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<cn>7 <ct>Conclusion and discussion

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<fs:lrh>Forced migration, gender and wellbeing

<fs:rrh>Conclusion and discussion

<p:a_no_indent>General findings: displacement and the post-war predicaments as experienced by women and men in the Western Balkans region

<p:text>Throughout this book, the contributors have sought to place the experience of displaced people at the centre of the story of the post-conflict settlement in the former Yugoslavia. This approach reflects a wider criticism: that previous studies on the displacement context of the former Yugoslavia have been dominated by realistic accounts, which largely reinforce the purported claims of diplomatic solutions, and ignore the lived experience of those most affected. While there is a growing body of work on gender and displacement, and the mental health challenges displacement brings, including on children (see Guarch-Rubio and Manzanero, 2017; Rizkalla et al., 2020), in the context of the wars in the former Yugoslavia, this remains an underdeveloped field. Yet, as this study records, there are many advantages to disaggregating the experiences of forced migration, by type, country of origin, age (Blitz, d'Angelo and Kofman, 2019; Lamb and Hoffstaedter, 2018), and above all by sex and gender, and exploring how these identities bear on wellbeing in the post-conflict state, not least because men and women experience displacement-related loss and trauma differently (Vromans et al., 2017).

One central premise of this book is that the conflicts in the former Yugoslavia were highly gendered and that men and women experienced – and coped with – war and displacement trauma differently. We recognise that men were recruited for warfare, led, orchestrated and executed war crimes, and were selected for mass execution, torture and killing; women and girls were subjected to rape and expelled with children en masse. Yet this distinction also warrants clarification since men and boys were also subject to occasional sexual violence, including rape, and all members of society experienced starvation as a means of warfare and torture. Further, we note that women from the former Yugoslavia – like other women today – were over-represented among the global displaced, now estimated at over 80 per cent women and children yet it should be emphasised that mass expulsion was both a strategic goal to create ethnically cleansed territories and to destroy the multiethnic fabric of Bosnia.

This study also points to the widespread consequences of social trauma: mass violence scars not only individual survivors but also affects groups and their entire social environment. As

social trauma is rooted in collective violence, social mechanisms determine even how such violence relates to long-term clinical symptoms or unconscious transgenerational traces of trauma. In the former Yugoslavia, we have seen extensive transgenerational trauma, resulting from the destabilisation of family units and inadequate psychosocial support provided to women (and men) post-war. We note the many barriers to accessing adequate housing, above all, but also employment, education and health services, as well as the limited scope of non-governmental organisations' (NGOs) outreach, which tended to be restricted to reparations for victims of war, including missing persons, victims of rape, and sufferers from visible trauma like PTSD. All these factors played a role in this development over the past 30 years of peacebuilding and post-war recovery.

This study further reveals the devastating effects of a war-prompted process of ethnicisation which continues to play out across the region and destabilises social, political and economic structures. The toll taken on the health, education and employment sectors cannot be overestimated. The destruction of livelihoods has led to further demographic losses through brain drain. Tragically, these interconnected factors are shaped by the contemporary identitarian politics and aimed solely at safeguarding the ethnoreligious political structures over the last three decades of war and peacebuilding.

While women's experiences of war in the Balkans vary, we contest the dominant representation found in the literature on both the conflict and post-conflict situations, where women are devoid of agency. We note that the Dayton Peace Agreement, signed by six men, gave women little space to engage in peacebuilding. However, it is manifestly true that women were at the forefront of the return process and the provision of psychosocial services and assumed leadership positions across the NGO sector – bridging the gap in public services in the absence of a functioning state. Their voices ring out in this book. We record that throughout the former Yugoslavia, women dominated the social care profession and played a leading role in post-war wellbeing and health recovery; through their efforts, they championed the rebuilding of destroyed social structures at the level of the family and community. They did so without official recognition, apart from their role leading psychosocial support groups within the NGO sector. We suggest that it was above all the ethnic design of the post-war settlement that locked women out; mental health structures were dominated by the divisions and ruptures caused by the ethnoreligious make-up of the state; this in turn affected approaches to peacebuilding. Regrettably, these prejudices did not lead to system-wide investment in the development of health care professionals and the restocking of social care services.

