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Aspects of loss and coping among internally displaced populations: Towards a psychosocial approach

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Introduction

This chapter aims to explore resource loss and coping strategies among internally displaced women in the Republic of Georgia (hereafter referred to as Georgia). Internally displaced persons (IDPs) are defined as persons who have been forced to flee their homes as a result of, or in order to avoid, the effects of armed conflict, situations of generalized violence, violations of human rights, or natural or human-made disasters (Kälin, 2008). They differ from refugees as the latter cross state borders, although IDPs often leave their homes for the same reasons as refugees.

The motivation to explore resource loss and coping among internally displaced women is driven by gaps in the existing literature. First, much existing literature focused on mental-health status among populations residing in post-conflict areas employs a narrow definition of mental health, using a trauma-focused orientation (Steel et al., 2009; Miller and Rasmussen, 2010; Ager, 2014 – and see Chatterjee et al., and Krause and Sharples, in this volume). Second, there is a paucity of research devoted to understanding how conflict-affected populations cope in response to exposure to trauma and loss. Moreover, much of the existing research on coping mechanisms among conflict-affected persons focuses on refugees residing in high-income countries, even though most such persons live in low- and middle-income countries (LMICs) (UNHCR, 2017). Third, IDPs remain neglected in research on war-affected populations even though there are substantially higher numbers of IDPs than refugees worldwide.
Fourth, evidence suggests that conflict-affected men and women in LMICs experience conflict and cope in different ways from each other (Seguin and Roberts, 2017). This may stem from the different sorts of trauma faced by men and women at different stages of a conflict, and the resources available during and after war (Dahl et al., 1998; Kottegoda et al., 2008; Annan and Brier, 2010; Feseha et al., 2012).

To address these gaps, the following research questions direct the chapter: What are the losses experienced by internally displaced women in Georgia (and other IDPs)? How do these women and other war-affected groups cope with these losses? Are there differences according to gender? Such questions lend themselves to a psychosocial approach to mental health, by focusing on agency rather than victimhood, on promoting resilience among conflict-affected children (see Krause and Sharples, this volume) and on the wide social context that shapes both losses suffered and reactions to loss among IDPs.

A psychosocial approach to addressing mental-health needs examines the economic, social and cultural influences on mental health, acknowledging local understandings of distress and the long-term impact of conflict on mental health (Pedersen, 2002). The daily stressors caused by the effect of conflict on income, housing, education, social and cultural networks and practices are examined, rather than focusing on the short-term impact of trauma alone (Summerfield, 1999; Miller and Rasmussen, 2010). Those adhering to the psychosocial paradigm view refugees and IDPs as agents possessing skills and strengths rather than as passive victims (Miller and Rasco, 2004). This orientation favours non-medical interventions for mental-health problems, based on the assumption that the mental-health impact of armed conflict is largely or completely mediated by the stressful social and material conditions that it creates. Measures such as providing jobs, reuniting families, and creating effective justice and education systems are viewed as appropriate treatment responses for populations affected by war (Silove, 2005). In contrast, the trauma-focused paradigm focuses on exposure to violence associated with war and the measurement of mental disorders – most notably, Post-Traumatic Stress Disorder (PTSD) (Ingleby, 2005). This approach is characterized by a universalist understanding of mental disorders based on the Diagnostic and Statistical Manual of Mental Disorders. A movement toward a synthesis of the two approaches has been noted (Miller and Rasmussen, 2010) and promoted in guidelines on mental health and psychosocial support in emergency settings from the Inter-Agency Standing Committee (IASC, 2007). The guidelines recognize that people affected by emergencies have diverse outcomes;
while some may develop mental-health disorders and require specialized treatment, others may retain good mental health or require only limited support.

The Georgian context

Georgia is a strongly agricultural society, with almost half of the population living in rural areas and depending on subsistence and semi-subsistence farming for its livelihood (Pelkmans, 2006). Displays of generosity and hospitality are important elements of Georgian culture, reflected in the widely held sentiment that ‘Guests are a gift from God’. Rituals such as feasts, toasts and gift-giving reinforce national values, and symbolize individual and family social standing within communities (Muehlfried, 2007). The Georgian Orthodox faith is central to the identity of many Georgians – as demonstrated by frequent church attendance, the high status of the Georgian Orthodox patriarch and the strict observance of various religious practices. Strong ties of ‘brotherhood’ are prevalent among Georgian men, forming spiritual kinship that bestows benefits as well as obligations on members (Frederiksen, 2013: 9).

