

Lessons learned from psychosocial approach in helping victims/survivors of gender-based and conflict-related sexual violence in Bosnia and Herzegovina

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Overview

- Introduction
- The context of conflict-related sexual violence in BH
- The psychosocial approach to victims of conflict-related sexual violence in BH



the salt lakes in Tuzla

Background

- The rape and sexual slavery of an enormous number of women and girls in armed conflicts since the 1990s have been well documented by women's organizations and human right organizations.
- However, rape and sexual violence have always been part of warfare and used as a strategy in combating resistance.

- Conflict-related sexual violence includes „rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization or any other form of sexual violence...against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situation of concern (UN, WHO, 2012).
- Sexual violence can have multiple physical, psychological and social effects on survivor, their social networks and their communities.

Health consequences

Injury, functional impairment, physical symptoms, lack in nutrition, poor subjective health

Smoking, alcohol and drug use, sexual risk-taking, physical inactivity, overeating

Chronic pain syndrome, irritable bowel syndrome, somatic complaints, fibromyalgia, gastrointestinal disorders

Unwanted pregnancy, gynecological disorders, unsafe abortion, pelvic inflammatory diseases, HIV/STIs

PTSD, depression, anxiety, panic disorder, eating disorder, low self-esteem, sexual dysfunction, emotional distress, suicidal ideation, self-harm

Physical health

Injurious health behaviours

Functional disorders

Reproductive health

Mental health

- Social and economic consequences include stigma, social exculsion, discrimination, rejection by family and community and further poverty.
- Mass rape causes psychological and social problems for women and their families, but it is difficult to assess the true level of devastation left in the wake of these brutal campaigns.

- Psychological trauma is an affliction of the powerless. Traumatic events overrule the ordinary human systems that give us a sense of control, connection and meaning.
- In all severe traumatic experiences there is a feeling of intense fear, loss of control and threat of annihilation.
- Traumatic events destroy the victim's fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation (Janoff-Bulman, 1985).

- Compared to other forms of trauma, the trauma of rape/sexual violence has some specific elements. Rape damages the integrity of the body in its most intimate aspect.
- Sexuality is more or less a taboo subject in most societies and being violated sexually not only influenced the survivor personally, but also her/his relations with others and the community (Freccero et al., 2011).

- The fact in many cases the community and the people close to the survivor do not know how to react make rape different from other war related traumas. We can refer to this as „the conspiracy of silence“. It is as if everybody has a reason not to talk about it.
- “Everyone knows, except that it’s not being discussed and not being mentioned. The topics of this kind are not being opened. There was no conversation, the conversation actually never took place. I didn’t allow talking about it.” (NN2, Sarajevo) (UNFPA, 2016)

- The victims are ashamed or do not wish to bother other people; the people around her/his think that it is better not to talk about it, in fear of hurting or reminding her/his; care workers often do not dare to ask because they do not know how to deal with it, and society in general wishes to forget that these terrible things happen.

“I didn’t want to talk about that, because all of us do not think in the same way. Many people say that if women didn’t want it, nothing would have happened to them. It depends on the community where you live. People think differently, have different beliefs.” (NN1, Foča) (UNFPA, 2016)

- However, this conspiracy of silence reinforces the shame and guilty and forces the victim to act as if nothing happened, when in fact deep down she/he is extremely hurt.
- “My husband never supported me. Once he told me that it was my fault for staying there, he thinks that I should have left. And I also think I should have left, but obviously I haven’t.” (NN2, Brčko) (UNFPA, 2016)
- “... in most cases (people) think you’re responsible, less worthy, and no one knows your pain, your suffering, trouble you had ... And you can’t walk ... I can’t walk down the street and tell: I’m a war victim.” (NN1, Konjic) (UNFPA, 2016)

- Trauma theory and therapy often focus on psychological techniques to influence the inner experience of trauma victims within an intact society.
- This is not enough in war conflict areas, particularly in ethnic conflict where not only most people are traumatized but the entire social web is torn apart. There are wounds to heal on all levels, individual, social and societal.

