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## **Refugee Fate: Fleeing, Suffering and Still Hoping**

The past ten years have witnessed major and most brutal social changes in the South East Europe – ranging from wars, social upheaval and ethnic conflicts to breakdown of national economies. This was followed by forced migration of millions of people. The wars that accompanied the breakup of former Yugoslavia have led to massive destruction and degradation of human lives, destruction of infrastructure and means of life, disintegration of social fabric and value systems. The social upheaval that followed political changes in Albania led to public violence and swelling corruption. The similar holds true for regions of the former USSR, like Chechnya and countries of the North Caucasus. In all these cases the largest group of severely affected people were refugees and internally displaced people.

### **The wars in the region of former Yugoslavia**

The war in the region begun in 1991 in Slovenia and Croatia, spreading to Bosnia Herzegovina in 1992. It lasted until 1995, when the open warfare ended, and the Dayton accord, brokered by the international political community, seemed to have secured peace. The outcome of this was that Slovenia and Croatia have maintained territorial integrity, while Bosnia was left divided into two entities: a Croat-Muslim Federation and a Bosnian Serb entity. However, the conflict in Kosovo between the Serbs and ethnic Albanians continued, leading in 1998 to massive exodus of Albanians from Kosovo, and culminating with NATO air strikes against Serbia the following year. After this, most of the Albanian refugees were able to return to Kosovo, but this time the Serb population was forced to flee. The current combats, that go on in Macedonia as I speak, are creating thousands of new refugees fleeing from their homes.

It is estimated that the wars in the area resulted in the deaths of some 250,000 people. Close to 3 million of people had to flee their homes to save lives, in fear of persecution or because of forceful expulsion. At different periods during the last decade they fled from different countries in the region.

Uprooted people are the largest group among the victims of war. At the peak of the wars between 15 percent (in the case of Croatia) and 25 percent (in the case of Kosovo) of the respective country's population was driven from their homes. This would be equivalent to a flood of between 35 and 58 million of displaced people in the U.S.A., or of 12 to 20 million in Germany or of 8 to 12 million in Great Britain in a period of only several months. As I speak now, there are still about one million of refugees and internally displaced people in the countries of the regions, including about 80,000 in Croatia (Office for Displaced People and Refugees (ODPR), 2000).

Financial costs of meeting the basic of the refugees in neighboring countries or for the internally displaced in the own country is shouldered mostly by the national economies of

these countries. The international assistance, although made very visible, typically meets between 15 and 40 percent of the costs. Financial and social burden of providing good care for so many uprooted people creates tremendous difficulties in countries with the economy devastated by the war.

With the cessation of overt hostilities, most of the displaced people and refugees have been able to return to their original communities. However, this was not an end to their suffering as many have believed. For the many this was yet another encounter with their massive losses and destroyed communities. In addition, they face tasks of not only rebuilding the infrastructure, but also building new political and legal institutions, democracy and independent media began. Because about 25,000 people are still listed as missing, the level of emotional burden for many families remains high, and at the same time, impedes the ability of ethnic groups to overcome the differences.

The typical refugee pattern has been repeated time and time again, in Croatia, Bosnia, Kosovo and, as I speak, to Macedonia. Since most of this region had a unique “privilege” both to generate the refugees and also to provide assistance to them, many lessons have been learned through hard work during the past decade. Unlike the wealthy Western countries that have to deal with refugees coming to their shores, the societies, institutions, care-providers and decision makers in this region had to deal within the issue right in the middle of the ongoing crises. I will share some of these experiences during this presentation.

Most of the uprooted people hold sets of beliefs that reflect a mixture of unsatisfied needs, high levels of uncertainty, insecurity and lack of hope. During the acute danger, the priority, without doubt, is safety and survival. Once they reach safe haven, other needs emerge, both existential, social and psychological that are typically frustrated for a prolonged period of time. This is illustrated by a “refugee career cycle”. This traumatizing cycle begins with the pre-flight period, extends over the flight and into the refugee period of various duration. It ends with the resettlement process (Ben-Porath, 1991). However, each of these periods is burdened with a number of stressors, some of which have traumatizing or retraumatizing effects (Ajdukovic, 1993).

Resettlement or repatriation to the communities of origin is often idealized almost as a solution to all problems. This is especially true for the internally displaced people. This expectation that returning home will be only healing, is grounded in the naïve belief that the communities will be the same as before the war, in profound psychological denial, in the search for disrupted personal and group identity, destroyed social networks, etc. Facing the reality of the own destroyed community is a highly retraumatizing experience, pondered by the contrast of the years long idealization during the war. Under such difficult circumstances the efforts that can facilitate the community social reconstruction are of paramount importance for social and psychological reintegration of the displaced people. Unfortunately, for the many this is only a beginning of another years long frustrating period of life, full of fights with administration, scarce resources, social marginalization and uncertainty.

