

Betrayal as Political and Psychological Wound: Integrating Politics into War Rape Survivors Syndrome

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Abstract

This article develops a politicized understanding of betrayal trauma through the framework of War Rape Survivors Syndrome (WRSS). Rather than a diagnostic category, WRSS functions as an analytical and clinical lens for understanding wartime sexual violence. Conventional trauma models—especially PTSD and Complex PTSD—frame betrayal as interpersonal rupture, but such definitions fail to capture the structural realities of rape as a political weapon. Drawing on over a decade of clinical and field research with survivors in Bosnia, Kosovo, Rwanda, Ukraine, the Democratic Republic of Congo, Poland, and among Holocaust descendants, this article extends betrayal into the political sphere, where states, institutions, and international actors collude in both the violence and its aftermath. WRSS reframes silence, shame, and rage not as pathology but as logical responses to systemic denial and abandonment, redirecting intervention toward political and historical conditions. Integrating psychoanalysis, political philosophy, and decolonial trauma studies, the article demonstrates how justice processes, survivor-led rituals, and communal witnessing are not adjuncts but essential forms of healing. Recovery emerges as a layered movement—psychic, political, and cultural—where structural justice restores recognition, community practices repair social fabric, and psychotherapy supports survivors' self-authorship. Healing is therefore not a private endpoint but a collective transformation that confronts and redresses political betrayal.

Keywords

War Rape Survivors Syndrome (WRSS), Betrayal Trauma, Wartime Sexual Violence, Structural Justice, Political Trauma, Decolonial Trauma Studies, Survivor-Led Healing, Intergenerational Trauma

1. Introduction

This article develops a politicized understanding of betrayal trauma within the framework of War Rape Survivors Syndrome (WRSS). Conventional trauma models conceptualize betrayal as interpersonal—the violation of trust by family, community, or intimate relations. Drawing on clinical and field research with survivors of wartime sexual violence in Bosnia, the Democratic Republic of Congo (DRC), Poland, and descendants of Holocaust survivors, I extend the concept of betrayal into the political realm. Wartime rape functions not only as a personal assault but as a political weapon, a strategy of domination that relies upon the collusion of states, institutions, and international actors. The resulting trauma is multilayered: silence, shame, and rage are reinforced by systemic denial, institutional failure, and intergenerational mistrust. Integrating psychoanalytic theory (Freyd, Kohut), political philosophy (Arendt, Agamben, Fanon), and decolonial trauma studies (Brave Heart, Smith), I argue that betrayal must be understood as both psychic injury and political abandonment. This framework highlights the necessity of recognition, justice, and survivor-led approaches in healing war rape trauma (Freyd, 1996; Kohut, 1977; Brave Heart, 1998).

Description of the WRSS is advanced as an analytical and clinical framework—not a formal diagnostic category—designed to capture the political dimensions of betrayal that are under-theorized in conventional nosology. While concepts such as Complex PTSD illuminate the sequelae of chronic interpersonal harm, WRSS emphasizes institutional and state betrayal and the intergenerational effects of systemic denial, thereby locating individual symptoms into a broader architecture of power. The paper proceeds in five movements. First, I develop betrayal as the central wound of wartime sexual violence. Second, I map how political abandonment collapses into the psyche, producing shame and silence as intelligent survival strategies rather than mere avoidance. Third, I examine hatred as testimony—a morally lucid response to shattered bonds, not a pathology to be erased. Fourth, I trace retraumatization across legal, medical, and communal settings where disbelief and stigma repeat the original injury. Fifth, I follow betrayal across generations, showing how vigilance and mistrust migrate through family narratives and silences. I close by articulating survivor-led and decolonial directions for practice and policy, including a brief explication of the SERS Method (Stabilization-Education-Redirection-Self-Awareness) and examples of survivor-designed healing practices that insist on recognition and structural justice, not therapy alone, especially in Western psychotherapeutic settings.