As the authors of this study record, in contrast to the above discourse, female forced migrants occupy several roles and possess considerable agency. In objectively disempowering circumstances, displaced women in Bosnia and Herzegovina, Serbia and Kosovo reclaimed their livelihoods, anchored their families and contributed to community life. They did so through everyday initiatives, including engaging in the resolution of housing issues, rebuilding social networks, finding employment and supporting their children's education. This orientation, which emphasises a return to the normal life course, influenced a shift towards integration, and we note the various strategies they employed to remain and readjust in the places of dislocation, rather than to return to their pre-war homes. In the absence of social networks in their places of return, returnee women have in particular thrown their energies into the provision of support to the family, and in some cases have also returned to religion, which restores their sense of faith in a better future.

As this study shows, displaced women have actively subverted the destructive factors that seek to strip away their agency. The life histories included above record the many coping strategies employed, including how women overcame explicit and implicit patriarchal norms, which include remaining silent about their own suffering, experience and needs.

<p:a_no_indent>The long-term effects of displacement on mental health and wellbeing of women forced migrants

<p:text>This project sought to capture the experiences of both men and women in all three countries and including all three categories of displaced persons. However, we should recognise that while men were included, they were largely treated as a control group. This was a deliberate decision, based in large part on the lack of comparative and gender-disaggregated research on the displaced populations of the former Yugoslavia. Men appear in our study, therefore, in contrast to the experiences of women, where we consider how female migrants, their status, and expectations placed upon them – as women – are constructed in relation to wider social phenomena, including the family, the labour market and the state. These accounts unearthed through policy study, participatory observation, individual and focus group interviews, and survey research record a selected view of how forced migrants narrate their experiences of displacement and post-displacement adjustments over the past three decades. We record those memories of conflict and displacement which may be hidden, or silenced, due to the long-term healing process and the structural challenges associated with their adjustment to the cumulative losses they experienced. This is not a straightforward task and we adopted multiple methodologies in the recognition that many displaced people find themselves unable to speak out and find a 'public' and 'safe' place for those memories. This

is especially evident in the former Yugoslavia where political discourses in post-war society still condition the framing of who is allowed to speak, how and when. We cannot ignore the fact that in the former Yugoslavia, and above all in Bosnia, Serbia and Kosovo, the presentation of refugees, internally displaced persons (IDPs) and returns remains highly ethnicised. Narratives of displacement exist as political spaces that reify division, loss and collective trauma. They do not exist as safe personal spaces for recovery, as suggested in individualised or even collective accounts of psychosocial needs and service interventions. Similarly, we detect the absence of institutional memory, in favour of ethnonational descriptions of conflict and its aftermath, including claims of genocide, rape and torture. This situation contrasts with conditions facing former refugees in the diaspora who find a more welcoming public space, and above all cultural opportunities, which permit them to tell their stories and present their suffering, free from the highly politicised and local context we find across the Balkans.

Our findings also offer further insight into the gendered experiences of conflict and post-conflict situations. As we record, while post-traumatic stress disorder (PTSD) is prevalent among displaced women and returnees, this is more marked among men. We suggest that this might in part be explained by the relative importance of social capital, family and kinship-based networks to women. In this setting, women may draw support largely from other women, family members and friends. This finding might appear to reinforce gender stereotypes. We also recognise how this plays out in terms of gender relations and note the persistence of patriarchal structures in the region, where women are 'protected' by men at the expense of personal freedoms, and men suffer 'alone' in the privacy of their homes, denied the right to demonstrate non-masculine weakness. We also suggest that female forced migrants access and benefit from a wider set of social resources than men, which positively affects their prospects for healing and the trajectories their lives may take towards this goal.

<p:a_no_indent>Regional and country-specific post-war recovery perspective

<p:text>Through this comparative investigation, we see that not only were Croat and Bosnian Serb refugees quickly integrated into Serbia, and Kosovars returning to Kosovo adjusted faster to their temporary dislocation, but that the division of Bosnia, and the implementation of the Dayton Peace Agreement, denied such opportunities to thousands of war-displaced who remain in a state of protracted displacement. The findings from this study reinforce the view that the post-war settlement in Bosnia reflects the design of ethnocentric policies of containment, rather than humanitarian priorities of integration, including human capital

development. Indeed, this is further evidenced by the contrasting accounts of integration based on educational level, with refugees in Serbia coming off best.

