‘Familial Relationships: A Protective or Detrimental Factor against Psychiatric Conditions in Female Refugees?’

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Introduction:

For the past few years, we have watched the current refugee crisis unfold on our screens; by the end of 2016, a record 65.6 million refugees were forcibly displaced from their homes worldwide (UNHCR 2017). A refugee, can be defined as someone who is outside the country of his or her nationality and is unable or unwilling (due to fear of persecution) to avail themselves of the protection of that country. A refugee will typically have a fear of persecution due to their race, religion, nationality, or due to their being a member of a specific social group or having a certain political opinion (UN General Assembly, 1951). Asylum seekers face a similar predicament but are differentiated in the 1951 Refugee Convention as people whose application for a refugee status is still pending or is under appeal following rejection by the local host government (Sen, P. 2016). After fleeing, many are now forced to restart their lives in foreign places, where culture, language, the inability to work, and public attitudes of the host country now become barriers to establishing a normal life. This, in combination with previous trauma suffered in their country of origin, can result in the development of mental health conditions, including PTSD, depression and anxiety. Indeed, relative to the population of the host country, refugees are ten times more likely to suffer from mental health and psychotic illnesses (Fazel M et al, 2005). A study looking at female Bosnian refugees living in Sweden compared prevalence of psychiatric conditions in both native and refugee women. It found that refugee women had much higher rates of depression (57.5% in refugee women, 17.0% in native Swedish women), psychological distress (61.6% vs 23.0%), and PTSD (27.4% vs 0.3%) in comparison to their native counterparts (Sundquist, K. et al. 2005)

One of the factors that increase susceptibility to developing psychiatric conditions includes the female gender (Silove D. et al, 1997). As in crises and conflicts of the past, women and children make up most of the refugee population (Sami S. et al, 2014), but are often the most disadvantaged.

The female and male experience on being displaced is not homogenous, with the social concepts of femininity and masculinity playing a part in the clinical outcomes of each group, and each having an increased chance of susceptibility to certain traumas i.e. women being more likely to be victims of sexual violence, which contributes towards their developing mental health conditions as well as clinical outcomes.

One way we can compare the two genders experiences of displacement and depression and anxiety is using narrative. The human capacity to empathise and understand the importance of stories and storytelling is central within psychiatry, as well as wider medicine, to not only help build rapport with patients, but also in their treatment (Kleinman, A. 1988) (Greenhalgh, T. Hurwtiz, B. 1998). The female voice in specific has been a major motif in many feminist literature, being considered a symbol of female agency and independence.

Ethnographers, when studying the experience of disease, must freeze the encounter being narrated within the certain confine of time in which it is being narrated, so as to ‘create the illusion of finality and continuity and coherent meaning’, however, it must be kept in mind that even the more simpler illnesses is more multifaceted than initially thought, let alone the complexity, and multiple contributing factors that can lead to psychiatric disorders (Kleinman, A. Kleinman, J. 1991).

Effects of Rape and Gender-Based Violence

According to the UN, women experience conflict differently when compared to men, with gender inequalities being exacerbated, making women more likely to be victims of gender-based violence

(including rape and sexual harassment, where approximately 1 in 5 women who have been displaced have experienced sexual violence) (UN Women, 2017).

Gender-based violence has been considered in contemporary times, a means of unravelling the social and cultural foundation that underpins psychiatric stability within a general population – wounding them psychologically as well as physically (Nordstrom C. 1991). Mozambican female refugees who witnessed conflict and insurrection of the right-wing group RENAMO (Portuguese acronym for Mozambique National Resistance) against the FRELIMO (Front for the Liberation of Mozambique) government in their country of origin in the 1970s and 80s recount that one of the most significant ways this upheaval of social norms was accomplished was through the inversion of familial relations. The social relations which normally provide a people with a sense of internal security, stability and dignity had deteriorated during the conflict. In Mozambique, sons were forced to kill their fathers, children were made to rape their mothers, the dead remained unburied – the human and cultural values which often provide a sense of purpose and meaning to life, had now been inverted, creating trauma, and playing a major part in destroying the social fabric of this society (Sideris, T. 2003).

Sexual violence has also been considered as a means of intimidation and terror; women were raped in in full view of their family members – their husbands, children, and neighbours. There were several concurring accounts of the women's husbands being used as mattresses (being forced to lie on the ground, whilst their wives were raped on top of them) further impacting familial relationships, as well as the individual mental health of the victims (Sideris, T. 2003). The gravity of the crime of rape is intensified due to the abuse of the social concept of familial relationships. Therefore, rather than the idea of 'family' being a protective mechanism, it is in fact a target and means for the abuse of both men and women.

