

## **Survivors in peace: Government response in meeting the needs of survivors of serious physical injury and sexual assault during conflict, as a legacy for Northern Ireland and Bosnia-Herzegovina.**

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### **Abstract**

This article maps the key findings from research on public sector response in policy and practice as seen in service delivery to survivors of conflict in Northern Ireland and Bosnia-Herzegovina. It examines whether the experience of the seriously injured in the Northern Ireland conflict and female victims of sexual violence during the Bosnian war has been recognised by successive governments in post-conflict times, and if the public sector response has been appropriate and effective in meeting their needs; or simply subverted by political expediency and 'reconciliation'. It poses the question whether in post-conflict times some will necessarily be marginalised to ensure the success of the greater peace-building project and, if this is the case, are more constructive answers not both imaginable and a viable alternative?

### **1. Introduction**

In this article we examine the outcomes of the peace-building efforts in Northern Ireland and Bosnia-Herzegovina through the experiences of survivors of conflict. Particularly we focus on those who have received life-threatening injuries during the Northern Ireland conflict and those who have been ethnically targeted for sexual assaults during the Bosnian war. We note distinct differences in the post-conflict language and discourse in Northern Ireland and Bosnia. The euphemism 'the Troubles' is common parlance in Northern Ireland for the conflict, whereas in Bosnia war is recognised in everyday speech and discourse; as much of the empirical evidence and literature reflect. Without wanting to overlook the complex and diverse historical contexts of political violence and conflict characterising our case studies, we believe that the two political contexts illustrate important dynamics which put into question generalised practices of building and consolidating peace. In doing so our analysis reverberates with key contemporary debates on the notion and practice of peace-building developed among both scholars and practitioners.

We argue that, while the Northern Ireland and Bosnian peace processes were politico-military settlements entailing international intervention to a greater or lesser degree, the consolidation of peace has not resulted in fully addressing the broader legacy of conflict which remains highly politicised and contested. This has led to a situation where many survivor-victims have been marginalised and their needs poorly recognised or ignored. In both Northern Ireland (NI) and Bosnia-Herzegovina (BiH) internationally funded and local healing and reconciliation programmes prioritised the social reintegration of ex-prisoners and former non-state combatants. By contrast, survivor-victims embarrass political elites and pose too uncomfortable a reality for serious public scrutiny; in spite of the public policy developments to address their

needs. Where survivor-victims receive publicity this is less likely to benefit them than to promote the interests of ethno-national ‘poker-playing’. For instance, as recently as October 2011, a major international controversy developed over the shooting of actress Angelina Jolie’s directorial debut with a story set in the Bosnian war. After complaints from a women’s survivors group, backed by certain nationalist elites, the shooting in Sarajevo was initially banned and later – due to the objections of intellectuals and professionals in the film industry – allowed. This demonstrates how in the context of post-conflict transformation survivors’ stories and experiences become enmeshed with the broader contested narratives of conflict and negative construction of the ethnic other perpetrated by political elites.

We start from the premise that sustainable peace-building must include acknowledging the legacy of conflict, recognising the experiences of victim-survivors and implementing adequate policy responses which ensure their rights as full-fledged citizens in the “peaceful” political settlements. Combining the key findings of our research on public sector response in policy and practice (which included a series of in-depth interviews undertaken in both Belfast and Sarajevo), this article demonstrates that, despite years of peace-building and official government policies on survivors, their needs currently remain unmet. Our findings shed a critical light on the notion of the “so called” peace achieved over years of international, national and local efforts in both NI and BiH.

The paper begins with a section on each of the two case studies with a particular focus on the legacy of conflict for the severely injured and survivors of sexual violence. We then discuss the main conceptual and theoretical concerns underlying our research. Namely we draw on a critical set of literature which argues that establishing politico-military settlements represents only the beginning of a long term process, and in order to ensure sustainable peace that process must pay attention to the contextual social, political and gendered dynamics arising from conflict. In the remaining sections we discuss in detail our research findings drawing on the insights gathered through our in-depth interviews with members of victim-survivors led Non-Governmental Organisations (NGOs), professional and service providers in both NI and BiH. Finally we outline the implications of these findings and highlight further areas for research and political action.

## **2. Survivor-victims in Northern Ireland**

Nearly 3700 people were killed and tens of thousands seriously injured, during the three decades of the conflict in NI. Research has quantified the number of victim-survivors (Fay, Morrissey, Smyth, & Wong, 1999) (McKittrick, Kelters, Feeney, & Thornton, 1999). It is estimated that 40,000 people were seriously injured (Daly, 1999). Assessing their needs has been difficult because the lasting impact of the conflict was widespread, and casualties not always recorded as conflict-related. The majority of the seriously injured were wounded in the early 1970s. Moreover, there have been competing and politically charged claims to victim-hood. Some such as Bloomfield (1998) adopted very broad definitions, pointing out that “there is some substance in the argument that no-one living in NI through this most unhappy period

will have escaped some degree of damage” (Bloomfield, 1998, p. 14). Others are more exclusive so that victim-survivors must negotiate the politics of victimhood in a divided society (Cairns, Mallett, Lewis, & Wilson, 2003).

Many were traumatised by bereavement, witnessing violence and imprisonment. Often they had a delayed onset of emotional and physical symptoms and frequently suffered enduring effects (Curran P. , 1988). A study of the survivors of the Enniskillen ‘Poppy Day’ Bombing on Remembrance Sunday in 1987, noted that “the intense attention and the cossetted hospital environment may protect the physically injured from PTSD [Post Traumatic Stress Disorder] and psychological disturbance in the initial stages, only to see it emerge when they are discharged from hospital” (Curran, Bell, Murray, Loughery, Roddy, & Rocke, 1990, p. 481). Other research has recorded the long-term physical complications and consequences for survivors; such as those with limb-loss (Graham & Parke, 2004 ) (Graham L. , Parke, Paterson, & Stevenson, 2006).

