of their strength.

Wars, conflict, and persecution have forced more people than at any other time since records began to flee their homes and seek safety elsewhere. Women and girls continue to be at risk of harassment and sexual violence long during their long journeys to safety and even after they flee war and unstable environments. This is also something that is not yet been confronted.

Rape has been recognised as a war crime. These crimes of sexual violence committed during the conflict, particularly those committed systematically as a weapon or tactic of war to terrorise, humiliate and wipe out or forcibly relocate whole communities, prolongs, deepens and promotes conflict.

As in most conflict zones, Kashmiri women have been subjected to violence. Rape is used as a weapon against the Kashmiri women for decades. According to independent and unbiased sources, there have been 500-600 individual rape cases in the Indian occupied state of Jammu and Kashmir per year. Most of these cases are not reported in media, police or court.

We wondered why nobody had sought justice for the Kashmiri women who were raped more than 20 years ago. Ms Lucas, stressed the need to come together and see what has been done about the Kunan Poshopa case. This incident is part of the Kashmiri history and we need to raise awareness and seek justice for them

Former member of the Brussels Parliament Danielle Caron addressed the effects of mental health and family relationships

Different surveys, that show that almost 90% of patient with a mental health condition has detrimental effects on their families. Mental illness can be an extremely painful and traumatic time for all of the family and have huge impact on a family's financial and emotional components. When it comes to the mental illness, the emotional and behavioural consequences for family members go largely ignored. It is clear that individuals' mental health problems have consequences for others within their social networks, most notably, their family.

Traumatic events can have a profound and lasting impact on the emotional, cognitive, behavioural and physiological functioning of an individual. Depending on the circumstances, the psychosocial impacts of disasters can range from mild stress reactions to problems such as anxiety, depression, substance abuse and post-traumatic stress disorders (PTSD). Looking after a family member with a mental illness can be an extremely stressful time and coping with the stress may rouse various reactions such as somatic problems, cognitive and emotional problems, and behavioural troubles.

Another area highlighted by the survey was the effect mental health had on patients' children. The consequences of war can have major impact on the health of children for years to come.

Children are often too young to fully grasp the consequences of mental illness and find it difficult to understand why their parent isn't well or is acting unusually. Therefore, many tend to blame themselves and grow up feeling different, lonely, and isolated. Ultimately this may lead to the child developing psychological, behavioural, and social problems of their own.

Family life can become unsettled and unpredictable as the needs of the ill become paramount. Studies show that a large number of family members have had to, on one or more occasions, leave their job, whilst others said they had had to give up their recreational pursuits.

War violates every right of a child - the right to life, the right to be with family and community, the right to health, the right to the development of the personality and the right to be nurtured and protected. The family and access to better education can play a huge role in their recovery process.

Dr Mohammad Siddiq Kiani, the Chairman of the Free Kashmir Organization Berlin, highlighted the need to ban the use of pellet guns on civilians.

Since 1974, human rights abuses in the Indian-administered Jammu and Kashmir state are an ongoing problem. The abuses range from mass killings, enforced disappearances, torture, rape and sexual abuse to political repression and suppression of freedom of speech.

Kashmir remains the most militarised place in the world as there are more than 650,000 troops stationed in the region - that is one soldier for every 17 Kashmiris. For the majority of Kashmiris living in the valley, freedom is the only way to get their pride back. It is the only way, they say, India can redeem itself in the hearts and minds of the Kashmiri.

In recent years, the police and military personnel have been issued with pellet guns which they use as routine against unarmed demonstrators. A report for a local NGO stressed that the more than 2.3 million pellet guns have been used only in three months.

Moreover, hundreds of pellet victims injured during the 2016 uprising are at risk of developing post-traumatic stress disorder (PTSD) as the administration's health department has discontinued its rehabilitation plan. There is also good number of youth who have developed symptoms of mental disorders including PTSD.

The use of pellet guns is inhumane and unacceptable, it is a war against civilians. India is the largest democracy in the world, these actions against civilians should never happen. The Indian establishment should recognise Kashmiris right to self-determination and to stop the human rights violations.

