

A letter from Bosnia: mission to investigate allegations of the sexual abuse of Bosnian Muslim women

Gillian C. Mezey

I am not a brave person. I have never been tempted to sign up for the armed forces, go parachuting or enrol on an Outward Bound course. It was therefore as much a surprise to me as anyone to find myself in January, travelling through central Bosnia, in flak jacket and helmet in an armoured personnel carrier. Together with my three female companions we had been despatched by the EC to investigate allegations of systematic rape and sexual abuse of Muslim women.

Flying into Sarajevo was a hair-raising experience for such an inveterate coward as myself. We flew in on a United Nations High Commission for Refugees plane, having been first required to sign a disclaimer against injury or death: only a few weeks previously an Italian jet had been shot at while attempting to descend into Sarajevo airport. The knowledge that we were each insured for £150.00 was not particularly reassuring as the plane went into a vertical descent to avoid sniper fire on our approach. On leaving the plane we were ordered to run to the safety of the shelter, not to stop, hesitate or look back because of the risk of getting hit.

Travel within Bosnia was hazardous, and made more so by the UN forgetting to issue us with properly recognised travel permits, without which any movement out of the airport would have been impossible. We travelled from Sarajevo to Zenica in central Bosnia in an armoured personnel carrier (APC), which was desperately uncomfortable, dark and noisy, but at least relatively safe.

We were repeatedly stopped at checkpoints where the sense of menace was almost palpable. Travel was particularly dangerous at night where the guards at checkpoints, who were often only teenagers, were frequently drunk and seemed to delight in shooting rounds of ammunition off into the air, to relieve their boredom, impress girlfriends and intimidate people like me who have a

healthy distrust and fear of weapons. The darkness seemed to lend a permissive effect to random and arbitrary attacks on travellers and challenges to our United Nations Protection Force escort. We soon learnt that within Bosnia there was no concept of neutrality or respect for the white UN symbol.

We stayed in the one remaining hotel in Zenica, a small Muslim held town in central Bosnia. This provided perfectly adequate accommodation for ourselves and a rather odd collection of travellers, including NGOs (non governmental organisations), humanitarian groups, journalists, delegations, etc., despite lacking electricity most of the time and hot water all the time.

In nearby Travnik, the secondary school offered shelter for around 2,500 refugees in grim conditions. Adults and children were lying on stone floors (covered with blankets) which were invariably damp and often dirty. There was little heating and in mid-January the temperature was below freezing. People lay on the ground with little space between their mattresses, there was almost no sanitation, the air was fetid and smelled of urine, and so dense with cigarette smoke that it was virtually impossible to see to the end of the room. Men, women and children all sleep together; they have no privacy, no dignity and little prospect of conditions improving or being moved on to alternate accommodation. The town is so crammed full of refugees that it can hardly accommodate any more: most families have taken refugees into their homes, putting additional strain on stretched resources.

In this centre as in other centres, the washing and toileting facilities were virtually non-existent. In one washroom, used by over a hundred people, a tap that had not been working three weeks previously had still not been mended; ice-cold water was pouring continuously into the sink and flooding out onto the floor. People had to walk through a lake of cold

water in order to use the toilets. The toilets were dirty, stinking and the whole area was freezing cold.

In spite of these conditions the women in particular struggled to maintain standards of cleanliness and hygiene, washing their few clothes in the icy water. Doors are left open, the glass over windows shattered and in the cold wet weather clothes do not dry, blankets and bedding are damp and chest complaints flourish. In this centre as in many others we were immediately surrounded by a group of curious onlookers, although most individuals lay on their mattresses passively, looking lethargic and disinterested.

Within the refugee centres there is no separate accommodation or provision for women or for families. Food provision was inadequate with little nutritional value. There was no special food provision for women with special needs, e.g. pregnant women, women with newborn babies and toddlers, and no access to specialised baby foods. Equally, no activities were organised for women with children who were left free to wander around in an uninstructed way.

We heard comments here, as in many other places, about delegations who would come, look around, and ask questions, but eventually do nothing to improve the quality of their lives or end the conflict. We also heard much of the betrayal felt by the people, that Europe could simply stand by and witness the genocide of another group of people at the end of the 20th century.

