

The Forces Shaping Refugees' Experiences

There are 20.8 million refugees located throughout the world (UNHCR, 2007a), although the estimates vary widely, with The Solomon Asch Center for Ethnopolitical Conflict at University of Pennsylvania calculating up to a combined 40 million for refugees and internally displaced persons (IDPs) globally (Solomon Asch Center, n.d.).

Article 1 of the 1951 United Nations (UN) Refugee Convention (UNHCR, 2002b) defines a refugee as:

a person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.

While the definition of a refugee has legal status, that of IDP does not. Internally displaced persons are those who are forced to leave their residence for reasons such as religious, political or ethnic persecution, military or civil war, or natural disaster, but have not crossed over the border of their country. IDPs are displaced within their own country.

The 1951 UN Refugee Convention, the main international instrument of refugee law and which 146 countries have signed onto, does not specifically address the issue of civilians fleeing from their country of origin during wartime or times of violent civil unrest, however, over the past two decades, the UN High Commission for Refugees (UNHCR) has recognized these populations and considers them eligible for protection (UNHCR, 2007a). IDPs flee from similar situations as refugees, however, because IDPs remain within the border of their own country, they are sometimes more difficult to assist

with humanitarian aid. There are now an estimated 23.7 million IDPs making this a larger population than refugees and arguably the largest vulnerable population in the world (UNHCR, 2007c). It would not be until 1998, with the “Guiding Principles on Internal Displacement”, that the United Nations formally recognized IDPs and developed a policy to address their issues. These principles clearly outline that governments have a responsibility to their IDPs and failure to address them will result in intervention from the UN and other humanitarian non-governmental organizations (NGOs). While United States quotas immediately following the September 11, 2001 terrorist event in New York were significantly restricted, more recently the U.S. has begun slowly increasing that quota for refugees and asylees.

The Role of League of Nations and United Nations

The 1920 Covenant of the League of Nations had no specific provisions for human rights, however, Articles 22 and 23 anticipated modern international human rights and humanitarian law. Article 22 mandated a principle between the victors and losers of WWI whereby the former would treat the native peoples with a “sacred trust of civilization” (Buergenthal, Shelton, & Stewart, 2004, p. 8). Article 23 dealt with “fair and humane conditions of labour for men, women, and children” (Buergenthal, et al, 2002, p. 9) and established the International Labor Organization (ILO) for these objectives. The ILO is still active in promoting and monitoring international labor standards and improving work conditions; it also has played a role in the development of international human rights law. The League of Nations gained power from a number of treaties signed after WWI, most notably the Treaty of Versailles signed June 29, 1919 which served as a model for other treaties in protecting minority populations, specifically

in the preservation of their ethnic, religious and linguistic integrity. The League served as the guarantor of the obligations that these parties assumed when they signed a treaty. Upon a petition by a minority charging violations of rights, a Committee of Three of the League Council could present their view and, when deemed appropriate, the Permanent Court of International Justice would render legal opinions in disputes of law. The Universal Declaration of Human Rights of 1948 was pivotal in establishing international human rights. The Geneva Conventions of 1949 and the Rome Statute of 1995 have been instrumental in the development of international humanitarian law which is defined as “the human rights component of the law of war” (Buergenthal, et al, 2002, p. 315). It deals with rights and violations during war or severe civil violence and unrest.

Humanitarian law is much older than international human rights law, the former having its foundation in the Geneva Convention of 1864 designed to protect medical personnel and hospitals, along with the wounded and sick soldiers from any nation engaged in war (Buergenthal, 2004). The Universal Declaration of Human Rights of 1948, the four Geneva Conventions of 1949, a number of UN treaties, and the Rome Statute of 1995 are perhaps the most significant documents as it pertains to modern international human rights law and humanitarian law.

The Universal Declaration of Human Rights, initially adopted as a resolution, not a treaty with the force of law, is today recognized as international law (Buergenthal, 2004) and is the first comprehensive instrument declaring equal rights for all human beings. The thirty articles in the document outline the essential and fundamental civil, political, economic, social and cultural rights owing to all people, regardless of “race, colour, sex, language, religions, political or other opinion, national or social origin, property, birth or

other status” (Roosevelt, et al, p. 2). It recognizes that “all human beings are born free and equal in dignity and rights” (Roosevelt, et al, 1948, p. 2) and that “everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized” (Roosevelt, et al, 1948, p. 8). The Declaration affirmed the right for a person to seek asylum. Some of the articles most relevant to refugees, internally displaced persons, and asylees are:

1. the right to life, liberty and security
2. the right not to be held in slavery or servitude
3. the right not to be subjected to torture or cruel, inhumane treatment or degrading treatment or punishment;
4. equal protection under the law;
5. right to remedy by a national tribunal;
6. right to not be subjected to arbitrary arrest, detention or exile;
7. the right not to be subjected to arbitrary interference with respect to privacy, family, home or correspondence;
8. right to freedom of movement and residence within the borders of the home state;
9. the right to leave a country and return;
10. right to seek asylum from persecution;
11. the right to own property and not be arbitrarily deprived of one’s property;
12. right to freedom of thought, conscience, religion;
13. right to freedom of opinion and expression;
14. right to peaceful assembly;
15. the right to take part in the government of his country;
16. right to education;
17. right to freely engage in the cultural life of a community

Member states of the UN are under obligation to respect the declaration and, indeed, many governments and intergovernmental organizations consistently rely upon this document and resort to it as a final arbiter on human rights issues (Buerghenthal, 2004).

The Universal Declaration of Human Rights is a declaration among other covenants which constitutes what is referred to as the International Bill of Rights. The other documents included in this composite global Bill of Rights are the Human rights

provisions in the UN Charter, the Covenant on Economic, Social and Cultural Rights (hereafter referred to as the “C.E.S.C. Convention”) and the Covenant on Civil and Political Rights (hereafter referred to as the “C.P. Convention”), and the Optional Protocols to the Covenant on Civil and Political Rights (Buerghenthal, 2004, p. 34). While the Universal Declaration of Human Rights was a pioneer document in establishing a scope of human rights, the two Covenants have expanded upon those. Some of the most important aspects of the two Covenants are that they provide for collective rights: the right to self-determination, to dispose of natural resources and the right not to be deprived of a means of subsistence. They bar discrimination based on the following: race, color, sex, language, religion, political or other opinion, national or social origin, property or birth (Buerghenthal, 2004, p. 45). The Optional Protocols are of consequence because they give an individual the right to file a petition against a party or State when individual rights have been violated. An important addition to the C.P. Convention is the right not to be denied a community relationship with other members of one’s group, the right to enjoy one’s own culture, to practice and profess one’s own religion, and to use one’s language, and for those persons deprived of liberty, “the right to be treated with humanity and respect for the inherent dignity of the human person” (Buerghenthal, 2004, p. 46). Of particular significance, Article 68 of the UN Charter mandates the Economic and Social Council (ECOSOC) to establish commissions for the promotion of human rights. This brought onto the international stage the Commission on Human Rights (HRC) formed in 1946. Initially having 18 member states, it currently consists of 53. It has been charged with assisting ECOSOC with the coordination of human rights activities of the UN. In the initial years, the HRC did not consider its charter to include taking action on specific

situations and charges of human rights violations by member states. However, that began to change in the 1960s as these violations proliferated resulting in the UN assuming them as part of its political agenda. The HRC now assumes a more promotional and protective role as it pertains to human rights. The HRC and the Office of the UN High Commissioner for Human Rights, which is considered the human rights secretariat of the UN, are now considered the principal players of the UN human rights organization. HRC is the coordinator of UN human rights organizations and programs; it also is the primary hub for addressing charges of human rights violations (Buergenthal, 2004).

As a result of ECOSOC Resolutions 1503 and 1235, which empower the HRC to address gross violations of human rights, today a network of groups and rapporteurs are mandated with investigating and reporting on country-specific gross human rights violations which bring international attention to what would otherwise pass under the radar to the world community. Traditionally, the HRC focused on fundamental issues of civil and political rights, including torture, detention, disappearances and summary executions, freedom of speech and opinion, religious discrimination, the rights of particular vulnerable groups, such as women, children, migrants, indigenous people, and national, racial and ethnic minorities (Buergenthal, 2004, p. 100). More recently, the HRC has turned attention to economic, social and cultural rights and to issues of humanitarian law which has a direct impact upon refugees and IDPs. It is now focusing on the right to food, education, as well as an adequate standard of living including housing. It also includes human rights aspects of such issues as extreme poverty, child labor, and HIV/AIDS. Critics of the HRC remark on the ineffectiveness, political motivation and selective approach when handling human rights violations, but it has

played an instrumental and pioneering role in bringing human rights issues into an international forum and spotlight. Of added import is the role that the Sub-Commission, a subsidiary arm of the HRC, plays. These 26 independent experts, nominated by member states and elected by the HRC, serve in a personal capacity and, understandably, assume a more biased and sympathetic stance toward human rights issues and violations. They prepare studies and reports, draft human rights documents, and devote substantial time to charges of gross human rights violations, paying close attention in recent years to minorities, indigenous populations, slavery and disappearances (Buergethal, 2004).

