

Vladimir Putin (interpreter) (00:07):

Let me say it again. They started the war and we're using force to stop it.

Joseph Biden (00:15):

One year ago, the world was bracing for the fall of Kyiv. Well, I just come from a visit to Kyiv and I can report. Kyiv stands strong. Kyiv stands proud, it stands tall, and most important is stands free.

BBC reporter (00:37):

The landscape of Eastern Europe is being transformed by a war that seemed unimaginable just a year ago,

Seán Collins (00:44):

And that war has seen civilians not only hit by artillery and missile fire, but targeted. On today's program, conversations about the effects of war on civilians.

Sr. Donna Markham (00:56):

They're in survival mode, and they have to do what they can to survive and get through each day. And there'll be a lot of reason, I think, down the road for their healthcare professionals to be prepared to deal first with their own trauma, and secondly, to be able to work with their communities. And it's gonna be a national project. Mm-Hmm. <affirmative>. There's no two ways about that.

Seán Collins (01:19):

Civilian war trauma Today on the Hear Me Now podcast, stay with us.

(01:29):

I'm Sean Collins. Thanks for listening. A content advisory as we begin — today's program will include discussion of sexual violence being used as a tactic in the war in

Ukraine. That discussion comes at the end of the episode, and I'll give you another warning before it begins.

(01:49):

I've worked as a journalist for close to 40 years now. I've been in newsrooms and editorial meetings when coverage was planned of both guerrilla and State sponsored war making from the Intifada and the Troubles in Northern Ireland to the Contra's War in El Salvador, and Russia's war in Afghanistan, and the Eritrean Ethiopian War and the Civil War in the Democratic Republic of Congo, to the two wars in the Persian Gulf, the Iran Iraq War, the war in the Balkans among the peoples of the former Yugoslavia, and the US War in Afghanistan, the Syrian Civil War, and now Russia's war in Ukraine.

(02:34):

Indiscriminate killing of civilians has occurred in many, if not all of those conflicts, but nowhere more blatantly, more tactically than in Russia's war in Ukraine. Civilians are not collateral damage in Kyiv, they're targets. And the hourly threat that that poses to non-combatants, the trauma that that causes will be long lasting. As this anniversary in Ukraine is marked, other organizations are covering aspects of geopolitics and diplomatic strategy and ongoing relief efforts to assist displaced people. And all that is very good to be covering. But today we are focusing on civilian war trauma and the reality that when the missiles stop tearing through apartment buildings, as they undoubtedly will someday when the artillery stops, the trauma will continue. And civilians, many of them, women and children, will be challenged to begin the next part of their lives, their recovery. We have four conversations ahead.

(03:47):

We'll be talking with Dr. Zulfiqar Bhutta, a physician who co-directs the Center for Global Child Health at the Hospital for Sick Children in Toronto, about the long-term impact on maternal and child health of living in a war zone, including the

developmental deficits that come about when there are disruptions of adequate nutrition and normal schooling and play. And at Dr. Bhutta's suggestion will check in with Shanna Kohn, who's the Director of International Education at Sesame Workshop. In addition to their longstanding effort to meet the educational needs of refugee children for the first time ever in Ukraine, the good people at Sesame Workshop are producing specialized content for children in an active war zone. And at the end of the program, we'll talk with Dr. Nena Močnik. She has written about trauma transmission and sexual violence, and the reconciliation in peace building that's possible in the aftermath of war fighting. But we're gonna begin these conversations by talking to Sister Donna Markham.

(04:59):

She's an Adrian Dominican sister, a psychotherapist by training, and the CEO of Catholic Charities usa. Sister Donna, along with Archbishop Borys Gudziak, the current Archeparch of the Ukrainian Catholic Archeparchy of Philadelphia, have just returned from a visit to Ukraine, where they met with civilians, including university students, sometimes following them underground defined safety. Through Catholic Charities, she's connected with the needs of refugees and the capacity that communities in the US have to provide relief services for those refugees. But she says the immediate task for Ukrainians today is to survive, to see another day.

Sr. Donna Markham (05:47):

They're in survival mode, and they have to do what they can to survive and get through each day. And there'll be a lot of reason, I think, down the road for their mental healthcare professionals to be adequately prepared to deal first with their own trauma, and secondly, to be able to work with their communities in recovering from trauma. Mm-Hmm. <affirmative>, and it's gonna be a national project, and there's no two ways about that.

Seán Collins (06:16):

A little later on the program, we're going to hear from Shanna Kohn, who works with the Sesame Workshop, and they've been producing programming for children in Ukraine, both books and videos, specifically designed for kids living in a war zone. During your visit, did you have any encounters with young children?

Sr. Donna Markham (06:37):

I did not. I was with the youngest. I met with some special needs young adults and university students in situations where it, it was realtime tragedy. So children fortunately were not present at all the funerals or the cemeteries. They were probably home, hopefully with their, with their moms

Seán Collins (07:02):

Or watching Sesame Street, we hope.

