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# Psychiatric and educational work with displaced persons and refugees in Croatia

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## Introduction

The large number of displaced persons and refugees in Croatia has created the following problems for all categories of experts: How to help such a great number of people suffering from trauma? What is the best help or treatment? How to coordinate activities directed towards different categories of displaced persons and refugees in a newly arisen situation? How to evaluate the effects of therapeutic interventions?

An area covering 33% of Croatian territory has been occupied, and the populations of these territories have been exiled from their homes into the free part of Croatia, and, to a lesser extent, into other countries of Europe and the world. Very often without the possibility of taking even the most basic necessities from their homes. Our exiles often say: "They did not even let us take our photos with us." Met with such a large number of exiles (190,816), the Croatian authorities have accommodated them by using all the available premises, such as hotels, flats, and collective centres (former settlements for construction workers). Croatia has also tried to give maximum aid in situations when even the free territories (where displaced persons were accommodated) were being attacked and destroyed. Therefore it was not rare that displaced persons who had fled into the free part of Croatia for protection from war zones were killed or seriously wounded and disabled in territories that became war zones after their accommodation.

During a period of more than 3 years, since Croatia was attacked, some of the displaced persons have emigrated to third countries in search of better life conditions, some have found employment in Croatia and have thus created possibilities of renting an

apartment for their families, and some have remained in collective centres, mostly old and helpless people, single parent families, usually mothers with children whose husbands had been killed or imprisoned, as well as socially poorly adapted and integrated people.

The next wave of traumatized people came to Croatia after the aggressor's attack on Bosnia and Herzegovina. A number of them are passing through Croatia waiting for departure for a third country, while others do not want to leave because they are waiting for information about their closest relatives who remained somewhere in Bosnia and Herzegovina. At present there are 190,816 displaced persons and 179,809 refugees in Croatia.

We would like in this paper to describe some similarities and differences in the emotional state of the two groups, and to mention briefly the kind of psychosocial support and treatment that we offer to them in the frame of the IRCT project, BOSWOFAM.

## Emotional state of displaced persons

When we analyse the emotional state and behaviour of displaced persons (people who were driven from their homes more than 3 years ago), we notice changes ranging from *the early phase of hope for a quick return* to their homes, and *mourning* over abandoned homes, disappeared or killed friends and relatives, to *the current phase of resignation*, followed by *anger* against all those whom they hold responsible for the impossibility of return.

Along with these changes of behaviour and emotional state caused by the primary traumatization, they have additional problems, stemming from conflicting relationships among the displaced persons themselves, as well as from conflicts between the displaced persons and the local population where they are accommodated, and between the displaced persons and the authorities.

In these interactions there are a large number of displaced persons who develop chronic PTSD or other forms of psychological disorder, but who are less and less ready to accept help. Being Croats, but belonging to the category of displaced persons with unresolved social status and cumulative frustrations, makes them feel like "second class citizens" and creates in them discontent, resistance, and distrust towards the helpers. We need therefore a long time to gain their trust so that they will allow us to support them to develop more constructive survival strategies.

Our methods, in the collective centres where we work, are adapted to the target groups. We offer social support to the elderly who have remained alone and only live with the dream of returning home to their families. We organize group counselling for mothers and wives who are frustrated because they cannot provide for their families things they used to provide, e.g. a home and warmth. That makes them feel insecure, lonely, and depressed. Under these conditions group conflicts in the camps become more frequent and we as psychiatrists and psychologists have an important function as persons who can analyse the situation more "rationally" for them and act as mediators.

In weekly group counselling we help them to regain their balance through expressing their feelings and by organizing activities that are known to them and that give them safety and structure. Especially endangered groups in the camps are children and adolescents who are wounded, or who do not have the support of the family because their father was killed or is missing and their mother is depressed, or there are financial difficulties. Many of these youngsters need help from a psychiatrist due to a number of psychological problems. In these cases we offer individual therapy, educational activities so that they become better adapted in their school, and recreational activities that help them to stabilize their psychological condition.

