

Working with Traumatised Women

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1. Introduction

Natural disasters, accidents and wars can cause severe and sometimes irreversible psychological problems for survivors. So how can help and support be provided for persons traumatised by this type of event? This is a question which concerns many physicians, psychologists and relief organisations. In many cases, the survivors are quickly forgotten and after a few years, no one thinks to enquire about their mental state. This is what happened after the war in Bosnia-Herzegovina (BiH). There are no precise statistics on the number of traumatised persons in BiH. However, it is safe to assume that in some regions where massive atrocities and war-related destruction occurred, almost all the survivors and their offspring are still suffering from psychological problems and will continue to do so over the long term. This applies especially to the northeastern region of Bosnia, the scene of gross human rights violations and war crimes.

This article describes the psychological consequences of the war. It illustrates the current situation of traumatised persons in Bosnia-Herzegovina in general and in Tuzla and the Drina region in particular. It shows how government agencies are dealing with this problem and which approaches are being adopted by voluntary bodies, especially the German-Bosnian aid organisation Amica/Prijateljice, which worked mainly with traumatised women during and after the war. Based on the lessons learned from the work to date and the deficits in this field, the article concludes with various recommendations for further action. The key focus of the article is therefore the situation of women traumatised by war who were able to access support from aid organisations

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during the war. Their experience of war differs significantly from men's experiences on the frontlines. Men who played an active role in the war were also traumatised; many were victims and perpetrators simultaneously, and men were also affected by displacement, detention in camps or the loss of family. However, this group of survivors is particularly hard-to-reach via psychosocial services¹ and more experience in this field has only been gathered in BiH in recent years.

2. Defining Trauma


In recent years, the term "trauma" has been used far more widely in conflict management literature and, indeed, has increasingly become the focus of practical work by relief organisations. However, it is often used very imprecisely and in such a generalised sense that the suffering of survivors who are genuinely affected by traumatisation is obscured. This section therefore begins by exploring precisely what is meant by "traumatisation".

The word "trauma" is of Greek origin and means "wound". In a psychological context, it therefore describes a "wound to the soul". People who have endured unimaginable brutality, who have faced death or have been forced to witness the torture and death of others often find it impossible to cope with everyday life afterwards and suffer a range of clinical symptoms.

In the 1980s, the term "post traumatic stress disorder" (PTSD) appeared for the first time (Butollo 1998:73; Herman 1994:50). In the specialist medical literature, the following diagnostic criteria are applied to traumatisation (American Psychiatric Association 1996:491f):

- The person experienced or witnessed an event which involved actual or threatened death or serious injury to self or others
- The person suffers recurrent and distressing recollections of the event, including flashbacks, nightmares and a sense of reliving the situation
- The person shows symptoms of avoidance, refuses to talk about the situation, avoids the place where the traumatic event took place, and suppresses memories of what has happened
- The person shows symptoms of intense reactivity and an exaggerated startle

¹ There are only a few organisations working with traumatised men and ex-soldiers in the Balkan region so far. One of these is CORRIDOR in Bosnia-Herzegovina (see www.heks.ch) and the Center for Trauma in Novi Sad, focusing on Southern Serbia.



response, may be prone to explosive emotional outbursts, and suffers from nervousness and poor concentration

- The above symptoms last for more than one month.

However, these clinical symptoms are merely standardised descriptions and, in many cases, may not fully reflect a traumatised person's individual state.

Traumatic experiences often cause the survivor to question their view of reality, robbing them of their sense of integrity and wholeness and leading to the loss of self-esteem. Many traumatised persons feel profoundly insecure, have problems in their relationships, and lose trust and confidence in themselves and the world. Everything has changed; nothing is as it was before. Living with trauma requires superhuman energy and effort. The recurrent mental images of the traumatic event must be constantly suppressed and exposure to internal or external cues which trigger recollections must be avoided. Traumatised persons often have to learn, in a long and painful process, how to function in an environment filled with potential obstacles and uncertainties.

In identifying the factors which make a traumatic situation especially painful, it has been established that human-induced trauma, e.g. war or abuse, leaves especially deep mental scars. If the injury is inflicted by a familiar person and is not anticipated, the traumatisation is especially prolonged as a rule. If it is accompanied by sexual assault, the impacts are almost always devastating, affecting survivors for the rest of their lives.