2. Discussion

2.1. Betrayal as Central Wound

In the aftermath of war rape, survivors rarely describe their suffering solely in terms of fear, nightmares, or physical injury. Instead, a recurring theme surfaces: betrayal. This betrayal is experienced on multiple levels—by neighbors who be-

came perpetrators, by families who silenced them, by governments that ignored them, and by international institutions that demanded proof but offered little recognition. In WRSS, this layered betrayal is understood as the organizing axis around which other symptoms—hypervigilance, dissociation, despair, and rage—cohere. It is not a metaphor. It is the lived memory of broken obligation: the dissolution of kinship expectations, the abdication of state protection, and the withholding of recognition by entities that claim jurisdiction over justice. When survivors name betrayal, they are diagnosing a social order that failed. The wound is therefore simultaneously psychic and political, seated in the body's memory yet produced and reproduced by institutional arrangements that treat sexual violence as collateral rather than constitutive of war.

My research and work across Bosnia, Kosovo, the DRC, Rwanda, Ukraine, and Poland revealed that betrayal is the central wound around which trauma symptoms cluster. In the War Rape Survivors Syndrome (WRSS) framework, betrayal trauma is not only an interpersonal phenomenon but also a political one. When survivors' bodies are used as battlefields, when institutions fail to protect or acknowledge them, betrayal becomes the bridge between psychological pain and systemic injustice. I explicitly distinguish WRSS from diagnostic entities: WRSS is a framework that situates survivor experience within relations of power. Where clinical categories catalog symptom constellations, WRSS tracks the circuitry that links personal pain to institutional denial and state abandonment. The "bridge" is not a rhetorical flourish; it is the route through which policy, courts, and clinics repair or re-inscribe injury. By centering betrayal, WRSS redirects assessment and intervention away from the survivor's alleged deficits to the conditions that produced and maintain the wound.

Unlike Post-Traumatic Stress Disorder (PTSD), which was developed in the late twentieth century to identify a core cluster of symptoms—re-experiencing, avoidance, hyperarousal—WRSS is not a diagnostic label. It does not stop describing what is happening inside the individual. Complex PTSD (CPTSD) adds important recognition of chronic interpersonal trauma and affective dysregulation. Nevertheless, it still treats the survivor primarily as a clinical subject whose suffering can be mapped by symptoms and treated within the therapeutic hour. Both PTSD and CPTSD, therefore, focus on *what* a survivor feels and remembers, while remaining largely silent on *who* created the conditions of harm and *how* social structures continue to sustain it.

WRSS, by contrast, was designed to answer questions that those categories leave open. Its purpose is not merely to name injury but to trace the connections between the immediate violation of wartime sexual violence and the enduring political, medical, and social systems that enable or deny redress. From a medical standpoint, WRSS helps clinicians see how institutional betrayal (such as dismissive health-care encounters or retraumatizing evidentiary demands) can worsen physical and psychological symptoms, guiding care plans that include advocacy and systemic change. From a psychological standpoint, it reframes silence, mistrust, and even

hatred not as pathology but as adaptive responses to structural abandonment. Moreover, from a social standpoint, it illuminates the ongoing role of governments, courts, and international bodies in reproducing or interrupting trauma across generations (DeBeer et al., 2023).

In short, where PTSD and CPTSD describe the *symptoms* of survival, WRSS describes the *source-symptom circuitry*: the living relationship between sexual violence, political economy, institutional betrayal, and transgenerational memory. This makes WRSS a more useful framework when working with survivors of wartime rape, because it honors their psychological reality while also demanding the political recognition and structural justice that true healing requires (DeBeer et al., 2023).

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The theory of betrayal trauma emphasizes the unique severity of trauma when inflicted—or denied—by trusted figures (Freyd, 1996). Silence, dissociation, and fragmentation arise as survival strategies in the face of such betrayal (Freyd, 1996).