Sr. Donna Markham (07:04):

Maybe, let's hope they were watching Sesame Street.

Seán Collins (07:08):

Tell us something about the people you and Archeparch Gudziak met during your visit.

Sr. Donna Markham (07:15):

The situation did not lend itself to interviewing people, but rather encountering them and being with them in the middle of a very difficult situation. We, I did have an opportunity to meet with some of the university students. They're carrying on their studies, basically underground in the university. As soon as the air raid sirens go off, the whole university moves underground and classes continue as if that was just the normal way things go. What was remarkable to me is that every single person I encountered during my week there spoke to me about the reality of massive trauma

that they are currently living in a traumatic situation. They're burying their young soldiers. They are dealing with hyper vigilance around the escalation of the war. And at the same time, they have no opportunity at this point to really deal with it because it's too too raw.

(08:27):

They're trying to get through it. I did have an opportunity to meet with a medic. She was bringing medical supplies to Mariupol at the beginning of the war about a year ago now. And when she was delivering those supplies in Mariupol the Russians apprehended her and accused her of being a Nazi. And she basically was imprisoned sent to a prison camp in Russia and was tortured for 94 days in the prison camp. She said that she was tortured in every way imaginable, except she was not raped. So she shared some of her story. She did not share details, and it was inappropriate to ask her to do so. So you got the sense of the total insanity of this war and the impact that it's having on many, many innocent people, people trying to help.

(09:38):

And the, it's gonna take years and years of recovery for this whole population because it's almost like during World War II if people that were living in the middle of, of World War under attack and how long it will take them to actually recover from that is is yet to be seen. But I think it's years. And I did encounter we had a meeting with the mayor of Lviv in we met with him in his bomb shelter in the mayoral office building. And during that time, he shared with us the project that he's developing now in preparation for the ending of the war, which is which is really a, a whole initiative that's developing around healing and recovery. It's a multimillion dollar project that will involve healthcare clinics medical rehabilitation behavioral health, mental health recovery housing to deal with a traumatized community that the name of the project is the Unbroken Project.

(11:00):

Mm-Hmm. that's an area where I think when the time is right that some of our folks in the United States in healthcare might be of assistance to them. Right now it's in planning stages and they're looking, they're looking ahead, which is one way for them to begin to cope with with trauma that there, there is a future. Yeah. that was, that was pretty amazing. We spent a couple of hours in his bomb shelter cuz we couldn't come out, so we had a longer conversation than we planned in the bomb shelter. But

Seán Collins (11:34):

The people of Ukraine have now been living with this active warfare for a year, active missile attacks, civilians being targeted. The trauma, as you've mentioned, is, has mounted and mounted and mounted, and they've, they've survived it and they're surviving it, and they're planning ahead. Do you have, do you have any thoughts on what welcoming communities where refugees may end up being our neighbors, do you have any thoughts on what we can be doing to make sure we provide a place that's safe and a place of warm welcome and a place of healing?

Sr. Donna Markham (12:15):

Certainly. Catholic Charities, agencies all over the country are receiving refugees from Ukraine as we speak. And the, the local communities, you're, you're very right. They're the local communities have been wonderful in welcoming them. What's really important at this time, I think, is for us to receive them as friends, as as our sisters and brothers, mostly they're our sisters and children, little kids. And and to listen, to listen to them to help when needed, to assist them in finding or experiencing a safe environment to help them to normalize, especially with their children. The fact that they're in a safe place. And and then in, in basic basic understanding of people who've been traumatized, not to ask a lot of questions, receive what they have to share with us, but don't probe and try to establish a normal relationship a friendship and support. And that will go a long way.

Seán Collins (13:36):

Sister, you're an Adrian Dominican part of the worldwide Dominican community known as the Order of Preachers. And, and I think one of the hallmarks of your order has been a belief that you have to preach always, and, and if necessary, use words that the way you live is a type of preaching. And I'm, I'm curious if you saw examples of that in Ukraine.

Sr. Donna Markham (14:01):

Well Dominicans use a lot of words. You know, <laugh> <laugh>

(14:07):

In certainly in Ukraine. I was included in every, every aspect of the life of the church in Ukraine. I was welcomed I learned a lot. And I think the most important thing was to convey to the Ukrainian people at, in all strata of society, that as an American, as a woman of faith, as people of faith, that we are standing with them in this very horrific time, and that they are not forgotten. That we're praying with them and for them, and that we will share their story, we go home. And to do that with as much accuracy and candor as we can muster so that people recognize the inhumanity of the situation that's, that's occurring right now.

Seán Collins (15:05):

Yeah. Sister, thank you for that work. And thank you for the work you do day in, day out. I'm grateful for you taking the time to talk to us about your visit.

Sr. Donna Markham (15:14):

Thank you so much.