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Until now, no satisfactory terms and definitions of trauma have existed that describe, in particular, the psychological consequences of war. The descriptions customarily used do not adequately reflect the prolonged and extreme situations which survivors have had to endure.


Survivors of war do not always develop PTSD immediately. Often, it may take years for the problems to come to a head – usually as a result of other additional stressors – and for symptoms to manifest themselves. For people traumatised by war, the war does not end with the ceasefire but lasts a lifetime. Their quality of life is permanently impaired. In these situations, a stable social environment, supportive relationships with trusted persons, information about the impacts of traumatisation, therapy and material compensation may all help the affected person. So it is important to ensure that the survivor is provided with safe accommodation and living conditions, as well as psychological support, as soon as possible after the traumatic event. This approach was adopted during and after the war in the work with traumatised women in particular.

3. Working with Traumatized Women in Bosnia-Herzegovina

In BiH, as in all modern-day wars, the civilian population was subjected to massive and sustained brutality and human rights violations throughout the course of the conflict. Two million people, including large numbers of women and children, were forcibly expelled from their homes, compelled to take refuge in forests without shelter or protection, often for months at a time, and targeted in bombardments, artillery attacks and by snipers. Many were detained in camps where they were abused, raped and tortured. Civilians were both the instrument and the target of war. These people endured numerous highly traumatic situations and gross abuses. Through displacement, they were forced out of their familiar environment and survived for years – and, in some cases, are still surviving – in a state of limbo, facing poverty and an uncertain future. Thousands of their relatives are still missing.

Even while the war was still being waged, Bosnian organisations, with support from abroad, began to set up psychosocial projects to provide relief for women and children and deal with the effects of war. The aim was to respond directly to the needs of women and children, although the numbers needing help far exceeded the services that could be provided. Local and international organisations were keen to address the problems. In Tuzla, a municipality with around 150,000 residents – with refugees making up 60% of the population at various times (the current figure is around 20%) – where many displaced women, especially from the Eastern Bosnian region, including Zvornik and Srebrenica, found refuge, there were five major and several smaller organisations offering programmes tailored to women's needs as early as 1995.² The work being undertaken by the various agencies was fairly well coordinated and included counselling, therapy, childcare, education courses and group meetings. In some cases, these organisations also supplied the women with donated aid. At first, the services responded to the women's immediate needs: they wanted material support and an opportunity to talk to other women about their experiences, and they also wanted to know that their children – who were also coming to terms with a new situation in life – were safe. Psychological support, i.e. counselling and therapy, was part of this service. It was made easier for women to access the projects because the centre where the psychosocial work took place also

² Besides Amica, other organisations working in Tuzla included Vive Zene supported at that time by a German organisation based in Dortmund, Tuzlanska Amica, supported by Italian organisations, and the Kuca zene i dijete centre, which was funded by Norwegian Peoples Aid and German organisations, including Cap Anamur. Other foreign and Bosnian NGOs worked in other towns and cities, notably Medica in Zenica and Zene Zenama in Sarajevo.



provided childcare, education courses and material support. This meant that none of the women had to worry about her reputation or subject herself from the outset to any suspicion, among her family or neighbours, that she was “going to the psychologist” and was “mad” – there were many reasons why she might be visiting the centre.

The following sections describe the work undertaken with traumatised women, with particular reference to the experiences of *Amica e.V. Freiburg* (now known as *Prijateljice*), an NGO working in Tuzla. As early as 1993, Amica began to supply humanitarian aid to women and their families. Food and hygiene packages and donations of clothes and medicines were organised, and an emergency ambulance which provided psychological and medical care for newly arrived displaced women was funded from donations. In autumn 1994, Amica began to set up a psychosocial programme, while the task of providing material and medical aid was taken over by another linked organisation. Amica then opened its “project centre” in the Slavinovici district of Tuzla where women could bring their children twice a week for several hours at a time. They met together, cooked food together, learned how to sew, and occupied themselves with handicrafts. By sharing their experiences, they regained a sense of their personal integrity and wholeness and exchanged information which helped them cope with their situation and their daily lives as refugees. The women learned how to forge new relationships and build trust again. Highly traumatised women were referred for one-to-one therapy to the Italian supported organisation *Tuzlanska Amica*.