Another typical response that both the uprooted people and the returnees have to face is that after the initial massive empathy they increasingly face social indifference. The fact that these societies affected by the war are ridden with poverty and crisis of value systems make the things much worse. This is a source of social tensions between the social interests groups, such as displaced people or returnees, veterans and other segments of the populations.

But let us first look at some of the sources of distress and the social processes among the uprooted people living in the communities affected by organized violence:

*Sources of Distress:* Traumatic experiences and losses, uncertain fate of missing family members, unemployment with poor perspective for improvement, lack of control over own life, lack of opportunity for making life plans, availability of basic housing only, insufficient social services and schooling in the community, mine fields that are obstacle to farming, loss of personal and professional identity, etc.

*Social processes:* Disintegration of social network and loss of social support, high level of migration, changing roles within family, loss of social status, growing social differences among the population, perception of social injustice, increased violence within families and in the community, corruption, controversial perception of justice with regard to the war crimes, etc.

As in other parts of the world, the refugees we worked suffered from traumas and stresses, persecution, losses and isolation, violent change of their life (Stein, 1986). These people have been exposed to extremely stressful and traumatizing experiences even before they were driven out of their homes – this is the first period of their refugee cycle. They were forced to make a life-depending decision of fleeing or staying without enough information, full of fear for their lives and loved ones, terrorized by pressures and threats, and having to leave everything behind. Often this long and painful process has been dominated by denial of reality, making so many refugees flee at the last moment and save nothing but their bare lives. Either at that period of during flight they have been exposed to many traumatizing events. This is illustrated by the data gathered from two refugees centers where about 3.000 people were accommodate in which the team that I head has been providing psychosocial assistance (Table 1).

Table 1 Exposure to traumatizing events among adult refugees. Percent of interviewed persons reporting an event in two refugee centers.

Event	N=1791	%
Destruction of home and estate		80
Loss of important personal belongings		70
Exposure to direct bombing		65
Total loss of property		62
Loss of income		36
Family member sent to war		32
Death of an important other		24
Separation from a spouse		15
Wounding or illness of a family member		15
Own wounding or serious illness		12
Separation from older children		11
Presence to violent death		11
Imprisonment by the enemy		7
Presence to violence		7
Separation from small children		6
Prolonged exposure to bad weather		8

Prolonged exposure to hunger	6
Being interrogated by the enemy	3
Present to sexual abuse	1
Sexually abused	.2

The second period of displacement begins with actual flight from own home and ends only with returning there or with permanent resettlement elsewhere. This is the period when many uprooted people have to face numerous life-long losses and cope with the after-effects of trauma. It is during this period, which is usually the longest one, when further daily stressful experiences accumulate on top of those from the recent past. The everyday life of a typical refugee is full of multiple stressors' working against his or her psychological, social and physical well-being. They are subject to constant interplay of past traumas, current stressors and remainders of the past. This puts the refugees as a group at high mental health risk.

The complexity and interplay of stressors and lack of resources to cope with them results in the state of stress, which can often be seen in hindered psychosocial adjustment and high incidence of mental health problems while living in exile. However, there are huge differences among refugee individuals and families in how well they cope with stress of displacement. Through a complex interplay several groups of factors result in the state of stress which triggers the coping process, which in turn leads to the stress outcomes and the way refugees adapt. These are manifested as behavioral, social, psychological and health symptoms. Incidence of some of the posttraumatic and stress symptoms among the refugees we have worked with is presented in Table 2

Table 2. Posttraumatic reaction and stress symptoms

There is also evidence that prolonged displacement harms the mental health which deteriorates over time, as illustrated by our own data from 1993. Slika iz Pariza

Figure 1. PTRS scores at three assessments points over the period of 18 months for refugee women and a comparison with control counterparts. Higher score indicates more reactions.

Figure 2. Depression scores over the same period of time.

Contrary to what might have been expected, over the period of 18 months of life in displacement the people reported a significant increase in their stress reactions. This indicates that displaced people have been exposed to additional stressors while living in the collective center for a prolonged period of time. At the same time their resources became more and more insufficient to cope successfully with the stress of prolonged exile.

Comparison of stress reactions between the group of refugees and their non-refugee counterparts, revealed that the former had more coping difficulties even after about ten months of life in displacement. This could be attributed both to the more stressful and traumatic experiences of the refugees, and also to the high level of exposure to, what we have named, "chronic refugee stress" resulting in deteriorating status of the mental health.

