

# The Psychosocial Impact of Internal Displacement: Case Studies from a Complex Emergency Situation on Mindanao

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In the Philippines, where the prevailing idea of a disaster are those brought about by typhoons, earthquakes and floods, the phenomenon of internal displacement, as a consequence of armed conflict, has already reached a proportion that can no longer be ignored. More than 1 million people have been affected by armed clashes since the government responded with an all-out military assault against Moro revolutionary fronts in Mindanao three years ago. This is nearly as many as those displaced by natural calamities estimated by the Global IDP Project of the Norwegian Refugee Council to be approximately 1.5 million people in 2001. Though the total war policy was lifted by President Gloria Macapagal Arroyo when she became chief executive in 2001, bombing operations and military actions against Moro Islamic Liberation Front (MILF) have produced 300,000 more evacuees over the last four months of this year (2003) in Southern Philippines. According to a report of the US Committee for Refugees (USCR), this places the Philippines on the list of top 40 countries where internal displacement is considered as a great disaster. In Southeast Asia, the Philippines ranks third after Burma

and Indonesia as countries with the most number of internally displaced persons.

When disasters such as internal displacement strike, the physical effects are obvious and are the ones usually noticed – loss of life, destruction of home, properties, livestock, workspaces and houses of worship. Too often, the emotional effects of disasters are taken as a normal reaction to a tragedy – which they truly are — but are taken for granted as a passing response to an extraordinary situation. State authorities, government social workers and private service providers seldom consider that even more than the physical effects of disasters, the traumatic effects cause long lasting suffering, disability that impairs the normal and meaningful functioning of individuals, families, and communities.

## **TRAUMATIC STRESS**

But what really happens to a person when he or she goes through a traumatic event such as war and internal displacement? What do the evacuees feel and experience under such circumstances? The story of one

case being served by Balay in Parang, Maguindanao illustrates the experience common to traumatized evacuees who had survived the armed conflict in Mindanao:

- ➔ It was night time when the military attacked. My family was roused from our sleep by the sound of planes and gunfire. Without warning, the bombs fell. Mortar shells rained near our house. We heard shouting everywhere. People were running, wailing. Children were crying. My heart pounded very hard. My mouth was dry. I was stunned, I could barely speak. My body was tensed. My senses were on high-alert. Anxiety washed over my body. Terror gripped my mind. I could hardly move. I could not understand what was going on. All I knew was that our lives are in peril.
- ➔ My parents told me to pick up my younger sister and grab a few clothes. We were moving out to get as far as possible from the sight and sound of war. We walked and ran under the cover of darkness. I could imagine our house being hit by bombs. After two days, we arrived in the town center where many other evacuees had sought refuge in a schoolhouse. We were tired and had not eaten, but I was too shocked and afraid to feel hungry. I could not believe that tragedy could happen to us.

Shock, a sense of unreality, and fear dominate long after the fighting is over. At the evacuation centers the sight, sounds, smell, and feeling of the

tragic event persist, leaving an indelibly horrendous image in the hearts and minds of the displaced persons. They grieve for the death of their loved ones and wonder how they survived. Not a few dwell on feelings of guilt for not being able to save their parents, siblings or kin. Others feel devastated by the loss of their homes; for the destruction of treasured personal belongings such as school uniforms, family pictures, pets, for lost documents, and for the loss of friends and familiar neighborhoods.

The extraordinary prevalence of such strong physiological, cognitive, and emotional responses to forcible displacement indicates that these are normal reactions to an extreme situation. The trauma being suffered by internally displaced persons is not a sign of "mental illness" or "moral weakness." They do not signify that traumatized people are going "crazy" or weak. However, unless their psychosocial disturbance is resolved relatively quickly, their distress may interfere with their ability to reconstruct their lives and shatter family and community relations. It may even lead to dysfunction and other debilitating emotional and behavioral conditions that will have devastating effects on the individual, their family, and their community.