The trauma work was the focus of the centre’s activities but other aspects of life were important to the women as well. The women could share all their questions and concerns with the group and find listeners and support there. A letter from a husband in Srebrenica, a broken window in their accommodation, their children’s problems at school, their own nightmares – everything was aired and shared and worked through together. The project centre became an oasis for women in the chaos of war and they developed great faith in the programme. The women were accepted and respected with all their problems and concerns, and the services were designed accordingly.

After the war, from 1996 onwards, women’s clubs began to evolve from the project centre, where women could meet and take education courses. Among other things, the clubs initiated, together with other organisations, vigils for the missing persons from Srebrenica which are still held regularly by the “Women of Srebrenica” today. The clubs provided counselling, information and support for women threatened by eviction and offered an opportunity to discuss financial problems; as a result, income-generation projects were launched, including a

sewing workshop, a nursery to grow flowers, and a laundry, which were run by the women. From this point onwards, the work undertaken by Amica/Prijateljice focused on establishing a network where women could find contacts to help them deal with their various problems and where they could obtain emotional and material support and a sense of security, and build up their confidence. Thanks to the comprehensive commitment of the staff involved, the women felt accepted and supported.

This can be illustrated by the example of a woman who fled from Eastern Bosnia to Tuzla in 1994 and who has had to bring up her children on her own ever since. Her husband and other male relatives have been missing since the assault on Srebrenica by Bosnian Serb militia.

F. came to Amica in autumn 1994. Since she left Srebrenica and arrived in Tuzla, she had heard nothing from her husband and son. Her younger son suffered nightmares and she herself was sometimes depressed. She was given the opportunity to participate in the Amica programme. She was given material support and joined the group, where she gained confidence and began to build a relationship with the other women. As the next step, she was able to tell her story in individual or group discussions, gain an insight into her problems, and learn strategies to cope with her trauma symptoms. However, as her situation was still highly uncertain, she had to be treated with great sensitivity, for when trauma is still being worked through, an extremely negative event (such as bad news about the fate of her husband and son) could be completely devastating. As time went on, F. began to take on responsibility; in the group, she showed that she was good at organising and listening. When the clubs were set up, she was asked if she would like to become one of the carers. The first women's club was opened on the day Srebrenica fell. The women played an active role in caring for the influx of large numbers of refugees; they used the new premises to register the women, refer them to doctors, distribute aid, and listen to their experiences. F.'s husband and her older son were not among the new arrivals. Afterwards, she said that she only survived the waiting because she had work to do in the women's club, which stopped her from dwelling on her own worries and allowed her to share her experiences with many other women. She says that without the club, she would not have got through this difficult time and – to use her own words – might have “gone mad”.

F. carried on working in the women's clubs afterwards. She relayed the group's needs to the Amica team and liaised back to the group. These discussions triggered the idea of organising vigils for the missing relatives but also establishing contact with Serb women in Srebrenica. As a result of this initiative, joint leisure activities for children were organised.

F. continued to receive psychological support in the form of regular supervision and did not show the full clinical symptoms of PTSD. However, in

2003 and 2004 – nine years after Dayton – this situation changed. In these two years, F. was faced with many additional stresses. She was evicted from her accommodation. Her financial situation became more precarious and she now has to pay rent on her new flat. Her pre-war home in Srebrenica has been restored to her, but it is uninhabitable and anyway, she is too frightened to go back. A number of deaths in her family have further added to her stress. There is still no news of her husband and son. Today (2004), F. complains that her symptoms – notably flashbacks and nightmares – have worsened. She shows signs of withdrawal and suffers recurrent bouts of depression. Her attitude to life has completely changed. F. is still actively involved in the organisation and has a positive approach to her work, but her helplessness in the face of her own and the other women's problems is a growing strain on her.