With respect to a direct impact on issues related to refugees and IDPs, there are four key UN organizations: the Office of the UN High Commissioner for Refugees, the UN Commission on Crime Prevention and Criminal Justice, the UN Commission on Human Settlements, and the Permanent Forum on Indigenous Issues. The Office of the UN High Commissioner for Refugees is tasked with monitoring the implementation of the C.P. Convention and international refugee law, specifically the right of persons seeking refugee status to be protected from being returned to their country of origin. UNHCR is involved with providing basic assistance (food, water, shelter, healthcare) to people entangled in humanitarian crises, paying attention to vulnerable groups such as women, children, the elderly and IDPs. It also plans for, and prevents, large migrations of people, and submits solutions to these crises.

The Commission on Crime Prevention and Criminal Justice provides policy guidance on human rights protection in the administration of justice and the prevention and control of crime. It plays a direct role with refugees as it pertains to treatment of prisoners and juveniles held in detention.

Tasked with ensuring adequate and sustainable shelter for all refugees and IDPs in human settlements (also known as refugee camps), the Commission on Human Settlements is pivotal. The Permanent Forum on Indigenous Issues provides advice and recommendations on issues related to indigenous people, along with protecting and promoting human rights for this group.

Because so many oppressed people had so much hope that the UN would address their denial of basic human rights and bring liberty and justice, thousands of people began sending letters to the UN after it formed. Between 1947 and 1957, 65,000 communications were received and sometimes have reached more than 20,000 annual appeals (Buergenthal, 2004). In the initial decades of its formation, the ECOSOC rendered a decision that “it had no power to take any action in regard to any complaints concerning human rights” (Buergenthal, 2004, p. 111), however, with the passage of ECOSOC Resolution 1235 and 1503 in 1967 and 1970, respectively, the HRC changed this historical position by permitting the examination of gross human rights violations and a limited petition system to address violations which expose a systemic pattern of violations. Some member states initially advocated limiting 1235 to apartheid, but today it is interpreted to refer to all situations involving mass violations of human rights. This resolution gives any member state the right to place a known gross violation on the agenda of the HRC for further inquiry.

Other UN Treaties which have played a central role in international human rights and humanitarian law are:

1. The Convention on the Prevention and Punishment of the Crime of Genocide
2. International Convention on the Elimination of All Forms of Racial Discrimination

3. International Convention on the Suppression and the Punishment of the Crime of Apartheid
4. Convention on the Elimination of All Forms of Discrimination Against Women
5. Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment
6. Convention on the Rights of the Child

The 1949 Geneva Conventions and the 1995 Rome Statute established war crimes, crimes against humanity, and genocide as violations of international law whereby criminals could not act with impunity; additionally, “victims of unimaginable atrocities that deeply shock the conscience of humanity” (Human Rights Watch, 2003) could have legal redress through an international system. Currently, the International Criminal Court (ICC), the UN legal court established to adjudicate gross violations of humanitarian law, is working on defining a fourth violation: crimes of aggression. As of the writing of this paper, the Rome Statute has 139 signatories and 104 ratifications (Coalition for the ICC, n.d.(a)). In December 200, President Bill Clinton signed the Rome Statute, however, shortly after President George W. Bush assumed office, the latter nullified President Clinton’s signature on May 6, 2002. Since that date, the Bush administration has launched a large campaign opposing the ICC claiming that the Court has politically motivated purposes that might result in prosecutions against U.S. nationals (Coalition of the ICC, n.d. (b)). Specifically pertaining to what the U.S. has done to assist refugees, the Immigration and Nationalities Act was amended by the Refugee Act of 1980 to provide for the effective resettlement of refugees and to assist them achieve economic self-sufficiency as soon as practically possible after arrival in the United States.

The Influence of International Politics on The UN and Regional Organizations

Other non-governmental voluntary organizations which are major players regarding humanitarian assistance to refugees and IDPs are the International Committee of the Red Cross (ICRC), the world's oldest humanitarian organization, Medicines' San Frontieres (MSF), Oxfam (formerly Oxford Committee for Famine Relief), the International Rescue Committee (IRC), Action Against Hunger (ACF), Cooperative for Assistance and Relief Everywhere (CARE), Save the Children Fund (SCF), European Commission Humanitarian Aid Office (ECHO), alongside United Nations organizations such as the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF). All have done outstanding humanitarian relief work in some of the most brutal and appalling humanitarian crises of the 20th century. Each non-governmental organization began its operation with a policy of impartiality and neutrality, thus, they felt their effectiveness would be optimal only if taking a neutral stance toward even the most horrific perpetrators of war crimes, genocide and crimes against humanity. Over time, with a growing number of crises, some have changed their emphasis to a more partial moral stance against the parties involved in mass violence. The IRC has been perhaps one of the most successful organizations in terms of keeping a neutral stance during these crises. Indeed, its policy of noncondemnation of governments, regardless of the crimes committed, has resulted in critics who allege that the IRC is complicit with totalitarian regimes. It declined to condemn the Holocaust and other atrocities due to its policy of impartiality when delivering humanitarian aid.

