1. Introduction to Forced Migration, Gender and Wellbeing

Selma Porobić and Brad K. Blitz

MENTAL HEALTH, GENDER, AND WELLBEING IN A POST-WAR CONTEXT OF THE WESTERN BALKANS

With the dissolution of Yugoslavia, around four million people (every sixth inhabitant of the country) were forced to flee their homes. As a consequence, the socio-demographic profiles in countries like Bosnia and Herzegovina (BiH), Serbia and Kosovo changed profoundly. War-induced displacement coupled with the post-war economic and socio-political instability, involving severe economic hardship, has caused further emigration and brain drain from this region. Some 25 years after the conclusion of the wars, the region is still addressing the problem of protracted displacement. At the same time, since 2015, the region has been faced with increasing numbers of Syrian and other refugees and migrants seeking safe shelter and using the Western Balkans (WB) route to reach the European Union (EU) (Porobić and Župarić-Iljić, 2017).

In spite of these challenges and new flows, studies addressing the psychosocial wellbeing and mental health of forced migrants in the region are scarce. Those that exist tend to be produced from the vantage point of Western Europe and treat all the Western Balkan countries in bulk. Moreover, they emphasise short-term clinical assessments of mental health, and ignore the psychosocial wellbeing of the populations concerned over the long term (Franciskovic et al., 2013; Porobić, 2015, 2020). While this fits with a global pattern – we note that initiatives combining mass trauma recovery and peacebuilding are still in their infancy (Porobić, 2020) – this is especially significant for the countries of the former Yugoslavia where the trauma of displacement and adaptation is overlooked in public discourse and the displaced are only featured in the context of elections, where this matter has some political utility (Porobić, 2015). Past traumas are even silenced in displaced persons’ narratives of the war. Instead we find that internally displaced persons (IDPs) are perceived as opportunist and having a damaging effect on the process of post-war urbanisation, for
example, people from rural areas in Eastern BiH moving to Sarajevo are often described in disparaging terms (Steffanson, 2006), while, returnees who constitute the majority in BiH (around one million) are used to highlight the international community success at resolving property restitution issues. Yet, the question of whether or not return is sustainable, as demonstrated by the full reintegration of returnees after the restitution of their property, is hardly ever raised.

The rebuilding of war-shattered lives involves complex social and cultural adaptation processes which impact on the mental health and overall psychological wellbeing of individuals and their families. This is true for both women and men, whether they returned to their communities of origin, or if they are now living in third countries. In recognition of this fact, we sought to uncover the long-term effects of forced displacement in BiH, Serbia and Kosovo, focusing on the risk and protective factors for psychosocial wellbeing among women forced migrants. Our logic was two-fold. First, we note the overwhelming presence of displaced women, often widows, whose living conditions remain underresearched. Second, we acknowledge the gendered particularities of displacement in traditionally patriarchal societies, which are contending with prolonged periods of social turbulence and socio-economic deprivation. Further, we wished to take on the so-called ‘post-traumatic stress disorder (PTSD) movement’ which has been central to the scrutiny of mental health services for displaced persons from the Yugoslav wars of the 1990s (see Stubbs in Ingelby, 2005), and in particular, the associated ‘psychosocial industry’ which strips refugees of their agency throughout the recovery processes (Harrell-Bond in Ahearn, 2000). We also wished to challenge the tendency to emphasise short-term humanitarian needs and reliance on numbers which brings with it many assumptions regarding the scale and type of treatment war-affected civilians may require. A central tenet of this study is that psychosocial distress and the meanings ascribed to it are dependent on context-specific factors, including both experiences of displacement and the cultural, political and economic conditions in the post-war state (Boyden and Gibbs, 1997; Porter and Haslam, 2005; Summerfield, 1997).

OBJECTIVES OF THIS BOOK

This study is based on extensive empirical cross-national research of conditions facing displaced women in Bosnia-Herzegovina, Serbia and Kosovo, Our aim was to investigate personal and social dimensions of mobility patterns resulting from the wars of the 1990s, the stress they induced, and the resulting
mental health effects that people contend with. Specifically, we sought to address the following questions:

1. How does the experience of inter-ethnic violence, large-scale war displacement and protracted socio-economic transition affect the psychosocial health of women forced migrants in each of the three environments?
2. What is the state of their psychosocial wellbeing, including both distress and resilience factors in these challenging social environments?
3. What is the nature of the psychosocial support (governmental and non-governmental and formal and informal) provided to this population?
4. What should be done to address the psychosocial needs identified among this population, and to fill the gaps in the existing programmes and policies?
5. Which good practices (if any) could authorities and different national, regional and international stakeholders take on to improve the access to and the practice of psychosocial services for women forced migrants in the three countries?

CONCEPTUAL FRAMEWORK: COMPLEX TRAUMA AND LONG-TERM EFFECTS OF WAR ON CIVILIANS

To address these questions, we returned to the psychosocial literature on displacement. Immediately, it became clear that research on the long-term mental health consequences of war and displacement among civilians is rare and hence we know little about the personal and societal recovery processes, healing and adaptation from complex psychosocial stresses faced by increasing large numbers of the world population. Yet, the rationale for such research could not be more pressing given the growing numbers of displaced people around the world, now estimated at over 100 million. The long-term impact of displacement-related trauma informs opportunities for successful rehabilitation and advances the process of peacebuilding.