Indeed the ceasefires and the Belfast Agreement did not eradicate long-standing inter-communal tensions. “Residential segregation has been a feature of NI since the nineteenth century increasing during the twentieth century, particularly in working class areas” (French, 2009, p. 888). Nor did it produce significant improvement in the psychological wellbeing of the population (Cairns, Mallett, Lewis, & Wilson, 2003). Despite a dramatic reduction in the level of violence, fear and sectarian polarisation remained the reality of everyday life. People affected by ‘the Troubles’ and their families experienced significantly high levels of stress, as findings of surveys in 1997 and 2001 show (Murphy & Lloyd, 2007). And “it is important to recognise that, as in most civil conflicts, there has been a significant proportion of those most seriously injured drawn from the poorest sections of our community.” (Boraine, 1999, p. 13)

While the literature could seem to portray a population and society fractured by decades of civil conflict, the picture is one of specific groups who have been injured and traumatised. “The impact of civil conflict on the Northern Ireland psyche appears complex. Although the results from this current study suggest that this Northern Ireland population sample does not display significant levels of psychiatric morbidity, there is also some convincing evidence to suggest that particular subgroups of the population have suffered significant psychological distress as a result of the conflict.” (Murphy & Lloyd, 2007, p. 405)

The authors recently interviewed survivors of life-threatening injury during the conflict and professionals who have experience of the quality of public services available to them. Many of those interviewees have suffered severe outcomes from their injury for as long as four decades. All have life-long disability, many suffered limb loss, and most require hospitalisation on a regular, if not annual basis. The youngest person was five years old when injured. She later had part of her leg removed and still, forty years on, needs regular surgery. As research statistics show, most of the victims and survivors of the NI conflict were young and male. They are now ageing and have complex needs.

### 3. Survivor-victims in Bosnia

The Bosnian war which lasted from 6 April 1992 to 12 October 1995 had enormous human costs causing hundreds of civilian victims, displacing two-thirds of the population and seeing the protracted violation of human rights (Kaldor, 2001). It is estimated that 220.000 people lost their lives and that 2.2 million were made refugees or internally displaced (Haider, 2009).

Refugees and Internally Displaced Persons (IDPs) were not a “secondary outcome” of the war but rather the result of ethnic cleansing, the strategy employed in order to obtain territorial gains and achieve ethnically homogeneous areas in a war that aimed to challenge the multi-ethnic state of Bosnia-Herzegovina (BiH) through manipulating the sentiments of ethno-national self-determination. Often incorrectly and problematically described through the trope of ancient ethnic hatreds, the Bosnian war can be described, albeit somewhat simplistically, as the result of competing ethno-nationalist projects developed by nationalist parties in neighbouring Serbia and Croatia in the aftermath of 1989 and which later gained power in BiH. It could be argued that Bosnian nationalism developed in reaction to the project of partitioning BiH into ethnically homogeneous parts to be annexed to Serbia and Croatia. For insightful accounts of the complex economic, social and political dynamics leading to the war see for example Campbell, 1998; Kaldor, 2001; Little & Silber, 1996. Within this context of ethno-national conflict and ethnic cleansing the employment of rape was also used as a war strategy to annihilate the other “*ethnie/nation*” aimed at violating not only the victim but also the “enemy” group to which she belongs (Enloe, 2000). Within this logic, whereby wartime sexual violence is not only gendered but also ethnicised (Alison, 2007) women became major targets of rape and other forms of sexual violence during the Bosnian War. Evidence from Bosnia and other conflict settings suggests that, following the same logic, men also can be became targets of sexual violence perpetrated with the aim to “femininize” male members of the “enemy group” (Alison, 2007). With a few exceptions, this aspect of gendered wartime violence remains under-researched due to the social stigmatisation and taboo surrounding male experiences of sexual violence. While believing that further research on the male experiences would be extremely valuable, our research focuses mainly on women’s experiences.

There are no reliable statistics of the number of women who were subjected to sexual violence with estimations ranging between 50,000, a figure deemed unreliable, and 20,000, a closer estimate according to the Council of Europe’s last official report (Resolution 1670, 2009) . This is due to the highly politicised nature of the debate around wartime rape in post-conflict Bosnia-Herzegovina and to the social stigma which makes rape an under-reported crime even in peaceful times. According to the information available the majority of women targeted were Bosniaks (Bosnian Muslims). However evidence suggests that this strategy was employed by all parties (Amnesty International, 2009). Professionals report that consequences of trauma include PTSD, depression, social phobias and sexual dysfunction. Lončar et al state that “War-time rapes had deep immediate and long term consequences on the mental health of women victims of rapes and their social and interpersonal functioning” (Lončar, Medved, Jovanović, & Hotujac, 2006, p. 67) but also argued that “Further

studies are needed to establish to what extent the psychological consequences depend on a multidimensional nature of trauma in situations of war” (Lončar, Medved, Jovanović, & Hotujac, 2006, p. 75). There are numerous voluntary organizations active on the ground providing a wide range of services, from healthcare and psychological support to legal aid and lobbying. They have great insight into the complex issues affecting women survivors’ needs. One of the authors interviewed members of victim-survivors-led NGOs in Bosnia-Herzegovina and professionals dealing with academic research and service provisions. The interviews highlight the complexity of women survivors’ health and psychological needs. They also illustrate the extent of economic hardship and marginalization that many survivors have to endure on a day by day basis.

#### 4. Who and what is peace-building for?

The main conceptual themes behind our research lie within contemporary debates over the shortcomings and prospects of the liberal peace project/peace-building (Jeong, 2005; Paris, 2010; Pugh, 2005). Particularly we draw on the criticisms of the key assumptions, underlying the dominant neo-Wilsonian paradigm, that posit the promotion of liberal democracy and market oriented reform as sufficient conditions for the consolidation of sustainable peace. This paper builds on Jeong’s maximalist approach to peace-building, which entails “the promotion of processes that will transform existing social, economic, and political structures” (Jeong, 2005, p.22) and which is oriented toward justice and human dignity.