## **FAMILY DISTRESS AND RECOVERY**

Staying for long periods of time in evacuation centers, forces displaced persons to confront their ordeal in an unrelenting way. In addition to the mental and emotional distress, they

have to bear with the loss of privacy in overcrowded temporary shelters. Moreover, poor sanitation, inadequate shelters and contaminated water may result in outbreaks of disease and lead to deaths.

Having to rely on government agencies and private service providers for relief rations and other basic necessities to survive another day, the evacuees also have to confront their loss of independence. In many cases, this situation aggravates the deterioration in self-esteem especially among those who were economically productive prior to their displacement. When usual family activities and economic preoccupation are disrupted, the authority of traditional breadwinners is also undercut, thus altering family dynamics. Women who lost their husbands at the height of the conflict are driven to take on roles usually culturally relegated to menfolk. Older children may also have to assume functions in the family inappropriate for their age. Subsequently, parent-child conflict and marital distress could arise.

An Iranun mother receiving psychosocial services from Balay in Parang, Maguindanao complained that her 8-year old son is a constant source of headaches to her since they returned to their village after the military left. Her boy, she observed, shouts back at her. It was also difficult for her to ask him to perform his usual household chores. The woman said that life had been doubly stressful for her since her husband died at the height of the armed conflict in their village. Aside from trying to earn

enough to feed her children, she has to face up to the responsibility of raising her family by herself. Feeling tired most of the time and uncertain over their future, she became unusually impatient and irritable which manifested itself in her attitude towards her children.

During a parent-child encounter, she realized that her stress has been getting on her boy's nerves and it was this that drove him to shout back at her. She also learned that her son felt irritated by her continual stream of orders, especially when he is studying. According to the boy, he was trying hard to catch up with the studies that he missed when they evacuated. He said that most of his friends were ahead of him now that gave him a sense of self-pity and shame. When given the chance to resume his education through Balay's educational assistance, he considered it as an opportunity to erase that stigma. His passion for his studies and the need of her overburdened mother for somebody to lighten up their family load has led to family stress which they eventually resolved through dialogue, counseling, self-awareness activities, scheduling of chores and household responsibilities, and livelihood assistance from their partner-NGO.

## **COMMUNITY DISCORD AND HEALING**

The destruction of communities and the sociocultural fabric of internally displaced persons also cut deep wounds in their hearts and minds.

People reel from the loss of their cultural activities and social identities. To evacuees, their mass exodus has separated them from their familiar world, or from a homeland where they draw their sense of safety and traditional subsistence, and where they find meaning in their lives as individuals and as a people. To many, the ensuing feelings of loss and grief drive them to doubt themselves and their capabilities to go on with their lives. They can also develop feelings of mistrust towards one another, especially to authorities and people they view as responsible for their misery.

In one community being served by Balay in North Cotabato, a schism developed in the harmonious cohabitation of Moro and the non-Moro population following a violent incident. As cohesion in the village was lost due to their displacement, the traditional divisions in the community along ethnic and religious lines resurfaced. Memories of social oppression and feelings of marginalization were exacerbated. Before their displacement, the Moros who are Muslims and the non-Moro Christian settlers who came from other parts of the country had been living together in that village as one community since the 1930s. They shared food, helped each other in tending their farms, respected each other's rituals, and allowed their children to play together. And being good neighbors whatever little misunderstanding that came their way was resolved in a non-antagonistic manner. Throughout the years, their community bonding grew stronger to

the point that interfaith and intercultural marriages became possible and acceptable among them.

But when armed conflict erupted in their midst, the Moros and the settlers separated and moved to different evacuation sites. Feelings of animosity emerged as they blamed one another in an effort to make sense of the tragedy that had happened to their community. Old neighbors refused to look one another in the eye. Friendships between Muslim and Christian children were broken. Balay counselors provided the occasion for the community to restore their respect and trust for each other. Through a peace camp, Moro and Christian children were given the chance to play with each other once more. Those who showed signs of deep-seated anger and hostility during the activities were diagnosed as needing sustained psychosocial intervention. They were subsequently processed with the help of their families. Through structured learning exercises and games, the children recalled the good memories of their community prior to their displacement. Their sharing of stories enabled them to make more sense of the tragic events that had overtaken their village and to realize the ties that bound them together as peace builders.