In conjunction with this strong commitment to the Orthodox faith, Georgia has long been ethnically heterogeneous, composed of a diversity of groups each with distinct traditions, manners and languages (Pelkmans, 2006). The Ossetians are one such group, living in an area that spans Russia and Georgia (North and South Ossetia). South Ossetia comprises 3,900 square kilometres, amounting to 5.6 per cent of the total area of Georgia.

In 1921, Georgia was invaded by Soviet Russia and became absorbed into the Union of Soviet Socialist Republics (USSR). The South Ossetian Autonomous Region was created in 1922, with borders drawn to include several communities composed primarily of ethnic Georgians (Souleimanov, 2013). There were no armed conflicts between ethnic Georgians and South Ossetians in the South Ossetian Autonomous Region during the Soviet era; the two groups lived side by side in a patchwork of villages with high rates of intermarriage. Men’s roles in Georgia during this time revolved around supporting loved ones as the family breadwinner. Despite efforts to create a ‘New Soviet Woman’ who would equal men in the workplace (Crate, 2004), traditional patriarchal gender relations were deeply held in Georgia throughout the Soviet era.

As the Soviet Union started to disintegrate in the late 1980s, there were calls for Georgian independence from the USSR and South Ossetian
independence from Georgia. Tensions over South Ossetia’s declaration of independence lead to a war in the territory that resulted in several thousand casualties and approximately 10,000 displaced persons, who fled either north to North Ossetia or south into Georgia proper (Asmus, 2010). Ethnic Georgians were largely driven out of the South Ossetian capital of Tskhinvali, with some resettling in undamaged Georgian villages near the capital. A Moscow-brokered ceasefire between South Ossetia and Georgia was signed on 24 June 1992, and demilitarized zones between South Ossetia and Georgia were established. These were to be patrolled by peacekeepers from the newly formed Commonwealth of Independence States and United Nations monitors. Far from being neutral observers, however, the peacekeepers installed in South Ossetia were dominated by Russia, which had itself been part of the conflict that fuelled the need for peacekeepers. In practice, post-conflict South Ossetia was largely run by Russian military and intelligence services while still officially Georgian territory (ibid.).

During the war, the Georgian Parliament declared independence from the USSR on 9 April 1991. A chaotic transition period commenced, characterized by a deep recession that caused a dramatic decline in living standards and the deterioration of the health system to the point that it failed to function into the 1990s (Gotsadze et al., 2005; Scott, 2007). In 1995, a Health Care Reform Package was introduced in Georgia that ushered in health insurance and user fees (Rukhadze, 2013) – part of a ‘rationalization’ process that radically privatized the health system, which decreased care affordability and quality (Machavariani, 2007).

The next major conflict in South Ossetia occurred from 7 to 12 August 2008. North of Tskhinvali, entire Georgian villages were completely razed as Russian troops entered Georgia through the Roki tunnel (Tsereteli, 2014). It is estimated that 850 people (half of them civilians) were killed in the war and several thousand wounded (de Waal, 2010). At least 158,000 ethnic Georgians and Ossetians fled South Ossetia and the bordering areas, amounting to over half the population of South Ossetia (IDMC, 2009). The vast majority of those displaced were initially accommodated in the Georgian capital, Tbilisi, in public buildings such as schools and universities, and then were settled in the central Shida Kartli region, of which the city of Gori is the capital. A ceasefire was signed on 12 August 2008 and hostilities ended. In the final months of 2008, many of those who were displaced from the ‘buffer’ zone bordering South Ossetia returned to their homes – as did ethnic Ossetians, who fled alongside ethnic Georgians (IDMC, 2009). However, a substantial group of ethnically Georgian IDPs was unable to return home, with
2009 estimates ranging from 37,000 (IDMC, 2009) to 40,000 (de Waal, 2010), and 17,000 in 2012 (IDMC, 2012). As of the writing of this chapter, Georgia remains locked in a frozen conflict with South Ossetia, with many Georgians displaced by the 2008 conflict still unable to return to their places of origin.

From November 2012 to February 2013, I supervised two female Georgian research assistants as they conducted 42 semi-structured interviews with internally displaced Georgian women. All interviewees resided in one of three IDP settlements near the Georgian city of Gori. The purpose of these interviews was to explore resource loss and coping strategies of the women. Below, I share Latavri’s story, a personal account reflecting historical developments in South Ossetia leading to the 2008 war.

