Engendering Forced Migration, Socio-Political Transition and Mental Health in Bosnia and Herzegovina, Serbia and Kosovo

Kosovo national policy study on forced migrants

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1. Introduction

Kosovo was faced with a massive displacement crisis as around 90% of its population was displaced during the 1998-1999 war. As a result of the war, thousands of ethnic Albanians were displaced from their homes in Kosovo; many took refuge with host families, while a smaller proportion (several thousands) fled to the hills and forests\(^1\). In village raids aimed at changing the ethnic structure of Kosovo, Serbian forces burned homes and killed dozens of ethnic Albanians. Thousands of families returned to their villages to find everything destroyed and were faced with the prospect of the rebuilding their lives.

Further, there was small-scale displacement, in some flash point areas, such as the divided city of Mitrovica after the war. As the Kosovar Albanian refugees returned to their homes in the summer and fall of 1999, a percentage of the Serb and Roma fled for Montenegro and Serbia, fearing reprisals and revenge attacks\(^2\). To complicate matters, some of those that were displaced had been recently settled in Kosovo and were victims of prior displacement in the wars of the 1990s in Croatia and Bosnia. Additionally, in 2000 and 2001 Kosovo was host to refugees from the wars in Macedonia and Presevo valley. Some of the people displaced from the Presevo valley remain in Kosovo, living in various levels of integration. Naturally, a large number of people were left with mental health issues due to war related trauma and displacement. In this study we have included data from our survey of displaced people.

As you will see below, Kosovo authorities have been more industrious in dealing with issues of migration in general, and less when dealing with displacement. Similarly, there is a lesser focus on mental health, and particularly so regarding gender aspects of

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mental health. These differences may be due to the focus on migration given by the process of EU integration and visa liberalisation. Both these processes, and especially the latter, stress the importance of having high standards in regulation migration issues.

Hundreds of thousands of people had been displaced within Kosovo (or so called Internally Displaced Persons (IDPs)) and fled to other countries as result of this conflict. More than 800,000 people became refugees in neighboring countries Albania, Macedonia, and Montenegro and nearly 750,000 of them return to Kosovo. On their return, the displaced Albanians had to come to terms with the destruction of their homes and property, missing family members, and the traumatic experiences of violence, rape, and persecution. The full psychological impact of such emergency situations is a neglected issue. Over 17 years after the 1999 conflict, despite substantial international assistance and targeted programmes, large numbers of persons displaced both within and outside of Kosovo remain without durable solutions. Important legal steps have been taken to address the problem of conflict-affected displacement from Kosovo, through institutional, legal and policy development, and some progress has been made on returns; however progress remains limited.

In February 2014, Kosovo adopted the Strategy for Communities and Returns for 2014 to 2018. The Strategy has four objectives: sustainable return of IDPs and other displaced persons to their places of origin empowerment and stabilization of communities in Kosovo; development of a legal framework regarding communities, return and reintegration and improved management of the Ministry of Communities and Return. The Strategy focuses on return of IDPs to their place of origin. While IDPs may achieve durable solutions through return, it is important that implementation of the Strategy takes into account that return must be voluntary and the authorities must also consider that IDPs may prefer not to return and rather settle in their area of

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4 Ministry for Community and Return, The Government of Kosovo approved the new Strategy of the MCR (7th February 2014)
displacement or in another area of Kosovo given their experiences during the conflict or their ethnic background.

2. Literature review

With regard to mental health, after the conflict, rapid political change generated an opportunity to reform Kosovo’s mental health system. A mental health taskforce created a new strategic plan to guide and coordinate efforts. Today, each of Kosovo’s seven regions offers a range of community-based mental health services.

During the 1990s, the overall health system in Kosovo suffered from neglect and lack of funding. The situation worsened further with the 1999 war. Immediately after peace was re-established, facilities struggled to provide even basic health services.

Meanwhile, mental health services in Kosovo were hospital-focused and biologically oriented. Mental and neurological disorders were managed jointly under the umbrella of a neuropsychiatric system. Primary health care (PHC) services for mental disorders were virtually non-existent; neuropsychiatric wards provided inpatient care that consisted mainly of pharmacological treatment. In addition, an infamous asylum called the Shtime Special Institution housed people with mental and developmental disorders in very poor conditions.  