Extending Freyd’s insight beyond intimate ties, institutional betrayal becomes visible wherever authority refuses acknowledgment or demands impossible proof performances. Within WRSS, silence is recast as rational self-protection in contexts where speaking invites stigma, retaliation, or juridical disbelief. Dissociation and fragmentation likewise appear not as signs of weakness but as adaptive partitions—the mind’s way to keep dignity intact when the world withholds it. These reframing matters clinically: it de-pathologizes survival while opening pathways for collective and political remedies alongside therapy (DeBeer et al., 2023; Freyd, 1996).

Nevertheless, wartime rape survivors show us that betrayal extends beyond interpersonal dynamics into structural and political domains. Survivors are betrayed not only by families but also by the state, law, and international community. In my fieldwork, survivors repeatedly described themselves as “abandoned to the world.” Their psychological wounds cannot be disentangled from this political environment.

“Abandoned to the world” is a condition (Arendt, 1961) that taught us to see: persons unprotected by the law, suspended between categories that ought to safeguard them, and regimes that instrumentalize their pain. In such zones, international forums can mirror the coldness of national ones—recognition stratified by proximity to power. WRSS reads these accounts as testimony about structures, not just stories about selves. Therapeutically, this means that repair must include

public recognition and material guarantees (access to care, legal standing, social understanding, reparations), or else the psyche is asked to heal inside the same betrayal that harmed it.

Survivors speak in a language that is at once profoundly personal and unmistakably political. Their narratives emerge from the intimate terrain of trauma. Nevertheless, each account also functions as a public declaration—a statement of presence and defiance against the forces that sought to silence them. In sharing their stories, survivors transform private pain into a political act, asserting agency and demanding recognition within the societies that betrayed them.

In Bosnia, survivors often recounted that rape was not random but systematic. One woman, whom I will call Amira, described being raped by soldiers who told her, “Now you will carry our child, not your people’s.” For Amira, the violation was inseparable from the political message inscribed upon her body: she had become a site of ethnic conquest.

Amira’s sentence is political speech by the perpetrator. It codifies rape as a tool of demographic engineering and symbolic sovereignty, asserting dominion over lineage, belonging, and future. Within WRSS, such moments are read as explicit communications—messages that wound because they reorganize identity under duress. Any clinical encounter that ignores this political inscription risks misreading the symptom and missing the remedy: recognition, memorialization, and justice procedures that address the ethno-political content of the harm.

In the DRC, I met survivors who spoke of rape as a tool to “break the village.” A survivor, Esperance, recalled how militias raped women publicly to humiliate men and dismantle community bonds. Here, the betrayal was communal: the state failed to protect its citizens, and the violence was allowed to become a political economy of war. By political economy of war, I refer to the interlocking systems of resource extraction, militia financing, command structures, and gendered terror that sustain conflict and profit from community rupture. Public rapes are not only assaults; they are performances of domination staged to atomize kinship, to signal impunity, and to discipline labor and land. The communal betrayal is thus twofold: first, the state’s failure to deter or punish; second, the structural incorporation of sexual violence into the profit logic of war. Any adequate response must therefore be survivor-led and community-rooted, paired with legal and economic interventions that disrupt the incentive structures of violence.

The betrayal continued long after the wars ended. In Bosnia, survivors testifying at The Hague reported feeling retraumatized: “I told everything, and still they said it was not enough evidence.” In Poland, daughters of Holocaust survivors recounted their mothers’ silence, not only because of shame but because institutions offered no recognition.

Post-conflict venues meant to heal can become sites that grade credibility, translating memory into admissibility thresholds that survivors are set up to fail. When testimony is measured against scripts of what counts as “real rape” or “sufficient suffering,” courts reproduce the very epistemic hierarchy that WRSS cri-

tiques. The Polish daughters' accounts confirm that where recognition is thin, silence thickens—not as refusal but as the only stable ground left. Thus, institutional design is psychological design: procedures either widen the aperture of recognition or reinstall betrayal.

Arendt's analysis of statelessness resonates here: survivors became "unprotected by the law" (Arendt, 1951), abandoned in zones where their suffering was politically invisible. Agamben's notion of "bare life" captures the condition: the survivor exists biologically without political recognition (Agamben, 1998).