**Latavri’s story**

Latavri was the eldest participant in the study, aged 73 at the time of the interview. She introduced herself at the beginning of her interview:

> I was born in [a village in South Ossetia] in 1940. I was 1 year old when my father went to war, World War II and he never came back. I was the only child in my family and my mother devoted her life to me. By a twist of fate, I married an Ossetian.

When asked by the interviewer to tell her about the events that led to her living at Skra IDP settlement, Latavri stated:

> Well, I’d like to say that these events didn’t start in 2008. It all began long before … I don’t know. This is my opinion. This is what I think. When the Soviet Union was about to collapse … I’m not a politician or anything, but I’d like to tell you about what was going on in Tskhinvali at the time. Ossetians used to hold demonstrations in Tskhinvali. They didn’t want to live with Georgians. They didn’t want to be part of Georgia. I could tell it from their banners and everything. From my private conversations with them too, of course. Everything was against Georgia. They wanted their own republic. … It all began during the 90s. In 1989, to be more precise. After this, life there got harder … So, I’m saying that this war didn’t start in 2008, but a long time before. The situation had been growing worse
until it escalated into the war in 2008. But even before 2008, things were so tense that we were standing at the verge of war.

Latavri then reflected on the impact of these political developments on her day-to-day life in South Ossetia, including danger to her personal safety and difficulty in conducting animal husbandry:

There were nine Georgian villages. There was no road or anything. Sometimes they would close the road through Tskhinvali. Sometimes they would let us pass through it. They used to stop buses and capture people. I don’t know. We’ve been through a lot. I think anyone can prove it. We’ve been through hard times. They used to shoot at us. Our gorge was surrounded by mountains and their roadblocks or something, I don’t know, they were located uphill … They would shoot at us from there. We were in a really difficult situation. Many houses were destroyed by missiles. Everything was being destroyed. Herdsmen couldn’t put livestock to pasture because Ossetians would kidnap both their cattle and herdsmen themselves. This family from Kekhvi here lost a member when he was putting livestock to pasture; four people from Dzartsemi were killed too, they were also kidnapped when they were putting their cattle to pasture. So, things like this used to happen … Younger people used to leave the region with kids, older people would stay there, then they would return but what these Russians and Ossetians did in 2008 was too much. It was just too much.

Reflecting on the loss resulting from the war, Latavria shares:

It's all lost. I was 69 years old at the time. Everything my mother, my grandfather, my ancestors had worked for – and we had earned something too – was lost. We were left without anything … When we wake up … Well, I don’t know. I discuss things with other women and I know that we all face the same difficulties. So, we wake up thinking. We look around and think all the time. Personally I and everybody else. So, thinking. Thinking about our village, our corner, our burnt down houses. We go to sleep and dream about being there. Our flesh is here but our soul stayed there … Now, my dear, when I look back at things, it seems that our life was a bed of roses, not a bed of problems. We had jobs. We had gardens full of fruit trees and everything. We had income … We owned livestock, chickens, pigs … We had everything.
The loss described by Latavri resonated in other women’s accounts, as outlined in the section below.

Resource loss among conflict-affected groups

I frame the losses experienced by internally displaced Georgian women drawing on the Conservation of Resources (COR) theory (see also Seguin et al., 2016). The central tenet of the theory is that ‘people strive to retain, protect, and build resources and that what is threatening to them is the potential or actual loss of these valued resources’ (Hobfoll, 1989: 516). Groups of resources tend to develop or decrease in aggregate in ‘resource caravans’ (Hobfoll, 2012). Thus, the loss or gain of an important resource has a comprehensive, multilevel impact on other resources. Whether resources increase or decrease depends on external factors largely outside an individual’s control that ‘support, foster, enrich, and protect the resources of individuals, families, and organizations, or that detract, undermine, obstruct, or impoverish people’s resource reservoirs’ (ibid.: 229). Sudden losses associated with traumatic events usually have a severe initial impact followed by resource loss and psychological distress, each of which makes the other worse over time (Hobfoll et al., 2009; Heath et al., 2012). Where entire groups have faced trauma, aggregated individual resource losses can manifest as a loss of social capital across an entire community (Ritchie, 2012).

The theoretical tenets above resonated with my data on internally displaced Georgian women. The war-related traumatic events that they experienced while fleeing and in the immediate aftermath of the war (displacement, exposure to combat, separation from family members, and food and shelter challenges) were referenced as causing fear, sleeping problems, neurosis and aggression. However, it was the farther-reaching impacts of the war, beyond the initial trauma, with which women were mostly concerned. Displacement and the loss of property that it entailed had a comprehensive, multilevel impact on other resources: on livelihood, social networks, and physical and mental health. Below, I discuss each of these elements in the ‘loss caravan’.