In Serbia, the displaced Croat and Bosnian Serbs we surveyed were no longer treated as refugees but rather received citizenship in Serbia quickly, on account of their ethnicity as Serbs. Their fate was still less than encouraging. Many felt that they belonged there because of reinforced ethnic identities; in practice, they remained poor and marginalised in Serbia. Overall, however, they did not present significant mental health problems. Moreover, there was little difference between men and women, even though men were more exposed to the impact of stressful life events and women came over as more adaptive. Rather, we note that educational status and income-earning ability have greater explanatory power than sex and gender. Respondents who earned income from regular salaries had significantly lower indicators of psychological stress, anxiety, loneliness and earlier exposure to stressful life events, and higher indicators of subjective quality of life and sense of coherence.

In Bosnia, the results of the psychometric and narrative studies revealed a psychologically healthy population with most female participants describing themselves as ‘well’ given the circumstances. Housing and social support stand out as crucial factors for both displaced and returnee women’s psychosocial wellbeing. Among protective health factors, we found the following: age (younger participants feel better), being married, improvement in social status, regular sources of income, and the factor of residence in terms of living in one’s own house or a family-owned house. The fact that after more than two decades of conflict and in many cases protracted displacement, women appeared healthier than men is an important finding, as is the fact that income does not appear to provide greater health benefits to women, whereas it is positively correlated with better health for men.

On the other hand, the findings from Bosnia also point to the importance of adequate psychosocial service provision, especially for women, and, in particular, those with weak social networks. Women are more prone to distress than men and demonstrate higher scores on the stress scale, which implies a higher level of stress. Moreover, female participants who have been diagnosed with any type of mental illness demonstrate lower self-esteem, lower perception of friend and family support, lower time management perception, and higher stress and anxiety levels.

Similarly, as noted elsewhere, health risk factors include the fact that women have a higher perception of stress; this on top of being a displaced person and the negative associated factors, including possible disability in the family, contending with unresolved housing issues and repeated changes of residence and being financially dependent, among others. While

female participants diagnosed with any type of mental illness demonstrate lower self-esteem, lower perception of friend and family support, and higher stress and anxiety levels, these conditions and the above risk factors may be mitigated by psychological support. Further coping mechanisms include practising religion, being married, being employed, humour, and above all focusing on one's children's future through education.

In Kosovo, the findings broadly supported the results from the other country studies. We found that they tend to support previous assertions that females, especially ethnic Albanian females, have had to endure several traumatic events, some of which have been mitigated by strong family support networks. The psychometric study records that respondents also appeared healthier, with high results on the scale of salutogenesis, and that refugees had the highest level of life satisfaction, in marked contrast to returnees who had higher levels of anxiety and had experienced a greater number of stressful events. In terms of gender, female returnees, and especially older women, had a higher level of anxiety; female refugees and female displaced persons had a higher number of stressful events.

Regarding *gender differences*, there are no statistically significant differences between males and females, though when we look at *differences in marital status*, we can see that single and married persons have higher levels of satisfaction than divorced and widowed persons.

Regarding *ethnic differences*, Kosovo Albanians have slightly higher feelings of self-esteem and a higher level of family support, while Kosovo Serbs have a higher level of structured use of time. Both Kosovo Albanians and Kosovo Serbs have markedly higher levels of satisfaction than RAE (Roma, Ashkali and Egyptian) groups.

In terms of life satisfaction, we found this indicator was highly correlated with education level. We note that those with university education had higher levels of life satisfaction, while those with no education depended more on family networks. We found that refugees had higher levels of self-esteem than displaced persons and returnees; female refugees have higher self-esteem than female displaced persons and female returnees.