Seán Collins (15:16):

Sister Donna Markham is a psychotherapist by training and an Adrien Dominican sister. Sister Donna is the CEO of Catholic Charities USA. She just returned from a visit to Ukraine. We reached her in Northern Virginia. We're gonna turn now to Pakistan and to Zulfiqar Bhutta, a physician who co-directs the Center for Global Child Health at the Hospital for Sick Children in Toronto. Professor Butta is the founding Director of the Center of Excellence in Women and Child Health at the Aga Khan University of South Central Asia, East Africa, and the United Kingdom, a fellow of the Royal College of Physicians in both Edinburgh and London. Dr. Bhutta is on the line with us now from Karachi. Welcome to you. Thanks so much for joining us.

Zulfiqar Bhutta (16:09):

Thank you. Delighted to join you.

Seán Collins (16:12):

We're interested in talking with you about the way war trauma affects children and their caregivers, often their mothers. When we look at a place like Ukraine, you realize that there's ongoing shelling and missile strikes causing destruction and disrupting the lives of families. And there have been extra-judicial murders happening in the streets and in villages, children witness these things. They remember these things. How does that war trauma present itself to survivors of warfare?

Zulfiqar Bhutta (16:47):

Well, thank you for that question. And let me start by saying, again, Ukraine is a relatively recent conflict. It also is interfused with fairly considerable continuous coverage. And that's why we are so aware of it. But I just want to remind you that conflict of this nature, maybe even worse, has been going on for decades. And people like me have been trying to focus global attention on both the direct and indirect effects of conflict on children, on women, on families, and on across generations. So let me take a step back by saying that our initial interest in the relationship of conflict and



maternal child health, or women in child health largely grew out of the fact that we felt that the attribution of conflict to child mortality across the world wasn't fair and wasn't accurate. To give you an example, in the year 2000, we estimated that 10 million children under five died every year across the world, the vast majority in Asia and Africa.

(18:00):

And these were largely preventable deaths. Yet, if you had asked us at that time, in the year 2002, when we put out this Lancet Child Survival series, was there awareness, were there any estimates as to what proportion of those deaths were related to conflict displacement emergencies? The answer was no. Actually wrote a commentary on that a year or so later after the Lancet Series to say we were grossly underestimating this. And that remained the case for a fairly long time. And then when we began to put a consortium together to look at this in quantitative sense, my colleagues at Stanford, Iran, when David and his group were able to show that just within Africa over a period of 10 years, they were close to around an excess 1 million child deaths related to mortality directly and indirectly. Now, the direct causes of child deaths due to mortality are reasonably well understood.

(19:01):

You always have these hideous images of innocent young children dying because of direct injuries or incessant bombardment. And many of those have been victims of warfare everywhere. But the indirect impact on child mortality, maternal mortality was not well recognized because those indirect effects are related to disruption of health services. And we've shown that those disruptions are related to both the intensity of the conflict and the relationship of the distance, for example, those risks are much greater near the epicenter of the conflict. And as you move away, they can be felt as a ripple effect as far out as a hundred, 200 kilometers with disruption of health services. But what has also become apparent over time is that apart from these direct effects,

the indirect effects related to mental health, food insecurity, malnutrition outbreaks of infectious diseases, and just a breakdown of immunization services.

(20:08):

I mean, they're enormous. Currently, only two countries in the world have not been able to eliminate polio, and both have polio concentrated in their conflict in insecure areas of Afghanistan and Pakistan. And, and as you begin to see the impact of the disease, like polio not being eradicated with cases emerging due to circulating viruses in United States, United Kingdom in Europe, you can begin to imagine how much of a risk that poses to the globe. So, to cut a long story short, the indirect effects of conflict on children are only evident to those people who work in the field, but are now increasingly being recognized by the development community. Because those effects cross boundaries, cross geographies. As children and families immigrate, refugees find their way to all countries, you're beginning to recognize that some of those effects are not only lifelong, but Sean, some of those effects are intergenerational, and they're no different from what grownups experience in war and conflict as P T D. It's just that the impact in very young children, even pre-pregnancy, during pregnancy childbirth and young infancy, are not only more severe, they're also more long-lasting. And that's why we have to work in a very concerted manner to, to not only avoid conflict, which may be a tall order, but to mitigate the effects of conflict on the most vulnerable.

Seán Collins (21:44):

I'm so glad to hear you point to the indirect factors. Things like nutrition may have been lost on most of us when we, when we look at a conflict, but we recognize the importance of nutrition and maternal nutrition, and to realize that if you're in an environment where the normal life becomes nearly impossible because everything's disrupted, you can imagine that the effects would be huge.