Reiff (2002) is an American journalist with almost two decades of experience covering international humanitarian conflicts and crises involving war crimes, genocide and wars against humanity. He cogently argues that the original mandate of humanitarian

organizations to remain neutral when intervening and providing peacekeeping aid and assistance to war-torn countries has been largely dismissed for a more morally biased intervention. Further, that in order for these organizations to remain effective and to survive, they must return to their neutral intervention status. He is accurate in his assessment that the organizations have become increasingly vocal about the immorality of such heinous large-scale violence. To be sure, humanitarian aid given in an unbiased manner has its benefits, but the use by so-called “good governments” and “bad governments” of both the agencies of the UN and non-governmental organizations such as ICRC has also become a political foray. On the positive side, governments who wish not to intervene militarily into the affairs of another country (which usually leads to becoming embroiled in the latter’s problems) provide money, food and medical aid to the UN peacekeeping efforts and to organizations such as ICRC as a way to contribute to the mitigation of human suffering. On a less visible level, it can be used by these same donor governments for political gains in order to reflect support for one side of the warring factions. The party to which the donor is giving aid may not be the person or group in which the majority of the people in the warring country consider is working for their best interests. Indeed, it may be responsible for corruption and oppression. It may have allowed the donor government concessions as it pertains to economic trade relations, or permitted the corporations from the country of the donor government to exploit minerals and natural resources in exchange for support to stay in power. Providing humanitarian aid can also be utilized to enhance the national and international public image of the donor country which is a political form of kudos. In making this point, Reiff (2002) comments “that humanitarians had become, by the time of the Bosnian crisis at least, an

instrument and emblem of the reach and power of Western governments” (p. 274). George W. Bush was able to capitalize on the fact that America is the “number one provider of humanitarian aid” (cited in Reiff, 2002, p. 276) so as to place America in a morally, if not politically, superior position in the eyes of the world. Scant attention is paid by a large number of naïve and unsuspecting people who fail to see how donor governments can use humanitarian aid as a propaganda tool to wield the public perception in favor of the government players who are currently in power. That creates a sociopolitical context for the donor government whereby it can continue to curry favor with a naïve public so that otherwise unfavorable or unpleasant actions, either domestic or foreign, would generate less furor or opposition from the people.

For the parties in power who are instigating the large-scale violence, utilizing UN peacekeeping efforts and its partners can be a method of political negotiation in which the corrupt leaders negotiate to remain in power, or bargain to escape with impunity for their crimes against humanity, genocide and war crimes. It is unknown to what degree backdoor negotiations are made between key powerbrokers within “good governments” like the U.S. and UK, and the “bad guys” who are directly responsible, or complicit in, these gross violations. Some people believe that powerbrokers of major American corporations and some of the wealthiest American businessmen during the 1930s and early 1940s were silent, hidden supporters of Hitler and the Third Reich because the economic prosperity that Hitler was ushering in to Germany would translate into substantial economic profits for those American corporations and private investors allowed to start businesses, or invest, in German businesses.

In the absence of major countries such as the U.S. and UK developing coherent policies related to humanitarian crises, the UN and its partners may be the only remaining players to assume a role---impartial or partial---in what growing numbers of the world community are considering unacceptable. Yet, having said that, intervention oftentimes means loss of life for those who seek to heal, and expressing discontent and giving charitable aid in the form of money, food or medical supplies pales in comparison to the blunt impact of risking one's life for another group of people thousands of miles away.

When viewing the nuances associated within nongovernmental organizations such as ICRC and Oxfam, Reiff (2002) exposes the underlying and hidden evolution of the needs and motives. At first, starting with the pure motive to alleviate pain and suffering, many of them now operate with secondary motives to enhance public perception of their efforts which, in turn, might result in larger donor contributions. An Action Against Hunger (ACF) aid worker had this to say during the 1995 Sudan humanitarian crisis:

Humanitarianism is a business now. It's not the spontaneous gesture that it was after May 1968, at the beginning. My job is to assure ACF's survival. If we are out of Sudan, and MSF is here, or the Anglo-Saxons are here, then the hard truth is, we are less likely to get funding from ECHO. That's the reality. An NGO simply must be in certain areas that the donors are paying attention to. If they are not, there is the sense that they are doing something wrong, that perhaps their projects are after all really not so worthwhile. I hate it that it has come to this, but there is nothing that I can do (Reiff, 2002, p. 300).