The interviews recorded that participants still spoke about the war and their displacement in highly emotional terms that recalled experiences of displacement, personal loss and trauma. When discussing their life after the conclusion of the conflict, they tended to focus on housing and restrictions on their geographical mobility. In the majority of cases, respondents had complaints about their social life and pinned their hopes on a better future for their families and children.

<p:a_no_indent>Gender, wellbeing and resilience of women

The results of the psychometric study, screening both *salutogenic* and *pathogenic* factors (distress and coping resources), indicate a high degree of health and healing among the displaced women in our sample. We may attribute this finding in part to strong social support by the family and the persistence of social networks, which mitigated the effects of war and displacement.

The narrative studies revealed a more nuanced image of wellbeing. The chapter by Gordana Balaban and Selma Porobić highlights the relevance of social context to wellbeing. Here we see the difficult socio-economic position of displaced/returnees, whose post-war situation is shaped by wartime losses and traumatic experiences including unresolved housing issues, physical illnesses, psychological stress and fear for the future. These stressful experiences alongside other socio-cultural and structural factors negatively impact the wellbeing of the women included in this study. Yet, despite these findings, the authors also describe much resourcefulness among the research participants, who can mitigate in part the negative context described above. As we see from Chapter 2, women appear more adaptable than men and draw upon the strong social support provided by spouses or close family and friends. These support structures, as well as belief in and commitment to children and family life, together, contribute to the preservation of mental health in protracted displacement situations and after the return process. These findings were further evidenced in the life histories which record that those multifaceted lifelong readjustments, interrelated with the cognitive processing of emotional life stresses involved in dealing with displacement, have significant and positive effects on their overall wellbeing.

The results of the ethnographic study tell the story of local integration processes and the acceptance of new life circumstances, with many unable to return. Despite major building programmes sponsored by donors and national governments, we find many have not returned but live predominantly in the places of their displacement. These studies also provide an insight into the nature of socio-patriarchal networks, with much continuity of practice from the place of origin, but also accommodation and reaffirmation of these highly gendered traditions within host communities. As noted above, this trend presents both positive and negative effects on the wellbeing of women and their quality of life.

One general conclusion across the three countries from the policy study was the lack of a systematic approach to providing psychosocial support to displaced women, refugees and returnees, despite much need. This may be partly attributed to the lack of legislation but equally, we note that the priorities of donors and national governments favoured short-term and infrastructure-based programmes, not psychosocial services. Rather, donors and national

governments tended to behave as if the war had ended and the process of return was finished, even when trauma continued to affect the everyday lives of formerly displaced people well after the conflict had ended.

<p:a_no_indent>Psychosocial provision's role in supporting the war-displaced and their communities

<p:text>In the field of mental health and psychosocial support services, the three countries have gone through extensive experiences since the early 1990s, marked with obvious specifics. Close examination has revealed certain common patterns, features and obstacles to further development of these services. Among others, during the early post-conflict and displacement years, there was a strong influence of international organisations that provided financial support, as well as training and other educational resources for psychosocial support services. However, these programmes were usually short term and designed for relief purposes in the context of the immediate aftermath of the wars. In recent years, all three countries have seen such programmes disappear due to these states' inability to build on – or even sustain – these development initiatives funded by the international community in the late 1990s and early 2000s.

In Bosnia and Herzegovina, the period after the year 2000 was marked by the beginning of intensive support for the return of refugees and displaced persons, which included projects aimed at providing reparations to the displaced and ensuring housing and reconstruction programmes proceeded to meet demand. These investments in infrastructure were accompanied by tailored projects on economic and psychosocial empowerment. Examples of good practice 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. Psychosocial support to women victims of gender-based violence was provided through specialist NGOs and dedicated networks that brought service providers together including mental health and social welfare centres, and municipal administrative bodies. In some cases, such local networks were formalised through memoranda of cooperation, and some even invested in providing specialised training to their staff. However, despite these developments, there never existed any targeted and specialised psychosocial support for women forced migrants who experienced displacement trauma. Neither have they ever been the subject of any governmental health, social protection and migration policies.