WRSS draws these concepts into dialogue with decolonial trauma studies, noting that coloniality of power persists in global regimes that decide whose pain is legible. When international and medical bodies universalize norms derived from dominant contexts, they can misread survivor worlds, compelling performances of pain that fit outside templates. A decolonial WRSS insists that legitimacy must be plural and locally grounded, so that the survivor is not asked to translate her suffering into a language that first erased her (Budryte, 2016).

2.2. Collapse of Political Betrayal into the Psyche

The collapse of political betrayal into the psyche results in profound shame. In Rwanda, a woman who militia fighters had raped told me: "The government called us heroes, but at home I was called dirty." Her words reveal the dissonance: official rhetoric of honor contrasted with local stigmatization, leaving her caught between recognition and rejection. This double address—hero in public, pollutant in private—fractures self-coherence. Shame here is not merely an intrapsychic artifact but the affective residue of contradictory social mirrors. Within WRSS, shame is relational evidence that the environment remains unsafe. The therapeutic task, then, is to soothe shame and change the mirrors: to create witnessing spaces where the survivor's meaning of her experience prevails over stigmatizing gazes.

In WRSS, silence is not a symptom of avoidance or pathology but an intelligent adaptation to this abandonment. When every available audience carries the possibility of shaming, the refusal to speak becomes a strategy of survival. Silence shelters the survivor from further harm and maintains the remaining fragments of dignity. What outsiders may label repression is, in truth, a logical response to systemic betrayal: when the world calls you both a hero and an outcast, the safest language is none at all.

Reframed this way, clinical goals shift from "breaking silence" to recalibrating conditions where speech is genuinely safe. This looks like survivor-led protocols for testimony, control over timing and audience, and rights-based accompaniment that guarantees protection from retaliation. Silence is not the enemy; coerced speech in hostile settings is. WRSS, therefore, couples therapeutic work with advocacy for structural safeguards so that when voice returns, it is owned, not extracted.

2.3. Hatred as Testimony

Decolonizing hatred in the aftermath of war rape requires an unflinching con-

frontation with the emotional, political, and historical forces that give rise to hatred, and an equally deliberate refusal of the colonial and patriarchal demand that survivors respond only with forgiveness or silence. In societies scarred by sexual violence deployed as a weapon of war, survivors are routinely pressured to embody what (Ahmed, 2004) names the “politics of happiness”: they are invited to become icons of reconciliation, to display sanitized resilience, or to accept a depoliticized narrative of healing that leaves the architecture of structural violence untouched. Within this regime of affect, hatred is pathologized—as if anger at annihilation were evidence of moral failure rather than the trace of moral clarity. Nevertheless, trauma studies, critical race theory, and decolonial psychology repeatedly demonstrate that hatred can function as a legitimate and even necessary moral response to the destruction of self, family, and community.

Frantz Fanon’s *The Wretched of the Earth* (Fanon, 1961) remains foundational here. Fanon argued that the colonized subject’s rage is not an irrational outburst but an “authentic” reaction to sustained dehumanization. His account resonates with contemporary testimonies of survivors of conflict-related sexual violence who describe anger and hatred not as mere symptoms of post-traumatic stress but as affective registers of violated justice (Kelly et al., 2011; Baaz & Stern, 2013). In Bosnian and Congolese survivor narratives, hatred often surfaces as a protective force—a refusal to normalize atrocity or to allow perpetrators and complicit states to slip into moral amnesia. Such testimonies expose the limits of Western therapeutic models that equate healing with the renunciation of “negative” emotions, as though the quiet erasure of righteous indignation could achieve psychic repair.