The circumstances produced by the war (notably, prolonged displacement, poverty and its effects) were viewed by the women as detrimental to their mental health. The poverty in particular was a source of constant stress. The loss of their property was deeply felt, not only due to the financial security that the land represented but also due to the sentimental attachment and decades of work invested in their farms.
Moreover, the inability to visit graves and carry out various rites (visiting the deceased on significant dates over the year) was a bitter affront to their Orthodox faith. Georgian IDPs have referred to the loss of their native land as a 'lost paradise', underscoring their deep and passionate attachment to their villages of origin (Makhashvili et al., 2010). The multiple paths to mental distress have been noted in other war-affected groups. The loss of access to land and traditional economic roles among Mozambican refugee women has been linked to decreased self-worth, confidence and status (Sideris, 2003). In a study on social determinants of health among IDPs in northern Uganda, B. Roberts et al. (2009) found that displacement from property led to impoverishment, which in turn led to mental health losses – and a similar pattern has been observed among IDP Palestinian women in the West Bank (Al-Khatib et al., 2005).

A deterioration of social networks was interrelated with these losses in livelihood and mental health. Many women viewed their IDP settlements as insecure and unfamiliar, with formerly proximal friends and family now far away. They frequently contrasted their current settlements with their villages of origin, which they characterized as cohesive and familiar (though physically unsafe). A lack of ability to afford gifts socially necessary for visits presented a barrier to maintaining contact with formerly close family and friends, along with the inability to pay for transportation for such visits. Such challenges were often implicated in the deterioration of social networks.

Physical-health losses were also apparent. Such losses were attributed by the women to the conditions in IDP settlements, with dampness, mould and poor water quality blamed for causing respiratory and joint problems. Physical-health ailments were also seen as resulting from mental-health problems (most commonly, from excessive worrying) and from financial difficulties that prevented the purchase of medication. Such linkages have been noted elsewhere: Roberts et al. (2009) observed similar pathways to poor physical health among IDPs in northern Uganda, and participants in the research of Mark Eggerman and Catherine Panter-Brick (2010) drew a link between poverty and poor physical health. The losses of livelihood and physical and mental health are interrelated; the former leads to a deterioration in physical health due to the inability to afford medical care and mediation. Poor physical health was also viewed as being caused by poor mental health, with 'worrying too much' commonly perceived as causing health problems.

The widely documented lack of access to health services reported by the participants exacerbated losses in physical and mental health. The largely privatized healthcare system in Georgia primarily relies on
out-of-pocket payments from citizens to fund services (Rukhadze, 2013), which deters citizens of low socio-economic status from seeking medical treatment and accessing pharmaceuticals (Karavasilis, 2011). This barrier seems to persist even though insurance is covered for households living below the poverty line (Rukhadze, 2013), which includes most IDPs. The lack of outpatient psychiatric clinics in rural Georgia and poor quality of care in rural compared to urban clinics constitute further barriers to mental-health treatment (Makhashvili and van Voren, 2013).

Although mental-health issues resulting from war-related trauma have been the focus of much research, the findings outlined above underscore the impact of other loss trajectories (loss of employment, social networks and physical health) on mental health. Internally displaced women in Georgia attempted to mitigate these losses in a wide variety of ways, as summarized in the next section.

Coping strategies among conflict-affected groups

The coping responses reported by IDP women in Georgia are here interpreted according to a typology of coping domains that encompasses problem solving, support seeking, escape avoidance, distraction and positive cognitive restructuring (Skinner et al., 2003; Seguin et al., 2017). Where relevant, I include women’s thoughts on the differences in coping strategies between men and women in their IDP settlements. Throughout, I contextualize the findings on internally displaced women in Georgia in relation to findings obtained elsewhere.

Problem-solving coping strategies were the most common types of strategy reported by the respondents, and included seeking employment and working, budgeting, and adopting new roles and responsibilities. Engaging in problem-solving coping strategies generally yielded a sense of hope and relief among respondents, consistent with the findings of a systematic literature review on coping strategies used by conflict-affected persons in LMICs (Seguin and Roberts, 2017). The willingness among internally displaced Georgian women to take on work that is perceived as unappealing resonates within other studies on war-affected women residing in LMICs. For instance, a study on Liberian refugee women in Ghana observed that they were commonly engaged in ‘inconsistent subsistence’ economic activities, comprising tasks such as hair braiding, selling water and produce, and washing the clothes of others in order to generate income to survive (Hardgrove, 2009). The majority of these women were unable to access work similar to their previous roles in
Liberia – especially those who were trained professionals, such as teachers or nurses.