The international Community, should get involved and put pressure on India to cease immediately and completely all military and paramilitary action against the people of Jammu



The closing remarks were delivered by the chair of the sessions, Ms. Sadia Mir.

For the past 70 years, this political and social-psychological context of conflict in Kashmir has specific impact on women's daily live. For many women it dramatically frustrates their personal and public-exposure, freedom of movement and opportunities for self-development. Widows and half widows have to cope with the loss or unknown fate of their husbands, mothers of disappeared partners or sons seek truth and justice while trying to cope with uncertainty and economic poverty, women who are raped or harassed are dramatically wounded physically and psychologically, and even more, often also socially outcasted.

The specific attacks on women in Indian Occupied Kashmir need to be addressed. Repeated sexual abuse calls for a particular response in terms of mental health. This response needs to include a political empowerment aspect. Women must be listened to, and their involvement in political processes (first and foremost the peace processes) is crucial to achieve this.

RECOMMENDATIONS FOR THE EUROPEAN PARLIAMENT

Brussels, March 2018

The participants and honored speakers, host and organizers of the 2018 Women's Conference on PTSD: A WOMAN'S BATTLE IN CONFLICT ZONES in the venues of the European Parliament in Brussels, on March 8th, 2018

Having regard of

- the various and diverse and relevant contributions by honored speakers
- the discourse during the conference and its statements and conclusion regarding necessary efforts to prevent and respond to sexual and gender-based violence in conflict, to prevent
-
- the various Resolutions of Kashmir adopted by the European Parliament and United Nations in recent years

Appealing for

- ongoing support for the Kashmiri people in general to resolve the conflict over Kashmir, and the Kashmiri women in specific in their struggle for justice, freedom and democracy
- acknowledging that the conflict in Kashmir has its negative impact on the life of Kashmiri women in various realms of daily life
- acknowledging the specific constraints for Kashmiri women and the negative impact of the conflict on their personal and public expression and development
- acknowledging that rape of women civilians has been deployed as a tactical weapon and the volatile background can impact on the society's mental well-being is still nascent

Having formulated concrete counter measurements on each subject, which together serve as basis for Recommendations vis-à-vis European Parliament

Calls on the European Parliament to

- first of all, reiterate its acknowledgement that Kashmir is a disputed area
- support and encourage ongoing awareness on the Kashmir Dispute and its effects for local population on the ground and women in specific
- acknowledge and reiterate the importance of inclusion of the Kashmiri people as first and foremost stakeholders in efforts for resolution of the conflict over Kashmir
- To take action and put pressure on the Indian establishment to cease immediately and completely all military and paramilitary action against the people of Jammu and Kashmir.
- acknowledge and reiterate that the disputed status of Kashmir has a dramatic gender-specific impact for Kashmiri women and the need to take actions to reduce the risk of sexual and gender-based violence and improve the quality of response.
- acknowledge that disempowerment of women impacts in disempowerment of the wider society and nation
- to look at the mental health needs, individuals' well-being so that Kashmiri can effectively rebuild their communities and country
- acknowledge the specific attacks on women in Indian Occupied Kashmir need to be addressed as such. Repeated sexual abuse calls for a particular response in terms of mental health.

Furthermore, calls on the European Parliament

- to encourage and support women empowerment via concrete projects and funds
- to encourage and support women's initiatives for intra and inter Kashmir dialogue

- to encourage and support for the establishment of dialogue and cooperation between Diaspora and women's organisations in the area of concern ('on the ground')
- to use the provision of human rights clauses in establishing Trade Agreements with partners responsible for ongoing non-resolution of the Kashmir conflict and the human rights violations (e.g. gender-specific crimes such as rape, abuse, brade-chopping, and use of pellet guns) in the area of concern
- to create and guarantee (human rights/feminist organisations) Kashmiri women access to (international) financial resources as the various EU funds
- to help the international agencies to get access in the affected areas in order to assess what is happening on the ground or the assistance that is required.

and in general, always and unconditionally

- to acknowledge and implement the gender specific UN-resolutions

Brussels, 8th March 2018