Decolonial scholarship insists that authentic healing cannot bypass this affective truth. Maria Yellow Horse Brave Heart shows how unresolved grief and anger are transmitted across generations when collective trauma is denied or domesticated (Brave Heart, 1998). Linda (Tuhiwai Smith, 2012) critiques research paradigms that sanitize survivor emotions to fit Euro-American ideals of closure, warning that this “civilizing” of pain reproduces the very colonial hierarchies it claims to transcend. From this perspective, acknowledging hatred is not a celebration of violence but an act of narrative sovereignty: survivors decide when and how their emotions are voiced, and those emotions become evidence of historical wrongs rather than pathologies to be cured (Brave Heart, 1998).

To normalize hatred as a valid response is not to freeze survivors in perpetual rage. It is to recognize hatred as a stage of moral clarity, a sign that the psyche refuses complicity with the political order that enabled the assault. Research on transitional justice shows that when legal accountability, public truth-telling, and reparations accompany therapeutic work, the ferocity of survivor hatred often transforms into political agency and collective action (Clark & Kapur, 2023; Anania, 2022). In Rwanda and South Africa, for example, community-designed truth commissions created spaces where anger could be spoken as part of a larger struggle for justice, allowing survivors to move—on their own timetable—from raw hatred toward what (Herman & Gallagher, 2015) calls “reconnection,” but only after

their rage had been publicly recognized as justified (Kreft, 2023; Daşlı & Murphy, 2024; Clark, 2021).

Hatred emerges as a central effect within War Rape Survivors Syndrome (WRSS). Survivors repeatedly describe hatred not only toward perpetrators but toward the institutions that betrayed them. One Polish Holocaust survivor confided: “I hated God, I hated men, I hated the silence of the world.” Her words carried the gravity of cosmic indictment. This hatred, as Kohut (1977) would argue, is not a psychiatric symptom but the response to a narcissistic wound inflicted by betrayal at the most elemental level of trust. Within WRSS, hatred is more than an emotional by-product; it is a forceful declaration that a sacred bond has been broken. The rage often radiates beyond the individual perpetrators to encompass the structures meant to protect: families that turned away, governments that failed to seek justice, and communities that chose silence. Such hatred functions as a moral seismograph, registering the magnitude of the breach (Kohut, 1977).

Therapeutically, WRSS treats hatred as evidence—a calibrated instrument that detects a rupture in the covenant between survivor and society. Naming hatred without moral foreclosure allows the energy bound in rage to be translated into agency: boundary-setting, political organizing, ritual forms of condemnation, and mourning. Ethically, it resists the institutional impulse to sanitize survivor affect for the comfort of courts, churches, or humanitarian organizations. The goal is not to extinguish hatred but to metabolize it into truth-telling and boundary-making—an indictment of betrayal that clears a space for dignity and, eventually, for the possibility of reconnection. In this sense, hatred stands as testimony: a living archive of violated justice and a refusal to let the world forget.

2.4. Retraumatization

Retraumatization is never only a repetition of a private wound; it is the social afterlife of violence. Long after the assault itself, the survivor’s body and memory are met by institutions, neighbors, even loved ones who—often unconsciously—reenact the original harm. Contemporary research in trauma psychology, sociology, and critical race theory shows how this happens through *biases and social prejudices that no person or system fully escapes*. Each of us carries implicit attitudes shaped by culture, history, and power relations. When these biases meet a survivor’s story, they can transform everyday encounters into sites of renewed injury (Dufour, 2024).

The courtroom provides a stark illustration. A Bosnian woman described the tribunal where she sought justice as “another rape.” Every demand for linear, perfectly detailed recollection forced her to relive the assault while judges and lawyers subtly signaled doubt. What should have been a forum of recognition became a theatre of suspicion. Trauma research confirms that fragmented memory is an expected outcome of extreme violence, yet legal procedures often treat fragmentation as proof of unreliability. In the War Rape Survivors Syndrome (WRSS) framework, such trials are not accidents of bureaucracy but *structural reenact-*

ments of the original assault. They show how legal systems, designed by and for societies steeped in patriarchal and colonial assumptions, can retraumatize precisely when they claim to deliver justice.