The context of conflict-related sexual violence in BH

- During the conflict in the former Yugoslavia (1991-1999) sexual violence was used for the purpose of terrorising, displacement and ethnic cleansing of the population.
- The actual number of persons who were victims of sexual violence during the conflict in BH (1992-1995) is unknown, but it is estimated that around 20, 000 women and girls were exposed to sexual violence.

- In BH, rape has been used not only as an attack on an individual victim, but is intended to humiliate, shame, degrade and terrify the entire ethnic group.
- Rape committed in front of the survivor's immediate family results in severe trauma for both survivor and witnesses; public violence exert extreme social pressure on local populations (Zalhic-Kaurin, 1994).
- Mass rapes is designed to maximize trauma to survivors, witnesses, and the targeted community as a whole.

- During the 1992-1995 war in BH approximately 2,2 million people forced to flee their homes and live with host families or in collective centers and camps either in BH or in neighboring or third countries.



<https://www.rferl.org/a/bosnian-war-dayton>

- The war in BH had massive impact on health, education and social services in entire country.
- Some hospitals and health care units were completely destroyed and some were seriously damaged or under military siege.
- Also, hundreds of health workers, among whom very many doctors of various specialties left Bosnia during the war, creating shortages of doctors and nurses.

- In one word, in the beginning of the war, BH was fragmented; the infrastructure and connections of certain parts of the country had been completely destroyed; the functioning of civilian authorities was disrupted; and the burden of refugees and displaced persons of certain regions of BH was very different.



<https://www.pinterest.co.uk/>

- Hence, it is very difficult to talk about the responses to social and psychological needs of traumatized people for entire BH
- Today, I will focus on the psychosocial help that was organized in Tuzla, a town that has received the biggest number of internally displaced persons (DPs)



<https://www.aegeegoldentimes.eu>

Psychosocial approach to victims of sexual violence/trauma in BH

- Before the war in Tuzla there were:
 - ✓ a well-organized Red Cross;
 - ✓ the Unit of Civil Protection; and
 - ✓ well-organized health and social care, but with poorly developed mental health services.
- In the beginning of the war a municipal Crisis Staff was formed in Tuzla, which, in cooperation with the Red Cross and the Unit of Civil Protection, organized first aid for DPs/refugees that included: accommodation, food, clothing, health care, physical security...

- Mental health care was carried out in the psychiatric ward with 40 beds and the so-called Dispenser for Nervous and Mental Illnesses at primary health care level
- In the first months of the war, there were 6 neuropsychiatrists, 1 psychologist, 2 social workers and 11 nurses.
- This was a human resource capacity intended to provide mental health care for people from the Tuzla region, which has already received more than 50,000 DPs/refugees.

- Mental health professionals had no experience in working with persons traumatized by war because there was no trauma training included in the medical curricula.
- We did not know how to work with traumatized people, particularly with traumatized children and women who experienced rape



Displaced patients with mental disorders, Tuzla, 1995

- Already in the summer of 1992, the first group of girls and women came from Brezovo Polje in Tuzla, and they have brought the story of a terrible systematic rape experienced by.
- It was also the first group of women who were in need for psychological first aid and protection, and in need of a safe place.



1992, Tuzla - Rape victims gathered in a gym in Tuzla. The women were systematically raped in Serbian concentration camps www.alamy.com

- The first psychological support for survivors of war rape has been provided by one of Tuzla's psychologist and psychiatrist. They went to the school where the girls were placed, sitting with them and listening to the stories, which made them speechless.
- That was our first experience in Tuzla.
- Working with this group of women as well as a daily work with refugees and traumatized soldiers has raised the issue of psychological trauma and approaches to be taken in dealing with traumatized populations.

- This was also one of the main topics of the first “war experts meeting” of health workers that was held in Tuzla, in November 1992. Since then, we begun to learn how to deal with the issue, to have discussions and experience sharing every day.

- In September 1992, we got the first book on psychological trauma, that was a book about Croatian experiences in work with war traumatized persons.
- At that time, this book was like a Bible for us.