In spite of the political and moral urgency, there is a dearth of longitudinal studies on displacement and its effects on wellbeing. To date, the most relevant multi-year studies tend to be conducted in the immediate post-conflict/post-migration period, usually within three years, and do not distinguish between long-term and temporary psychological distress (Silove et al., 2017). The few studies that include research over a ten-year post-war period are limited to specific psychological investigations, mostly dealing with depression and PTSD, and the context is in refugee-hosting states, overwhelmingly in high-income Western settings (Carlsson et al., 2006; Porokovic et al., 2005). Interest in the issue of resilience and coping has remained, unfortunately, largely in the background.
How should we account for this blind spot among psychological researchers? Meta-analyses of existing longitudinal studies have left us with plenty of clues, including several structural predictors of less favourable mental health outcomes after war and displacement. We might list: old age, female gender, higher education levels, short time since the conclusion of conflict, higher exposure to trauma, experiences of displacement, restricted economic opportunities, and ongoing political conflict. Furthermore, previous research has shown that current stressors and living difficulties (e.g., restricted economic opportunities, social isolation) have a negative impact on mental health beyond the influence of cumulative exposure to trauma (Li et al., 2016; Porter and Haslam, 2005).

HEALTH AND PSYCHOSOCIAL WELLBEING OF THE WAR-DISPLACED

Many refugees show certain symptoms of post-traumatic difficulties, but this does not mean that they all develop disorders associated with the experienced traumas. Moreover, refugees (and, generally, people directly affected by war) usually experience a series of stressful events over a certain period. It would be wrong to treat events, however harrowing, as isolated incidents, which determine those that preceded it and those that will follow. The concept of relative risk regarding a specific experience only suggests that in people who have experienced certain events, the probability of PTSD or depression, for example, is higher than in other people (Priebe et al., 2010).

Prevalence rates vary widely in different studies, depending also on the assessment methods used. A study conducted on samples of refugees, returnees and domicile populations in Serbia, BiH and Croatia (Jović et al., 2005) shows that general psychopathology is significantly more present among forced migrants than among the local population, and that between 35 per cent and 36 per cent of refugees and displaced persons meet the criteria for a diagnosis of PTSD. Previous studies conducted in Serbia found that 29.2 per cent of refugees had PTSD (Lečić-Toševski et al., 2013), and when only the selected population of men who had survived torture was examined, stress-related disorders were found in 79.9 per cent of the respondents (Ilić, Jovic and Lecic-Tosevski, 1998).

Such studies have also pointed to the significant differences between men and women. Although research has shown that women report less frequent or at most equal exposure to traumatic events, they regularly have higher scores for post-traumatic stress, and the prevalence of PTSD is up to double that in men. In one study of victims of war torture in Serbia (Špirić et al., 2010), factorial analysis identified three types of torture. It was shown that both men and women were most often exposed to ‘ordinary’ torture. Men, however, on
average, were detained for a longer period and endured several different types of torture, and more often than women were subjected to sadistic torture. On the other hand, women were more often victims of sexual abuse and rape. Female respondents in this study had significantly higher scores on the Impact of Events Scale, and showed higher levels of other mental difficulties, measured by the SCL-90-R questionnaire.

The CONNECT study assessed the level of subjective quality of life (SQOL) in war-affected communities in the former Yugoslavia and among refugees from these countries, located in Western Europe on average 8.5 years after the war. The results showed that the prevalence of PTSD remains high in both samples, and that the severity of PTSD symptoms is in a negative relation with SQOL estimates (Matanov et al., 2013). The influence of the post-war environment was also important in both groups: recent meetings with friends were associated with higher and being unemployed with lower SQOL scores. Regarding socio-demographic factors, two variables proved significant: more years of education were associated with higher and older age with lower SQOL scores, but only in the community sample for the former Yugoslav states. Findings of another survey conducted in Serbia using a sample of respondents who had been exposed to a traumatic experience seven years earlier indicate that the prevalence of PTSD increased among widows and widowers and divorced persons, unemployed persons and retired persons, as well as in persons with lower education and lower income (Lečić-Toševski et al., 2013). Certain personality characteristics and resources play an important role in the process of coping with the experiences of war and exile, and shape personal psychological outcomes. The results of a study on children from refugee families and children from non-displaced families in the Vojvodina region (Biro et al., 1995) demonstrated that the children accommodated in refugee centres showed the most depression and neuroticism, but also a much higher tendency towards introversion and external locus of control.

When it comes to protective factors, many studies have pointed to social support as one of the most important resources in the process of dealing with stress, and highlight the gendered outcomes: social support as a protective factor is more important for women than for men. This finding was confirmed in a study conducted in Kosovo on a clinical sample of 306 people (Ahern et al., 2004). Among women in this sample, social support was more strongly protective against traumatisation, which was evidenced by the dramatic difference in post traumatic stress symptoms between women with high and low social support.
GENDER, DISPLACEMENT AND WELLBEING

While the number of globally displaced has increased significantly over the last two decades, in large part due to the conflicts in Syria, Afghanistan and Ukraine (UNHCR, 2022), the demographic composition of the displaced populations has remained relatively unchanged. According to United Nations High Commissioner for Refugees (UNHCR) estimates, women and dependent children make up around 80 per cent of those internally or externally displaced by war across the globe (UNHCR, 2016). These groups are considered particularly vulnerable to physical and mental health difficulties and as characterised by unique health care needs (IASC, 2007; Thomas and Thomas, 2004; UNHCR, 2013). Clinical studies reveal that many women suffer serious mental health problems as a result of forced displacement, such as depression, schizophrenia, PTSD, psychosis and suicidal tendencies (Beiser et al., 2015; Bhui et al., 2003; Grisaru, Irwin and Kaplan, 2003). Among the factors that contribute to low levels of mental health of women refugees, Donnelly et al. (2011) mention low socio-economic status, un- and underemployment, marginalisation, discrimination, gender issues, language barriers, cultural differences, social stigma and lack of knowledge regarding available mental health services. In their study of post-displacement conditions, Porter and Haslam (2005) found that these tend to have a strong impact on health outcomes. For example, worse outcomes were observed amongst displaced persons living in institutional accommodation, those experiencing restricted economic opportunity in their current location, and those displaced internally within their own country.