Women often compared their problem-solving coping strategies with the coping strategies enacted by their male counterparts. The women often stated that they were much more willing to take on petty, temporary and unappealing work than male family members were. Because of this phenomenon, many of the women interviewed felt very strongly that their roles in the displacement era had expanded, with some reporting that they had taken over the breadwinning role in their families from males. Expanded roles among conflict-affected women observed here have been reported in other contexts (Bennet et al., 1995; El-Bushra, 2000; Tummala-Narra, 2004; Saragih Turnip and Hauff, 2007) and in the case of Georgians displaced in conflicts during the 1990s. A study on the latter observed that displaced Georgian women worked determinedly to provide for their families, turning to petty street trade and seasonal agricultural work (Buck et al., 2000). Male counterparts to these women were seemingly unwilling to engage in these income-generating activities, instead reportedly passing time in collective IDP centres with other men, drinking alcohol and socializing (Vivero Pol, 1999). A survey in 1998 concluded that women provided the main sources of income in 72 per cent of IDP families in Georgia (Zurikashvili, 1998). The trends observed in the 1990s have again become apparent with IDPs displaced in/since 2008. Internally displaced Georgian women have observed that men have been doubly traumatized, by the conflicts of the 1990s and in 2008 – first by the war (and the associated loss of territory), and second by the lack of livelihood in the post-conflict era (and loss of the breadwinner role). These losses and trauma are not unique to Georgia. For instance, angry reactions to such losses have been noted among male Burundian refugees in Tanzania (Turner 1999).

Many internally displaced women turned to a variety of sources of social support in response to having lost the social networks described above; this is consistent with the wider literature on coping strategies among war-affected groups (Seguin and Roberts, 2017). In particular, relationships with cherished family members – and, specifically, children – were sometimes held up as the only worthwhile thing left in life. As Nino Makhashvili et al. (2010) note, in Georgia children are viewed as the most important part of the community.

Reaching out to peers is also commonly reported in other studies on war-affected groups. In the current study, the support shared by and with ‘old’ neighbours (that is, neighbours from the IDPs’ pre-displacement villages) was of paramount importance, as is reflected elsewhere (Almedom,
Drawing support from priests and other religious figures was frequently reported by the respondents in this study, mirroring reports across the coping literature on war-affected persons in LMICs (Almedom, 2004; Hardgrove, 2009; Fiddian-Qasmiyeh and Ager, 2013). Only a minority of the respondents mentioned reaching out to mental-health counsellors, psychologists or psychiatrists as strategies to address problems. This finding is reflected in other studies, which suggests that appealing for social support from friends, family, neighbours and community members is preferable and a more common way for war-affected persons in LMICs to deal with trauma and loss than resorting to specialized services (Ruwanpura et al., 2006). As Daya Somasundaram (2010) states, social support from family and reliance on social networks more generally is a vital protective factor against poor mental health – especially in non-Western more ‘collectivist’-orientated cultures. Similarly to problem-solving coping strategies, the respondents felt that support-seeking coping differed between the men and women in their settlements. In fact, these differences were among the most heavily emphasized when questions were asked about how men’s and women’s coping strategies differed. Respondents widely felt that women readily engaged in seeking support while men tended to conceal their hardships from others.

Distraction techniques reported by internally displaced Georgian women included reading and watching TV, as well as doing housework. They also distracted themselves through visiting others (overlapping with support-seeking strategies) and seeking employment, working and gardening (overlapping with problem solving). Some Georgian women reported using escapist or avoidant techniques, such as giving up on problems, isolating themselves physically and/or emotionally, crying and engaging in wishful thinking. These tactics represent attempts to avoid unwanted experiences. Makhashvili et al. (2010) suggest that avoidance coping resembles ‘typically Georgian’ ways of dealing with painful memories.

Internally displaced Georgian women saw a large difference between their own avoidance and distraction coping strategies and those used by their male counterparts, which largely centred on the consumption of alcohol. Men socializing and drinking in groups throughout the day was a source of frustration for many of the women, with many reporting that men’s alcohol use was very high and had increased after the war. These developments were given as evidence of shifting roles of men in the community, and were viewed as driving women to engage in problem-solving coping strategies by seeking and taking on paid employment. Alcohol
use was contrasted with women’s distraction techniques, which tended to focus on seeking employment and working, gardening for distraction, engaging in housework, reading and watching TV, and visiting others.