The visit to Travnik hospital was curtailed due to the risk of renewed shelling from the hills that evening. Many windows had been blown out and surgical operations were carried out in the basement for safety reasons. In both Travnik and Zenica Hospital a large number of doctors and paramedics have fled: formerly there were 11 psychiatrists in Travnik, now there are only four. Asylums for the care of the chronically mentally ill have closed down, unable to function during the conflict with the consequence that large unspecified numbers of patients have been discharged to wander, uncared for and at great physical risk. Psychiatrists are forced to prioritise care of patients so that they only accept the most seriously disturbed, while other patients must remain untreated. Patients are discharged early in order to free beds, and they receive no medication on discharge because of lack of drugs. There is therefore a high rate of relapse, patients break down after only a few days and have to be readmitted again in a highly disturbed state. Psychotropic drugs do not represent a high priority in terms of humanitarian aid provision and the doctors provided us with lists of essential medication.

Generally, the staff are demoralised and despairing about their inability to help their

patients, as well as the very real physical danger and deprivation they have to endure. Staff are not paid regularly. The equipment they use is becoming old and breaking down, the hospitals lack bed linen, bandages, food for the patients and have no proper sanitation.

There is a general problem of access to hospitals by patients, and to patients by health professionals. These difficulties are most acute for less mobile individuals, e.g. women with children, pregnant women, the elderly and the women who may be traumatised through their experiences in the conflict, including rape and sexual abuse. The problem of early discharge of patients from hospital, including newly delivered mothers alongside the lack of follow-up provision and community based care has meant high levels of continuing untreated pathology in these people.

The conflict in Bosnia has included widespread destruction of life and property, acts of unspeakable brutality, mutilation and contravention of international human rights standards and international humanitarian law. The rape and sexual abuse of women and children cannot be seen in isolation from these other atrocities. For a Bosnian Muslim woman the act of rape may lead to social marginalisation and rejection by her community. While Bosnian Muslim women represent the majority of the victims of rape we were also provided with reports of the rape of Croat and Serbian woman and children as well as the sexual abuse of men in detention camps.

Large numbers of individuals have been displaced from their homes, current estimates are around three million people. Given this number and the intensity of the ongoing conflict, accurate statistics on killings, disappearances and other atrocities, including rape are difficult to obtain. From the information we got and from consultation with other sources we placed the number of likely rape victims at around 20,000. Some of the rapes are committed in particularly degrading ways so as to inflict maximum humiliation on the victims and on their families. These include rape with abduction, front line rape, rape in public places, rape in detention camps and third party rape, that is when a detainee is forced to rape a fellow detainee (often a member of his own family) under threat. In some cases the intention appears to be to impregnate the woman, who is then forcibly detained until the pregnancy is far enough advanced to make termination impossible (10 weeks legal limit, in Bosnia, 12 weeks in Croatia). We received accounts of rape camps throughout Bosnia located in former schools, police stations, hotels, restaurants, etc. some of the camps are inaccessible because the area is occupied and too dangerous to pass through even for aid convoys or the ICRC, and may of them 'disappear' as soon

as their existence becomes known to the Red Cross and the detainees are moved on.

No-one could provide an accurate estimate of the numbers of babies conceived through rape that were likely to be born, or any reassurance about their fate. The Imam of Zagreb has suggested that women who are raped should be regarded as heroes of the war and that they and their children should be accepted back into the Muslim community. The Catholic church (dominant in Croatia) has been less helpful, merely suggesting that recourse to termination by a rape victim would be compounding her original sin (of rape) and that in the eyes of God she would be no better than a murderess.

As a result of our visit we made certain recommendations: more physical shelters for victims of rape and refugees generally whether for health care provision, skills training and educational needs or for living space. Particularly in relation to trauma counselling in both Croatia and Bosnia we identified a need for training and to encourage the involvement and 'visibility' of women professionals so that victims may be encouraged to recount their experiences. We recommended urgent installation of proper sanitation, washing facilities, adequate nutrition, basic health care including family planning, gynaecological and pre and post-natal care for women. We recommended immediate supplies of basic medical equipment and essential drugs,

the establishment of mobile medical teams throughout Bosnia and Croatia, provision of information leaflets describing symptoms of stress, effects of trauma, etc. and training for professionals and non-professionals through seminars, conferences and reading materials. Some of these recommendations have already been instituted, in particular the health recommendations under the auspices of Marie Stopes International.

The week I spent in Bosnia was a deeply unpleasant, unsettling and frightening experience. Nevertheless, I was privileged to meet some extraordinary courageous people as well as being reminded of man's infinite capacity for evil: a pretty sobering experience for a forensic psychiatrist. I am not certain how much was achieved by this mission and retain certain reservations about the extent to which the 'professional' members of the delegation may have allowed themselves, unwittingly and naively, to be manipulated by hidden political agendas. I, like many others, however, continue to read the papers and watch the television for news of peace, although at what cost!

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