Yet gender intersects with other factors, sometimes in a contradictory way. Other studies have concluded that women often experience better mental health than men (Siriwadhana and Stewart, 2013; Siriwadhana et al., 2014). When considering, as we do here, wellbeing as a deeply social phenomenon, the prevailing research points out that women are generally more successful at adapting to new environments than men (Shishehgar et al., 2015). Ethnographic studies amongst migrants across the continuum from voluntary to involuntary movements have affirmed these trends (e.g., Espiritu, 1999; Mills, 2003; Pessar and Mahler, 2003; Schrijvers, 1999; Uí, 1991). Together with a strong focus on the household as the principal unit of action and care, studies of Bosnian refugees who were resettled in Western Europe, North America and Oceania record a greater willingness and ability to start over in new and challenging circumstances (e.g., Čolić-Peisker, 2003; Franz, 2003a, 2003b; Jansen, 2008b; Korać, 2003a, 2003b; Marković and Manderson, 2000a, 2000b; Owens-Manley and Coughlan, 2000; Povrzanović-Frykman, 2012; Wight, 2000).
Much qualitative research on women and war-induced displacement focused on how forced displacement may both close off and open up conditions for particular forms of women’s agency (Hajdukowski-Ahmed, Khanlou and Moussa, 2008). The project also examined how women endeavoured to improve their situation through creative use of the resources at their disposal (Pessar, 2001; Schrijvers, 1999; Ui, 1991), even as they were subject to high risks of violence, including sexual and other gender-based violence, during war, flight, in the asylum system, during resettlement and upon return. As well as providing space for women’s own narratives – often silenced in more authoritative accounts – the work highlights the presence of (not always acknowledged) contradictory experiences and interpretations. For example, in the specifically gendered experiences of forcibly displaced women, we may detect homogeneous conceptions of ‘culture’ that provide meaning, belonging, solace and protection, yet also entail restricted codes of behaviour for women, alongside a tentative engagement with unsettling, heterogeneous discontinuity open to new representation (see Hajdukowski-Ahmad, Khanlou and Moussa, 2008). Rather than dismissing such contradictions as pathological exceptions, we suggest these should be put in the foreground because they reveal, in amplified form, some critical dynamics of human interaction beyond displacement. In DeSantis’s (2001: 1) words, ‘conflicting worldviews within the same discourse are not considered as a defect of logic, but as forces at work in a normal life’.

Here it remains important to remind ourselves, time and again, of that simplest of truisms: displaced persons are first and foremost persons. Beyond the ‘biological lives’ that are at the centre of humanitarian interventions directed at them, we need to reckon with the dynamics of their ‘biographical lives’ (Brun, 2016) that stretch out before the moment when the label of ‘displaced’ became applicable to them. While we can be sure that experiences of displacement have co-determined their current concerns and dispositions, we have no reason to assume that, before their uprooting, their lives were necessarily any less multi-layered, complex and potentially marked by contradictions and tensions. For this and other reasons, our research speaks of wellbeing rather than of mental health, per se.

Further, the concentration on wellbeing also allows us to broaden our focus from individual, clinical phenomena, to examine the social narratives that permeate the migration process through ‘a broader study of how human wellbeing is constructed in different settings and how it “travels”’ (Wright, 2012: 469). In addition to tracing the possible effects of exposure to violence and/or persecution, and recovery processes immediately after displacement, this research delves into long-term trajectories, when trauma may be communalised (Westoby, 2009) or when it may have ‘descended into the ordinary’ (Das, 2007). The study of those trajectories must account for the social worlds
in which they shape up, not only the ones they originally led away from (El Shaarawi, 2015; Summerfield, 1997; Vasey, 2011).

In line with the above, we note that the recent literature on the wellbeing of forced migrants foregrounds the importance of resilience, described as a multidimensional construct that incorporates personal skills and qualities as well as environmental factors (Porobić, 2012, 2016; Siritwadhana et al., 2014). For example, Donnelly et al. (2011) observe that women’s pre-existing experience regarding mental health issues influences decisions on whether and how to seek help to manage mental illness, as they are more aware of the consequences, and more alert to such problems, and therefore able to recognise and react to them. Importantly, resilience is best understood as a social capacity, relying on social networks and, as we shall see below, therefore also vulnerable to their negative workings. Moreover, as argued by Lenette, Brough and Cox (2012), we should conceive of it not as a static inner trait of someone’s personality but as a process, something achieved over time in daily micro-practices.

Parallel to Lubkeman’s (2002) work on the socio-spiritual worlds of displaced Mozambicans, Porobić (2012) found that amongst refugees from BiH in Sweden, religious meta-narratives could enable the processing of suffering and disruption. They thus emerged as relevant resources of resilience, allowing the maintenance and regaining of wellbeing after forced migration. In earlier research on three generations of self-settled Tibetan women in exile in India, Porobić (forthcoming) focused on the role of women’s civil society organisations in restructuring social life in displacement and their impact on refugee women’s wellbeing. Social healing and wellbeing were found to be linked with engagement in Buddhist religious rituals and practices but also participation in human rights and anti-occupation activism.

More recently, in her long-term research on return and wellbeing in BiH, Porobić (2012, 2016; see also Porobić and Mameledžija, 2014) observed that the psychosocial wellbeing of displaced persons is directly affected by broader socio-economic (re)adjustment processes within the unfavourable socio-political post-war context. (En)durable return and (re)integration upon return imply multi-layered reconfigurations of micro-social worlds through continuous investment in community rebuilding alongside the creation and maintenance of translocal and transnational social networks, with flexible migratory patterns – all of which involve practices shaped by the enhanced social agency of the war-displaced (see also Huttunen, 2005, 2010).