Zulfiqar Bhutta (22:15):

And they are. And you also have to recognize that although we talk about conflict in a singular sense, as if it's an isolated issue, in many parts of the world, particularly in recent years, these are very much parts of complex crisis and complex challenges. For example, in Africa, in the Horn of Africa, we are seeing the confluence of climate change, the resultant displacement of population conflict, the fight over resources. Very few people, Sean, remember, recognized that the entire conflict in <inaudible> was largely instigated by war over underground water reservoirs. And therefore, when you look at the genesis of many recent conflicts from the lens of development, climate change, and some of the issues that relate to sharing of resources, then you also recognize that these issues are complex. So at this point in time in, I've just come back from East Africa from Kenya, and the big challenge there with Somali refugees coming in is also around limited resources. The extreme impact that Covid has had on cost of living the Ukraine crisis, and its interruption of the food chain and, and also the real issues around pandemic risks and preparedness. So therefore, we are dealing with complex crises at this point in time where conflict is no longer, I think, an issue in isolation. It has to be seen in the of population displacement, climate change, and the confluence of other challenges of which limited monies both in the hands of agencies, relief agencies, and governments are a very important issue.

Seán Collins (23:59):

Yeah. May I ask a, a personal question?

Zulfiqar Bhutta (24:04):

Absolutely.

Seán Collins (24:06):

How do you keep your hope alive? How does anyone begin to approach these issues and not be filled with despair?

Zulfiqar Bhutta (24:16):

So, well, that's a great question, and it's a question that I'm often asked by not just people on the outside, but also within my own staff and teams. And I have a very large team of people working in various geographies. So I have seen conflict edits. Worst, I've seen the worst impact of conflict. I started my clinical work as a young pediatrician working in refugee camps, dealing with children who had been maimed and injured by landmines in Afghanistan, which were designed particularly to affect children. So I've, I've seen atrocities of the worst kind, but I've never given up hope because I do think for every crisis there's an opportunity and a solution. And at this point in time, my only reason for mentioning the complexity of these issues is that it would be very naive to imagine that you could put a very simple solution in a circumstance like this and it'll succeed.

(25:10):

So for people to working to, to work in these areas, they need to be working with communities. They need to be working with people on both sides of conflicts in terms of number one, protecting the most vulnerable. And I think there are some, some encouraging signs over there also in putting strategies and solutions in place that are built on the best evidence. I've spent the last six, seven years as, as, as a coordinator of a large consortium of academic centers, some of the best in the world, working on evidence-based strategies for maternal child health and conflict settings and emergencies. And where we started off with very little at the time when we began, I've seen the whole field move to looking at what is the best way of doing it, what is the best commodity we need to have, what are the best protocols we need to have in, in place?

(26:03):

Also, the groundswell of support on moving towards issues, which would allow us to have some rules of engagement and conflict that protect women and children. Now,

I'm sad to say that the recent Ukraine conflict has blown everything up in terms of how, how humanity should prevail in those circumstances, but I have not given up hope. I think for any of these challenges. The one way we keep our hope and momentum forward is that we are able to work in those geographies to protect the most vulnerable women and children. And that's what many of the NGOs and other people who are professionals do on a day-to-day basis.

Seán Collins (26:50):

Can you tell us a little bit about treatment for post-traumatic stress and what strategies have been effective?

Zulfiqar Bhutta (27:02):

So, I mean, there is evidence of strategies that have worked. Some of the best evidence actually is from the Bosnian conflict, where strategies in community settings in primary care settings play working with educational platforms were successful to a large extent in engaging children. But I think the most important take home message from most of the recent evidence is that management or addressing post-traumatic stress requires continued support and longitudinal support that isn't a short-term intervention that you do for the first month or two. These are children, adolescents, young people, adults, women who are at risk of relapse. Were at risk of consequences for a very long period of time. I think the point, the starting point in all of that is good recognition, good diagnostic. The second is multiplicity of services. So multi-sectoral work that looks at mitigation strategies through group sessions youth clubs, through providing education and the ability of children to talk to each other, to, to basically have group counseling.

(28:24):

I mean, those are strategies that are time honored and they come from a sound evidence framework. Where we still struggle a little bit is on the scale of those

interventions. I wish that I could tell you today that we've been able to implement these at scale in many geographies outside of the fantastic work that many agencies, including Sesame Street are doing with Syrian refugee children in the Middle East. There are very few examples of such kind of approaches at, at scale in the very poorest population of the world. For example, I, I worry about the Horn of Africa. I worry about of Afghanistan where conflicts been going on for, for, you know, decades, that there isn't a large scale effort. I am, however you know, very pleased to say that despite all the challenges and problems, the, the Ahan authorities are well aware of the need for doing something about mental health in their population.

(29:24):

Because even if not for children, they are well aware of the impact it has had on the population at large. So slowly, steadily, people are moving away from just saving lives and short-term bandaid measures to providing support and services that would be more long-term and potentially sustainable and grounded in community support. Because health workers will leave, the government cannot be in your houses or bedrooms all the time. At the end of the day, it is communities who's also, who have also got to organize themselves in some ways with the spirit of volunteerism. And community groups. And women in this aspect are fantastic. Women recognize the value of this more than anybody else. And I've been particularly impressed with the evidence emerging from the role of women's support groups. Mm-Hmm. <affirmative> or women's groups on addressing some of these issues in their own population.