F.'s story is just one example among many. For countless survivors of the war, the situation has rapidly worsened over recent years. From 2000, radical changes began to take place in BiH. Until then, the majority of displaced persons from the destroyed villages had been accommodated in the towns and cities and had been guaranteed a modicum of material security. However, from 2000, the flow of international aid trickled to a halt while the authorities pressed ahead with the return process. At the same time, economic problems and the privatisation of industry further reduced the already scarce job opportunities. Men who had worked for the military up to then were dismissed. Essential services such as healthcare became unaffordable for many families. Many of the international relief organisations pulled out of BiH around this time. As a result, many people, including the displaced women living in Tuzla, faced an uncertain future, which had a massive impact on their psychological well-being.

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4. Social Influences Worsen Mental Health

Today, almost ten years after the war, the number of traumatised women is still extremely high. A series of surveys carried out in 2004, for which I interviewed 70 women from Eastern Bosnia, revealed that 38.8% of respondents were suffering from all the clinical symptoms of PTSD, with symptoms being severe in up to 60% of cases.³ If these findings are compared with the surveys of the same women undertaken in 2002, it is apparent that by 2004, their mental


³ The survey was undertaken with IDPs from the municipalities of Zvornik and Srebrenica during the period 2002–2004 as part of the preparatory work for a doctorate in psychology at the University of Munich. Working title: "Social influences on the mental health of war-traumatised displaced women in Bosnia and Herzegovina".

health had deteriorated, with this change being due to the many uncertainties and insecurities still faced by women in Bosnian society. In 2002, 21.9% of women showed all the clinical symptoms of PTSD; in 2004, this figure has increased substantially to 38.8%, signifying a massive negative trend. The study shows that the women's mental health is significantly impacted by their *housing situation, poverty and the return process*: 48% of women who had experienced *eviction* went on to develop PTSD. 75% of women whose *housing situation was still uncertain* showed all the clinical symptoms of PTSD.

Of the returnees questioned in 2004, 75% reported that their sleep was now more disrupted, they were more nervous and they felt worse, in terms of their general health, compared with before; all the women showed all the clinical symptoms of PTSD. Out of the 12 women who had no PTSD in 2002 and now display all the symptoms, 10 had experienced eviction and 10 still do not know where they will be living over the long term. All 12 women have experienced a reduction in their incomes over the past few years. Four women who had PTSD in 2002 and no longer show any symptoms of the condition have all resolved their housing issues and their income has increased. In BiH, there is no support system for families who have been displaced, who have lost their homes and their land, and whose property has often not yet been fully or adequately restored to them. Many refugees still live in limbo; they cannot resolve their housing issues and therefore face eviction.

Poverty is a further major stress factor. An above-average number of women who have no income decide to return to the areas from which they were displaced – due to a lack of alternatives. 88% of women questioned in the survey who have no income, or whose monthly income amounts to just KM 50 (around €25) for each member of the household, showed all the clinical symptoms of PTSD. Material poverty is always a health risk, but for people who have survived traumatic situations, it has additional and extremely destabilising impacts on mental health. But in Bosnia, poverty is not the outcome of individual actions but is entrenched by social structures. The Bosnian government does not assume any responsibility for the poor; social assistance is only granted in extreme cases and is often not disbursed. Neither of the two entities considers that it has any responsibility to provide social support to returnees to the Drina valley, with the result that many people become further impoverished following their return to their pre-war homes.

This is a major failing on the part of the Bosnian government, which accepts that survivors of the war are now becoming the victims of fresh injustices and uncertainties and are denied access to essential goods and services. However, the international community has an obligation here as well. The



Bosnian government and the international community could – and should – take on more responsibility in resolving the housing issue in particular and provide the women with better support. The international community formulated all the relevant legislation and is still involved in organising the allocation of housing and monitoring the process. Yet it is still failing to take adequate responsibility for the situation of displaced persons.

The lengthy process of *searching for and identifying missing persons* is another example of how traumatisation is exacerbated and the social processes of remembrance are organised in a way which lacks sensitivity. Blood samples are now being taken from all survivors so that DNA analyses can be carried out. If a blood test indicates that a missing person's identity can be established, the next of kin are invited to confirm the identification. Here, they are usually confronted with pictures of graves and disinterred remains, as well as possessions belonging to the deceased. Psychological support is rarely provided during this process. Indeed, when mass exhumations have taken place, families have sometimes had to walk along rows of corpses, checking whether their relatives are among them. This approach to identification is undignified and profoundly shocking for the next of kin. Rather than being able to participate actively in the identification process, the survivors are revictimised.