As in other post-conflict settings, the NI and BiH peace processes were politico-military settlements entailing international intervention to a greater or lesser degree. Despite having been successful in ending the hostilities, reaching a peace agreement and establishing shared institutions, we argue that in both NI and BiH the full achievement of sustainable peace is open to question, echoing Jeong:

*“It is often assumed that a peacebuilding process ends with the establishment of a new government along with the introduction of economic recovery packages. Not much analysis has been conducted as to how institution building and political transition are undermined by the lack of social and economic foundations. While establishing a stable government at the centre is important, not enough attention has been paid to local political and social context, which can determine the sustainability of peacebuilding projects.”* (Jeong, 2005, p. 2)

Within this logic there must be “more serious attention to programs designed to support long-term social change with a focus on development and institution building beyond the protection of refugees” (Jeong, 2005, p. 219). Clearly the experience of those seriously injured in conflict and the victims of sexual violence in war cannot be relegated to an historical footnote. Nevertheless, in the rush to make and then consolidate peace settlements there are “trade-offs” in what Bell calls “transitional constitutions” (Bell, 2000, p. 7 and 9).

We also draw on the scholarship which problematises the hegemony of the

liberal economic project in international peace-building contending that “there is plentiful evidence that choices made for war-torn societies serve to maintain wealth imbalances and are poorly implemented. The liberal project not only ignores the socio-economic problems confronting war-torn societies, but aggravates the vulnerability of sectors of population to poverty and does little either to alleviate people’s engagement in shadow economies or to give them a say in economic reconstruction” (Pugh, 2005, p. 25). It follows that the statutory capacity to create and implement new policy, practice and service delivery should not be conceptualised in purely economic terms, but must address the legacy of conflict as central to sustaining peace-building.

In framing our analysis of the governmental response to the needs of survivors of physical injury and sexual assault in NI and BiH our research concerns are driven by what Pugh has defined as the key question within critical scholarship, i.e. “Who is peace-building for and what purposes does it serve?” (Pugh, 2005, p. 38). With this question in mind we argue that while both NI and BiH settlements were successful in ending the violence, creating a new political settlements and addressing (to a certain degree) the economic impact of conflict, the question arises as to whether the peace-building efforts have succeeded in adequately acknowledging the legacy of conflict, recognising survivor-victims and implementing an appropriate statutory response in public policy and reformed service delivery to meet their needs.

Survivor-victims in NI have had formal recognition (Bloomfield, 1998) and some conditional political acknowledgement. Although not yet fully analysed it is known that survivors and their families and carers need social support and respite, individual financial support, and greater advocacy and agency (CVS, 2010). In addition, the survivor-victims’ experience of injury, bereavement and trauma has given rise to trans-generational issues, which have not always been recognised. The level of physical disability due to injury in the conflict has not been calculated. Research carried out by the Northern Ireland Statistics and Research Agency (NISRA) concluded that “There is a lack of good quality information on people in Northern Ireland with a disability” (NISRA, 2007, p9). NISRA was unable to disaggregate statistics to identify how many people are disabled as a result of the conflict. Gender and class analysis of those who experienced the worst physical consequences of the NI conflict identifies the survivor-victims as predominantly male, having lived in intensely violent neighbourhoods (Fay, Morrissey, Smyth, & Wong, 1999, p. 77). Much of the work funded for ‘peace and reconciliation’ in NI has prioritised ex-combatant and ex-prisoner groups and has been the preserve of nationalists and republicans rather than unionist or loyalist groupings (Shirlow et al, 2010; BBC, 2012; Goldie and Ruddy, 2010). There has been much less attention, development and funding available to survivor-victims, as reports of the Commission for Victims and Survivors demonstrate. Indeed, as is already noted in section 2, issues of victimhood in a divided society are entangled with competing interpretations of the conflict, and what constitutes ‘real’ or ‘innocent’ victims and survivors.

In the last years of the Bosnian war, the emergence of reports of the widespread episodes of sexual violence in the international media brought much deserved attention to the issue, despite the exploitative nature of certain coverage and the “commercialisation” of survivors stories in the Western media. For instance, see

Linda Grant's thought-provoking article titled "Anyone Here Been Raped and Speaks English?", *The Guardian*, 2 August 1993 where she writes "Having had their fill of both pretty Muslim virgins sobbing out their tales of sexual violation and British couples cradling the Bosnian rape babies they have adopted, the media have lost interest. One issue, however, still burns: what has happened to these women in the wake of their ordeal?" (page 13) This eventually led to the development of specific international aid programmes and the creation of numerous women's NGOs dedicated to providing help and also some degree of acknowledgment to women survivors' trauma and needs (Skjelsbæk, 2006). This unprecedented attention was accompanied by a growing body of academic literature which focused on international law's response to the problem of rape in armed conflict (Chinkin, 1994), analysed survivors' stories and narratives of personal experiences (Skjelsbæk I., 2006a; Stigmayer, 1994) and also examined the impact of survivors' involvement in the work of the International Criminal Tribunal for the Former Yugoslavia (ICTY) (Kašić, 2004).

However, despite the media outcry and the academic attention dedicated to the subject, gender was not included as a salient category in determining choices for post-conflict reconstruction and in shaping peace-building programmes, in either the negotiations or the final document of the Dayton Peace Agreement. Unsurprisingly, this led to a side-lining of the broader gendered impact of war in favour of those issues which were seen as more important for the achievement of peace such as reaching a compromise over borders and institutions (Deiana, 2008). Within this logic, support for female victims of sexual violence was conceived purely in humanitarian terms rather than being prioritised as a crucial legacy for the achievement of sustainable peace.

The majority of survivors of sexual violence in the Bosnian war are women who, having in some cases also experienced ethnic cleansing and displacement became refugees or had to resettle in other areas of BiH. After the peace agreement some have returned to live in their pre-war homes. Research suggests that addressing this contextual and gendered impact of conflict should be a priority in post-conflict transformation and peace-building, as these dynamics are crucial in determining sustainable peaceful outcomes (Cockburn, 2010; Handrahan, 2004) (Cockburn & Zarcov, 2002; Enloe, 2002). Indeed such commitments are ratified in UN Security Council Resolution (SCR) 1325 that sets an agenda for women, peace and security, on issues such as gender mainstreaming in all peacekeeping and peace-building operations, women's empowerment and participation in peace processes, women's security and violence in post-conflict environment.