The repatriation is the final period of the refugee cycle, loaded with disappointments, stressors and retraumatization. With accumulating experiences it became evident that the difficulties of rebuilding and social reconstruction of the post war communities pose more demanding tasks

than anticipated by the authorities, the affected populations, and also by the international community. One of essential notions is that the resettlement needs to be viewed as a slow and painful process that will last for a number of years. For the returnees, the life in the post war period is burdened with multiple challenges and psychological strains. This was evident in totally destroyed small villages like Cetingrad, towns like Slunj, ethnically divided communities like Vukovar and Mostar, and big cities like Sarajevo.

The returned refugees typically feel fully neglected once they return to their communities. Typical idealization of the long expected period of peace and resettlement has in many cases been brutally confronted with dramatic reality. This is illustrated by the data demonstrating increasing prevalence of depressive symptoms, especially in children which we were able to assess in Croatia and Kosovo. Resettlement needs to be viewed as a slow and painful process within the larger framework of social reconstruction that lasts for years. In such circumstances the role of care-providers in implementing both short- and long-term community interventions is crucial.

It is of utmost importance that the local social services, teachers, health personnel, local authorities and politicians, and media assume the proactive role in the social reconstruction process. They are the key community figures who, typically, need outside assistance to understand and develop their leadership roles that will serve the communities undergoing such dramatic changes. In addition to rebuilding the infrastructure and opening jobs, the psychosocial work is an ingredient that can help facilitate the social reconstruction process. This is especially true for the communities in which there are profound conflicts between groups, such as ethnic divisions. Our experience is that the local care-providers are able to embrace a psychosocial assistance program if it is based on the realistic needs of the local community.

The challenge is to create effective community-based interventions that can help facilitate psychosocial reconstruction of the communities, decrease social tensions among groups that were involved in a conflict, provide treatment for the most traumatized individuals and work towards stability, peace and eventually reconciliation. After achieving safety and meeting existential needs, help in restoring people's faith in themselves and the community is needed. The people need to integrate and work through their painful collective experiences, so that they can turn toward the future. This is also the only way the cycle of violence and victimization can be interrupted. They need support to heal their individual and collective traumas and at the same time start appreciating non-violent conflict resolution and the importance of human rights.

This is the task that every community faces after violence outbursts and return of the displaced people.

Another important aspect of this process is the public perception of justice and accountability: that the individuals who are guilty of committing violence or atrocities, are brought to justice. We have heard bitter comments in some communities that the perpetrators of crimes against their neighbors live in the same community without and actions being brought against them, for political reasons. This challenges the basic social norm of justice, and reciprocity. This universal norm basically states that no harm should happen to a person that does not harm others. The most traumatized individuals also say that the truth about who did what in the past has to become known before the people who were terrorized can begin to heal. The people

whose dear ones are still missing demand that the perpetrators or their friends, family or neighbors come forward and help identify the burial grounds where the remains are buried.

The communities that have suffered destruction in which the refugees return, need outside help because the inner resources cannot meet the increased needs. Help from the outside may have to include material resources and new skills and approaches. The local providers are often not trained enough to cope with new types of demands, such as trauma treatment, life skills building or non-violent conflict resolution. Some of the interventions need less sophisticated skills, but can typically serve many clients. Other interventions require higher levels of expertise, but fortunately are required by a more limited number of clients. This is important to bear in mind, as the training to increase the capacity of the local resources requires different, yet interrelated strategies. From our experience, the following three strategies yield good results:

1. Providing psychosocial services during the transition period by experienced providers who also serve as trainers and supervisors, but clearly being based on the community needs, not the needs of the donor agencies.
2. Capacity building and empowering of local providers to become increasingly able to take owner the ownership of the social reconstruction process.
3. Working with parents, community leaders, local media and governmental institutions to make them aware of the benefits of community-based programs from their point of interest.

The following is an illustration of a range of psychosocial interventions that we have developed and implemented in order to meet the needs of recovering individuals, families and communities:

- Screening for clients with psychological and behavioral problems
- Psychological evaluation requested by the school teachers
- Referral for institutional treatment
- Counseling of juveniles and parents
- Intensive treatment for a group of highly traumatized juveniles
- Supportive and skills building group activities for vulnerable groups of juveniles in order to:
  - increase self-esteem and development of positive self-concept
  - facilitate acquisition of social skills
  - facilitate acquisition of non-violent conflict resolution skills
  - enhance mutual acceptance and cooperation
  - enhance creativity
- Support and education of parents in improving family relations
- Opportunity for consultation and supervision of care-providers
- Encouraging professional networking with providers in similar communities
- Providing training and professional skills building to local human service providers (school staff, social workers, and health staff) to better understand and meet the needs of the local population.
- Providing training in increased understanding of human rights issues

