

# Psycho-Social Care; Strategy for Rehabilitating Women Victims of Ethnic Violence



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## Abstract

Ethnic conflicts are probably the most common form of collective violence which took more lives than any other form of violence in the 20<sup>th</sup> century. By world standards, an ethnic riot in which 100 people are killed is a very serious disorder. The current paper aims at theoretically understanding the concept of psycho-social care and support as a strategy for rehabilitating victims of ethnic violence. The focus of the paper is on the experience of the victims of Bodoland Territorial Autonomous Districts (BTAD) area, Kokrajhar in the year 2013, especially women affected in the conflict. Through review of literature pertaining to the field of disaster studies and also reviewing the narratives of the experiences of the women victims of the BTAD conflict the author felt that there is absence of psycho-social care in order to rehabilitate the victims affected by the conflict. Role of mental health professionals is negligible. Through the paper the researcher attempts to bring into highlight the importance of psycho-social care for the victims of ethnic conflict who still are struggling hard to overcome the traumatic experience of the conflict.

**Keywords:** Psycho-Social Care, Victims, Ethnic Conflict, Traumatic, Collective Violence

## Introduction

**Disaster**, natural or man-made, negatively affects human beings, social and service structure of the society, community or environment. Physical effect of a disaster is usually obvious and along with that even emotional effects of a disaster on the victims can't be neglected upon. Some of the emotional effects are short term- fear, acute anxiety, grief etc which fades with time for few victims. But, for few victims the emotional effects are long-term responses to the interpersonal, societal, economic effects of the disaster which if not treated on time will lead to the development of "**psycho-social burden**".

Psycho-social burden or factors are those developmental influences often unpredictable and uncontrollable that may handicap a person psychologically, making him or her less resourceful in coping with events. These factors do not operate alone; they interact with each other and with other psycho-social factors.

Even more than the physical effects of disasters, emotional effects cause long-lasting suffering, disability and loss of income and thus the role of psycho-social care comes into play in the process of providing intervention towards the victims and helping them to cope with the crisis in a better way. Since, most of the psychological effects of disaster are created by the direct social, economic effects of disaster, the current study focuses on both the effects of disaster and appropriate responses to disaster not as purely psychological nor as social or economic, rather as "psycho-social".

Disasters do not affect everyone in the same way. At an individual level, some may experience a disaster with few or no psychological consequences, while others will go through the same disaster and be emotionally devastated. Beyond individual variation, certain categories of people are especially vulnerable or vulnerable in specific ways. The current paper attempts to highlight the impact of ethnic violence (man-made disaster) on women victims.

Several researches has been done in the area of disaster mental health but there is dearth of studies on this specific group to investigate the effect of the disaster (natural/man-made) and thus being the rationale for the current study.

Ehrenreich, H., McQuaide, S. (2001) suggested that Women's roles and experiences create special vulnerability in the face of disaster.

In poorer countries, women are more likely to die in disasters than men are. In richer Countries, as well, women often show higher rates of post disaster psychological distress— depression, PTSD, and anxiety.

Several aspects of women's experience of disaster may contribute to these results:

1. Women are often assigned the role of family caregivers. As such, they must stay with and assist other family members. This may affect their willingness to leave their homes when a disaster (such as a storm) threatens. While their own threshold for leaving may actually be lower than men's, their actual willingness to go may depend on their being able to leave with their children.
2. Women may be more isolated and home-bound, due to their traditional roles and Occupations . As a result, they may have less access to information (both before a disaster And after).
3. They may also be more vulnerable to the physical effects of a disaster on their house itself, both with respect to their physical safety and to the integrity of their work areas.
4. In the aftermath of disaster, women may face another threat: violence in various forms. For e.g. physical, emotional abuse from spouse, sexual abuse in shelter camps or refugee camps etc. In war situations, women and girls may be specifically targeted.
5. Post-disaster, women often get less assistance. Their husband, as "head" of the household, often becomes the conduit for assistance to the family, which may or may not be equitably shared within the family. In some instances of food shortage, women have been given the lowest priority for getting a portion of what food is available. Discrimination with respect to food and medical attention in shelters has also been a problem in some instances. Health care facilities in shelters and refugee camps often do not attend to women's needs with regard to reproductive health, and providing for relief of other sources of strain on women, such as responsibilities for childcare, often get a low priority.
6. In the aftermath of disaster, women who have been widowed by the disaster may find it harder to remarry than men. Lacking skills that are saleable in the paid job market, they may be left destitute.
7. Alternately, husbands may leave the disaster community, seeking paid work elsewhere, leaving their wives more dependent on outside assistance and more isolated.