Since the signing of the Agreement, a series of steps have been taken in order to re-address Dayton's gender shortcomings. This included the creation of an institutional gender mechanism at state, entity and municipal levels which led to the adoption of the law on Gender Equality (2003) and the development of a Gender Action Plan (2006) informed by CEDAW, The Beijing Platform for Action and to an extent by UN Security Council Resolution 1325 (Deiana, 2008). Nevertheless the institutional response in providing services and benefits to rape survivors remains inadequate. At the same time, the main focus of the academic research on this topic has been on the jurisprudence and the legal processes. With a few exceptions (Lončar, Medved, Jovanović, & Hotujac, 2006; Amnesty International, 2009;

Skjelsbæk, 2006) the health and psychological implications faced by women survivors are less extensively researched. Skjelsbæk argues that the paucity of studies addressing these issues indicates not only that, due to the sensitivities around the problem, studying these traumas presents methodological difficulties but also that the impact of the war rape in Bosnia is not fully known (Skjelsbæk, 2006, p. 94).

The next two sections discuss in detail the findings from our research with a specific focus on assessing the statutory responses in meeting the needs of the injured and female survivors of sexual violence.

## 5. Statutory response and public services in Northern Ireland

Research reveals that public services in NI have operated a ‘conflict-blind’ policy of what has been called neutrality but which was in fact an institutional denial of sectarianism, the conflict and its legacy; not least in social services (Williamson & Darby, 1978) (Morrow, Eyben, & Wilson, 2003). Individual financial support has been subject to scrutiny and compensation awarded to survivors in the 1970s and 1980s considered “derisory” (CVS, 2010) (Bloomfield, 1998). In the wake of the Northern Ireland Victims Commissioner’s 1998 report government established the Memorial Fund to support survivors and their families, and the bereaved. This is an independent charity set up to help the bereaved who have lost a close family member, people who were injured, whether physically, psychologically or both, and their carers. In 2011 it had an annual budget of approximately £3.5 million, and had 5,000 clients ‘actively on their books’; having helped 11,500 until then. The Memorial Fund will be replaced by the Victims and Survivors’ Service from April 2012 onwards; if this is ready to begin operations. The work and efficacy of the Memorial Fund is yet to be assessed. Its remit covers funding the cost of complementary therapies, and certain equipment such as specialist wheelchairs, but it does not address the mainstream health and social welfare of survivor victims.

Seff and Gecas comment on the correlation between injury, pain and depression, which is pertinent given that many of those seriously injured report varying degrees of depression as well as pain:

*“The strongest relationship in the path analysis is between pain and work limitation. Individuals in pain frequently restrict their activities in an effort to avoid pain. Part of the effect of pain on depression is mediated by work limitation. This result confirms conclusions reached in pain treatment programs. When such programs are successful in returning patients with chronic pain to normal activities, success is related to reduction in functional limitations, often without any change in overall pain intensity (Swanson et al. 1979). Individuals who have learned ways to increase their ability to work in the face of pain are less depressed.”* (Seff & Gecas, 1992 , pp. 584-5)

Although the seriously injured generally suffer chronic pain, not all attend pain clinics. A consultant in Chronic Pain management reported that *“I may see patients with chronic pain but not realise that there’s a connection with the Troubles – as they*



*don't necessarily verbalise that.*" He confirmed our suspicion that this subject has not been researched. *"There's no research that I know of on people from the Troubles."*

Dr Roger Parke was a surgeon and consultant in rehabilitation at Musgrave Park Hospital in Belfast, in the regional unit where the most seriously injured received treatment over the decades of conflict; and since. Dr Parke had encountered a number of the injured people interviewed by the authors and could confirm many of their assertions of unmet need in terms of pain management and psychological therapies, and the unsatisfactory treatment of compensation claimants. He recalled the development of the rehabilitation service and the deficiencies he has witnessed:

*"Looking back – and I'm sure you've heard this from other interviewees – certain aspects of a comprehensive rehabilitation service were not necessarily in place – particularly psychological counselling and the assistance of a psychologist to get people through both the early stages following their trauma and later stages as well. That is much better looked after now than it was during the 70's. Certainly that came out when I talked to my patients subsequently for studies that I did, that they were aware that they should have had counselling that wasn't available during the 70's or indeed 80's. Even into the 90's it was a bit variable. It is only comparatively recently that my service has had a permanent clinical psychologist on the staff."*

He also considered that the effective treatment of chronic pain is unsatisfactory:

*"The response times have been poor for patients referred – because if you have too many people referred, some are going to have to wait if the resource isn't there to see them all quickly. That has been a severe deficiency and still is I'm quite sure. Also the follow-up time; once seen and assessed on the first attendance at a pain control clinic, it is important to see that patient quite soon afterwards – at a time determined to be optimal for that patient, to determine the effect of the treatment which has been advised. Often the intervals between reviews will be far, far too long. ... It is important to know when you are going to be seen."*

There were adequate resources for the physical medical treatment of those seriously injured in the conflict, during these years but pain management and psychological services were deficient, and experience of the judicial system in obtaining compensation was at times both humiliating and punitive. Some of the injured whom we interviewed reported that, without prior information or notice, they had been forced to strip and show their injuries, scars, and visible signs of disability at the High Court. Dr Parke was involved in giving evidence on behalf of many of his patients and concurred with this:

*"I can verify that that did happen. For many years the case was heard in front of a jury and it was the jury's job – advised by the judge – to decide on the matter of compensation, which was not a good system. And that was changed I think some time in the 90's. I've been present when the litigant has been so*

*asked ... to show the injured leg – to take off the prosthesis on occasions in the court in front of the jury - and I would absolutely agree that that was not a good idea. After I had experienced that two or three times, I personally would have advised ... that, if the case did come to Court, there might be this requirement by the judge. So at least I was able to prior warn the patient. If that was not acceptable to the patient, I think that could have been made known to the court via the solicitor. ... More recently we would have retired to the judge's quarters to do that. ... To do that was generally in the plaintiff's interests."*

In theory each of the National Health Service health trust has a Trauma Advisory Panel (TAP), although not all the co-ordinator posts are filled. The Eastern Health Trust covers the Belfast and the South East areas, and has been operating for 10 years. The co-ordinator's role is to ensure the work is cross-sectoral, cross-community and uses the partnership approach effectively to improve quality and quantity of services for victims and survivors of the conflict, in three broad areas. These are firstly, policy formulation and change involving providers and victims and survivors at government and health board/trust levels; secondly, research into mainstreaming the social, economic and psychological effects of the conflict; and, thirdly, practical – signposting services and identifying needs of people who come to the TAP. In 2005 the findings of a report were made into a pamphlet stressing “the principles, ethics and values of those working with families and individuals who are going through the dealing with the past process” (verbatim from recorded interview with Trauma Advisory Panel Co-ordinator). It also noted the need to deal with secondary stress in those who are working in trauma, which ‘requires a careful approach and supervision’. However, nothing has been updated in the intervening seven years, indicating its low priority.