Medicine offers another example. In the Democratic Republic of Congo and Rwanda, women seeking care for chronic pain or infertility were told, “You are fine, it is in your head.” These words collapse decades of colonial medical history—where Black women’s bodies were sites of experimentation—into a single dismissive gesture. Physicians, often unaware of their own racialized biases, translated real somatic suffering into imagined weakness. Research on implicit bias in global health demonstrates that even well-intentioned clinicians carry stereotypes that shape diagnosis and treatment. Here, disbelief is not just a personal failing but the continuation of colonial hierarchies of credibility. The clinic, intended as a place of healing, becomes another site of harm (Hedström & Olivius, 2023; Dufour, 2024).

Retraumatization also thrives within the survivor’s own culture. In Poland, Holocaust survivors who spoke of wartime rape met silence or thinly veiled disbelief. These were not innocent omissions. They were political decisions about national memory—choices to protect heroic narratives of resistance while pushing aside the reality of sexual violence. The result is what WRSS calls *epistemic violence*: a second betrayal that transmits insecurity and silence to the next generation, ensuring that the original violation never ends.

What unites these scenes is the role of prejudice as an unseen architect. No judge, doctor, or neighbor is free from the cultural and historical biases that make certain stories easier to doubt. Social psychology shows that implicit bias operates even in those who consciously reject sexism or racism; the mind’s shortcuts reproduce stereotypes beneath awareness. Because prejudice is universal, good intentions cannot prevent retraumatization. It requires deliberate structural safeguards: trauma-informed evidentiary rules that place dignity before cross-examination; medical protocols that treat survivor testimony as clinical data and integrate culturally grounded healing practices; public histories that refuse to sanitize sexual violence (Dufour, 2024).

The WRSS framework insists that healing and justice are inseparable. Therapy without legal reform leaves survivors exposed to the same forces that first harmed them. Legal reform without attention to cultural prejudice leaves the same forces embedded in everyday interaction. Recognizing that no one is entirely free of bias is not a counsel of despair; it is the beginning of accountability. Only when institutions and individuals alike accept their own susceptibility to prejudice can they build practices—listening, witnessing, reparative justice—that interrupt the cycle of retraumatization and allow survivors to move from perpetual injury toward genuine repair.

2.5. Transgenerational Betrayal

Transgenerational betrayal is not merely the echo of an old wound; it is the quiet

migration of fear and mistrust from one generation to the next, shaping lives that were never present at the moment of violence. In interviews with grandchildren of Holocaust survivors, I heard an almost instinctive refrain: “We know the state will betray us; it always has.” These young adults had never stood in a ghetto or hidden in a forest, yet they carried an inherited vigilance, a readiness for abandonment. The trauma of their grandparents had become a lens through which they saw the world, an unspoken curriculum of suspicion taught at the family table (Denov et al., 2024; Di Eugenio & Baines, 2021).

Their words illustrate what (Brave Heart, 1998) describes as *historical trauma*. Still, WRSS extends this insight by mapping the specific mechanisms of institutional mistrust—how family narratives, bodily cues, and even national politics cultivate a stance of permanent alertness. This inherited vigilance functions as a shield and burden, offering preparedness while constraining intimacy and belonging (Brave Heart, 1998; Denov et al., 2024; Di Eugenio & Baines, 2021).

In Bosnia, the children of women who endured wartime rape described a different but equally potent inheritance. They spoke of growing up inside their mothers’ silences, absorbing never-told stories. One young man explained that he “just knew” something unspeakable had happened, though no one ever said the words. This “unspoken knowledge” became part of his identity, a shadow narrative that shaped his understanding of intimacy, trust, and danger. The absence of language did not protect these children; it became the very medium through which trauma was transmitted (Denov et al., 2024; Di Eugenio & Baines, 2021).

Silence itself becomes pedagogy. Children learn to read the pauses, sudden changes of subject, and glances exchanged when specific topics arise. These non-verbal transmissions create ambient betrayal—a climate of expectation that the world is unsafe and that official institutions cannot be relied upon. Such knowledge is precognitive, felt before conceptualizing, and remarkably resistant to rational reassurance.