Despite these difficulties experienced experience of women are often ignored and thus there is a great need to research upon. The experience of women in disaster, it should be emphasized, can create opportunities for women, as well. Women may have better social networks and hence, more social support than men. They may emerge as the leaders of grass-roots level organizations. They may be able to use disaster aid to develop skills and acquire tools and take on non-traditional roles.

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The focus of the paper is on the experience of the victims of Bodoland Territorial Autonomous Districts (BTAD) area, Kokrajhar in the year 2013, especially women affected in the conflict. Through review of literature pertaining to the field of disaster studies and also reviewing the narratives of the experiences of the women victims of the BTAD conflict the author felt that there is absence of psycho-social care in order to rehabilitate the victims affected by the conflict. Role of mental health professionals is negligible. Through the paper the researcher attempts to bring into highlight the importance of psycho-social care for the victims of ethnic conflict who still are struggling hard to overcome the traumatic experience of the conflict.

The author of the article visited few rehabilitation camps in Kokrajhar district after the ethnic violence and the question that the researcher often had to answer was

*"Are you appointed by the government to meet us??"*

When the researcher said " No" few of the inmates in the shelter camp who survived through the ethnic conflict between Bodos and Bengali-speaking Muslims residing in Kokrajhar smiled hesitatingly and said " Then, we will talk to you about it because we have lost hope that government will help us to return to our own villages".

This dialogue reveals the underlying hatred, anger, imbibed deep within them still after two years. The current paper did not intend to explore the role of government in disaster situations rather the focus of the paper was on exploring the role of psychosocial care for the inmates of these shelter camps. From the interaction with the survivors of ethnic conflict it was found that government had given them financial aid which is not sufficient to sustain their livelihood

One of the survivor reported "Eman olop poisa re ki nu hoi." (With little money given what will happen)

The victims irrespective of gender and age of this traumatic event have experienced lot of difficulties as it demanded change in life style, cognitive-behavioural thought processes. Many victims who survived are still staying in the rehabilitation camps because of their inability to overcome the feeling of insecurity, psychological trauma. The survivors are special types of patients, and they would be missed and continue to suffer if not treated.

The author during the visit to these shelter camps had engaged into interaction with the inmates and most of the narratives of these victims are still loaded with psychological trauma. The survivors are vividly recalling the traumatic experience which is influencing their mental health and quality of life.

One of the women survivor (eyes filled with tears) said "Mur manuhjonok khihote mari pelaise mur khonmukhot "(My husband has been killed by them in front of my eyes), "Moi okolkhoriahohut, mur khahu ase kintu teor boyokh bohut, teo ekuwe koribo nuware okole aru ei campot thakat birat kosto hoise amar"(I am all alone, although my mother-in-law stays with

me who is very old. She can't do anything alone and we are facing lot of difficulties staying in the camp)

Feeling of isolation for a widow in itself is an experience filled with anxiety, depression, helplessness, pessimistic attitude towards life and surviving a ethnic conflict adds upon the problem. The emotional disturbance aftermath any disaster is very obvious and the current researcher could observe the effect of the conflict on the life style, behaviour, thinking, decision making process.

Most of the women victims reported reliving the incident by being preoccupied with the thought of ethnic clash in the form of night mare, dreams filled with terrifying experience and remembering the incident with vividness.

One of the women victim reported " Etiyao khuponot jui loga, ghor joli thoka, manuhor siyor khuno" (Still, in my dreams I see clearly fires all around, house burning, people crying with pain)

Amongst the women victims, there is a fear instilled in their mind that the incident will occur again. There are still feeling distress, anxiety, fear, helplessness, insecurity, uncertainty and dismay about future.

Family dynamics have altered. Disaster has produced deaths or disabilities, family separations, and dependency on aid givers which may undercut the authority of the traditional breadwinners, supplant traditional activities in the home, and force people out of traditional roles or into new ones.