In Serbia, cooperation between governmental and non-governmental sectors became more intensive and formalised after 2000, even though at the operational level cooperation had

begun in the 1990s, when the two sectors exchanged information on the conditions and needs on the ground and often referred beneficiaries to each other's services. More recently, cooperation in various areas and projects has even transformed into a sort of partnership, guided by common strategic goals (usually related to European Union accession standards and mechanisms). The experience of NGOs, including their experience of working with refugees and displaced persons, greatly contributed to reform in the areas of social protection and mental health services. To a certain extent, legislation and policies in these two fields defined the provision of psychosocial support, both to refugees and IDPs. This stands in marked contrast to migration-related policies which tend to neglect the psychosocial wellbeing of forced migrants and where we find community-based mental health protection is still in its infancy.

In Kosovo, there are numerous laws and by-laws regulating health and social protection, and the same is true for the protection of IDPs and returnees. Additionally, there are several state bodies and institutions competent to provide psychosocial support services, and their responsibilities overlap in many instances. However, only a few international programmes comprehensively dealt with mental health issues caused by the war in Kosovo and many of them have now finished, while the issue of sustainable return remains unresolved and there is still considerable demand for such programmes.

War, complex trauma and long-term recovery: learning opportunities
This study reveals some of the societal damage that resulted from the design of the peace processes which started from a point of foreign dominance and excluded some of the most vital stakeholders. In the case of Bosnia, the emphasis on the reconstruction of the country as a dependency of the international community and later the European Union discouraged meaningful participation in the post-war governance, especially as it relates to the experience of displacement. Rather, displacement was treated as a temporary phenomenon that would be mitigated above all by refugee return and encouraged by property restitution and house-building programmes. Although much attention was given to the role of the International Tribunal for the Former Yugoslavia (ICTY) and the prosecution of war crimes, we note the absence of gender-focused policies in the peacebuilding process. And yet, women took a leading role in the delivery of psychosocial support, primarily through NGOs, and without official sanction from the donors and governments that designed the peace process.

Elsewhere scholars have noted that gender is rarely systematically included in humanitarian policy. Although discourses on refugee protection and peacebuilding may mention the place

of women, often this is through their descriptions of victimhood rather than in the design of gender-inclusive policies and programmes. The findings from our study beg the question: to what extent did multilateral actors such as UNHCR, donors, national governments and NGOs embrace a gender perspective in the design of policies and programmes intended to support refugees, IDPs and returnees?

This research study calls attention to several missed opportunities. We note the absence of cross-sectorial service provision to displaced people in distress. We also recall that while much writing on the peacebuilding process in the Balkans fails to bridge practice, research and policy, or draw upon lessons learned from other displacement contexts, this tendency continues today. As Ivana Ljustina and Min-ji Kim record, the plight of Afghan refugees in the Balkan corridor betrays the experience of the Balkans as a site of refugee creation and protection.

From the perspective of social development, we also note that community-led psychosocial programmes in returnee communities in Bosnia proved to be no less problematic than those aimed at individuals. Rather, these emergency-focused interventions responded to the short-term agendas of psychosocial project-based services. They too were divorced from the social, political and cultural realities of Bosnia. Further, by enforcing a human rights perspective, this approach depoliticised and essentialised war suffering and reduced entire communities of displaced people to 'war-victims' whose cases could be clinically treated (e.g., rape victims, war veterans, PTSD survivors, former concentration camp prisoners), while ignoring the general psychosocial needs of the post-war population within the larger post-war recovery framework. Rather, recovery only makes sense in the context of sustainable peacebuilding, which inevitably includes the restoration of socio-economic rights and the creation of functional systems of social protection.

By emphasising short-term agendas and with the withdrawal of funding, implementing partners failed to seize the opportunity to capitalise on capacity building at the local level. Much expertise was simply lost. Arguably, one reason for this failed opportunity was the unsustainable model used by donors, which deprived local actors of agency. As recorded above, the delivery of psychosocial services to displaced populations was outsourced and there was little effort made to engage in their systemic incorporation within the public health sector. As a result, the delivery of essential psychosocial support services dried up, as did the opportunity to transform the emergent mental health sector into a centre of excellence on psychosocial trauma that could support the displaced populations across the Balkans. The people of the former Yugoslavia who needed and still need psychosocial support lost out.