Dillenburg et al (2008a) analysed the community services available to survivor-victims, providing recommendations geared towards developing practice among social workers. “We found that these services were varied in quantity and quality. ... Many groups felt that the most appropriate way of providing services to victims was through groups that were victim-led.” (Dillenburg, Ahkhonzada, & Fargas, 2008, p. 21) The groups shared similar experiences and concerns and were often ‘single identity’, serving only one section of the population, despite claims to the contrary. Service users preferred social support of befriending and support groups, plus the provision of advice and information (frequently if not entirely relating to benefits and entitlements) from voluntary groups given clients’ perception that these groups “understood them better than professionally led agencies”.

These findings surfaced four decades after the NI conflict started indicating that statutory response was inadequate, and the gap was filled by voluntary sector provision of questionable efficacy. One voluntary group has engaged mainstream statutory services. The WAVE Trauma Centre has piloted a three-strand Trauma Training Learning Pathway (TTLP) with Queen’s University Belfast (QUB) since 2003, including trauma studies for nursing and mental health staff and training for social work students since 2007.

Qualitative evaluation of TTLP found robust evidence of what appears to be the

first effective peace-building challenge to this official and influential barrier to appropriate professional practice through innovative training for core skills acquisition (Goldie, 2011). Analysis of student evaluation and in-depth discussion with four faculty members and six co-tutors on the social work degree course at QUB since 2007 indicates this is a model of best practice. Co-tutors are volunteer members of WAVE, as befrienders or from the Injured Group (who have experienced life-threatening injury and most limb-loss) and one is a staff member. Co-tutors and faculty teach in professional development tutorials; which have been evaluated by the university.

Faculty report that they were *“working with colleagues from WAVE in the teaching initiative – for the first time trying to help students directly with their understanding of the Troubles. It’s a very creative and innovative way to do that. ... We provide lectures in the morning and tutorials in the afternoon with our colleagues from WAVE.”* This is supplemented by evaluations of student placement practice to see whether this “is having any effect”. The co-tutors are *“assistants to the lecturers in the tutorials, helping trauma come to life.”* University evaluations revealed that students want more of this co-tutoring as a learning mode. *“We thought we were pushing the boat out but they [the students] are the ones who want more of it ... but we’re pushing the boat out in terms of our colleagues as they need to be educated.”* That such was happening in 2011 demonstrates the deficiency in statutory practice and training for peace-building.

Responding to the question ‘what are the challenges?’ a co-tutor who lost both his legs 40 years ago said students often replied:

*“What Troubles? What conflict? It’s not always the case because there is the trans-generational aspect to it. What the programme does through various role-play situations is to allow them to explore the difficulties and putting themselves in the family’s position – but in a safe and professional way – to be aware of the many issues that arise.”*

Even years after ‘peace’ sectarianism restricts behaviour *“this young girl told us that she had changed her name to go into that situation”* (Co-tutor). One lecturer reported initial fears that WAVE co-tutors could experience a ‘trigger’ that would reignite their trauma and careful back-up and support was necessary, if this happened. However, happily these concerns proved to be misplaced. *“We are in control of the stories and we can edit them on the day ... we can edit the stories according to how the audience reacts and feels”* (Co-Tutor). Indeed these sessions are poignant and sometimes disturbing. *“In my small group ... a woman just walked out in the middle of the tutorial at a delicate moment and we managed to deal with it – but it was something that was said that made her think about quite a traumatic incident in her life.”* Afterwards, both the tutor and her personal tutor discussed this with her:

*“It was resolved but it reminded us that we needed and do have ground rules and systems of support and mechanisms so that students aren’t vulnerable. ... I’m quite surprised that there haven’t been many more of them but I think it is because of the way we carefully plan sessions. ... In the evaluations ... quite a*

*lot reveal existing trauma in their background. .. So we are only touching upon things here.” (Faculty)*

The emphasis for both students and co-tutors is safety in the learning pathway.

*“Some of the initial feedback was that they [students] ... felt over-awed by the challenge because they thought they had to have all the answers – as opposed to a sign-poster – and have that skill and that degree of empathy that was required without making huge promises – to look to short-term objectives that could be achieved realistically. ... I think that was ... helping students develop a generic skill which is how you stay with people with painful experiences or stories of whatever sort without rushing or offering lots of things – it is about listening. It is about staying with people and I think students can be a bit over-awed ... by the second week they have the confidence to ask. ”*

Research reveals the importance of the interpersonal skills and tutor behaviour in trainers’ and facilitators’ in adult learning (Armstrong, 2007). It is apparent that, through the TTLP, core skills are acquired and have had positive practical effect, even before students go into the professional field; giving them the ability to listen to stories of trauma in appropriate ways.

*“One student said she had learned to be aware of her own facial expressions and non-verbal behaviour when someone is saying something that is quite traumatic or distressing – she talked about that the day after one of the WAVE colleagues had said ‘if you reacted to me the way you just have that would make me close up’. So she was made aware of the effect of registering shock [visibly] and that that applies in other contexts as well – such as mental health and other traumatic areas where the subject matter is very emotional. The level of emotion in this work is very high and that calls for specific skill.” (Faculty)*

However, although this provides a model of best practice and transforms professional practice, it has its limits. *“There just wasn’t the time to develop the levels of skills [to the degree that we would like ideally] and that is one limitation”* (Faculty). The unique nature of this training pathway was highly commended with the recommendation that it should be sustained, beyond the funding stream from European Peace funding, or it will be *“a job half done”* (Co-tutor).