Reiff (2002) also highlights the mutually beneficial relationship between these organizations and the media. The media exploits humanitarian crises by printing pictures that appeal to the emotions of people and causes profits to soar for that particular print or broadcast medium. Similarly, the humanitarian organizations exploit the media so attention can be focused on the latter's usefulness and value, leading to increased probability for larger donations. All these point to the economic factor that has come to

underlie much of the humanitarian rights work. In other words, money talks and whenever there are governments—good or bad---and donors with deep pockets, even the most innocent motives can be sullied.

We understand modern human rights law as a post WWII outcome following the heinous atrocities of the Holocaust. Although the League of Nations dissolved, the United Nations (UN) was born after the Allied Powers won WWII and has been the principal player on the world stage as it pertains to refugees, IDPs and asylees. With the formation in 1950 of the United Nations High Commission of Refugees (UNHCR), this would be the first large, international agency whose sole focus was to provide sanctuary for refugees and induce member states to develop policies which provide for assimilation of refugees into their fold.

Types of Violence Experienced by Refugees, IDPs and Asylees

The three most common, general types of violence that refugees, IDPs and asylees are subjected to either directly, or which they are forced to witness, are genocide, torture, and violence against women. While forced prostitution and slavery are also forms of violence that are inhumane and degrading, this paper will focus on the three aforementioned.

The UN Committee Against Torture (CAT) is the international body of experts tasked with the implementation of the 1984 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Member states are obligated to comply with its demands although, as Pope (2001) points out, many State parties do not.

Let us first examine the total number of deaths (military and civilian) from murder, genocide, starvation, ill health and suicide for some major wars in the 20th century alone (White, 2006):

WW I: 15,000,000

Russian Civil War: 9,000,000

Stalin: 20,000,000

WW II: 50,000,000 (Hitler)

Mussolini: 224,000

Communist China under Mao Dze Dong: 40,000,000 to 80,000,000

Tibet: 600,000

Since roughly 1980, there has been a burgeoning of intra-state violence on a large scale. A few of the most noted egregious examples of genocide during this period are the Sierra Leone, East Timor, Rwanda, Sudanese, Kosovo and Bosnia genocides where millions of people were murdered as part of ethnic cleansing and millions of people have sought refuge and asylum due to the conflicts. One of the most noted current ongoing ethnic cleansings is in Darfur and Chad.

Pope (2001) notes that, while torture is a violation of international law and widely perceived as inhumane treatment, it nevertheless is a common tool of war. He defines torture as “intentionally inflicting severe physical or psychological pain or suffering” (n.d.). Pope (2001) outlines nine (9) forms of common physical torture utilized by perpetrators of war crimes and crimes against humanity:

1. Bell (campana): torture leaving no external marks in which the person’s head is placed in a pail or metal container and is struck repeatedly, causing sudden sounds and reverberations
2. Buzzer (chicharra): torture in which the person is repeatedly shocked through wires or other conducting objects that are attached to parts of the body (e.g., ears, eyes, eyelids, genitals, gums, soles of feet)
3. Carry On: communal torture whereby a group of guards use batons, pick handles, or other weapons to beat prisoners
4. Chepuwa: torture in which the person’s thighs are tightly bound with bamboo or similar materials

5. Alanga: torture in which the soles of the feet are repeatedly struck with either hard or pliable objects such as canes or wires
6. Helicopter trip: a method of torture in which the person is hung upright or upside-down from one of the large blades of a ceiling fan and is struck repeatedly as the blade revolves
7. Necklacing: torture in which a tire filled with gasoline or other flammable liquid, is placed around the neck and set afire; also psychological torture in which a landmine, grenade, or similar explosive is tied around the person's neck in a way that it is difficult or impossible to remove without detonation
8. Torment of the sticks: torture in which two sticks are placed through a wire encircling the person's head and are slowly turned, tightening the wire
9. Telephone: torture in which both ears are clapped or otherwise struck

Psychological torture that refugees, IDPs and asylees may be subjected to, or witness to, are being forced to watch a family member be tortured, choosing which family member or friend or fellow prisoner should be tortured or put to death, being forced to reveal information and being told that failure to reveal will result in the death of a family member or fellow prisoner. The person may be forced by the perpetrator to be actively involved in the torture of a family member, friend or fellow prisoner, or the person might be required to inform the perpetrator what kind of torture is preferred, or where on the body should the torture be directed or what body part could the victim do without. Also mentioned is the prevalence of child torture that receives little attention (Pope, 2001).