Seán Collins (30:22):

Yeah. There's such a stark divide between the stereotypical way that women's groups deal with post-stress. Men typically are isolated from other groups, typically don't talk about what's happened to them.

Zulfiqar Bhutta (30:36):

I mean, it's, you have to, you have to ask veterans, and they will tell you straight away, I mean, there is this myth that needs to be broken, that some of the other post-traumatic stress is something that you want to keep private cause it exposes some of your weaknesses. And men are not supposed to be affected by it. I, I think the biggest success and the biggest evidence informed intervention in PTs d management is the ability to talk about it, is the feeling that you're not alone, and that there are others with you who have had the same experience and same suffering. And that together people can find their way forward. And that's one of the reasons why I keep mentioning, again, that youth groups, youth clubs activities, which are of a positive nature where people can engage, share their burdens with each other, and also, you know, share some solutions. Because many of the measures that need to come forward at community poor communities also are innate indigenous solutions that come from activities and measures that people are able to, to implement in their own context without a lot of external help.

Seán Collins (31:55):

And it also respects the truth. I'm sure that what works in one region may not work in another. What works in one culture may not work everywhere.

Zulfiqar Bhutta (32:04):

Absolutely. Absolutely. You been no doubt about it. But, but I think, you know, meaningful engagement at a community level is therapeutic and slowly, steadily, the evidence is growing on the, on the role of lay health workers, volunteers, community support workers who can be valuable because they're there, they are from the community, and they're often at times, particularly if they're women able to work with other women and work with young girls.

Seán Collins (32:34):

Is there any evidence that mothering or post-trauma is affected by the trauma? Is there, is there any evidence that children are indirectly affected by their mother's trauma?

Zulfiqar Bhutta (32:48):

Well, let's step back and look at the evidence that maternal mental health matters to child health. Absolutely. Does. We, we now know that many of the risk factors for growth failure in early childhood infancy are related to the mother's mental health and just her ability to look after a child. When you take that as the evidence that comes out of non-traumatic situations, just, you know, average life that you see in, in, in our rural or urban settings, you can well imagine that if you compound either preexisting mental health conditions or compound post-traumatic stress related mental health by exposure, then it will inevitably impact the ability of the mother to, to look after her child. Now, mothers are generally extremely protective, and we know that there is a degree of protection, which is also at the cost of mother's own health. You know, in many of these crisis situations, what I have observed and written about is the remarkable phenomena whereby you see the impact on the mother's health and nutrition before you see the impact on the child because of the mothering and the protection effect.

(34:01):

But it's not perfect, and it's not something that happens in every case. There are obviously severe instances of mental breakdown, post-traumatic stress, which impact things like lactation. I'm very concerned about the evidence that's coming from many of these circumstances where we look at lactation failure or inability to breastfeed for many young mothers in those circumstances when they are displaced because of conflict are in refugee camps or in, or just on the move. And you can well imagine how some of that is related to just the mechanics of being able to breastfeed properly in privacy and herself and others are related to biological factors. If the mother herself is



starving and doesn't have enough to eat, she's not able to breast treat her baby. So therefore, in many conflict settings, we find that early infant health, wellbeing, nutrition, and even mortality is impacted by things like breastfeeding, et cetera. Yeah.

Seán Collins (35:04):

Do you have any advice for welcoming communities who are receiving refugees into their, into their midst from conflict? In terms of providing environment where people are able to thrive in safety?

Zulfiqar Bhutta (35:23):

Well, I think one thing that Ukraine has done has told people living in Europe or the Northern Hemisphere as to how close the realities of conflict are to their own lives, their own neighborhoods I happen to live in, in Ukrainian neighborhood in Toronto. I know how close this is to everybody's life. So I think the honest answer to that is there are almost all these instances where people are very reluctant to welcome refugees, particularly if they come from a different social, ethnic, cultural, geographic context. But I think what recent conflicts have told us is adversity can fall upon anybody. It can fall upon people who look like you and me, and at the time when you least expect it. So I hope that what Ukraine has taught people is compassion, is the fact that we live in a single world where we can be at risk of unexpected challenges, crises at any time.

(36:34):

I mean, climate change is one great equalizer across the world. When I look at some of the climate crises in California, in, in Australia, in in in Canada, it reminds me how humanity has so much in common. Last year, 33 million people were affected by some of the worst floods in the history of Pakistan. It covered one third of the population. I think people who watched those images of villages and villages and populations underwater would empathize with how, for example, recent floods in various parts of the world in North America, you know, Australia, you know, impact populations the

same way across the world. So I hope that one thing that will emerge from this is some of my work that we are doing on complex preparedness. Some of these things should unite us as, as a, as a global community around addressing these challenges together.

Seán Collins (37:37):

Dr. Bhutta, I'm grateful for you taking the time to talk with us today and grateful for the work that, that you do. Thank you.

Zulfiqar Bhutta (37:45):

Thank you very much. Really grateful.