A research paper (under peer review at the time of writing) of the Trauma Studies strand of the TTLP found that *“the impetus for incoming students is to have impact, enhancing therapeutic services”*, and *“direct impact”* has been reported by students. A Collaborative Review of these programmes in 2011, conducted by external auditors noted the long-term positive relationship between the university and WAVE. Judging the collaboration as *“outstanding”* they endorsed the partnership for a further 3 years, and QUB approved it for five years. This validates the quality of the Trauma Studies Programme, but also speaks volumes about the gap in professional training for the preceding decades.

Our findings strongly suggest that in managing everyday crises during three

decades of conflict government response was to prioritise security and employ an exclusively medical model of health and well-being, at the expense of developing an appropriate change in public service provision. In order to maintain a sense of 'normality' in times of emergency the underlying policy and the routine practice in all aspects of health and social services was 'neutrality' and denial of the impact of conflict, violence and widespread trauma. There was virtually no recognition of the psychological trauma experienced by the bereaved, the injured and their families, or of the secondary trauma experienced by those dealing with the fallout – such as nursing and medical staff, ambulance drivers, paramedics, social workers, and community workers. Importantly, during all this time there was no acknowledgement of the need to change either the methods or content of their professional training. The very recent new developments with the Trauma Training Learning Pathway are a very welcome but well overdue advance. In times of conflict the survivor-victims were rarely given the degree of recognition offered to the bereaved, and in times of peace they are expected to stay in the political background as the rest of society 'moves on' and 'draws a line' over the past. Peace does not restore their limbs and body functions, nor does it heal their emotional wounds. Indeed it appears that it has not even yet achieved significant change in the mainstream public sector service delivery in Northern Ireland, fourteen years after the Belfast Agreement.

## **6. Statutory response and public services in Bosnia**

The Dayton Agreement was based on a consociational settlement with power-sharing provisions for the three main ethnic groups (Bosnian Serbs, the Bosnian Croats and the Bosnian Muslim or Bosniaks). This settlement established a single multi-ethnic state with a second tier of local government, represented by the creation of two entities, the Bosniak Croat Federation (FBiH) and the Bosnian Serb Republika Srpska (RS) and the Brčko district. The Federation is further divided into cantons with decentralized powers and competencies. The extremely complex and decentralized administrative organization is mirrored in social policies and has impacted on the structure and delivery of social services.

Research reports some key problems such as a lack of transparency and ethnic division which in turn determine the allocation of funding and the delivery of services. A UNDP report on Social Exclusion states:

*“The current social protection system is largely inefficient because of the lack of sensitivity to beneficiary needs, underdevelopment of a mixed system, and the weak capacity of the Centres for Social Work. Overall, these failures can be traced back to the absence of a national social policy with equal standards. Reform of the social welfare system should include harmonising standards and financing, focussing on financial need rather than the status of the beneficiary. Developing partnerships between social welfare centres, the public and private sectors, as well as with civil society would create an improved social protection system, one which focussed on services and clients.” (UNDP, 2007, p. 12)*

With regards to the healthcare system it continues “BiH has a problematic mix of determinants of ill-health and morbidity. These are largely determined by the consequences of conflict and transition but also by lifestyle factors. Some groups, such as people with disabilities, minorities and displaced persons, often have special health needs but face greater exclusion in accessing quality healthcare.” The health insurance coverage rate in BiH is approximately 80%, far from the proclaimed goal and principle of universal health coverage”. (UNDP, 2007, p. 119) Recommendations made to achieve widespread well-being suggest that “the healthcare system should address the inequities and the plight of vulnerable groups of the population. In addition, a solution must be found to address the situation of the uninsured. Further, reorientation is needed to create a healthcare policy which addresses the wider concept of good health. This would reflect the understanding that poor health results from a variety of actors, and take into account the causes of social exclusion. An holistic approach is therefore required, one which combines medical with socio-economic remedies.” (UNDP, 2007, p. 119)

Dayton’s complex and decentralized system also creates discrepancies in the formulation of social policies. This is particularly visible in the context of social protection for women survivors as shown in a relatively recent study by Amnesty International (Amnesty International, 2009). The report highlights crucial issues and calls on the BiH institutions to adopt effective measures to tackle the long standing violation of the survivors’ human rights. The first set of issues are pertinent to the war crimes prosecutions, including: failure to effectively prosecute war criminals who often continue to live in the same communities as survivors, in some cases occupying positions of authority (such as policemen); the lack of appropriate measures for witnesses’ protection which consequently exposes survivors to further traumatising; and finally the lack of specialised prosecutors and procedures which are sensitive to addressing the public perception of rape and the resulting stigmatisation of the survivors (Amnesty International, 2009, p. 18-35). A second set of problems relates to the failure to provide survivors with adequate compensation and effective reparation. Finally, a third problem is the lack of possibilities for survivors to access social and economic specific entitlements (Amnesty International, 2009, p. 39-60). This is the result of a series of discrepancies in the relevant legislation which fails to address survivors of sexual violence as a specific category and discriminates between civilian victims and war veterans, in favour of the latter (Amnesty International, 2009, pp. 39-60). In the RS victims of rape are not considered as a separate category of civilian victims. The monthly support available to victims ranges between KM 100 (50 Euros) and KM 700 (350 Euros). The amount is dependent on the extent of bodily damage which is assessed by a commission and must reach 60% for the status to be granted. This criterion raises issues when applied to survivors of rape because it does not take into consideration that, even though their bodily damage might be relatively “low” compared to others injured in the war, the psychological effects associated to this kind of trauma are less quantifiable. A campaign of victims’ associations led to the inclusion of psychological impairment within the category of damage. However this only accounts for 50%, therefore leaving many women survivors struggling to prove an additional 10% of bodily damage. Additionally in RS, a legal deadline was

imposed in order to apply for the status of civilian victims (31 January 2007). Because of the lack of information available to women survivors and the unwillingness/difficulties experienced by women in reporting their “condition”, many survivors were not able to register before the deadline (Amnesty International, 2009, p. 40-47). Clearly this law presents grave violations of human rights and produces discrimination on grounds of gender. As discussed in the Amnesty International Report, in the Federation the procedure for applying to the status of civilian victims of war is also non transparent and insensitive to the psychological needs of applicants. Additionally the monthly allowance, KM 100 (50 Euros), is not enough to cover basic needs. Finally, in some cases, the decision on the status of civilian victim is open to re-assessment (Amnesty International, 2009, p. 44-47).