Several organizations developed psychosocial programs to help children and families cope with the exhumation process, assisting them in understanding the identification procedures and giving them psychosocial support. Thousands of youth benefited from much-needed psychological and social and education programs that helped them begin to pick up the pieces of their lives.

One of the largest psychosocial studies in Kosovo looked at repatriated children as many of the repatriated children in Kosovo find it very difficult to adapt when returned. It was conducted by UNICEF Kosovo in cooperation with Kosovo Health Foundation. Among other aspects it looked at the experience of displacement of repatriated children. A number of them have had to go through traumatic experiences during the war and while seeking refuge. Some of them experience psychological problems such as depression and anxiety. The study’s findings drew on a mixed method approach combining quantitative and qualitative research. The choice of standard research instruments targeted major indicators of general and psychological health, quality of life and life satisfaction while also taking into account individual social backgrounds and migration histories. Due to the wide age range covered, age-relevant questionnaires were used for younger children aged 6-14 years (Group I); adolescents aged 15-18 years or turning 19 during the study (Group II); and one parent or family member identified as primary caregiver for each child (Group III).

The Kosovo-specific Socio-demographic Questionnaire was used with all participants. For the group I they used questionnaire Child Behaviour Checklist (CBCL) standard instrument to measure mental health and functioning in children. For the group II has been used Harvard Trauma Questionnaire (HTQ) is one of the most commonly used instruments to measure the impact of severe (traumatic) stress. General Health Questionnaire-28 (GHQ-28) was used to measure general mental health including general aspects such as depression and special aspects such as suicidal ideation. Clinician-Administered PTSD Scale (CAPS) was used to further explore traumatic stressors and the impact of these stressors in a subgroup identified by high HTQ and GHQ scores. McGill Illness Narrative Interview (MINI) was applied to provide additional information on culture specific forms of reaction and perception of health-
related issues. For the group III has been used Harvard Trauma Questionnaire (HTQ).⁶

The psychosocial impact of refuges and internally displaced has attracted the attention of the research community as well. A number of research studies have been conducted. Joanna Anneke has conducted mixed-methodological study assessed the psychosocial impact of the 1999 Kosovo conflict on the mental health and well-being of newcomer Serbian children and youth in the Greater Toronto Area two-and-a-half years later. Three complementary, partially matching questionnaires were developed for the project: a Child About Child (CAC) questionnaire; a corresponding Parent About Child (PAC) questionnaire; and a Parent About Family (PAF) questionnaire.⁷

Pupavac has looked at international psychosocial programmes in Kosovo. She critically examines how the international psychosocial response to the Kosovo Crisis has constructed refugees as traumatized. The paper suggests that psychosocial intervention represents a new mode of external governance.⁸

Also there is a gendered aspect of displacement. After living for months as many women refugees have returned to Kosovo resulting from malnutrition and contagious diseases. In addition to physical health problems many people suffering from mental illness as a result of displacement and war.

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⁷ Dr. Joanna Anneke, Rummen Community and Health Studies Department of Psychiatry, Faculty of Medicine University of Toronto & Clarke Site Centre for Addiction and Mental Health, “Assessing the Impact of the Kosovo Conflict on the Mental Health and Well-being of Newcomer Serbian Children and Youth in the Greater Toronto Area”, May 2003, http://www.ceris.metropolis.net/Virtual%20Library/health/WP25_Rummens.pdf
After the war there were some projects (NGOs) that provide services through hiring psychologists and psychiatrists. As a response to inadequate capacity of public health services in the treatment of trauma many NGOs headed by women engaged in providing services health, especially for women. Some NGOs providing health services that had to do with the treatment of trauma, gynecological visits, and drug abuse.

According to data provided by NGOs Women suffered various types of trauma such as: Losing their families, physical and psychological trauma, displacement, physical assault and living in refugee camps. After the war women were faced with the lack of support from the community, especially women whose family members were lost. According to some anecdotal evidence about $\frac{1}{4}$ of population is making affected by post-traumatic disorders. One of the most active NGOs in the field of women’s health Medica Kosovo in 2006 provided evidence of 1,700 women being affected by trauma to which they provide services\(^9\).

Refugees and IDPs need continued psychological and social support financed by the international community. Many lost friends and family members. The psychosocial supports provided through local and international organizations have been lifelines and have helped many people maintain hope that keeps them from full-fledged despair.

\(^9\)Kosovo Gender Study Center, “History is Her Story Too”, Prishtine, Kosovo, 2009.