The Democratic Republic of Congo offers another layer to this pattern. Young women whose mothers survived sexual violence in war often felt marked before they could even name the stigma. “We are the children of war,” one said, a phrase heavy with both accusation and resignation. Their mothers’ suffering clung to them as social identity, defining their place in communities that both pitied and excluded them. They inherited the memory of betrayal and its social consequences, as if the original violence had branded the next generation (Denov et al., 2024; Di Eugenio & Baines, 2021).

The intergenerational transmission is doubly political: children inherit the stigma produced by community judgment and the material deprivation created by state neglect. WRSS underscores that these social identities are themselves forms of structural violence, reminding practitioners that intervention must address economic marginalization and communal reconciliation, not only individual therapy. The reach of betrayal does not stop with the survivor. Children and grandchildren inherit an atmosphere of vigilance and fractured identity. They grow up with what

Maria Yellow Horse Brave Heart calls historical trauma: an embodied mistrust of institutions and a quiet certainty that the state will always betray. The wound becomes a lineage, carried in stories half-told and silences carefully maintained (Apio et al., 2022; Brave Heart, 1998).

Addressing this inheritance requires multi-generational interventions: culturally specific family therapies, community truth-telling rituals, and reparative public memory projects that honor survivors and their descendants. Therapy risks treating the symptom without such collective work, leaving the social disease untouched.

2.6. Toward a Politicized Understanding of WRSS and the SERS Method

A politicized understanding of War Rape Survivors Syndrome (WRSS) begins with the recognition that betrayal is never merely a private wound. It is simultaneously an assault on the psyche, a product of state failure, and a legacy transmitted across generations. Silence, shame, hatred, and mistrust do not appear in isolation: they are the psychic residue of a world that turned away. When survivors experience abandonment by families, courts, or governments, they are describing a political reality that seeps into the most intimate layers of selfhood. The wound is psychological, but its origin is systemic.

WRSS is therefore best understood as an analytic and clinical framework, not a diagnostic label. Unlike Complex PTSD, which catalogs symptoms at the level of the individual, WRSS foregrounds institutional betrayal and political abandonment as the primary forces shaping the survivor's distress. This distinction is crucial. It directs clinicians, advocates, and policymakers toward collective remedies—truth commissions, reparations, survivor-controlled memorialization—rather than narrowly individual treatments. Legal systems that disbelieve survivors, medical institutions that dismiss their pain, and governments that refuse acknowledgment all participate in a second assault. These are not bureaucratic accidents; they are structures of denial that reproduce wartime violence in peacetime. A courtroom that demands a survivor recount every detail only to dismiss her testimony, or a clinic that attributes chronic pain to hysteria, becomes a stage on which the original violation is reenacted (DeBeer et al., 2023).

From a decolonial perspective, such failures reveal the coloniality of power. International courts claim neutrality, yet their procedures often mirror Eurocentric norms of credibility, forcing survivors from the Global South to perform trauma in unfamiliar idioms. A politicized WRSS, therefore, calls for a radical reimagining of these institutions through survivor consultation and local epistemologies, ensuring that justice does not become another instrument of colonial dominance. What may appear clinically as pathology—nightmares, mistrust, unrelenting anger—often represents a rational response to an ongoing political betrayal. When therapy isolates these responses from their structural context, it risks reinforcing the silence it seeks to break (Budryte, 2016).

This gap between personal suffering and political recognition gave rise to the SERS Method—Stabilization, Education, Redirection, and Self-Awareness. Developed after years of field work with survivors of war rape and other forms of extreme violence, SERS responds to the reality that survivors were typically offered either symptom-focused therapy or purely legal advocacy, but rarely a process that wove the two together. Their lives were destabilized not only by the original assault but by fractured social systems around them. SERS answers this need by treating healing as inseparable from social recognition and justice.