It becomes evident that the institutional response has not only been extremely inadequate but also operates in clear breach of human rights standards. This vacuum in public service provision is filled by the numerous NGOs which emerged in the last years of the war and now working as a sort of “parallel system” offering a wide range of services. One interviewee is an activist and a psychotherapist within an NGO which provides healthcare and psychological support for women survivors. Recounting her involvement in the organisation in the midst of the wartime atrocities, she states:

*“I got involved because I realised that partly I was accepting the war and all the things that were happening. I couldn’t accept that. I could not accept to be hopeless. First we started with some general group talks, in order to explain what words like stress or trauma meant so that people would understand what was happening to them. We also tried to explain that it was normal ... because of what they had experienced in the war. So that was the beginning of the psychological support.”*

Initially the group sessions were small but later numbers grew in response to the enormous scale of atrocities and violence. The people who participated were mostly refugees and women. Then the stories of sexual violence started to emerge, very often through confidential conversations:

*“When we started it was a door to door service based in one town but there were women that needed help also in other towns. So we managed to get pass cards from UNPROFOR so that we could go the other towns and meet those women, refugees and victims.”*

Interview findings suggest that addressing this issue was a complex matter, was completely new territory and activists realised the necessity of having specific professional skills in order to deal with this kind of trauma. With the arrival of international funds and training opportunities there was a shift from the “emergency” support to a more specific service: *“We realised then that what we were doing was not actually helping the women. It did help in the sense that they had somebody to talk to... but we realised that those were the experiences of many women. When our international partners arrived it was the salvation for those women suffering from those conditions but also for the relatives”* (NGO activist). This led to setting up a

support centre, which is still very active today, providing professional psycho-social and medical support to women survivors and more generally to those affected by war trauma and post-war violence. The organisation works independently and in cooperation with other NGOs in order to lobby for the establishment of an institutionalised mechanism that can acknowledge and help the needs of those affected by war-trauma.

Other NGOs aimed at lobbying for the prosecution of war criminals and the acknowledgement of women survivors' needs in the government political agenda, are led by women who experienced sexual violence during the conflict. These associations work relentlessly in lobbying for the prosecution of war criminals still at large and for the rights of women survivors of rape. Among their activities they also offer support for women survivors and legal advice. However, their focus varies and differences of opinion exist on how best to respond to the women survivors. The founder of one these victim-led groups described the activities and mission of their organisations, stating:

*“We are a specific group, if we have nothing in common with another organisation then there is nothing to discuss with them. ... I don't think that there is any association who can involve this category of war victims. There are a large number of women whose families don't know about what they went through so they are hiding it from their husband, from their children and also there are girls who cannot be mothers anymore because of different operations. She does not want to share it with anyone. We brought so many women together with their husbands again, there is still a number of women when the night comes, the husband knows she has been in the camp, so she has no sexual contact with him, she retreats into her room, for her all the men can die. There are women with very severe scars left in their psyches and sexuality and when the night comes they don't even want to see or touch their husbands because of the trauma.*

*They had a lot of workshops with psychologists and psychotherapists but it cannot be compared to the sessions we have when we are alone and cry out and laugh out loud and speak freely about what happens because in the courts there are some rules and you have to be very strict and very precise with their numbers was it five times ... three times ... and they cannot change their statements so they have to concentrate on numbers and precision so that's why when we are only together is better, they share the worst and the hardest things.”*

While the commitment of the association to bring survivors' needs to the political agenda and the resilience of this interviewee are commendable, certain strategies, such as the choice not to avail of professional psychological support, raise questions about the quality of services provided by organisations of this kind. At the same time despite the important psychosocial work offered by other organisations, research also suggests that NGOs' dependence on external funding might hinder the sustainability of these support services (Fagan, 2006; Deiana, 2011).



Another key finding emerging from our research suggests that the entrenchment of nationalist politics as dominant political discourse also operates to marginalise women's survivors and make victims of war trauma vulnerable to manipulation. Indeed, this theme was vividly expressed by a senior editor and researcher on transitional justice, human rights and war crimes whose work in collecting and reporting their stories brought her in contact with many victims of war; a large number of whom were women. Her concerns for this "category", together with a strong rejection of nationalist discourses, emerged distinctly throughout the interview in which she provided a passionate, yet lucid, critique of the current political situation in Bosnia-Herzegovina. She clearly expresses a critical stance towards the political manipulation of the legacy of the past and the on-going process of transitional justice, as well as for the politicians' failure to address the needs of those who were most and foremost affected by the violence of war:

*"It is always the same unfortunately here in Bosnia. We are a country that went through the war and genocide. Everything that happened, the recent past, is still much more discussed between the politicians and used by politicians to manipulate people in this country, instead of really thinking about the problems that remained after the war. At the same time when politicians in this country talk about borders, war crimes and everything they completely forget about the victims. This is the category which is almost without any rights. A category which is often manipulated, that is lost. Most of these people who were victims of war they are hardly finding a job. They are hardly finding a place in society. They are dealing in a really hard way with what they went through. Often they are witnesses at the trials, mostly prosecution witnesses, and they are not offered any kind of help. The biggest problem is with women because, it's not ever been established, but we don't know how many women were raped in Bosnia-Herzegovina. This category is completely without help. If you happen to be a woman victim of war-rape and if you go back to live in RS, you will not even be recognised as an invalid of war, or anything. Hardly you will find a job. So basically you have to find your way of life in those surroundings and for most of these women it is completely impossible. So these are just some of the problems that we are facing today in relation to transitional justice and everything that had happened in the past."*

This interview suggests that the very inscription within the divisive ethno-national narratives has the effect of downplaying the significance of such a traumatic experience for a woman, as if all her life experiences could be inexorably reduced to this traumatic act; as if these women could not exist outside this act which, as Bosnian senior editor and researcher Belma Bercirbarsic argues, becomes a permanent marker, or stigma (Bercirbarsic, quoted in Kašić, 2009). Clearly, such dynamics have serious repercussions for the status of these women who, precisely because of this traumatic experience, become vulnerable to (discursive) exploitation and manipulation by the nationalist elite, while at the same time being subjected to a process which we could define as "de-humanisation" or absolute symbolization. Indeed, as poignantly argued by Bercirbarsic, women who endured this traumatic experience have assumed in

today's Bosnia and Herzegovina the status of "walking metaphors" of the horrors that occurred in the war and the collective trauma (Becibarsic, 2011). At the same time their needs have been neglected due to the lack of tangible policies which ensure their wellbeing, as well as their inclusion as fully fledged citizens.