Seán Collins (37:48):

Zulfiqar Bhutta co-directs the Center for Global Child Health at the Hospital for Sick Children in Toronto, and he's the founding director of the Center of Excellence in Women in Child Health at the Aga Khan, university of South Central Asia, east Africa, and the United Kingdom. He spoke with us there from Karachi, Pakistan. Dr. Bhutta mentioned the work of Sesame Workshop. Shanna Kohn is the Director of International Education at Sesame Workshop, where she gets to work with the likes of Grover and Ernie every day. Shanna Kohn joins us now from New York. Welcome. so glad that you can take the time to talk with us today.

Shanna Kohn (38:30):

Absolutely. Thank you so much for having me.

Seán Collins (38:32):

Dr. Bhutta singled out Sesame. And the work that you and your colleagues are doing for children at risk in war zones, tell me about that work.

Shanna Kohn (38:43):

So, Sesame has actually been working at an international scale for the past 50 years. It's actually a big part of our model, and not a lot of people know that. And in the last five years or so, we've expanded that work to work specifically in crisis settings such as the Middle East and Bangladesh, and then more recently in Ukraine and Afghanistan. And what we're doing in those areas is not so different in many ways from what we do all over the world, which is to understand the local needs of children, the basic needs and then respond to those needs by providing early learning opportunities through television and other multimedia.

Seán Collins (39:23):

How does that take shape in a place like Ukraine in when there is still active fighting going on in neighborhoods in urban centers, and I mean, this is an active war zone. How can you provide programming for those kids?

Shanna Kohn (39:38):

That's a really good question, and I'm glad you asked because this is actually the first project I've worked on where it's an active conflict zone. A lot of my projects are post-conflict settings or areas where families are displaced but are safe, relatively safe. And so the work is different in Ukraine. But I think with all of this work, we work very closely with therapists and trauma specialists to make sure that all of our content is reviewed for trauma sensitivity. And I think the other big learning with this work is just around the world. Kids are kids. Hmm. This sort of sense of normalcy and play and opportunities for learning is actually a big part of protective healing for kids, especially in the midst of crisis, but really in any situation. And so I think that's sort of what we always go back to. That's part of Sesame's DNA, is how do we serve children from a child's perspective.

Seán Collins (40:34):

That's such an important point. You know, the, the window, the developmental window where a deficit is so strongly felt is is relatively narrow. Mm-Hmm.

Shanna Kohn (40:47):

<Affirmative>,

Seán Collins (40:48):

The fact that you're able to intervene and make sure that as many kids as possible have that kind of normalized childhood as much as that's possible during that formative period in their life is really remarkable.

Shanna Kohn (41:03):

Yeah. You said it better than I could say it. Thank you. That's exactly, exactly what we're going for.

Seán Collins (41:08):

Do you have any interaction with the, with mothers? One of the focuses that we have on this podcast today is maternal and child health in during conflict. And I w my guess is that mothers must be really grateful to have the material from Sesame to share with their kids.

Shanna Kohn (41:32):

Yeah, absolutely. I think a big pillar of this work is work for caregivers, mothers and fathers, both. And so what we focus on in that area is nurturing care and sort of use those as our, as our framework. And I think the other piece to keep in mind in many of these settings is there's a lot of downtime. There's a lot of sort of like, just unused time. And for kids that's, I mean, it's hard for anyone, but it's really hard for kids. And so if we can actually fill that time with not just something for kids to do, but actual

opportunities for learning, I think that's a huge boon, both for kids and for parents who are dealing with waiting rooms, lines, that's that type of thing.

(42:28):

So what you just heard is a clip from our watch, play learn video library. And this is a set of 145 minute cartoons separated into different curricular goals. So social emotional learning, math, health and safety and science, early science. And this particular clip was from our social emotional learning library. It's called Grover Is Sad. One of the characters encounters something that makes them sad, and then they're interrupted by a big feelings alert which alerts them that one of their friends is having a big feeling. So the group of friends, they're, it's called The Big Feelings, explorers rush to the eight of their friend. They find out that Grover their friend is feeling sad, and they work with him to introduce self-regulation strategies that are age appropriate and culturally appropriate. In this case, I think the strategy was belly breathing. So all of the friends take a big deep breath together. And at the end of the episode the character who's feeling sad at the beginning is able to apply that strategy to how they were feeling as well. So there's always sort of a full circle moment with the feeling.

Seán Collins (44:07):

It's really remarkable and so, so admirable. Thank you for doing this work.

Shanna Kohn (44:12):

Thank you.

Seán Collins (44:13):

Shanna Kohn is Director of International Education for Sesame Workshop. Thanks so much for talking with us today.

Shanna Kohn (44:21):

Thank you so much. Thanks for the work you're doing.