DISPLACED WOMEN IN THE POST-YUGOSLAV CONTEXT

While the war in Bosnia ended almost 25 years ago, and the conflict in Serbia and Kosovo was concluded more than 20 years ago, the long-term effects of
readjustment in the post-conflict context, and the impact on displaced women in particular, has attracted relatively little interest. This is, at first sight, a most surprising finding, especially in a region which has attracted massive investment from both the United Nations (UN) and European Union through aid and development ‘road-maps’ and by means of formal EU membership accession and association agreements.

Elsewhere scholars have noted how the effects of wars, above all civil wars, tend to promote division, and that cleavages opened up during conflict may give rise to new sources of tension, in effect institutionalising conflict at the expense of political stability. Today, the former Yugoslavia is a collection of independent states; yet it remains a site of ethnic and political division, as evidenced in human rights reporting over the past two decades (Blitz 2006). In spite of billions of Euros of investment, except for Croatia and Slovenia, the successor states feature poorly on indices of governance and democracy. For example, Transparency International’s Corruption Perceptions Index ranks Bosnia 101st of 198 states, with a score of 36/100; and Serbia just higher in 91st place and a score of 39/100. And yet, there is little attempt to connect the longstanding problems of transition, including the substantive reintegration of displaced people, to the nature of the political settlement imposed on the region, and above all on Bosnia.

The former Yugoslavia has been the subject of much academic writing. While the most notable studies before the wars (1991–99) focused on the history of the First and Second Yugoslavia, during the 1990s there was great interest in the nature of the conflict itself. Scholars were divided both in their analysis of the origins of the war and in claims of culpability.

Research into war displacement and integration in the countries of resettlement included particular studies on mental health (Keyes and Kane, 2004; Mollica et al., 2001) and various adaptation strategies (Čolić-Peisker, 2003; Franz, 2003a; Jansen, 2008a; Korać, 2003a; Porobić, 2012; Markovic and Mandersen, 2000b), at times also focusing on gender perspectives (Al-Ali, 2002; Bracewell, 2000; Franz, 2003a; Huisman and Hondagneu-Sotelo, 2005; Jansen, 2008b).

One central challenge for the understanding of the long-term effects of war in the former Yugoslavia was the very nature of the peace settlements across the region. Connecting it further to the mental health of civilians, it has been stated that around a million Bosnian war-displaced persons (out of 2.2 million in total) suffer from PTSD, and that this is likely to continue for generations (see Vojvoda et al., 2008). Descriptions of Kosovo war displacement, affecting 90 per cent of the country’s total referred to ‘devastating, lasting psychological shock of the experience’ (Pupavac, 2002). In terms of more recent long-term effects of war on mental health in the former Yugoslavia, the most informative studies are those of Priebe et al. (2010) and Comtesse et al. (2019). In line with
other cross-country findings on the long-term effects of war (e.g., Steel et al., 2009) a study conducted in five settlement countries by Priebe and colleagues in 2010 attests to the devastating effects of the war in Bosnia on its resettled citizens some 11 years after the war events, demonstrating the high prevalence of mood disorders (22 per cent) and PTSD (33 per cent) – generally much higher than in Western populations. It was found that more traumatic exposure during war resulted in increased PTSD symptoms between 5 and 15 years after the war events (Priebe et al., 2010).

Comptesse at al. (2019), on the other hand, examined the long-term mental health consequences of war exposure among civilians living in a post-war Sarajevo who had been assessed on average three years after the war first and then followed up 11 years later. It was found that at the 11-year follow-up, higher exposure to traumatic events during and after the war, returnee status, and more current stress factors were associated with higher levels of interpersonal sensitivity, phobic anxiety and obsessive-compulsive disorder scores.

In general, the overly represented clinical approach (psychiatric studies dominating evaluations of long-term effects) and external psychosocial interventions have been an essential part of post-conflict peacebuilding in the Western Balkans (WB) region (Pupavac, 2002). Research is scarce yet the international aid agencies have been systematically promoting the psychosocial model of trauma and therapy among the war-affected Western Balkans population since the 1990s. On the whole, the studies addressing the mental health of those displaced by war in the region are biased towards the situation facing refugees in the host countries of Western Europe. Such studies tend to treat countries in bulk and ignore the two sides of mental health. One exception is the STOP study (‘Treatment seeking and treatment outcomes in people suffering from post-traumatic stress following war and migration in the Balkans’), and its sequel, the CONNECT study (‘Components, organization, costs and outcomes of health care and social interventions for people with post-traumatic stress following war and conflict in the Balkans’). Both are multicentric (funded by the European Commission) and provide a number of valuable research reports (Franciskovic et al., 2013). However, as commonly found, even these two research projects draw on quantitative data and analysis mainly focuses on the clinical aspects of health, only to a lesser extent treating the psychosocial wellbeing of the informants.

In terms of long-term, narrowly focused and in-depth immersive qualitative research, anthropologists have contributed a number of studies of displacement and return in BiH. To our knowledge, no similar research has been conducted in Serbia or Kosovo, although some publications based at least partly on qualitative research methods do exist on displaced persons and refugees in Serbia (e.g., Ilić, Jovic and Lecic-Tosevski, 1998; Korač, 1999; Nikolić-Ristanović, 2003; Nikolić-Ristanović et al., 1995). Most of the work on this topic in BiH
Introduction

was carried out in the early 2000s, a peak period in the return process of IDPs. The majority concerns Bosniak returnees in Republika Srpska (e.g., Huttunen, 2010; Sivac-Bryant, 2008) and in North-East Bosnia (Jansen, 2011); some take into account returnees’ relationships with stayees and displaced persons who settled nearby (Stefansson, 2006), while others encompass movements across the Inter-Entity Boundary Line in both directions (Jansen, 2006, 2008a, 2010).