Moreover, the failure to formalise and capture local efforts ultimately robbed the region of much institutional memory, and as Ivana Ljuština and Min-ji Kim note, whatever expertise had been established in the 1990s was absent when it came to the reception of refugees from other war-affected regions, such as Syria and Afghanistan. In other words, there was no passing on of 'know-how', nor continuity of practice in the context of psychosocial service provision to war-displaced populations, even as it was needed by new refugees that passed through the Western Balkans region.

This book also shines a light on the efficacy of an integrated research methods approach to trace the dynamics of displacement and its aftermath. Through our use of psychometric studies, narrative testimonies, ethnography and social policy research we can recover experiences buried over decades that no longer attract media interest or the attention of emergency humanitarian actors. Yet, the methodologies applied throughout this research project also draw out long-term implications and reflections on displacement and its ongoing relevance in people's lives. By taking an immersive approach to exploring the everyday life practices of people in the three selected countries, we found that participants considered their experience of displacement as a major factor that shaped the socio-economic and health challenges they currently faced. The research also highlighted that it was impossible for the participants (and the research team) to pin down exactly which part – which dimension, of their current problems – was a result of that experience. Rather, their experiences of displacement hung over them and their lives.

The methods applied further affirm the relevance of a broader focus on wellbeing, as opposed to mental health, as evidenced by our interest to move beyond individual and clinical explanations of trauma to include approaches that capture both pathology and salutogenesis (Antonovsky, 1984). As the immersive qualitative studies record in their discussion of ethnographic findings, we see that the women who participated in this research overwhelmingly considered their predicaments, and both the challenges and opportunities facing them, not from their perspective as individuals but rather as members of a broader unit. For them, that unit was the household. As this research shows, in the context of the Balkans, the household is a central unit of observation in which the place of women, and particularly of young women, is strictly circumscribed. This does not mean they are powerless – far from it – but it does mean that any power they exercise is almost exclusively exercised within the logic of a patriarchal kinship structure. Hence, the social position of individuals affected by war shapes opportunities long after their experiences of displacement have formally ended. As this book shows, the gendered nature of the Balkan household gives

rise to deeply contradictory dynamics, which poses a major challenge for policy interventions aimed at increasing wellbeing through gender empowerment.

A key challenge of this research was to disentangle the experiences of displacement from wider struggles that affected the non-displaced populations. One of the conclusions of our study was that there were striking similarities between the displaced and non-displaced populations in their understanding of their lives and the design of livelihood strategies. This research aligns with other work on patriarchal expectations within and outside of the household (Blagojević, 1994; Helms, 2007, 2010, 2013; Papić, 1999); on the importance of personal connections in the post-socialist and transitional state (Brković, 2016; Cvetičanin, 2012; Kurtović, 2016; Sorabji, 2007); the realities of rural life (Henig, 2012, 2016; Naumović, 2006; Thiemann, 2014); and the widespread mistrust in 'politics' (Greenberg, 2014; Jansen, 2016; Jouhanneau, 2016; Kolind, 2007; Spasić, 2012).

Further, we found no real-life difference on the basis of status, whether one was recorded as officially displaced or not. In all three countries, the women we studied remained officially registered as displaced and some as refugees; though many refugees in Serbia benefit from housing programmes and are now considered locally integrated. Those who are still able to maintain their status of displaced persons in Bosnia and Kosovo so many years after their displacement arguably have their reasons for doing so. As we record in the ethnographic studies, the decision to refrain from returning in any permanent way is ultimately a matter of choice, and except for health care provision, they do not exercise any other specific rights as a result of their status as displaced persons. At most, we find some 'degree of return' (Jansen, 2008, 2011), which has been presented as 'sustainable relocation' in the given circumstances (Stefansson, 2006, p. 117). All informants opted for 'local integration' as the best 'durable solution' available to them as it was indeed for the majority of those uprooted from the wars, whether they fled to other parts of the region or further abroad.