For the adults who suffer from severe mental problems such as depression, alcoholism, and aboulia states (inability to make decisions), we offer individual psychotherapy and pharmacotherapy. The psychological support helps the people gradually to regain their psychological balance and to adapt better to their temporary way of life.

### **Emotional state of refugees from Bosnia-Herzegovina**

The mental condition of the refugees from Bosnia-Herzegovina is not only subject to the influence of the traumas they have been through escaping from the enemy, but also to those of uncertainty of life in another country. Their behaviour oscillates according to the political relationship of the country they are in and the country they belong to, and ranges from worries and fears to gratitude and insecurity. Their life in the camps proceeds in a continuous analysis of the political relationship between Bosnia-Herzegovina and Croatia through which they estimate the help we offer to them. At times of bad political relationship between the two countries they are closed and sceptical towards us or even feel fear, and at times of good relationship (e.g. after the Confederation of the two countries) they feel safe and trustful.

The refugee families are mostly single parent families with fathers and husbands somewhere in Bosnia and Herzegovina, or killed or disappeared. Most of them are staying in private accommodation (about 75%). The rest stay in collective centres that are financed by Arabs who provide food for them and pay electricity and water, but in return they expect them to accept customs and behaviour suitable for the country they come from (the way of dressing, religious customs, learning of Arabic, etc.). In some instances they follow these rules of their own free will and in others because they feel compelled to in order to receive the help.

The children, in the first period after they fled from Bosnia, usually stayed within the camp circle; they did not visit children living in that town, and they joined schools only on our insistent efforts. In the first period they used to return home from school without delay.

Now, especially after the educational activities of our project, all the children living in the camps we work in

are enrolled in school, most with success. The children's and women's behaviour reveals uncertainty and fear about the future, and they accept all offered activities so as not to provoke the negative reaction of the people around them.

It is not only the refugees who have to adapt themselves to us; we also have to adapt ourselves to them. Psychosocial help proceeds in accordance with their customs. The members of our team sit on the floor together with the refugees in the group counselling with the women from rural areas. Any kind of privacy or private talks with single refugees is impossible, because immediately on our arrival in the camp everyone gathers around, talks and offers food, not to mention coffee.

Children sit outside the circle and listen carefully to what is being discussed in the group with their mothers. It is very difficult to have individual talks, and if they are necessary, such persons are invited to our small counselling centre where the member of the team works. Their mutual communication is more immediate and open, and avoids separation of family members, which is positive, but at the same time negative for psychological support, counselling, and therapy for the severely traumatized people. We used the same methods of work with refugees as with displaced persons, but in both groups we tried to adapt the kind of therapy to their social situation, taking into consideration specific qualities of their earlier way of function.

### **Conclusion**

In conclusion we would like to point out that, working in the camps with displaced persons and refugees, we were faced in the course of time with the following problems: in the very beginning we worked with persons who were in the phase of acute trauma, but allowed glimpses of hope for near return and a better tomorrow. Later, part of the population (usually mentally healthier and more able) moved from the camps, either to other countries or to private apartments, leaving a more negatively selected population in the camps. Besides, refugees become more and more disappointed, they feel deserted and in a way cheated, which is due mainly to the unfavourable political and social situation and the continuation of war in Bosnia.

Couples are separated from each

other for two or three years, which results in an increased number of divorces. Some children are going around in the streets because their parents did not send them to school, expecting to return home soon. At the same time, passive mothers become a bad model of educator.

In those and such situations therapists must impose creative and educational methods of work which are specific for particular segments of highly and long-lasting traumatized populations of displaced persons and refugees.

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Head of project, Libby T. Arcel, will in a future issue of *Torture* give a description of BOSWOFAM's total project as a psychosocial treatment programme for Bosnian refugees in Zagreb, Croatia, implemented by IRCT and funded by the European Union.

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