Further, there has been a dearth of material on the differentiating effects of the war and the nature of the displacement. With the exception of Blitz (2005) and a handful of others, few have sought to examine how the lives of former refugees differ from those of IDPs and to qualify the nature of displacement and conditions upon return. Given both the contrasting legal regimes for refugees and IDPs and the vast numbers of displaced, it is alarming that so little attention has been paid to the typologies of forced migration as they apply in the context of the former Yugoslavia.

Equally important, the pre-war non-violent history of the region has either been dismissed as irrelevant or confined to mythological status, as evidenced by the prevalence of ‘Yugonostalgia’ among academics and the wider public. These trends reinforce the idea of the Balkans as a site of ‘perpetual conflict’ (Porobić Isaković and Mlinarević, 2019), which is both used to explain the emergence of conflict in the 1990s and creates the image of an unstable dependent region where the populations are unable to manage themselves. It further disadvantages the inclusion of women in the contemporary history of the region, in favour of ethnocentric and gender-biased accounts of both the conflict and the post-war settlement. We note that the women are, above all, presented as victims of conflict, of sexual violence, and dispossession; the experiences of women sustaining the wartime economy in the multi-ethnic city of Tuzla, for example, are overlooked, as is the place of women in pre-war society where female representation in the professions, in the labour movement, and among grassroots organisations was especially remarkable.

OUR APPROACH: THE NEXUS OF THE POST-CONFLICT SETTLEMENT AND PSYCHOSOCIAL WELLBEING OF WOMEN FORCED MIGRANTS

We suggest that there are broader institutional explanations for the lack of interest in the long-term effects of displacement, and the presentation of the Balkans, and especially the place of women, as suggested above. In the first instance, the Dayton Peace Agreement imposed a blueprint upon the region which reified ethnic division and drew a neat line between the region’s past and future. These divisions reflected not only new constitutional arrangements, but also a gender bias. While women were at the forefront of peace campaigns in Bosnia, Croatia and Serbia, we note that some occupied influential positions
in the Serbian and Bosnian Serb governments, with the former leader of the Bosnian Serbs in Bosnia, Biljana Plavšić, even sentenced for war crimes. In spite of this fact, Porobić, Isaković and Mlinarević note that there were no women present at Dayton (2019). Moreover, as directed by the international community, donors influenced the presentation of feminist ideas and agendas that were exogenous to the region. As Porobić, Porobić Isaković and Mlinarević explain, donors insisted on working through formally registered non-governmental organisations (NGOs), conditioning their work through rigid organisational structures, formats of work, and frameworks of action and topics. This led to the institutionalisation of activism and the dismantling of the historical continuity of grassroots feminist work in the country (2019: 177).

The effects of these policies were sustained after the monitoring organisations that had gathered data during the immediate post-war period scaled down and left the region. Staff who previously worked in UN agencies or at the Organization for Security and Co-operation (OSCE), often on 6–12 month contracts, moved on to subsequent conflicts in Africa, Iraq, Afghanistan or to regional offices in the Middle East, but the narratives imposed by donors and implementing agencies remained.

This book seeks to understand how different categories of forced migrant (refugees, returnees, IDPs) were affected by the conflicts and the process of return. It explores the nature of the post-war settlement as experienced in everyday life – in the context of housing, family relations in camp and collective living conditions, and in access to jobs. These facets are examined through multiple research instruments in order to examine how wellbeing is experienced and coping strategies constructed. This is a particularly original contribution to the literature. One of the key contributions is the way in which this study both deepens and updates the findings of earlier psychosocial studies from the 1990s to demonstrate that in the case of the former Yugoslavia, in spite of everything, many female forced migrants recovered a sense of wellbeing.

Moreover, we consider how long-term displacement impacts on the mental health and psychosocial wellbeing of forcibly displaced persons in the Western Balkans (WB) region as a whole, focusing on three states, BiH, Serbia and Kosovo, which experienced related but sequentially different out-flows and internal migration. The three states offer the possibility to examine the contrasting forms of migrant flow – whether cross-border refugees and returnees, or internal flows of IDPs, as well as varying degrees of psychological stress and coping which result not only from the nature of individuals’ dislocation but also the degree to which they have been integrated in the host state or place of return.
COUNTRY-SPECIFIC INFORMATION ON WAR DISPLACEMENT AND POST-WAR RECOVERY

Bosnia and Herzegovina (BiH)

The war in BiH (1992–95) was characterised by a high level of destruction, but also devastation on a demographic level with 100 000 dead, and around 31 500 missing (ICMP, 2014). More than 60 per cent of the population of BiH was severely affected by war-induced displacement. More than 2.3 million people had to flee their homes; around 1.3 million of them left the country and found protection abroad, and around one million were displaced within the BiH borders (Porobić, 2016b, referring to MHRR and UNHCR statistical overviews).

The war ended with the Dayton Peace Agreement in 1995, and one part of this Agreement (Annex VII) refers to the right-based return of all persons displaced as the result of the war. Since then, significant efforts were made by national and international organisations regarding the provisions for successful return of displaced persons, especially through legal regulation of property restitution. However, after regaining their property, many of the war-displaced did not fully return to their pre-war homes. Rather, they migrated to areas where their ethnic group is in the majority, or have re-emigrated, permanently leaving the country. Most of the programmes aimed at supporting refugees and IDPs to return to their homes did not have a significant impact on full reintegration of returnees, mainly because of the lack of security, lack of economic opportunities and insufficient social services (Fagan, 2011; Porobić, 2016a, 2018; Porobić and Mameledžija, 2014).

During the 1992–95 war in BiH, in addition to the male population involved in warfare, the civilian population was exposed to severe violence and suffering. Many women were subjected to torture involving gender-based violence, imprisonment and deportation. Therefore, noteworthy psychosocial help to refugees and IDPs was made available and was particularly aimed at women and children as the most vulnerable groups within these populations, both during the war and displacement, and in the period after the war during the return process.