How does the international community perform in such complex emergencies and especially in relation to the human rights issue? It is necessary to accept that in situations of conflict,

especially in war, the human right cannot be preserved to their full extent. This is because armed conflict disrupts the services provided by the state, families are disrupted as well as communities. At such times, the priority is preserving life, move people to safety and ensure existential need. At times of such complex emergencies, other rights are not of equal concern (Hamilton, 2001). But such situations are of relatively short duration, while the relief agencies tend to regard them as extending over a much longer period, during which they continue to focus only on the “survival rights”. An illustrative example are the assistance efforts by the UN agencies and other major relief agencies during the period of 15 months (between March 1998 and June 1999) when they concentrated on securing food and shelter for children and their families, almost fully ignoring their other rights, such as education and play, contained in the Convention on Rights of Children. Moreover, education in such circumstances is not given the key role it might have, especially in funding. It can be provided in various ways even in complex emergencies, such as non-formal community based programs (Vandergrift, 2001). According to some authors (Hamilton, 2001), apart from funding, the main reason for this is that the relief agencies are driven by an ethos of assistance, rather than being based on rights, of which many are not aware. The consequence of such thinking is that raising awareness for the human rights concept does not only relate to the local communities, populations and their leaderships, but also to many international workers.

In any case, there are numerous examples from all the countries in the region, that in the midst of the armed conflict, a number of community-based helping initiatives have emerged. The number of international and local NGOs mushroomed in countries where the concept of NGO was almost unknown before. In 1998, 332 international NGOs were working in Bosnia Herzegovina and in Kosovo currently there are almost 500 NGOs registered. Most of them have been registered after the end of the war. The similar situation was characteristic for Croatia and is happening in regions surrounding Chechnya. This has two effects. Firstly, it is conducive to increased appreciation of the civil society institutions and in this aspect also of human rights. Secondly, this contributes to duplication of services, confusion and competition. Competition among the local NGOs has been often criticized by the international community, as if this was not only a pale replication of the competition that goes on among the major international relief agencies!

After working for a number of years in the whole region, we have become strong advocates of the need to build in the long-term perspective right from the beginning of the emergency response. Of course, the priorities of safety, existential needs and trauma treatment are a priority. However, even the ways in which these issues are dealt with, provide an opportunity for the long-time spin-off benefits. For example, the training of local care-providers to deal with traumatized populations will not only address the immediate needs of the affected people, but will open an opportunity for attending to other mental health needs of the population at a later stage. We were able to see this after completing a three-year long major training effort in the region within which over 1,400 care-providers from over 90 communities organizations throughout Croatia and Bosnia Herzegovina were trained. These trainees served over 120,000 beneficiaries. The outcome evaluation indicators showed that the trainees not only increased their skills of working with trauma survivors, but also appreciation of human rights issues, understanding the advantages of non-stigmatizing, community-based mental health services, and empowerment as a healing approach. These secondary benefits for the community are long-lasting.

In sum, responding to the crisis includes also a challenge is to develop programs that will not only respond to the acute needs, but will also facilitate community development. Otherwise,

the concept of empowerment on which many assistance programs claim to be built is simply abused.

In any case, the assistance brought from outside of the community is always limited in time. Therefore it is essential that it interfaces with whatever services are available locally and helps increase the local competence. In planning the outside assistance that responds to the acute need, the longer-term community development and the ultimate goal should be kept in mind right from the beginning. In the community disrupted by organized violence the ultimate goal is stability and peace, and before that reconciliation between the former adversaries. Achieving this goal surely depends on different aspects of a much broader socio-political context, including economy. However, the social reconstruction is a process that happens in each local community where people interact face to face, where they live and work, where they build homes and have shared responsibilities. Factors and relationships that may facilitate the social reconstruction process after organized violence are presented in the logic model (figure 2).

The rationale of this model is that after the existential and primary needs are met (i.e. safety, food, housing, jobs, infrastructure, basic social services, functioning of schools), three parallel processes that may lead to reconciliation and to stability and peace need to be facilitated. These are: individual and community healing of trauma, building social norms of tolerance for differences and non-violence, and empowerment of community workers. These processes are interrelated and have to progress simultaneously. And finally, as any process among human beings, the social reconstruction needs time to yield results. This is even more important to acknowledge if the wounds after violence are very deep, such as after the war. If the healing is hindered by unresolved cases of missing family members or the profound social transition to the market economy, the social reconstruction is much slower than people would like to see.

Unless the international community recognizes that facilitating social reconstruction in the communities where the refugees are hopefully returning, promoting human rights and building civil society, along with investments in local economies, are the way of preventing future conflicts, restrictions and deterrence increasingly imposed by their governments on refugees will have poor effects and bring about more suffering. On the contrary, the former approach can prevent these states from having to spend hundreds of millions to deal with complex humanitarian emergencies in the future.