For the children's parents, the activity proved to be therapeutic as well. They bridged whatever reservations they had and participated in the preparation of the summer camp. Muslims and Christian parents offered to cook food for the children. Some built sheds where the games and

other activities were held. As their elders rekindled their ties with other community members, the kids were encouraged to restore their relations with one another.

Balay provided psychosocial care to other families and individuals who were experiencing prolonged bereavement and behavioral disorders. Family and group therapies were introduced. Trauma as a result of the violent incident was explained to community members. Orientation on psychosocial intervention was also given to them, while a number of volunteers completed a counselor's training. Human rights education and peer-counselors training were also extended to both adults and youth alike.

A year after Balay started its psychosocial work in the community, Muslims and Christian neighbors are visiting each other again. They also invite each other to join in the observance of each other's rituals. The children formed a Christian-Muslim youth organization. The adults organized a cooperative participated in by both Moros and non-Moros alike. As of 2003, preparations are underway for them to participate in a training on disaster preparedness and management where they can form coordinating committees to respond in an organized and collective manner in case another tragedy befalls their community. Though the villagers still feel anxious about the possibility of the recurrence of armed conflict, they have somehow managed to face their life one day at a time and get on with the usual flow of life and coexistence.

## **INTERRELATED EFFECTS**

The impact of armed conflict and internal displacement to individuals, families and communities are interrelated and inseparable. The trauma affecting the emotional and behavioral responses of an individual take its toll in one way or the other on the relationship between, or among, parents and siblings. Social disruption both reduces and interferes with the healing effects of the family and the community and is in itself an enormous source of stress on the individuals who make up the family and the community.

For many victims, these symptoms fade with time. But for many others, there may be longer-term emotional effects, both obvious and subtle, especially if no psychological intervention is introduced. As the days and weeks pass by in an evacuation center, a displaced person may begin to experience a wide variety of emotional disturbances such as chronic grief, depression, anxiety and guilt. Others may show signs of irritability and hostility. Some may demonstrate difficulties in controlling anger and suspiciousness. It is also not uncommon for traumatized evacuees to keep to themselves and shun other people. Sleep disturbances due to nightmares and flashbacks haunt many of them. During waking hours, the sights and sound of their ordeal may return to them as if the disaster is happening all over again, reinforcing their sense of helplessness and hopelessness.

## RESPONSE PATTERNS

There may be cultural variations in the precise patterns in which disaster-related symptoms appear but findings from ongoing Balay case studies on the psychosocial impact of internal displacement in seven armed conflict-affected communities in Mindanao indicate that the emotional responses to disasters are broadly similar. However, the degree of risk to adverse mental and emotional consequences tends to be influenced by a number of factors.

1. The more severe the disaster and the more terrifying the experiences of an individual, family or community, the greater the likelihood of intense and lasting psychological effects. Balay cases that have lost a family member or have come close to death themselves are seen to be suffering from more intense grief and abnormal bereavement than those who escaped from harm. Children who barely survived in the violent conflicts and those who lost their treasured personal belongings such as books, pets and school uniforms exhibit aggression and hostility. They also take more time to restore their social relations with other children.
2. The mental and physical consequences of a disaster that are intentionally inflicted by others, such as a military assault, are likely to be greater than those disasters which may have been produced by natural causes such as typhoons or floods. Many displaced persons

who come from villages destroyed by military operations blame soldiers and leaders from the national government for their misery. Those who returned to their place of origin and discovered that their homes and place of worship had been ransacked, vandalized or desecrated, harbor feelings of hatred, if not vengeance. These responses may not be as strong, if manifest at all, among survivors of extreme natural events such as floods, earthquakes and tsunamis.