Seán Collins (44:31):

I want to give you a content warning about what's next on the program. We have a conversation that includes talk of sexual violence and its use in war. That segment takes up the remainder of the podcast. Dr. Nena Močnik is a researcher at the University of Pompeu Fabra Barcelona, and the author of "Trauma Transmission and Sexual Violence." Dr. Močnik is on the line with us now from Barcelona. Welcome to the podcast.

Nena Močnik (45:08):

Thank you very much for inviting me.

Seán Collins (45:09):

I mentioned that your latest book is about trauma transmission. Tell us about that concept one's trauma being passed on to others.

Nena Močnik (45:19):

So I spent almost 10 years, I think, altogether doing ethnographic and anthropological work in postwar Bosnian, her governor. A lot of people are familiar with the, the conflict that was happening after the dissolution of Yugoslavia in in the nineties. So basically 30 years ago. And I have been observing basically how particularly women that were raped, that were detained, that were sexually violated for the purposes of conflict, for the purposes of genocide are recovering now after the war. So to me, it was very interesting because also just in this 10 years, I could observe really big changes in what is happening in terms of trauma transmission. So firstly, I was focused just on recovery of women themselves. And then because I spent quite a lot of time also with their families, so I saw their kids growing up.

(46:22):

The conversations that, interactions that they had and of course I knew all the background of of the, of the crimes that happened to those women. A lot of them are afraid that when they will pass away the truth, so the crimes will be forgotten. So they started to feel, I think also more and more pressure of, okay, now is the time we have to talk to our kids. And there was one, one very interesting thing that happened to me that I was working with one group where this topic was quite a lot on the table. Like, okay, we want to share this with our kids, but we are so afraid how kids will react. We are afraid that they will you know, that they will react negatively or that they will be ashamed or, so they were generally afraid of reaction and because they wanted to share.

(47:14):

Then I bring this, I brought one group of those women survivors to one local school in Bosnia, Herzegovina, where they were able to talk to kids of other families, so to, not to their own kids, but to random kids that they didn't know mm-hmm. <Affirmative>. And it was such a powerful moment. And I would also say really a moment of like first time speaking to the kids, to young people. So 15, 16 years old. And the reaction of these kids was also very precious because they wanted to know details. You know, they wanted to know what really happened. And it was, for a lot of them, it was first time actually to, to hear and to know that, okay, there was war. They knew about this, but they didn't know that there was really such massive use of sexual violence going on.

(48:05):

So when we talk about trauma transmission, I think like very similar to other conflicts in the past it's been dealt with silence. But I also think that more and more years pass, more and more women feel the desire and need to speak up. And I think with Ukraine, what is happening now, it's very interesting because I feel that sometimes it's another opportunity for Bosnian survivors to bring this back to the table. Like to the

international audience, right? Not just to to local regional level, but really to, to get, to, to inform people again, like, okay, we are still here. It happened 30 years ago, now it's happening in Ukraine, and listen to us again. Right?

Seán Collins (48:47):

My memory is that in the Balkans, that was the first time that war rape was identified as a war crime. Is that right?

Nena Močnik (48:58):

It was for the first time when there was so-called trio, Foča Trio. So Foča is a small town in in Bosnia and Hertzegovina, which was specifically known for rapes and even houses that were transformed, transformed into so-called rape camps or rape houses where women, even children like girl youngsters were detained. And this for trio, so I'm talking about three men, three perpetrators that were ordering and executing war rapes against against those tho those women and girls. So they were prosecuted. And it happened only in 2001, which is ridiculously late, you know, for the victims and survivor. But it happened, and I think this is something that we have today with the war in Ukraine, because, for instance, war in Ukraine just started a year ago, I mean, of course, before, already in 2014. But I'm talking now about full conflict that also went inter inter that also gained a lot of international attention. So last, from last year, we already now have people that are being prosecuted for war, war rapes. And this wouldn't be possible if war rape wouldn't be recognized in international court in hk because of the conflict in Bosnia,

Seán Collins (50:23):

Dr. Močnik in, in the Balkans. And similarly now in Ukraine there was longstanding enmity among different ethnic groups fueling the use of war rape as a tool of genocide, not just of sexual violence, but a an attempt to dilute the ethnic identity of a people. H



how does a community recover from that? Or how do you move on to learn a new way of, of being neighbors to one another?

Nena Močnik (51:08):

This situation is really, really difficult, right? So if we talk about the how successful was conflict and war in terms of dividing people, it's worked really well. And it's still it's, it's fascinating in, of course, in a negative way that it's still works now through the second, third generation. So I worked as I worked a lot in peace education with postwar generations. So with, with youth that is growing up today in Boston and her sego. So I'm talking about teenagers, and it's, it's really fascinating how there is, I, I wouldn't say necessarily hate, but there is really, really a lot of prejudices, misconceptions. There is a lot of fear. I've been witnessing this quite a lot in mixed classrooms where I've been, I've been teaching, and also I experience like a lot of challenges. You know, how to talk about certain things related to conflict, because this is very, very sensitive topic.