Violence Against Women

Pope (2001) brings attention to the fact that, historically, torture directed at women has been either summarily dismissed or significantly minimized, especially sexual torture against women. While males also are victims of sexual torture, it is females who are particularly targeted for this type of violence, in large part, due to the

deep sensitivity in some cultures that a female purity and honor plays for a family. As such, to violate a woman is not only to one person, but also to her entire family, which can be an effective tool used by aggressors to incite pain and suffering on larger numbers of the opposing side. Violence against women in the form of rape, gang rape, sticking objects in a woman's vagina, or putting a gun in a woman's vagina and shooting thereby creating fistulas is quite common, but until the past few years did not receive media attention. Rape has become a common tool of war that males use against females of all ages (Mydans, 2001). Ross Mountain, United Nation's humanitarian coordinator for the Congo states, "It has been used as a weapon of war for so long it's become almost a habit" (Nordland, 2006). In *Women on War*, an anthology of writings by women including those who have experienced war, Yugoslavian author Jasmina Tesnaovic writes of how "women are invisible" (Gioseffi, 2003, p. 85), and of the egregious inequality and subjugation of women through a dominant patriarchal culture. She tells the story of a 19 year old Bosnian girl who, during the Bosnian-Serbian conflict, was raped by soldiers and became pregnant. When her father discovered it, he threw her out of the home because she brought dishonor on the family. While delivering the baby, her father sent her a message and told her that if she had a boy, she could return home, but if it was a girl, she could not. She had a girl and gave it up for adoption so she could return home. Due to increasing guilt of having given her baby up for adoption, she received help from women's groups, found her baby and began work to support herself and the baby. After a few months, a neighbor caught the girl standing on the ledge in the middle of the night. The girl explained that she had seen her baby's face that night lighted by the beautiful moon and had realized the identity of the father. Realizing that she hated the father more

than anyone in the world, she had feelings of killing her baby. Instead of killing her baby, she decided to kill herself.

Perhaps today's most gruesome example of male violence against women is in the Congo where an epidemic of fistulas from violent rape is being reported. Fistulas result in a tear in the walls that separate the vagina and bladder or rectum and are a major health risk in many parts of Africa (Norland, 2006). Male militias are sexually assaulting females by raping them violently, in many cases through gang rape and, in some situations, in front of the female's children. Afterwards, one of the rapists will stick an object such as a stick or pipe in her vagina. Immediately following the rape act, some male perpetrators put a gun in the woman's vagina and shoot her at point blank range, thus creating a permanent fistula. As many as 250,000 females have reported violent sexual assault in the Congo (Nordland, 2006). Medical doctors state that up to two thirds of fistula cases are the result of sexual violence (Nordland, 2006) where women walk into hospitals soaked in their own feces and urine, rendered incontinent. Many will never bear children and will live the remainder of their lives with a colostomy bag (Nordland, 2006).

Mental Health and Well-Being Issues

We turn our focus on the mental health interconnections with a systemic overview of those forces which directly impact the psychological well-being of this population. This would include institutional, psychiatric, intra-psychic, socio-economic, legal, community, familial and spiritual aspects that shape the experience of refugees, IDPs and asylees.

Research indicates that refugees and asylees have higher rates of depression, anxiety and Post-Traumatic Stress Disorder (PTSD) (Orley, 1998). Trauma is a common psychiatric and diagnostic feature of refugees, IDPs and asylees because of the usually pervasive exposure, or direct subjection, to intentional pain and suffering. Friedman & Jaranson (1998) define trauma as an individual who has “experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or injury or a threat to the physical integrity of others” (p. 208). There are different trauma thresholds for people and a number of factors can either mitigate or exacerbate the symptomology of trauma. Factors include, but are not limited to, ethnicity, culture, religious beliefs, prior exposure to traumatic events or situations and future expectations (Friedman & Jaranson, 1998). Michultka (2007) also notes the following mediating factors: age, cognitive ability, life role, education level, personal and family history, genetic predisposition, the survival of family members and friends, along with torture related factors such as the frequency, duration, repeated exposure, intensity and preparedness.

There are three situational traumas experienced by this group: 1. country of origin trauma, 2. flight trauma, and 3. resettlement trauma (Michultka, 2007). Previously discussed are the traumas experienced in the country of origin such as persecution and torture. Added to this are the traumas from living in a constantly oppressive and controlled situation, the persistent fear, hiding, detentions, social and economic sanctions, threats against self and family members, and the pervasive internalized fear (Michultka, 2007).

The flight torture trauma pertains to the psychological trauma experienced during the period of fleeing from the country of origin and seeking refuge in a safer location.

Michultka (2007) cites the concerns that the refugee, IDP or asylee have of those who have been left behind, the challenges of difficult travel conditions such as weather, transportation and fear of being caught by authorities, the fears associated with not having appropriate documentation while fleeing, and the fears of the past and future which haunt the seeker of safety. Once settled in the new country, there are added traumas which surface such as language and cultural barriers, job loss, fear of poverty and homelessness, isolation, yearning for the familiarity of family, high expectations that the new country will provide a haven of psychological, socioeconomic and religious safety (Michultka, 2007).