At first, this psychosocial support, provided by foreign and international NGOs in partnership with local ones, focused on providing acute psychological help. During the two decades of post-war reconstruction, they expanded their field of activities to include the returnees’ needs as well. Aided by international organisations like UNHCR, UNDP, UNICEF, WFP, OSCE, CRS, Medica Mondiale, among others, numerous NGOs provided economical and psychological help to displaced and returnee women. The projects involved
donations of funds to start their own business. Most of those focusing on psychosocial support provided psychological help to women victims of sexual violence (Medica Zenica, Žena BiH Mostar etc.).

The period after the year 2000 has been marked with the beginning of intensive support for the return of refugees and displaced persons, which included projects aimed at reparations to those displaced by ensuring housing and reconstruction programmes, as well as projects of economic and psychosocial empowerment. Examples of good practices considering the psychosocial service provisions developed by local actors are the NGO-led professional and para-psychological support projects (often short term as well), aimed at women civilian victims of war.

In addition to being provided through activities of several NGOs specialised in psychosocial work with vulnerable categories of women across the country, psychosocial support to women victims of gender-based violence is also provided through psychosocial support networks involving the joint cooperation and work of NGOs, mental health centres, social welfare centres and municipal administrative bodies. In some cases, such local networks may be formalised through memoranda of cooperation, and some even invest in providing specialised trainings to their staff.

However, despite these developments there has never existed any targeted and specialised psychosocial support to women forced migrants (related to displacement traumas and accumulative losses endured), nor have they ever been a subject of any governmental health, social protection and migration policies.

In summary, the work on improving mental health in post-war BiH involved many different stakeholders and various target groups but was mainly donor-funded and short term, and above all, it has been outsourced to the NGO sector and still not been integrated into the state-run mechanisms of service provision (Porobić, 2015).

**Serbia**

Due to the political violence and armed conflicts caused by the disintegration of the former Socialist Federal Republic of Yugoslavia (SFRY), Serbia began receiving large numbers of refugees from neighbouring areas as early as 1991. The status and rights of refugees from the former Yugoslav republics in Serbia were (and still are) defined by the Law on Refugees, adopted at the beginning of April 1992. Based on that law, the Commissariat for Refugees was established for the reception, return and integration of refugees. Following the adoption of the Law on Migration Management in 2012, this organisation continued to work as the Commissariat for Refugees and Migration (SCRM), assuming the new responsibilities provided by this new law. Since the adoption of the first national strategy for addressing the issue of refugees and IDPs
in April 2002, the government of Serbia has twice revised and renewed the strategic plan. The latest strategy was adopted in July 2015, for the period from 2015 to 2020.

After the first wave of refugees who fled to Serbia at the outset of the wars in Croatia (1991) and BiH (1992), Serbia experienced another two large waves of forced migrants. The second wave followed in 1995, after military operations Flash (in May) and Storm (in August), causing massive refugee movements from Croatian regions populated by local ethnic Serbs, being under UN peacekeeping protection as of 1992. Then, after NATO forces moved into Kosovo in June 1999, the third great wave of displacement hit Serbia, with hundreds of thousands of people leaving the disputed territory of Kosovo and Metohija.

According to the first refugee census conducted in 1996, Serbia had 537 937 officially registered refugees (of whom 44 per cent were from BiH, and 54 per cent from Croatia), and 79 791 war-affected persons. Around 700 official collective centres were established which accommodated more than 50 000 people. According to the SCRM statement published on 20 June 2017, 27 945 people still had refugee status and 45 people were living in five official collective centres.

The number of refugees has decreased over time, primarily as they become citizens of the Republic of Serbia. According to official estimates, about 150 000 people have returned to their countries of origin and about 50 000 have found refuge in third countries, while more than 300 000 refugees have acquired Serbian citizenship. However, once the formal naturalisation process is completed, many refugees continue to face a variety of problems. Therefore, both refugees and IDPs are often recognised in different strategic documents as a social group exposed to an elevated risk of poverty and social exclusion.

The recent renewal of the regional (‘Sarajevo’) process for finding durable solutions has finally resulted in the Regional Housing Program (RHP) developed by the governments of BiH, Croatia, Montenegro and Serbia (the so-called post-Dayton countries), with strong support from the international community. The programme should provide durable housing solutions to an estimated 16 780 extremely vulnerable households (or 45 000 individuals) in Serbia alone. The RHP implementation started in spring of 2013.

On the other hand, after the termination of military operations in Kosovo, in June 1999, more than 200 000 people were displaced. The population of the internally displaced consists of 32 ethnic groups, but 75 per cent of these persons are of Serbian nationality, while Roma make up nearly 11 per cent of the displaced population in Serbia. These persons are recognised as IDPs in Serbia by UNHCR. They validate their IDP status through a specific process of temporary residence registration, while an official process of deregistration does not exist for IDPs, as it does for refugees. In June 2017, 201 047 people were still in the official records of IDPs. However, Serbia still does not
support the real local integration of these persons and therefore the support programmes become inaccessible to the displaced persons who register their residence in places of displacement outside Kosovo and Metohija. This practice is fundamentally different from the one applied to refugees, where the support programmes are also clearly aimed at the so-called former refugees, that is, the people who used to have refugee status, but have since acquired Serbian citizenship.

For many refugees and IDPs, the stresses of war and leaving home were followed by stresses of being a refugee. Their mental wellbeing remained, however, a rather obscure issue. Various state policies dealing with the issues and the rights of refugees and other forced migrants have most often completely ignored issues of psychosocial wellbeing and mental health challenges clearly associated with the destructive experiences of forced migration.