(52:11):

And in this way, reconciliation and successful long-term peace building is really, really difficult. So in this way, Bosnia today is still very much divided. And I, I always feel that of course, military conflict ended in like 30 years ago a bit less, but the kind of frozen conflict or negative pieces still there, right? And we can feel this conflict that is going on through the cursive practices, of course, from from politicians in media. And for instance, when the things like what happened, right, right now in Ukraine happen, it's very, very triggering for I would say entire western Balkans, because people never really reconcile fully. They never really recovered, they never really healed. And because of the current also political connections, the situation with Kosova Serbia, and then Russian relationship with, with Serbia, of course brings back a lot, a lot of fears and also fears or wondering, you know, if this conflict is going to spread or spark or, or help to spark another conflict again in Balkans, right? So it's very it's still very alive and this

division is is, is a real thing, right? It's not just something that working in nineties, but is really successfully also exercised now in a, in a post-conflict times.

Seán Collins (53:51):

Your book on trauma transmission has subtitle on reconciliation in peace building which is incredibly heartening to, to see in print. And it, there is a chapter about how to raise my child, not to kill your child. Which I find to be a provocative and powerful way of framing the question.

Nena Močnik (54:22):

Our legacy of war is spreading to next generation was exactly this conversation between two women. So one of the women has has two daughters and another one has two sons. And they were, you know, wondering what is better to have daughters or son, what will bring you less troubles in your life, right? What is easier when you raise kids, it's, is it easier to raise your your daughters or your sons? Because if you raise your daughters, you will be always afraid that your daughters will be subjected to similar type of finance as they were, right? So this was the statement of the woman who had daughters, and then another woman who had boys was like, yeah, but you know how boys are they? They can be violent. They can, so they were acknowledging they were actually projecting their own experiences from the war.

(55:14):

But what was really interesting for me was like that not just this two women, but also other women when, because we very, very often talk about their kids and grandchildren. They would always assume that, you know, they are mothers who would raise their kids in peace and loving everyone no matter the ethnic, religious, whatever, identity background, right? And there is also mothers obviously who raise rapists, right? So my question was always like, who are those mothers? Because every mother assumed that they raise kids in a, in good, in good human beings, right? And then

some of the kids will become rapists, some of the kids will become criminals. Some of the kids will be accused of committing serious crimes like, like genocide or, or crimes against humanities. So who are those mothers? And this was, as you said, very, very controversial start of conversation that once I threw in and for women, it was immediately like very defensive way of responding mon days.

(56:22):

No, no, no, it's me. It's not me. But, and this was also one very interesting point when we, when we had these workshops together, was that one woman said, but I would like to go to meet a mother of a rapist of a rapist who raped me and to talk to her, how did you raise your child? How do you raise a child to keep other people, to keep, to kill other people? And to me, this is, this is very, very interesting, I think very philosophical, ethical, moral question that is very, very controversial and hard to answer when we talk, when we think about ourself or when we try to put ourself into other shoes, right? Because no one would want to be a mother or a father of a, of a criminal, of a, of a war rapist. Of a rapist in general, right? To me, this is very, very interesting because Bosnia is very patriarchal. Of course it's changing. But in the times when those women became mothers or when they were young, the way how they were raised, because I mostly work with women from very rural areas this idea of mother being a pillar of a family was still very powerful, right? So they felt responsible to not transmit trauma and to raise their kids in peace and love. Now, if this is true to me, this is another very, very big question, right?

Seán Collins (57:43):

Nena Močnik is a researcher at the University of Pompeu Fabra Barcelona and the author of Trauma Transmission and Sexual Violence, reconciliation and Peace Building in Post-Conflict Settings. Dr. Močnik, thank you so much for taking the time to talk.

Nena Močnik (58:01):

Thanks a lot for having me. Once again,

Seán Collins (58:04):

Our thanks to, to Dr. Zulfiqar Bhutta from the Center for Global Child Health at the Hospital for Sick Children in Toronto, Sister Donna Markham from Catholic Charities USA, and to Shanna Kohn from Sesame Workshop. We're deeply grateful to you all for the work that you're doing and for sharing that work with us today.

(58:26):

The Hear Me Now podcast is a production of the Providence Health System and its family of organizations. Find us on the web at [www.hearmenowpodcast.org](http://www.hearmenowpodcast.org).

(58:39):

Our program is produced by Scott Acord and Melody Fawcett. We have research help from medical librarians, Carrie Grinstead, Basia Delawska-Elliott, Sarah Viscuso, and Heather Martin. Our theme music was written by Roger Neill. The executive producer is Michael Drummond.

(58:56):

Join us in two weeks when we'll be talking about hospice for the homeless. There's an effort underway in Southern California to reach unhoused people with hospice care and the promise of a safe place to spend their final days. That's coming up on our next episode. Be sure you're subscribed. You can do that at [HearMeNowPodcast.org](http://HearMeNowPodcast.org).

(59:19):

I'm Sean Collins. Thanks so much for listening. Be well.