3. In addition to the effects of internal displacement, the negative experiences of evacuees in temporary shelters, "tent cities," and other evacuation centers (malnutrition, epidemics, physical assaults, and other human rights violations) produce adverse emotional and behavioral effects and psychological disorders. An old Kalagan woman whose two sons were abducted by suspected military forces in Mati, Davao Oriental in the aftermath of their displacement suffered from shock. For months, she would not speak, spending her time staring blankly as tears welled in her eyes. She could hardly eat either. Her eldest daughter had to force food into her mouth. While her sons remain missing, she was able to get over her shock and depression with the help of her family and Balay counselors.
4. Being forcibly separated from a place that provides a source of security and subsistence prolongs

the trauma and retards self-healing. But contrary to the common notion, a disaster does not end for many displaced people after they have returned to their place of origin. They often remain in highly stressful, even repeatedly traumatic situations, especially if the armed men whom they considered as the cause of their oppression still occupy their villages. The lack of rehabilitation assistance to rebuild their lives and mend mental anguish reinforces their negative feelings about themselves and their ordeals.

5. The availability of a social support network — sympathetic clan members or relatives, friends, community, religious leaders and institutions, and partner service providers — reduces the likelihood of lasting emotional and mental trauma. In a number of “tent cities,” the evacuees who are mostly blood relatives share whatever meager rations they have. Others moved in with their relatives and friends in town centers that are relatively far from the sites of battle. Some political and religious leaders offered their land as temporary settlement sites for the displaced, such as in Aflek in T’boli, South Cotabato and in Simuay, Sultan Kudarat in Maguindanao. The ustadzes, imams and datus can often contribute to strengthening the moral and spiritual resilience of their displaced constituencies. Wherever accessible, the madrasas or Arabic schools provide continuity in the form of the

intellectual, religious and social education of children and youth. In Sirawai, Zamboanga del Norte, the literacy and numeracy program initiated by Balay served to enhance the coping resources of the displaced Kolibugans and contributed to rebuilding family and community solidarity.

Many of those who have survived and coped with a similar kind of disaster in the past, such as those who have repeatedly experienced or been exposed to armed conflict and internal displacement show more resilience in confronting their ordeal. A number of Moro evacuees in an evacuation center in Maguindanao indicated that they had become “immune” to such tragedies, suggesting that they had come to accept it as a consequence of the military response to their aspiration to have an independent homeland.

Since armed conflict-induced disasters and internal displacements affect different individuals, families and communities to different degrees, and because many of the psychological effects of displacement are created or affected by the direct social and economic circumstances, responses to this kind of disaster ought not to be purely physical, psychological nor economical relief, but psychosocial as well.

## **PSYCHOSOCIAL INTERVENTION**

In responding to a catastrophic event, when would be the best time to conduct psychosocial intervention? In the aftermath of an armed conflict

and internal displacement, it is seldom that a victim is found to be in a stable mental state. What matters most to the evacuees immediately after escaping death and leaving their homes behind is direct concrete relief. Psychosocial intervention during this period should be directed at meeting their urgent need for access to food, water, clothing and shelter. Many of them may also need immediate medical attention, physical safety and security. Families that are separated require reuniting. The whereabouts of bodies of dead family members or relatives must also be determined and recovered as soon as possible to be given proper burial rites. Providing these immediate support services contributes to the stabilization of their physical conditions and mitigates their mental and emotional suffering. Failure to do this, however, only reinforces their distress and heightens the trauma caused by their forcible displacement.

Disaster management experts call this phase the "emergency period." At this point, the conduct of relief, medical and psychosocial missions is most desirable and timely, but not necessarily easy. Schoolhouses, government buildings, places of worship, or public parks serving as evacuation centers or "tent cities" are always teeming with people. Many of them will be seeking help, sometimes at the point of clawing at each other to get their share of whatever relief rations are offered. Some may be hanging around just to exploit the situation, even if they are not actually victims. Others are present only to satisfy their curiosity. The efforts of the service providers to provide a

sense of order and control the possible occurrence of an untoward incident are part of creating safety for the victims. Not being able to do so this only invites chaos and reinforces the trauma of displaced persons.