There have also been major political failures in the provision of *material compensation* for the victims of war. Women who were raped during the war have still not received any financial compensation. They are not recognised as victims of war and do not receive a pension.


To sum up, it is apparent that the needs of traumatised persons are being ignored by the Bosnian government and are not adequately considered by the international community. A lack of sensitivity in the return process, in the identification of missing persons and in the policy on recognition of refugees, combined with impoverishment and uncertainty on housing issues, have considerably worsened survivors' mental health and led to retraumatisation.

Furthermore, one of the "lessons learned" from the return process in Eastern Bosnia is that approaches which merely provide psychological support are not enough. Organisations which have focused primarily on this approach are now being forced to admit that their current strategies have reached their limit. Trauma programmes which lack any social or social policy components can only ever bring short-term relief but cannot achieve long-term improvements. If – after the experiences of war – basic insecurities continue in the post-war period that result in a further decline in mental health, even well-designed psychosocial support programmes will fail to meet the desired objectives. What is needed, instead, is a holistic social policy approach to trauma work.

5. Conclusion: Appeal for a Holistic Social Policy Approach to Trauma Work

Traumatic events can devastate or permanently impair a person's entire life. Psychological processes and social change have a mutually reinforcing effect. For that reason, the social environment must also be considered in the process of dealing with trauma. A more holistic approach to trauma work could include the following measures:

- 1) Psychosocial services should be geared towards the specific experiences of women but should not ignore men as a target group. Even during the war, experts were aware that there was a need for psychosocial work with war-traumatised men, but they were more difficult to reach. Many men initially found it very difficult to admit that they were suffering and agree to undergo psychological treatment. It has only been in recent years, as the suffering has intensified and symptoms become more obvious, that self-help groups have formed for men who needed support, with appropriate services developing as a result.
- 2) Besides the very important provision of psychosocial and psychological support for survivors, a basic level of material support must be provided and fundamental problems such as housing and income resolved. In this context, the Bosnian government and the international community should revise the legislative framework for returnees and especially their accommodation rights so that survivors no longer live in fear of becoming homeless or feel compelled to accept substandard housing. The Bosnian government should regularly disburse the legally guaranteed social assistance to needy individuals and revise the criteria governing entitlements to social assistance so that full account is taken of the individual's material and family circumstances and psychological state, as well as the housing and employment situation.
- 3) A further prerequisite for successful trauma work is that the affected individuals see that society recognises and acknowledges their trauma. This includes granting them appropriate material compensation. The present situation is unacceptable: the survivors of Srebrenica are merely mentioned in the Bosnian government's public statements at memorial events, usually in order to level accusations at the Serbs. However, the Bosnian government is doing nothing to fulfil its own responsibility to clarify the fate of the missing persons. It is also intolerable to witness how people are increasingly coming




under pressure to “normalise”, with no account being taken of their specific situation. Civilians should also be given the right to claim a pension based on a diagnosis of post traumatic stress disorder. Women who were raped during the war must be recognised as civilian victims of war and given special protection. The Bosnian government has considerable ground to make up.

- 4) There must be greater linkage between the provision of psychosocial services and a social policy commitment, so that survivors can be accepted in their entirety and given comprehensive support. They should have the opportunity not only to work through their personal trauma but also be involved in discussions of relevant social problems in the local community. They should be empowered to articulate their needs and lobby pro-actively for their interests. A process of empowerment must be supported so that survivors see themselves as part of society and are able to participate in social change. Here, the international and local NGOs have a special responsibility to provide pro-active support for these processes. The media could underpin this work through appropriate reporting.
- 5) Stakeholders working on the reconstruction and regeneration of war-torn societies should ensure that they avoid measures which revictimise and retraumatise survivors. The international community should not view the reconstruction process purely in terms of rebuilding houses, streets and infrastructure but should focus especially on individuals and their needs for physical security and psychological integrity, and make respect for the dignity of survivors of the war the cornerstone of their efforts. This requires a participatory approach to the return process, reconstruction, legislation, and job creation measures. Survivors must be involved in these processes and decisions should not be taken by third parties on their behalf. When planning appropriate measures, it is important to make human dignity – not statistical benchmarks – the key criterion.

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