For researchers, then, the focus on war-affected peoples and regions, on displacement and return, raises fundamental questions. Even if we recognise that formal accounts of humanitarian protection and return – and the logic of the so-called 'refugee cycle' – fail to represent the lived experience of displaced people, we must nonetheless ask: how long should wartime displacement dominate the narrative in our explanations of contemporary life in the Balkans? The answer should be obvious, provided that retaining such narratives moves people to engage with problems and opportunities – including those they possibly share with others who never experienced displacement – in ways that are specific to them.

The effects of war and displacement continue to play out in people's lived experiences, even decades after the conclusion of the conflict. Much of our study investigates lingering psychological effects, which may be described under the rubric of 'collective and individual trauma'; however, we also note that war-affected populations have been affected in other ways, for example, by enjoying relatively less access to particular sets of resources in comparison to other groups. Our studies indicate that at the household level (both female-headed and traditional households), formerly displaced people face remarkable socio-economic challenges. In this context, the specific subaltern position of women, for example, as unemployed women dependent on male income providers as in the Sarajevo case, or as 'over-employed' contributors to the household income as in the case of Serbia, is crucial to explaining why women face such mental health challenges. The fact that women occupy lower positions is in turn related to the loss or degradation of economic and socio-cultural resources that often comes with experiences of displacement.

<p:a_no_indent>Empowering change

<p:text>One of the central research questions we posed was: how can research serve to empower and change conditions for displaced people in the long term? First, we can start by looking at ourselves. As researchers, we should recognise that it is notoriously difficult to research the effects of displacement because it is in effect a moving target. Just as social structures may be damaged or destroyed by war, the post-conflict state is undeniably a volatile site of social transition and differentiation. Researchers on the Balkans must therefore display continued sensitivity to any specific needs that these displaced populations may have, as a result of their wartime experiences. They must remain alert to the long-term dynamics of wartime displacement and divisions in the region.

Researchers must also avoid the pitfalls of overgeneralisation and should take a gender-disaggregated approach when investigating how displacement and life post-displacement is experienced. This applies to research design, methods and implementation. As we argue above, displacement only captures part of the social experience. Rather, as we note, after suffering wartime trauma, many formerly displaced people experience further stressful events including loss of family members, unresolved housing issues, unemployment, poverty, as well as anxiety, neurosis, depression and also PTSD. We can therefore speak of stress accumulation characterised by wider social trauma. It is therefore critical that researchers studying the psychosocial effects of displacement take great care to avoid *automatically* defining participants exclusively, or even mainly, in terms of their displacement; rather, researchers should take into consideration the multiple stresses listed above, and the factors

which may give rise to them both before *and* after displacement. Moreover, as social trauma is rooted in collective violence, social mechanisms determine if and how such violence will lead to long-term clinical symptoms or unconscious transgenerational traces. Clinical research, therefore, suggests that social traumatisation should be understood and treated using a framework that connects clinical psychology and psychiatry to all societal aspects of health. Second, we can work to correct historic mistakes. The Dayton process excluded women from the formal peacebuilding process and, as we noted above, left NGOs to pick up the slack. The net result was that social care was provided in an emergency capacity and funding was subject to short-term budgets. Decades later, we still find the complete absence of social care infrastructure. We maintain that a systemic and cross-sectoral gender equality perspective is more likely to reach beneficiaries and demonstrate greater success; indeed, this has been evidenced by the work of the Centre for War and Trauma Studies.

Third, we need to build on the Balkans experience, to capture and exploit institutional memory, and the promise made as the region has been encouraged to march towards membership of the European Union. Sadly, the Balkans and wider region is once again the site of mass displacement. Refugee flows marked by the 'Balkan corridor' just a few years ago have been overtaken by the millions of refugees pouring out of Ukraine and into the neighbouring states of Southeastern and Central Europe which like states of the former Yugoslavia are struggling to deal with these asylum-seekers. Local responses are far from humanitarian; rather it is more common to hear discourses of criminalisation, stemming from the European Union's externalisation and securitisation policies, which punish irregular migrants and make the process of seeking asylum an exceptionally difficult prospect. The conflict in Ukraine will only seek to add to their burden, as more refugees make their way eastwards, in search of safety.