Psychosocial support programmes were generally financed by donor funds and often short term. One example of a programme that has managed to continue for many years, although with a substantial reduction in the scope of funding and activities provided, is that of the network of mobile teams for assisting extremely vulnerable individuals in the refugee and IDP population in Serbia. The programme is funded by UNHCR and is implemented by four partner organisations. Programme activities involve providing support but also motivating beneficiaries for a more active approach to solving their own problems, by activating, confirming and developing their own capacities. The programme also represents a solid model of combination of psychological support and other (‘more concrete’) forms of support, including assistance with applying for housing programmes and/or economic empowerment programmes. The support is intended to be individualised as much as possible, planned and implemented in accordance with the assessment of the needs of the individual person or family. In addition, great attention is paid to building ‘the local support networks’: the task of mobile teams was also to collaborate with public institutions and NGOs providing support to refugees and displaced persons, so that their activities are linked and harmonised, as much as possible.

Kosovo

The war in Kosovo in 1998–99 was fought between forces of the Federal Republic of Yugoslavia (in fact Serbian forces) and the ethnic Albanian Kosovo Liberation Army, as the Serbian forces attempted to retain control of Kosovo with its mixed population of ethnic Serbs, ethnic Albanians and others, but were eventually compelled to withdraw under international pressure. Thousands of ethnic Albanians were displaced from their homes in Kosovo; many took refuge with host families, while a smaller proportion (several thousands) fled to the hills and forests (USAID, n.d.). Serbian forces usually
Introduction

burned the homes of those who fled in order to prevent returns, and also killed many ethnic Albanians in raids to ensure more people would flee. After the war, thousands of families returned to their villages to find everything destroyed and were faced with the prospect of rebuilding their lives.

As the Kosovan Albanian refugees returned to their places of origin in Kosovo in the summer and fall of 1999, a significant percentage of the Kosovo Serb, Roma and other non-Albanian minorities fled for Montenegro and Serbia, fearing reprisals and revenge attacks (Women’s Commission for Refugee Women and Children, 2001). Further, there was small-scale displacement in some flash point areas such as the city of Mitrovica after the war, where Albanians were expelled from the north and the city was divided. To complicate matters, some of those that were displaced had been recently settled in Kosovo and were victims of prior displacement in the wars of the 1990s in Croatia and Bosnia. Additionally, in 2000 and 2001 Kosovo was host to refugees from the fighting in Macedonia and the Preshevo valley in Serbia. Some of the people displaced from the Preshevo valley remain in Kosovo. Today there are still thousands of refugees and IDPs in Kosovo. They are largely internally displaced Serbs and Albanians, Serb refugees from Croatia and Albanian refugees from the Preshevo valley.

In 2013 the government published a Strategy for Communities and Returns (2014 to 2018) which was adopted in February 2014 (Government of Kosovo, 2013). The strategy had four objectives: sustainable return of IDPs and other displaced persons to their places of origin; empowerment and stabilisation of communities in Kosovo; development of a legal framework regarding communities’ return and reintegration; and improved management of the Ministry of Communities and Return. The strategy focuses on IDPs’ return to their place of origin. While IDPs may achieve durable solutions through return, it is important that implementation of the strategy takes into account that return must be voluntary and that IDPs may prefer not to return but rather to settle in their area of displacement or in another area of Kosovo, given their experiences during the conflict or their ethnic background.

After the conflict, rapid political change provided an opportunity to reform Kosovo’s mental health system. A mental health taskforce created a new strategic plan to guide and coordinate efforts. Today, each of Kosovo’s seven regions enjoys a range of community-based mental health services.

Several organisations developed psychosocial support programmes to help children and families cope with the after-effects of the war. One of the largest psychosocial studies in Kosovo looked at repatriated children, as many of the repatriated children in Kosovo find it very difficult to adapt when returned. It was conducted by UNICEF Kosovo in cooperation with Kosovo Health Foundation (UNICEF, 2012).
The psychosocial state of refugees and IDPs has attracted the attention of the research community as well. For example, Pupavac (2002) has looked at international psychosocial programmes in Kosovo. She critically examines how the international psychosocial response to the Kosovo crisis has constructed refugees as traumatised and suggests that psychosocial intervention represents a new mode of external governance.

After the war there were some projects (run by NGOs) that provided services by hiring psychologists and psychiatrists. As a response to the inadequate capacity of public health services in the treatment of trauma, many NGOs headed by women began providing health services, especially for women.

According to data provided by NGOs, women suffered various types of traumas, such as losing their families, physical and psychological trauma, displacement, physical assault and living in refugee camps. After the war women were faced with lack of support from the community, especially women whose family members were lost. One of the most active NGOs in the field of women’s health, Medica Kosovo, in 2006 provided evidence of 1700 women affected by trauma to whom they provide services (Farnsworth, 2009).

Refugees and IDPs need continued psychological and social support financed by the international community. Many lost friends and family members. The forms of psychosocial support provided through local and international organisations have been lifelines and have helped many people maintain hope that keeps them from full-fledged despair.

METHODOLOGY

This research involved a combination of integrative quantitative and qualitative methods including: policy studies on the state of psychosocial services, one for each of the selected countries (November 2014–September 2015); with the follow-up focus group interviews (February–June 2016); psychometric studies in each of the selected countries (January 2015–March 2016); narrative in-depth interviews in each of the selected countries (June–August 2016); ethnographic studies (June 2015–February 2016).

Three Policy Studies of psychosocial protection were based on 30 focus group interviews (ten in each country) with social workers, medical professionals, psychologists, non-governmental sector professional and para-professional staff who were or still are involved in providing psychosocial support to displaced women/women refugees and returnees in the municipalities of the three countries in which the previous psychometric surveys were conducted.

Three Psychometric Studies were carried out comprising 12 questionnaires, measuring stress and preventive factors of psychosocial health of 750 respondents in the three countries, implemented in 34 municipalities across BiH,
Introduction

Serbia and Kosovo, where the majority of displaced persons/refugees and returnees live, according to UNHCR and competent state ministries’ statistics.