Stigma

Familial relationships can be seen as a means of security; in 2015, a focus group of women in Dara'a and Quneitra in Syria were asked about their experiences with the men in local councils who would exchange humanitarian aid for sexual favours. The International Rescue Committee (IRC), who conducted the study, interviewed 190 women and girls in the regions; their report suggested that approximately 40% of the interviewees have been victims of sexual violence when trying to access services. They found that the women most at-risk of exploitation were women without 'male protectors' – widows, divorcees, and internally displaced women (BBC, 2018). This suggests that familial relationships, particularly that of women with men, may provide an element of protection – protection not only from sexual violence, but also from the mental conditions that develop as a consequence of the exploitation. However, the following testimony may refute this:

'It (trading humanitarian aid with sexual favours) was so endemic that they couldn't actually go without being stigmatised. It was assumed that if you go to these distributions, that you will have performed some kind of sexual act in return for aid.'– Danielle Spencer, humanitarian adviser for a charity.

Stigma, from one's family members and community, has been considered a contributing factor towards poor mental health (Hatzenbuehler, ML. et al. 2013), therefore showing that familial relationships, rather than being protective, can be in fact, detrimental towards the women's psychiatric health. On the other hand, Sideris further explores the concept of stigma following sexual violence, explaining, using testimonies, how it is the experience and societal constructions of

masculinity and femininity that contributes towards shaping the pain that comes from sexual violence. The women's narrations suggest that, rather than familial relationships, it is the social construction of man and womanhood that places the heavier burden on women – making them the cultural bearers of dignity within a given society. An example can be construed from:

'If you were married and happened to escape and come home with a child conceived in the RENAMO camp, there was going to be a fight with your husband. This has even led to many families breaking up. When the war was still on, if you brought a child from the camp or you were pregnant, people in the community wouldn't allow you back. People would say, "Oh Mrs So-and-So has got a small Renamo." They said that child also will be a RENAMO and it is the thing that has made them suffer. But the child is innocent. Even the mother also has got no bad things—she was forced.' (FGD).

'We are really suffering. A man can go and sleep out and come back in the morning. When he comes he'll expect you to say, "Oh! you are back baby." You make tea for him. You don't say anything. Even if you quarrel, you can't say to him, "you were out with a girlfriend." You can't say that because you will be beaten like hell. It is his home—you have no rights.' (FGD).

The testimonies show the way gender discourses are more likely to lay accountability for sexual integrity on women rather than men, establishing them as the bearers of culture and dignity. Within Mozambican culture, the concept of lineage and to know ones' ancestry, especially paternal, is of utmost importance. Indeed, the custom would be for children to trace their ancestry through their father (Junod, 1927). However, it is the connection between this concept of sexual integrity with local beliefs of lineage that gives the danger of social rejection so much gravity. Being impregnated by RENAMO insurgents often led to the shunning and rejection of victims of rape by their families, as well as their communities, further establishing feelings of isolation, which has been associated with poor psychiatric health (Schweitzer, R. et al. 2006) What made matters worse was the victimisation of the children conceived through rape; children were often deemed and termed as 'lixo' ('rubbish') in some communities (Nordstrom, 1993), further establishing the familial construct as a detrimental factor in the mental health of refugees.

Understandably, we can see the emotional conflict that comes with accepting a child born of rape. But, cultural ideals complicate matters; with so much emphasis being made on paternal ancestry, it makes it difficult for families to accept and integrate children whose fathers are not only unknown but are also perpetrators of crimes against their communities (Magesi, 1997).

<u>Loss:</u>

Loss of culture can be described as a loss of two main categories: social belonging and identity. In Sideris' article on the female refugees of Mozambique, she describes that their identity was associated with social belonging, with familial support and relationships, access to life-sustaining land and agriculture, and taking part in accustomed social practises provided purpose to these women's lives, and how the war deprived the women of these arrangements.

The conditions these women faced after fleeing, were unforgiving – with their facing economic instability, the constant looming danger of deportation and exploitation via cheap labour. However, considering that these women were internally displaced, the general social situation was not completely alien to them. They were still able to communicate in local languages, there some freedom of religion (with access to traditional prophets of African syncretic Churches), and the structure of authority and hierarchy in the villages they fled to were not unfamiliar. But, regardless of this, Mozambican women expressed a deep sense of loss, isolation, and disconnection. The

culture emphasised an individual connection, not only to family and community, but also to one's land (which is associated with the familial relationships with their ancestors) as being factors that are essential for well-being. So, to be displaced both socially and physically from one's country and home, it is comprehensible that the women suffered greatly.