Thus, by exploring the narratives of these women victims of BTAD Ethnic conflict the author has felt that there is an urgent need for providing psychological assistance to these victims which is totally missing in the current situation of Kokrajhar which is experiencing lot of turbulence and disharmony.

"An effective psycho-social rehabilitation programme and care is the need of the hour".

There are two major aspects to intervention with the direct victims of disasters:

1. rebuilding the community affected by the disaster
2. intervening with individual victims.

The current paper is focussing on both elements. The healing and rebuilding of the community is an essential underpinning for the healing of individuals and families, and the healing of individuals and families is necessary for the successful reconstruction of the community. In each case, the Underlying principle is to encourage healing processes, in individuals, families, and communities. Emotional consequences of the disaster may continue to appear for up to two years or more post-disaster and this happens to be true for the victims interacted with by the researcher of the current paper.

In part this represents delayed reactions, in part responses to a growing recognition of the irreversible consequences of the disaster. The experience of several disasters suggests that mental health assistance should remain available for about two years or more after the disaster. Such services also permit longer-term follow-up of those treated earlier. It may be helpful to establish and maintain a telephone "hot line" or other ways for people to contact counsellors if the need arises, for the period after counsellors leave the site of the disaster.

But, in the context of Assam, one of the beautiful states lusting with greenery all around the understanding of psycho-social care is minimal. So, an emphasis should be taken by educational institutions to offer more courses in counselling psychology so that trained professionals can be produced who can be employed by government during situation of disaster (natural/man-made).

Thus, there is a great need for renewing the mental health services provided with the involvement of society.

Community based intervention by counsellors, social workers; non-governmental organisations can be fostered to provide psychological aid to the people affected by the disaster. There is a great need for integrating psycho-social assistance with overall relief programs that is providing survivors with medical and material relief efforts at the local, regional or national level.

Forming a task force made up of experts in psychosocial intervention, formal community leaders (e.g., the mayors of towns), representatives of influential groups in the community (e.g. churches, unions), leaders of the relief effort, and representatives of the victims to guide and support psychosocial work may be very useful.

The needs of women in the wake of disaster have to be understood in the context of the roles, experience, and status of women in the pre-disaster society. At the same time, it should be stressed that not all women have the same needs. Elderly or disabled women may carry a double burden of vulnerability.

Need assessment of the women survivors is the first essential step that should be done for the women victims to find out the impact of the ethnic conflict on their psyche and behaviour and based on the need of the survivors various psycho-social care can be provided.

In shelters, relief centres, and refugee camps the following psychological aid can be provided especially for the women:

1. Provide for child care and elder care to enable women to participate directly in reconstruction.
2. Provide safety against sexual assault.
3. In designing medical services, be sure that obstetrical and gynaecological services, equipment, and medications are available.
4. In designing medical services, include reproductive health services.

Refugee camps are environments which are neither short term nor permanent. This is the antithesis of a return to "normality," which is so necessary for healing. Even within the camp, keeping families and communities together, encouraging the rebuilding of family and village structures, encouraging "normal" activities such as going to school, engaging in productive work (participating in food preparation and distribution, providing camp security, engaging in small scale production), engaging in sports and other recreational activities, participating in religious ceremonies, etc. provide a sense of connection to the past and to "normal" life.

Preparing camp residents for post-camp life (e.g., developing workshops focused on practical issues, such as job-finding skills, health care, legal

rights, compensation issues, self-employment issues, as well as mental health issues per se.) and developing a plan for returning refugees to their homes and/or integrating them into a new community can help provide a sense of a future.

In the current study, since most of the women survivors reported sense of losing control over their life and fate providing assistance to redirect their lives to normalcy is very essential. Interventions aimed at changing the experiences of victims to survivors, are central to prevent mitigating subsequent emotional difficulties.

Role of mental health professionals in the state needs to be strengthened for providing psychosocial care to victims surviving any disaster. Assam has witnessed countless acts of violence, terror, natural disaster but the role of mental health professional in the situation is negligible. Training of mental health professionals to provide mental support to victims of disaster should be enhanced and promoted. Psycho-social care along with psycho-education would foster the involvement of the community in the recovery process.

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