Common psychological responses are substantial distrust in virtually all aspects of the new environment, as well as guilt, shame, anxiety and PTSD. The experience of pain and suffering has impacted the individual psychologically, physically, socially and spiritually with the emotional scars taking far longer to heal.

Because the person fleeing for refuge has only known fear, betrayal, suffering and pain in the country of origin, their level of suspicion and lack of trust that was adaptive in the old environment are still perceived as adaptive tools in the new social context. Refugees and asylees commonly withhold the truth in the new country since the truth is what placed them at risk in their home country. As Michultka (2007) states, “truth is luxury” to a person whose very existence hung in the balance based upon telling the truth or withholding the truth. Being suspicious of the motive of interpreters and mental health workers is common among refugees and asylees since betrayal was a feature of everyday life in the past.

Survivor guilt is a common response with this population (Khouzam & Kissmeyer, 1997). Since this person survived, yet many others left behind did not, feelings of guilt can be overwhelming at times (Michultka, 2007). Thoughts such as “Why did I survive, but my family did not?” are pervasive. Survivors also are left wondering about those who are alive, but remain mired in the conflict and violence in the country of origin. Another common guilt is the feeling of having failed in terms of abandoning a political, social or religious cause in the family of origin, and the guilt of disappointing others, or even of letting them down. While survivor guilt is common, Eisenhruch (1991) warns mental health professionals against assuming that it is a facet of the clinical picture of all refugees.

Shame can also play a role with refugees and asylees (Michultka, 2007). Because of cultural norms around family honor, some bear the tremendous shame of dishonoring their family and their cause, or some may internalize the very evil that was projected from the perpetrators due to being forced to kill and/or torture another family member or friend. There is also a shame that can surface due to being an immigrant and having to adapt to a culture that may be vastly different than one’s own or may even be, in some ways, antithetical to the religious, social and cultural norms that they have internalized from birth.

Dissociation is a process whereby the refugee or asylee emotionally detaches from their prior experience. It is a defense mechanism and a coping skill (Michultka, 2007) which, as mentioned earlier, served as an adaptive tool in a highly unsafe environment. In the new country, this defense may be maintained, however, it now

becomes maladaptive because it prevents healthy social and psychological attachments from developing.

Anxiety is another very common psychological symptom with this population. After resettlement in the host country, there is lingering nervousness, anxiety surrounding the fear of being deported, anxiety surrounding the safety of family members, and a heightened vigilance that is a residual effect from sustained exposure to extremely unsafe and violent contexts in the past (Michultka, 2007). Anxiety can surface due to the changing dynamics within the family as individual family roles change due to economic pressures. Domestic violence and abuse can be an added trauma when family members are overwhelmed with the anxiety of role changes, and social and economic acculturation (Michultka, 2007).

Feelings of depression result from loss of family members and friends, personal property and possessions, social supports, along with the culture shock of adjusting to the new country, the helplessness that is associated with the assimilation process, and the cultural bereavement in grieving the loss of cultural, social and religious norms from the country of origin (Lerner, Mirsky, & Barasch, 1998; Eisenhruch, 1991). Admissions to psychiatric hospitals are 35% higher in immigrant populations than in the general population and 50% of all admissions of new immigrants occurred during the first three months after arrival to the new country (Lerner, Mirsky, & Barasch, 1998).

There have been substantial writings on PTSD regarding the refugee population. PTSD (2000) is a diagnostic category which results from psychological and/or physiological trauma and it arose from the treatment of combat victims. Its more common features are flashbacks, nightmares, avoidance of events or situations which

cause a recollection of the original trauma, emotional numbness, irritability, panic, anxiety, paranoia, anhedonia, sleep disturbances and short term memory deficits. Even though much research has been done on PTSD, there remains an inadequate understanding of the role that ethnicity and culture play in the clinical phenomenology of PTSD (Orley, 1998). It is now known that ethno cultural and religious traditions have appreciable influence on the phenomenology and perception of traumatic events (Friedman & Jaranson, 1998). The hermeneutics, meaning and significance that are given to events are directly related to a refugee's ethnicity, culture and religious beliefs.

Arguments exist in the mental health field as to whether or not the PTSD model is clinically accurate for refugees and their psychological treatment (Orley, 1998).