A range of positive cognitive-restructuring techniques, defined as changing one’s perspective of a stressful situation in order to see it in a more positive light (focusing on the positive rather than the negative, adopting an optimistic viewpoint, downplaying levels of distress) (see Skinner et al., 2003: 242), were reported by internally displaced Georgian women. Many women recounted their own difficulties and losses, but then often stated, ‘but others have it much worse’. Focusing on mental strength was another cognitive-restructuring coping technique reported. The women were proud that they had met the challenges that life had presented so far, contributing to a sense of confidence as they reflected on how far they had come. Concentrating on the future rather than the present was also commonly reported among the respondents, reflected in statements about their hopes for children’s prospects.

Coping through faith was nuanced, with women drawing on several aspects of religion in order to cope. Respondents reported that faith enabled them to find meaning in hardships and/or war-related events. For instance, several women viewed the war and displacement as ‘God’s plan’ – thereby assigning an inevitability to the events, which conferred comfort. The meaning-making function of faith-based coping has been reported elsewhere (Ebadi et al., 2009; Hardgrove, 2009; Eggerman and Panter-Brick, 2010; Thomas et al., 2011). Faith also imparted a sense of strength to respondents. Numerous comments such as ‘God gives me strength’ and ‘God makes me stronger’ reflect research findings among other female (Badri et al., 2013) and mixed-gender war-affected groups in LMICs (Ruwanpura et al., 2006). Reliance on the Georgian Orthodox faith emerged as a cross-cutting theme throughout the data, functioning as a medium through which to access social support and engage in problem solving through prayer or reaching out to others of the same faith. Faith also acted as a prism through which to view events as ‘God’s plan’. Activities associated with faith, such as attending church and engaging in religious rites, equally served as avoidance and distraction coping strategies.

**Conclusion**

In this chapter, I have argued that a psychosocial approach is particularly relevant for understanding the experiences of internally displaced Georgian women, due to its long-term focus and attention to daily stressors
caused by the effects of conflict. Although traumas associated with the war were certainly mentioned by the women who participated in this study (as well as issues that might be symptoms of depression or anxiety disorder), the daily challenges associated with displacement were much more pronounced: these included the loss of income, belongings, ability to grow food, and opportunities for children. As noted by Kenneth Miller et al. (2008) and Mark van Ommeren et al. (2005), the mental-health impact of armed conflict is mediated by the stressful social and material conditions that it creates. This finding speaks to the need for interventions to be developed from a psychosocial standpoint rather than a trauma standpoint, including through providing jobs, reuniting families, and creating effective justice and education systems.

While refugees are entitled to protection from host national governments and the United Nations High Commission for Refugees, there is no legal obligation for the extension of such rights to IDPs. As a result, IDPs have been marginalized from international humanitarian relief and support (United Nations, 2005: 5). Although efforts have been made to improve the protection of IDPs over the past decade (UNHCR, 2008), they still generally experience less protection and social support than do refugees (Hampton, 2002). This context perpetuates an unequal and arbitrary distribution of resources between IDPs and refugees, though the former often leave their places of origin for the same reasons as the latter.

This chapter focused exclusively on women forcibly displaced by war, rather than both men and women, due to the higher burden of poor mental health in post-conflict settings borne by women (Johnson and Thompson, 2008; Steel et al., 2009), which may stem from the different types of hardships faced during displacement and/or cultural mores framing the treatment of women. These gender-based differences must be acknowledged in order to implement interventions that will be effective in supporting the coping strategies of forcibly displaced women. The evidence base on coping strategies of war-affected groups would benefit from future studies taking a gender-sensitive approach and focusing separately on both female and male participants. Moreover, future work guided by intersectional lines of analysis (see Fiddian-Qasmiyeh, 2014) would equally represent an advancement in the understanding of the day-to-day struggles and coping strategies of conflict-affected women in diverse contexts.
Note

1. For discussions on the significance of religion, faith and spirituality in diverse contexts of conflict and displacement, see the chapters by Fisher et al. (on Yezidi IDPs in Iraq), Mole (in relation to queer Russian asylum seekers’ claims for protection in Germany) and Fiddian-Qasmiyeh (on faith-related assistance by and for refugees in Lebanon), in this volume.

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