

It is unlikely that classical MSA due to neurodegenerative condition would spontaneously remit.

This observation suggests that valproic acid withdrawal should be taken into account in patients presenting extrapyramidal features, balancing risks and benefits. Further, the clinical evidence of the relationship between valproic acid treatment and MSA features opens a new clue for further investigation of the disease pathogenesis. The mechanism of action and the related changes due to prolonged valproate use should be evaluated to better understand the underpinnings of neurodegenerative extrapyramidal diseases such as MSA.

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The unspoken secret: sexual violence in World War II

War is a complex, enduring trauma composed of variable forms of extreme stress, such as violence, fear of death, displacement, loss of family members, abuse and starvation (Berman, 2001). More than 90% of war victims are civilians (UNICEF, 2006). Children and women are extremely vulnerable to traumatic experiences in times of war and the risk continues even in post-war-situations (Shanks and Schull, 2000). As far as former war-children are concerned, a high

prevalence of post-traumatic stress symptoms is apparent even six decades after World War II (Kuwert *et al.*, 2006). In the 1990s, the world was shocked by reports about systematic and widespread rape in the former Yugoslavia and Rwanda (Shanks and Schull, 2000). *The Lancet* has published articles about wartime rape and demanded the development of clear strategies against sexual violence in conflict (Hargreaves, 2001). However, it can be concluded that sexual violence *was* and *is* common in nearly all crisis zones. One recent example was the rape and murder of a 14-year-old girl by U.S. soldiers of the 101st Airborne Division in Iraq (*The Times*, 2006).

Most researchers emphasize the timeless ubiquity of wartime rape, documented even in the Bible and in Homer's *Odyssey* (Gottschall, 2004). Some research has looked at different theories relating to the factors that contribute to the phenomenon on the *perpetrator's* side; but only a few papers highlight the *victim's* perspective. Recently, a Croatian study group documented post-traumatic stress and psychopathology in women who were raped in the 1991–95 war (Loncar *et al.*, 2006). In a randomized sample of Liberian women, 50% of the participants reported war trauma and 15% gave accounts of rape (Swiss *et al.*, 1998). Summarizing the research literature on the topic, women in conflict zones suffer from all forms of non-sexual war trauma and *additionally* from sexual violence. Sexual violence in conflict ranges from singular acts on one side to systematic, “strategical” mass rape in the context of ethnic cleansing on the other, as happened in former Yugoslavia (Loncar *et al.*, 2006). With the technology of the modern media, the fact of sexual violence in today's conflicts can rarely be hidden. A good example is the movie *Grbavica*, winner of the “Golden Bear” at the Berlinale in 2006, which narrates the story of a raped Bosnian woman and her child in post-war Sarajevo.

Sexual violence in World War II *is* still a secret. At the end of World War II, it is estimated that about 1.4–1.9 million German women were raped by soldiers, mainly those of the Red Army (Sander and Johr, 2005; Messerschmidt, 2006). Because of repeated gang rapes, the total number of rapes was even higher. Rapes by U.S. and French soldiers are also documented, but were not as frequent; 10% of the women committed suicide (Messerschmidt, 2006). The number of murdered women is not known. Approximately 200,000 children were conceived by rape (Sander and Johr, 2005). It must be emphasized here that it is known that German soldiers belonging to the SS and to the Wehrmacht committed sexual violence, mainly on Russian and Jewish women, before the rape of German women by Red Army soldiers. The number of rapes is not documented but a letter of the German military police reported a “high number of rapes” at the Russian front (Sander and Johr, 2005). Nazi Germany committed crimes against humanity, culminating in the inexcusable mass murder of 6 million Jewish people. This is why it is very sensitive to conduct research on *German* civilian

victims of the war – even for a young psychotraumatologist born decades after World War II. So far, no study on the post-traumatic burden of the women raped at the end of World War II has been published. Some of them were traumatized again by persecution in the German Democratic Republic, which highlights the psycho-historical fact of sequential layers of traumatization in German society (Spitzer *et al.*, 2007). Has the time come to recognize the fate of those elderly women without minimizing the war crimes of Nazi Germany? Such a study could help to understand wartime rape from the *victim's* perspective and its effects on later life, on post-traumatic symptoms and on post-traumatic growth. The children of the rapes could tell about their search for identity, which would help to understand the effects of intergenerational transmission of war trauma. The title of the 2007 European Conference on Traumatic Stress in Croatia is “Truth and trust after trauma” – the truth of the individual victim comes first.

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