Summerfield (1999) is one of the most recognized proponents of viewing symptoms of PTSD as being a normal response to a highly abnormal situation. Eisenhruch (1991) refers to the "normal, even constructive, existential response rather than a psychiatric illness" (p. 673) when commenting on refugees' psychological symptomatology. He cites that the cultural losses sustained by refugees do not always translate into pathology as understood by Western practitioners because cultural hermeneutics about life, death and suffering are different in Eastern societies. Thus, Westernized attempts to impose a psychiatric disorder onto refugees without taking into account their survival, social, religious and cultural specific needs is not only clinically inadequate, but also robs the person of human dignity and causes a kind of vicarious trauma. He argues that people who experience severe trauma are not mentally ill, rather are reacting with defenses and coping mechanisms that are adaptive and normal under extremely maladaptive, threatening situations. Friedman & Jaranson (1998) argue against abandoning the PTSD

model and, instead, propose modifying it to an ethno cultural context. They believe that PTSD is a universal syndrome, but that its expression differs among varying cultures.

Approaches to and Treatment of Refugees

Michultka (2007) advocates for a multimodal approach which addresses the immediate social and economic needs of a refugee or asylee, in tandem with providing appropriate medical treatment and reducing psychiatric symptoms of PTSD, depression, anxiety, etc. A holistic approach to this population is now generally accepted.

Building trust between the therapist and the client is paramount. Mentioned earlier, trust was abandoned as a result of situational violence, therefore, the refugee finds it difficult to regain trust in the host country, particularly since everyone is a stranger. It can take much longer to establish a therapeutic alliance with refugees than with non-refugee clients; in addition, research bears out that refugees feel more comforted by being treated by a “healer” or “helper” rather than a medical or mental health professional (Eisenhruch, 1991). Psychologist, Dennis Hunt (cited in Office of Refugee Settlement, n.d.) states that, when working with refugees, “we never use terms like ‘mental health’ due to the stigma attached. We are helpers or healers.” Of note, Quyen (cited in Office of Refugee Settlement, n.d.), a psychologist who has worked with Vietnamese refugees, mentions the importance of learning the beliefs that the refugee has about mental health, in general. He tells of how Vietnamese view “social worker” as “person who serves the country” and being affiliated with a religious organization and charitable work. Vietnam has no “psychologists” and the word translates into “academician or philosopher”. Only medical doctors exist and psychiatrists are viewed as professionals who treat “crazy people.” Lennon (cited in Office of Refugee Settlement, n.d.) is a psychologist working

at the Center for Victims of Torture in Minnesota who has found that identifying informal community leaders who can bring refugees together and inquire directly with them as to what their needs were can be effective. Michultka (2007) and Eisenhruch (1991) note how some cultures' religious beliefs in karma or evil spirits dictate to the refugee a particular meaning to their experience. Failure by the mental health professional to learn of these beliefs, honor them and appropriately address them through the therapeutic process will result in overlooked or ineffective strategies.

Refugees typically delay seeking treatment in the host country for months or even years and will, in most instances, experience disappointment in the treatment process (Friedman & Jaranson, 1998). Today, after many years of working with refugees, many mental health professionals advocate a holistic, strength-based approach which takes into account the inherent resilience that exists in this afflicted group (Pipher, 2002; Mitchultka, 2007). Capitalizing on the individual's religious and spiritual beliefs can be a great source of therapeutic balm. Basit and Shoaee (cited in Office of Refugee Settlement, n.d.), both psychologists working with refugees, argue that faith in God can provide considerable comfort as the refugee seeks to find meaning to the evil that has been done.

Assisting with immediate socio-economic needs such as finding a job, obtaining health insurance, and garnering community supports for the refugee and her/his family are now understood to be equally, if not more, important in the initial acculturation and resettlement process. These will provide an appropriate foundation upon which the individual can begin to mobilize an internalized sense of self-efficacy and empowerment which, in turn, rebuilds self-worth.

Because the Western practitioner will likely not speak the same language, an interpreter is necessary. The refugee will likely respond with distrust to the interpreter and the practitioner, they may fear that confidentiality will be breached, and will, due to suspicion and paranoia, withhold personal information including psychological and physiological trauma (Friedman & Jaranson, 1998; Michultka, 2007). It has been shown that group therapy can be effective in providing comfort to refugees, along with treatment approaches which more closely resemble healing modalities from the country of origin (Friedman & Jaranson, 1998).

Treatment of choice for trauma victims is considered by many to be Eye Movement Desensitization and Reprocessing (EMDR), a psychotherapeutic treatment modality developed by Francine Shapiro, Ph.D. As the therapist directs lateral eye movements in the client, disturbing memories are accessed and reprocessed to bring about affective change that is adaptive. After appreciable research, EMDR is now recognized by the American Psychiatric Association Practice Guideline (cited in Shapiro, 2004) as falling within the highest level of efficacy as it pertains to the treatment of acute and chronic PTSD. Cognitive therapy and supportive therapy are also utilized.

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