There is a general agreement that while the peaceful settlement achieved through the Dayton peace Agreement was fundamental for the cessation of violence, the peace process has not been as successful in attenuating political antagonism and ethnic division (Bieber, 2006; Belloni, 2007). However if we understand peace to also include "the satisfaction of conditions for maintaining a decent human life" (Jeong, 2000, p. 22) it might be argued that, 16 years after the signing of the Dayton Peace Agreement, the needs of women survivors of sexual violence, a crucial legacy of the conflict, provides a litmus test for the "so called" peace in the context of post-Dayton Bosnia.

## **7. Survivor-Victims in Bosnia-Herzegovina and Northern Ireland: What's Peace got to do with it?**

In developing our comparative analysis we do not assume a level playing field between the peace processes in NI and BiH. Indeed, while maintaining the distinct and specific nature of the two political contexts, we aim to problematize dynamics of generalised practices of peace-building through the perspectives of survivors of physical injury and sexual assaults as a key aspect of the legacy of conflict. Both case studies present major shortcoming in addressing the legacy of conflict, recognising victims/survivors needs and effectively implementing institutional responses to guarantee their full-fledged status as citizens. Therefore studying the neglect of survivors' experiences calls into question the very notion of peace as conceived within the broader peace-building efforts.

In the case of Northern Ireland, health and social services worked within a policy of neutrality which in turn operated to deny the widespread impact of conflict. At the same time the experiences of those severely injured had to be negotiated within the broader politics of victimhood and the divisive logic characterising competing understanding of the conflict. As discussed earlier, victim support services generally reproduced the largely divided, if not outwardly sectarian nature of the voluntary sector. Within this context survivor-victims were rarely given the degree of recognition of the bereaved, while healing and reconciliation programmes mainly targeted ex-prisoners and former non-state combatants (Shirlow et al, 2010; Goldie and Ruddy, 2010). Thus, if the experiences of the injured were either marginalised or open to political manipulation during the conflict, in times of peace their needs are neglected in the concerted effort to "move on" from the logic and discourse of conflict, despite the persistent legacy of physical and psychological injury.

The case of Bosnia also illustrates similar dynamics by which experiences of victimhood become politicised and inscribed within the dominant and competing explanations of conflict, which rely on ethno-national rhetoric. These dynamics are reflected in the fragmented and ethnicised nature of the Dayton institutional and administrative organisation where a lack of transparency and ethnic division has an

impact on the structure and delivery of social services. At the same time, the highly politicised nature of war-time sexual violence is mirrored in a series of discrepancies in the social protection for women survivors. So, on the one hand the institutional response is inadequate and in clear breach of human rights. On the other hand the very inscription of survivors within the broader divisive ethno-national logic has the effect of downplaying the personal significance of trauma for the survivors. It follows that studying the experiences of women survivors in BiH illustrates the ethnicised and gendered legacy of war-time sexual violence, raises doubts about the capacity of the peace process to fully address that, and ultimately calls into question the very consolidation of “so called” peace.

Finally our research demonstrates that, in both Northern Ireland and Bosnia-Herzegovina, the role of the voluntary sector has been crucial in filling the vacuum of institutional responses and policies. While recognising the important work undertaken by certain voluntary groups, our research suggests that in some instances the service provision has been of questionable efficacy either because it operates through a conflict blind approach or instead becomes enmeshed with the broader divisive rhetoric underlying ethno-national and sectarian ideology. In the context of Bosnia, the decreasing availability of international funds might threaten the sustainability of high quality services provided by a number of NGOs which specialise in providing support for war-trauma survivors. This reinforces the necessity to establish an institutionalised mechanism that can acknowledge and provide sustainable assistance to those affected by war-trauma. By contrast, the initiative of the Trauma Training Learning Pathway (TTLP) developed by WAVE Trauma Centre with Queen’s University Belfast provides a powerful example of best practice not only in integrating effective peace-building and appropriate professional practice through addressing the legacy of conflict, but also in bringing together the expertise of the voluntary sector and mainstream statutory services. We certainly believe that this initiative highlights an area for future research and practice. However, as discussed with relation to BiH, given TTLP’s reliance on European Peace and Reconciliation Funds, the issue of its sustainability in the future remains a concern also in NI.

## **8. Conclusion**

Without wanting to stretch resemblances too far and acknowledging the complex and diverse historical contexts of political violence and conflict in BiH and NI, we argue that a comparative analysis of the successive governments’ response to the needs of survivors of serious physical injury and sexual assault highlight major shortcomings in the implementation of peace agreements. Both cases illustrate the complexities of victim-survivors’ health and psychological needs as well as the dynamics of marginalisation operating in the consolidation of peace. Our research has revealed positive examples of effective and professional service provision evident in the work of some NGOs and civil society groups. However, despite the important work undertaken by these organisations in filling the vacuum of public sector provision, we found that concern exists regarding the sustainability of funding which may hinder the continuation of these services and strongly suggest the need for the

creation of institutionalised mainstream public sector mechanisms to respond effectively to survivors' needs.

Peace should not be viewed merely as end of hostilities. Evidence from our recent studies demonstrates the critical need to extend our focus beyond the military, elite-political and judicial dimensions, to view peace-building as necessarily dealing with the broader legacy of conflict to ensure sustainable peace. In this the inclusion of survivors as fully-fledged citizens of the new peaceful political order is integral. The experiences of the survivors of serious physical injury in NI and of sexual assault in BiH should not be viewed as a secondary issue or 'collateral damage'. Until their needs are fully acknowledged and addressed the very notion of peace underlying the Bosnian and Northern Irish settlements remains questionable as it does the validity and effective application of human rights standards.

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