The first stage, **Stabilization**, is grounded in Stephen Porges' polyvagal theory, which shows how trauma can trap the body in states of hyper-arousal or numbing collapse. By teaching survivors to notice bodily cues of threat and safety, SERS restores the "social engagement system" of the vagus nerve and creates the physiological conditions for connection and reflection. **Education** then broadens the frame: survivors learn how trauma reshapes the brain and body while also exploring the political and historical contexts of sexual violence. Knowledge of structural oppression, colonial histories, and gendered power transforms private pain into collective understanding. **Redirection** channels the energy of trauma—rage, grief, the drive for meaning—into purposeful action: creative expression, community organizing, legal advocacy, or cultural rituals, adapted to local traditions, whether in Congolese villages, Bosnian enclaves, or Western clinical settings. Finally, **Self-Awareness** integrates body, mind, and community, cultivating the capacity to return to a regulated, socially engaged state even when memories of danger arise.

Because SERS is principle-driven rather than prescriptive, it moves fluidly across environments. Western clinics complement psychotherapy and legal advocacy; in Indigenous or post-conflict contexts, it incorporates traditional music, communal feasts, or ancestral rituals as stabilizing elements. Wherever it is practiced, its purpose is constant: to honor survivors' autonomy, reconnect the body's neurobiology of safety with the social body of justice, and transform trauma from a solitary wound into a site of collective repair.

The connections between WRSS and SERS are therefore political as well as clinical. WRSS identifies the systemic betrayal that keeps the wound open; SERS offers a healing method that never forgets the political conditions of that wound. One names the structure, the other provides a pathway for embodied and communal restoration. Neither can stand alone. Without political acknowledgment, the deepest injury of wartime rape—the betrayal by state and society—remains unaddressed. Without practices that stabilize and empower survivors, political recognition risks becoming symbolic. Together, WRSS and SERS insist that the inheritance of silence can be broken only when psychological repair and structural transformation advance hand in hand, allowing future generations to inherit not trauma but a history of resistance and dignity.

3. Conclusion

Betrayal, as revealed through the War Rape Survivors Syndrome framework, is

simultaneously a psychic rupture and a political condition. Survivors of wartime sexual violence testify that the violation did not end when the assault ceased; it persisted through systemic denial, legal indifference, and social stigma. Their experiences compel us to reimagine trauma not as an isolated psychological event but as an enduring political reality. Healing, therefore, cannot be limited to the therapeutic hour. It requires structural transformation—truth commissions that listen without retraumatizing, legal systems prioritizing survivor dignity, and public narratives refusing erasure. Only when societies confront their complicity can survivors' silence shift from a shield of necessity to a space of chosen voice. Naming political betrayal is not merely an academic exercise but an ethical imperative for justice, memory, and the interruption of transgenerational trauma.

These imperatives stretch across borders and generations. From Bosnia to the eastern Congo, from the forests of Poland to the grandchildren of the Holocaust, survivors insist that justice must be collective, not merely clinical. Their testimonies expose the *coloniality of power* in international law, the lingering patriarchy in national courts, and the failures of global health systems that still discount gendered harm. WRSS reframes healing as an act of political imagination: creating institutions that honor embodied truth, redistribute resources, and secure the right to dignity for those who were made “bare life.” Survivor-led processes—community tribunals, land-based rituals, reparations designed with those most affected—are not supplementary; they are central to interrupting the inheritance of silence. The repair work must therefore be iterative and intergenerational, blending psychoanalytic insight with decolonial praxis. Only through such layered, survivor-centered approaches can the deepest wounds of wartime sexual violence begin to close, allowing the descendants of survivors to inherit not fear but a lineage of acknowledged resilience and justice. This conclusion circles back to the central claim: betrayal is both a psychological rupture and a political fact. Any response that stops at the clinic door is incomplete. Only when governments, courts, and international bodies enact survivor-designed mechanisms of truth and reparation will healing become more than survival (Budryte, 2016; Clark & Kapur, 2023; Herman, 2023).

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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