Three Life-History Studies were based on 90 in-depth interviews (30 in each of the three countries) focusing on life stories (biographies) of displaced and returnee women with average scores on the psychometric surveys in the three countries.

Two Ethnographic Studies were conducted with families of internally displaced women in BiH, and refugee families from Croatia and BiH in Serbia, whose everyday life was the subject of participatory observation over 21 days, preceded by training and supervision of the social anthropologist, Dr Stef Jansen of the University of Manchester.

ORGANISATION OF THE BOOK

This book consists of seven chapters. Following this introduction, in Chapter 2, Anela Hasanagić, Siniša Volarević and Enver Gashi present their findings of the psychometric studies in Bosnia, Serbia and Kosovo, respectively, which examine the psychological wellbeing of forced migrants from a long-term perspective. The authors consider socio-demographic and mental health factors that contribute to the psychosocial wellbeing of particular groups of forced migrants in each country, including prevailing positive and protective (salutogenic) and negative (pathogenic) mental health factors, in order to uncover the complex patterns of wellbeing in the targeted populations. They draw upon a cross-sectional study implemented in 28 municipalities of the three countries with 750 participants, which sought to examine socio-demographics (SD), quality of life (MANSA), war stress (SR1) and current stress (LSZD), generalised anxiety disorder (GAD7), loneliness (UCLA), self-esteem (RSS), social support (SS-A), optimism/pessimism (LOT-R), sense of coherence (SOC) and time structure (TSQ) and specific health issues and appropriate support services (QHI). This chapter reveals both a high degree of health and healing among these categories and points to some differentiated gender outcomes, including a higher level of post-traumatic stress among men in this population.

In Chapter 3, Selma Porobić and Gordana Balaban present narrative accounts that build on 60 life histories of women forced migrants in Serbia and Bosnia and examine the way in which their post-war coping strategies and psychosocial wellbeing has been constructed. The authors record how female participants conceive of their hardships and coping resources, social networks, household and life conditions in general, and of their (re)integration, highlighting their future life goals, their aspirations, dreams and hopes within specific socio-economic, political and culturally patriarchal kinship structures. They portray how the poor and challenging socio-economic position of the displaced and returnees, as well as their wartime losses and lingering traumas coupled
with unresolved housing issues, physical illnesses, everyday psychological stresses, and socio-economic uncertainty, negatively impact the wellbeing of women. They also identify how these stresses may be counterbalanced by strong social cohesion, including the supportive role of spouses or close family members and friends as well as a plethora of other resources supporting women’s resilience.

In Chapter 4, Selma Porobić and Stef Jansen present the findings of ethnographic studies focusing on the everyday life of female forced migrants in Bosnia and Serbia and discuss how ethnographic methods can uncover intricate social positioning, within social networks, and how this affects the psychosocial health of female forced migrants in a protracted state of displacement. The authors of two further studies, Nina Bosankić and Ljiljana Đajić, explore the ways in which female refugees in Serbia and IDPs in BiH, respectively, perceive their lives and present a fascinating account of two contrasting examples of local integration that reveals strong socio-patriarchal networks which are both protective and restraining for women living within the new displacement communities.

In Chapter 5, Danica Ćirić, Jagoda Petrović, Seb Bytyci and Driton Zequiri draw upon focus groups in the three countries in order to construct an institutional history of psychosocial interventions in the period immediately after the conclusion of the war until the present day. They argue that the lack of a systematic approach to providing psychosocial support to displaced women, refugees and returnees is problematic in the long-term perspective of post-war reconstruction, peacebuilding and reconciliation, and call attention to the need to address trans-generational trauma, PTSD, attention and learning difficulties of children, but also social development issues such as poverty, unemployment, labour market discrimination and a range of unresolved housing issues affecting several generations of forced migrants.

Chapter 6 takes us up to the second major refugee crisis to affect the Balkan corridor, namely, the Syrian refugee crisis. Drawing upon 15 life-history interviews in Serbia, Ivana Ljuština and Min Ji Kim examine the current plight of refugees caught in the Balkans route. They examine the treatment of incoming refugees from Syria, Iraq and Afghanistan compared with the previous period of war displacement in the Western Balkans (WB) region, and particularly discuss the social services catering to the needs of refugee women in Serbia.

In the final Chapter 7, Selma Porobić and Brad Blitz present the general findings of the book and consider the long-term predicaments or war displacement as experienced by different populations of women and men, pointing to some regionally specific and universally relevant lessons learned regarding the personal and collective management of complex trauma and wellbeing of forcibly displaced populations.
NOTES

1. UNHCR estimates are based on the last Yugoslav census from 1991. See: UNHCR: Southeastern Europe Where We Work. Available at: https://www.unhcr.org/see/where-we-work. Accessed 28 June 2022.

2. BiH is home to one million returnees, 166,906 IDPs (of whom 8600 live in substandard conditions in some of the country’s 153 collective centres), 6903 refugees from Croatia that need help to integrate locally or repatriate voluntarily, and some 47,000 minority returnees that have not been able to find sustainable solutions. Serbia, for example, still hosts around 57,247 refugees from BiH. Both BiH and Serbia participate in the Regional Housing Program (RHP), that aims to ensure durable housing solutions for remaining war-displaced in the Western Balkans (WB) region, in particular targeting some 74,000 most vulnerable families in the four signatory countries (BiH, Croatia, Serbia and Montenegro). In their work towards this goal, the signatory countries have been enjoying long-term support by the international community with recent assistance to provide housing in the region for 74,000 vulnerable refugees from the 1991–95 conflicts.

3. The war-affected persons are those who left their homes for the same reasons as refugees but were born in Serbia and thus already had Serbian citizenship, so therefore could not be granted refugee status.