The book “War psychiatry and war psychology”, Zagreb, 1992

- In the first months of the war, the health care system reorganized and directed care to the health consequences of the war, which included health care for victims of sexual violence. In this context, a medical assistance team was established for raped women in June 1992, which, in 1993 would become the Center for Women Victims of Sexual Violence in the War.
- The Center provided health care for victims of sexual violence, psychological help, and social assistance like meeting the needs for food and clothing. As well, the Center had the function of documenting.

- Unfortunately, this Center was closed in quite unexplainable circumstances, without any available reports on its work, and there is no information as where the documentation is located.
- However, in terms of care for mental health within the health system overall, conditions were more than desperate, from depressing environment to insufficient number of staff.

- On the other hand, a number of local women of different professions, among whom were psychiatrists, doctors of other professions, social workers, pedagogues and several psychologists who escaped to Tuzla, as well as other professionals began to organize and provided support to women and children in collective accommodations.

- Support has included gathering food and clothing, as well as providing some form of psychological support by listening and understanding their suffering. We can say that these were the first groups of mutual assistance and support.
- These groups were the backbone of the later development of the association for the help of traumatized persons and non-governmental organizations.

- We began with the group activities, where a group leaders were women of different professions, who wanted to offer help to refugees; they worked in a variety of areas - schools, kindergartens, homes...these were our trauma groups



- The group leaders underscored that trauma reactions are natural reactions to unnatural events. However, one needs help to overcome the stressful symptoms and the support groups were helpful in this respect.
- Somehow, during the 1993, the first activities of international organizations started through the implementation of psychosocial programs. A number of these programs were targeted at supporting the victims of sexual violence.

- Among the first professionals who came in Tuzla in June 1993 with the idea of organizing psychological assistance to victims of sexual violence was Gabriele Kramer, and that idea was eventually translated into a project to open a Center for Support to Women and Children, which is still working as a Vive Žene-Center for Therapy and Rehabilitation.

- Within this project, the first more systematic educations were organized for work with traumatized women and children, including work with victims of sexual violence.
- In these first years of war, when Tuzla was in complete blockade, for psychosocial work with traumatized women and children it is important to emphasize the help that came from NPA (Norwegian People's Aid), the establishment of a Center for assistance to mothers and children, as well as activities of organization for as assistance to women and children „Amica“.

- But in any case in the later years, a large number of organizations were in Tuzla and throughout BH with various psychosocial programs, and each of them included education and support for local staff to work with traumatized persons.

- Significant impact on the approach and model of work with victims of sexual violence, as well as all subsequent activities related to the status of those who survived sexual violence in the war, breaking of taboos about sexual abuse and domestic violence in BH, had work of Dr. Monika Hauser, organisation Medica Mondiale and “Medica Zenica” as oldest NGO in BH which has been, since April 1993, continuously providing help, support and care to women and children survivors of war rape and sexual violence.

- Of course, many other professionals working through various NGO programs or systems services have made and still make their contribution to improving the status of those who survived conflict-related sexual violence (CRSV).

- Therefore, in the circumstances of complete uncertainty, threats, difficulties in the functioning of the services for social and health care, experiences from Bosnia teach us that mutual support and care is possible, which is one of the important steps in the psychosocial approach to the victims of war trauma.
- The mutual support in the group is also an important factor and the group setting provides an opportunity for trust to be rebuilt. The trauma groups also offer victimized women a place to go outside the home. It gives a structure to their day and helps them to start their life anew.

- Group activities and informal contacts had major significance in helping this population:

„Since I joined this programme everything became better for me, I do not cry any more, I get comfort, friends, socializing, and we also get packages that help us survive“ as one women explained (Agger&Mimica, 1996)



- Another important step is the support of others, the support of those who are outside the war-torn community.
- Understanding, empowering, direct assistance, raising of public awareness, exerting pressure on key political forces, documenting, legal action, are just some of the forms of psychosocial assistance that individuals and / or organizations from international community have provided to victims of war trauma and CRSV in BH.