Fourth, in light of the above discussion of accumulated stress, we contend that continuous long-term psychosocial support services are crucial to protecting the wellbeing of formerly displaced populations. This means recognising the problem of embedded social trauma in post-war recovery by concentrating on the transgenerational trauma transfer, including raising awareness on the needs and problems of displaced, refugee and returnee women through media coverage, and affirming positive practices and the valuable work of NGOs and women's support groups.

It also means embracing the challenge to build capacity across the social care and mental health sector, in particular through the establishment of a full psychosocial protection system, and one which provides for the continuous training of health care professionals

(psychologists, psychiatrists, medical staff, social workers) working in institutions in charge of protecting and improving mental health. This will of course require stronger legislative frameworks to deliver and standardise support programmes and services offered to forced migrants in the three countries. It also entails overcoming some important risks, including the all too easy practice of imposing support services from above, rather than providing carefully tailored services that suit local requirements. In designing the provision of psychosocial support services to displaced people, the selected states will need to engage in evidenced-based research to inform a bottom-up approach of policy making for the purpose of addressing the real-life needs of the beneficiaries. This includes addressing the needs of both long-term displaced and new waves of forced migrants. Above all, we recognise that all too often regulations and strategic plans remain dead letters. We cannot overemphasise the need for effective implementation. As the chapter by Ivana Ljuština and Min-ji Kim records, the region is crying out for carefully designed outreach programmes that can support new arrivals; one further innovation is the establishment of centres for today's youth, who, while they may be generations removed from the conflicts, may nonetheless exhibit transgenerational trauma.

To conclude, for many forced migrants, achieving psychosocial wellbeing is not an objective of secondary significance, less important than access to property or any other basic human and civilian rights. Achieving psychosocial wellbeing often requires specific psychosocial support services. Governments, as well as civil society, are responsible for making those services accessible, appropriate, responsive and effective, and they have special responsibility for those who are most vulnerable and most affected by the hardships of war and forced displacement. This requires a long-term commitment and that is precisely what this book calls for.

Thirty years of dealing with the hardships of refugees and IDPs in the Western Balkans have not resulted in the establishment of a system in which psychosocial needs will be assessed in a reliable way, and in which services will be provided efficiently so as to facilitate relief and guide those affected by forced migration toward *wellbeing*. Aspiring to promote changes, our analysis relies on critical examination of national policies and legislation, as well as evidence obtained through 30 focus group interviews with psychosocial support providers and local stakeholders in Bosnia and Herzegovina, Serbia and Kosovo.

While our results demonstrate major gaps in legislation and policies, we have decided to primarily tackle the evidenced *real-life issues* of the forced migrants uncovered by our data analysis, and to particularly focus on recommendations towards the development of

professional capacities for further enhancement of psychosocial support services and programmes.

Although a system of psychosocial service provision to forced migrants is clearly missing, there is an immense, diverse and valuable experience related to supporting both the integration of IDPs and reintegration of returnees in the three countries. Therefore, the building of a system and shaping of relevant policies should undoubtedly depend on a bottom-up approach, involving the lessons learned through these various practices in place, if they are to result in available, efficient and reliable services, driven by the needs of beneficiaries. Even though our three studies deal with psychosocial services as such, they nevertheless particularly focus on specific issues and needs of female refugees, IDPs and returnees.

Given the longitudinal developments involved in legislative improvements and the urgent needs of the remaining forced migrants in the Western Balkans, as well as the emergent ones with acute needs in psychosocial support, we would like to stress capacity building as the main way forward towards positive change.

Systematic and thoughtfully planned provision of knowledge transfers and enhancement of key professional capacities should improve existing practices and push further the development of psychosocial service provision to forced migrants, including new programmes and new competencies.

Such capacity building should rely on abundant local experiences, taking into account lessons already learned, listening to the voices of practitioners as well as the psychosocial service provisions' final beneficiaries, aiming at a model that competently addresses real-life needs and thus contributes to the enhancement of psychosocial wellbeing. In addition to that, such ever-developing practice could be a clever shaping tool for sustainable and inspiring policies, those that will tend to align with practical wisdom, 'realities on the ground' and 'ordinary people's pursuit of happiness.

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