## **DISPLACEMENT AFTERMATH**

In the days following displacement, some victims may begin to show signs of severe distress such as intense anxiety or panic, uncontrollable crying, disorientation, or incoherence which creates more discord in their already difficult situation. At this point, psychosocial workers may provide "psychological first aid" to comfort them and reduce their stress. Letting victims express their feelings and regain a sense of control can be a big help, as does facilitating stress reduction exercises. Helping victims get in touch with family members, neighbors, and friends who can make up their own "comfort zone" and restore their social or emotional support system shores-up their coping resources and prevents the further deterioration of their emotional and mental state.

Many evacuees are not immediately receptive to psychosocial intervention, days or weeks after their displacement. Some are too dazed to respond to debriefing, and would rather try to make sense of the disaster in an introspective way. Some claim that they do not need help at all, especially those who are in denial. Others are simply unaware that what they are going through emotionally, mentally and behaviorally is indicative



of trauma that ought to be processed. Many tend to view the psychosocial workers or community counselors with mistrust, particularly if they are "outsiders" who came from other places, who do not speak their language or practice their religion.

There are a host of psychosocial interventions appropriate at this stage in the aftermath of a disaster. The principle to be observed is that the responses of service providers match the phase of emotional needs and relief requirements of the displaced persons. At this point, focusing on the identification of those that require a therapeutic partnership and sustained intervention to reduce emotional, psychological or behavioral dysfunction is essential. Some of the measures undertaken by Balay at this phase are:

1. To identify those who show signs of intense distress and are in need of prolonged services. The priority is those who have lost a loved one or treasured possession and are suffering from grief trauma, intense anxiety and maladaptive behavior. Others are those who have come close to death themselves or have seen somebody close to them die.
2. To detect and diagnose traumatized evacuees through "area scanning," profiling of communities and direct victims, and trauma diagnosis using standard documentation tools. This may be done in a number of ways such as, but not limited to, individual and family interviews, home visits, community

assemblies, dialogue with the council of elders and religious or political leaders, meeting with village officials and youth camps.

3. To establish a healing alliance with individuals, families and communities for focused psychosocial intervention. Once partnership is ensured concrete support that matches the needs and intervention goals of the caseload are provided. This includes debriefing, defusing and other crisis intervention approaches, trauma awareness education, educational assistance, livelihood support, and medical and health assistance.
4. To conduct conflict mediation, peace camps, community education, disaster management training, human rights awareness programs, training of community-based counselors, assistance to community organizing and advocacy.

### **CONTINUING INTERVENTION**

Many internally displaced persons in Mindanao remain in evacuation centers for months, even years. While government agencies regard most of them as already having resettled for fear of returning to their place of origin, their environments can not be exactly considered as permanent. In fact, their situation is far from ideal for complete healing. Nevertheless, there are ways wherein individuals and families can be encouraged to create a semblance of "normal" life.

Even within the evacuation center, people can work at keeping their family ties intact and adjust to their new family dynamics. Though coming from different villages, they can also be assisted in building new structures for their "community of displaced persons." This may involve worshipping together and engaging in other meaningful social interaction. They can engage in collective farming, provide camp security, and participate in rituals and recreational or cultural activities. An evacuation camp can also provide an opportunity to learn new skills for alternative source of subsistence. Children can be assisted in continuing their education in the public schools. Arabic schools or madrasas can also be built in their

evacuation centers for those who want to pursue their religious, cultural and educational enrichment.

Psychosocial work at this phase helps in the reconstruction and rehabilitation of displaced persons and aids them to take hold of their lives in the evacuation center. Through the provision of such services, it is hoped that displaced persons will be able to eventually return with dignity to a peaceful community of their own choice. A community, that is, where they can truly rebuild their lives according to their cultural and political preference, and determine their own development in a way that helps them rediscover meaning in their lives as individuals and as a people.