- The psychosocial help to victims of CRSV in BH included programs for health care, psychological assistance, social care, economic assistance and economic empowerment, legal assistance in prosecuting criminals and regulating status, as well as antistigma campaign.
- All of these activities were conducted by local women NGOs through the implementation of various psychosocial projects mainly financed by international organizations.

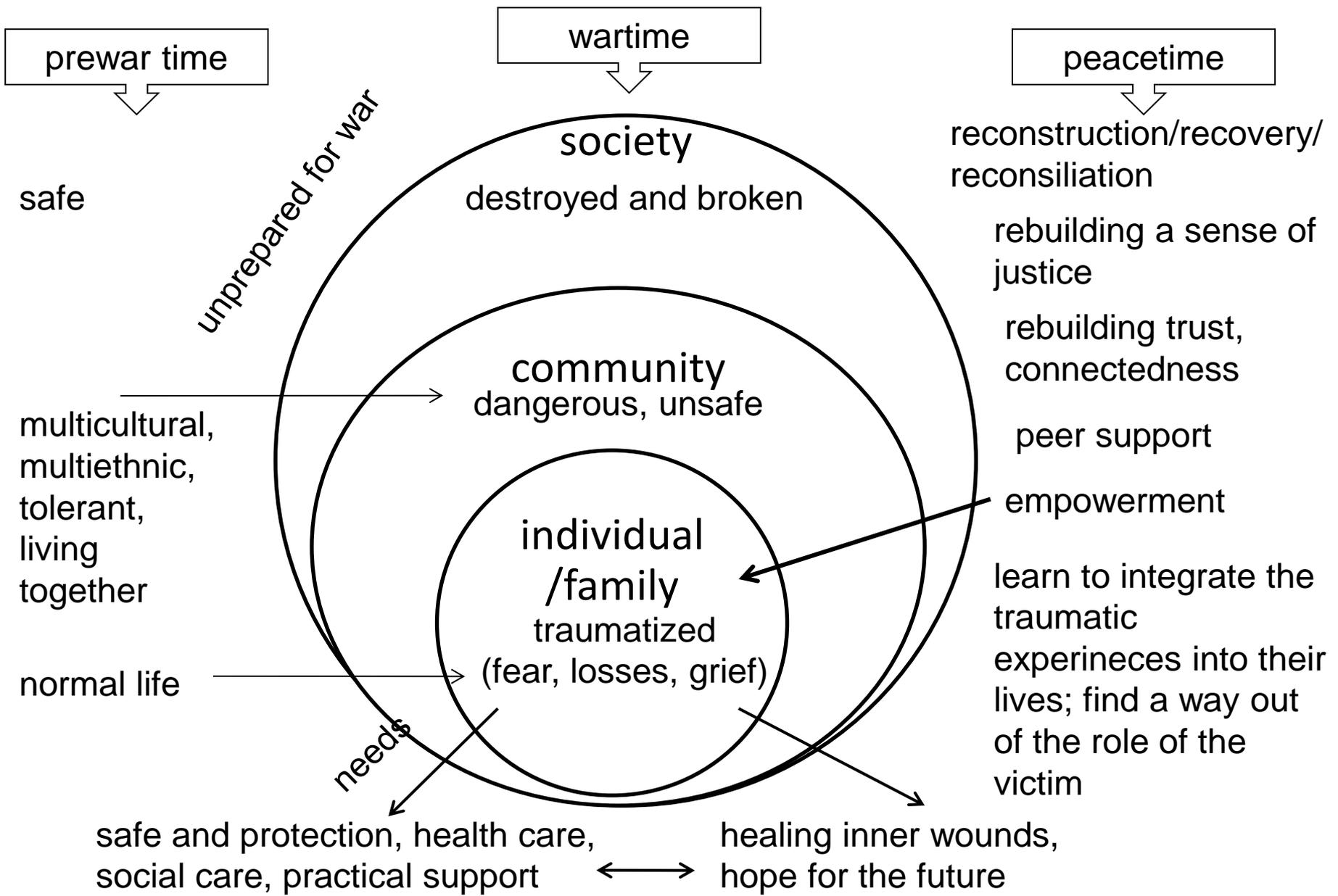
- Psychosocial approach to help BH victims of CRSV as a comprehensive model of the healing, recovery and rehabilitation process contains the following:
 - ✓ Individual healing of inner wounds (trauma therapy, trauma support group, empowerment of women – job-training, educations, self-help groups)
 - ✓ Rebuilding of trust and social connections in the local community
 - ✓ Work in the society – advocacy, documentation of war crime and atrocities, education, work to break the silence....., rebuilding a sense of justice