This concept can be seen in this testimony from Martha, a Mozambican refugee:

'The war has taken our ixinzuthi *[literally, the 'shadow of a person'. African philosophers describe it a shadow, aura, moral weight, the personality, or the soul (Bergland, 1976)]. We are not the way we used to be before the war. In our villages we were people with dignity. We farmed the land of our ancestors. We provided for our families. We were respected. But the war has taken it away. The* ixinzuthi *is who you are. It goes together with your spirit. If your dignity is respected your spirit also will be okay.' – Martha.*

The testimonies of the women expressed a sense of loss of self-worth, expressing a loss of more than just the material possession of land – they described a sense of pride that comes from the ability to provide for themselves and their children, the sense of autonomy and independence, and the status that would come from being able to provide supplementary incomes while the men employed in migrant labour. Therefore, their ancestral land provided these women with a sense of dignity and purpose. The loss of land is not a widespread result of war for women; in 1994, the genocide in Rwanda in fact increase women's access to land (Turshen, M. Twagiramariya, C. 1998), giving them an increased sense of independence.

The relevance of familial relationships to female refugees can be seen here due to the association of Martha's land, which has been passed from one generation of her family to the next, with financial stability, as well as respect and self-worth. Sideris argues that it is the deprivation of these characteristics of social belonging that has resulted in these feelings of spiritual deprivation, loss, and anguish (Sideris, T. 2003). Despite the chaos of displacement, it should be noted that it is the loss of social belonging, as well as loss of a familial connection, that has led to this emphatic testimony, and the shift towards the development of mental health conditions. The theft of their land was an assault on these women's social and personal identity. So, it can be said that local concepts of personhood give the concept of social belonging much more nuance and significance.

<u>Domestic Abuse:</u>

During conflict, women's traditional caretaking roles are made more difficult by the requirement of having to nurture and raise children in unstable environments, whether the family have fled the country or not, with little support, whether that is because of death or displacement of family members, or lack of governmental and community support. Without familial support, and established official conflict-resolution mechanisms, women are more likely to become more susceptible to domestic abuse by their partners (Ferris 1991).

In many cases, in response to witnessing torture and sexual violence, male refugees develop a 'heightened male vulnerability'. This in combination with the anxiety associated with resettling into a new country, with its accompanying new culture and potentially language, can lead to male refugees using domestic violence as a means of re-establishing control. The familial spousal relationship in these scenarios can have a detrimental effect on the female (as well as male) victims of abuse.

On the other hand, according to female Mozambican refugees, familial relationships may have aided them in preventing domestic abuse:

'I am not okay with my husband. Even when he works and gets some money he doesn't look after me and the children. He spends his money on drinking. If all these things were happening while I was in Mozambique I would have left him. I would have had my family to go to.' - Sara

There may be an aspect of over-idealising of home that comes with being displaced. Women who were abused by their spouses would emphasise the ease in which they could gain protection from their families, had they been in their country of origin. The Mozambican women especially mourned the absence of older relatives, who they believed would have supported them, and would have helped intervene in the marital relationship (Sideris, T. 2003).

Changing Roles:

As in the past, as was demonstrated in the UK during the First World War, conflict and war often leads to a shift in paradigm of gender roles. Social disintegration leads to women, for the sake of survival of themselves and their families, often taking up jobs that were previously only done by men. In Uganda for example, the conflict required a separation within families, that led to men hiding in different locations to women. This led to several women having to become more active in maintaining their families economically, mainly through agricultural work. This economic security gave these women some sense of independence and autonomy from male authority, namely in the domestic realm. This ability to survive led to the women developing a stronger sense of strength, resilience and altered their ideas of what womanhood and femininity entails – a woman could be active, independent, and capable, rather than a vulnerable dependent (El-Bushra, J. 2000). This point supports the idea that familial relationships are not necessary for positive mental health outcomes, but rather, the deprivation of it can be seen as a catalyst for refugee women developing and growing, pushing towards societal change on the perspective of gender roles.

Conclusion:

Familial relationships can be thus seen as both detrimental and protective for female refugees regarding mental health outcomes. It can be seen as detrimental since the stability of the familial unit is vulnerable to be targeted through gender-based violence (most commonly towards women), the stigma attached to rape emanating from family members and domestic abuse. The deprivation of familial relationships could also push women to become more independent and autonomous, seeking out more economically rewarding work, as was seen in the situation in Uganda. However, one could argue that it is due to the dependency of the women's children and older relatives that catalysed this autonomy.

On the other hand, family can be seen as a protective mechanism against sexual exploitation. Family, for many women, would help provide them with a sense of identity and unity with their community, without which, feelings of cultural bereavement, and isolation would ensue.

What can be derived from this is the necessity of host countries to provide more emotional and social support for refugee women, to help not only identify women who are being abused or exploited, and help counteract feelings of isolation and loss, but also to help restore the voices of women which may have been lost amidst war and the ensuing aftermath of displacement and all its resulting consequences.

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