- This approach is a team-based, multidisciplinary and multidimensional long-term process that meet the needs of victims/survivor of CRSV, such as:
 - ✓ safety and protection
 - ✓ care and understanding
 - ✓ practical support
 - ✓ connectedness with the family and community
 - ✓ livelihood for her/his family
 - ✓ self-efficacy (believing in one's own abilities)
 - ✓ hope for the future

- The core of psychosocial approach is the empowerment of the victims / survivors of CRSV/GBV, which includes not only the development of positive feelings about oneself and gaining insight into their own situation, but also acting and connecting with others, actual participation in the social process.

- Today, we can see it through the activities of the Association of Women-Victims of War (Žena-žrtva rata, Sarajevo), Women's Section of the Concentration Camp Torture Survivors Canton Sarajevo, the associations Our voice (Naš glas, Tuzla) whose motto „Nothing About Us Without Us!“, or through economic empowerment on what works in NGO “Snaga žene” and many other activities (legal, social empowerment...) within the local specialized NGO (Medica Zenica, Centre for Legal Assistance to Women Zenica , Vive žene Tuzla, Section of Women Victims of War in Republika Srpska....)





basic needs, mutual support - trauma war groups, health and social services, NGOs

Psychosocial interventions

Lobbying and advocating for rights of victims /survivors of CRSV/GBV

transferring experience and knowledge of the NGOs in to the local PHC, CMHC...

social network, peer suport, self-help group, job education....

education in providing services with respect and keeping of dignity

provide adequate and equal access to basic needs (health insurance, employment, housing....)

Specialized services

Public rehabilitation services

Non-specialized support

Strengthening community and family support

Basic services and security

education of victims of CRSV about their rights related to basic needs / Law on Civilian Victims of War FBH, RS, Brčko District

- In BH, the psychosocial approach to victims / survivors of CRSV has evolved over the past 25 years within local NGOs and associations as one of the important process in the recovery of victims and the community.
- Psychosocial approach to victims / survivors of CRSV significantly influenced by the fact that victims / survivors not only of CRSV but also other forms of violence, such as domestic violence, are visible today in BH society and that sexual violence is no longer taboo.

- However, as psychosocial programs were mainly focused on women victims of CRSV, men victims / survivors of CRSV remained less visible, and sexual abuse of men and boys is still a taboo.
- Finally, I would like to emphasize that despite the rich knowledge and experience of the NGO sector in the psychosocial approach to victims / survivors of sexual violence, it did not find its place in the public sector services and did not integrate into the social and health care system.

Conclusions

- The nature of CRSV/GBV and its aftermath in a specific socio-cultural context in post-war BH survivors of CSRV one of the most vulnerable population, depending on long-term systematic support structures, continuing treatment, social recognition, and prolonged recovery.
- To achieve the optimal level of improvement of victims/survivors health and functioning, and to facilitate the process of destigmatisation, empowerment and social reintegration, psychosocial gender-sensitive multi-sectoral approach is required

- The government of BH should take greater responsibility in protecting and supporting victims/survivors of CRSV/GBV.
- Survivors of CRSV/GBV in all parts of BH should have access to quality social, medical and psychological care, legal aid, and the socio-economic support to reintegrate in their communities.
- Continuing training addressing sexual and gender-based violence issues should be mandatory for all health professionals, social worker and other community workers

THANK YOU!