

# **REPORT ON FIELD RESEARCH CONDUCTED IN DADAAB REFUGEE CAMPS (16.05.05 – 01.06.05)**

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## **ACKNOWLEDGEMENTS**

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*This research is dedicated to the people of  
Ifo and Hagadera Refugee Camps*

## EXECUTIVE SUMMARY

Field research conducted in Dadaab Refugee Camps in May/June 2005 is a part of PhD research entitled “Invisible Victims of Human Rights Crusades: Collateral Effects or the New Wretched of the World?”. The research aims to explore socio-psychological consequences of military humanitarian interventions through the study case of UNOSOM/UNITAF operations in Somalia in 1992-94.

The main objectives of the investigation in Dadaab were to identify the victims of UNOSOM/UNITAF intervention in Somalia, to identify different types of victimization and to identify social and psychological consequences of such victimization.

Methodology was flexible and multidimensional, it included in-depth and standard unstructured interviews, life stories, participant observation, informal conversation, spending time with people and collection of relevant poems writings and pictures.

The findings of this study show the presence of significant negative effects of the UNOSOM/UNITAF operations in Somalia. These negative effects can be classified according to different criteria. The TYPES of victimization include: death, mutilation, torture, rape, humiliation. According to the INTENTION of the intervening forces, it is possible to distinguish between intentionally and unintentionally provoked traumatisations. According to the type and degree of victims involvement, it is possible to differentiate between witnessing, bereavement and direct involvement. Finally, the consequences of the negative effects of UNOSOM/UNITAF operations include: physical disability, mutilation, PTSD, depression, anxiety, “madness”, loss of hope, loss of trust.

It is recommended that individuals, institutions and organisations dealing with Somali refugees deepen their understanding of different types of traumatisations affecting Somali

people and comprehend socio-psychological and behavioral consequences of such  
traumatisation.

## INTRODUCTION

### About CARE Kenya

CARE has operated in Kenya since 1968. As part of Kenyan civil society, CARE has contributed to poverty reduction in the country for 32 years and is among the largest, most reputable and longest serving NGO's.

CARE Kenya is part of CARE Canada, which in turn is one of the 10 National Members of CARE International. CARE International has a presence in over 60 countries, which enables CARE Kenya to be part of the global development force.

Working in close collaboration with partner organizations, the Government and the private sector, CARE Kenya currently incorporates our mission which is to reduce poverty at household levels and to provide relief in emergencies into action. Currently, it has established four sectoral priorities, namely HIV/AIDS; Civil society engagement; Commercialization of smallholder agriculture and Disaster relief and mitigation.

### CARE Vision

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.

CARE International will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty

### Mission and Core Values

Within the CARE International system, CARE Kenya reports to CARE Canada. Over the last 34 years, CARE Kenya has provided humanitarian and development assistance to numerous Kenyan communities. Working in close collaboration with partner organizations and the Government. Our mission is to serve individuals and families in the poorest communities, facilitating lasting change by:

- Strengthening capacity for self-help,
- Providing economic opportunity,
- Delivering relief in emergencies,
- Influencing policy decisions at all levels, and
- Addressing discrimination in all its forms.

Over the last 34 years, CARE Kenya has provided humanitarian and development assistance to numerous Kenyan communities. Our core values are justice, excellence, commitment and respect. See the program overviews section for more information.

## PROBLEM STATEMENT

No relationship appears to be more paradoxical than that between force, in particular war, and morality.<sup>1</sup> Yet both the use of force and the moral appreciation of human life are among the most universal characteristics of human societies. In the context of renegotiation between force and morality the structuring concept of war as “the continuation of politics by other means”<sup>2</sup> has largely been replaced by the one of *intervention* intended as “effective use of limited force”<sup>3</sup> aimed to implement or protect moral concepts such as, for example, human rights. From the moralist standpoint, however, the use of force appears controversial. Besides theoretical incompatibility with principal moral assumptions, the use of force often generates intended, unintended and accidental human victims. In the case of military intervention in the name of human rights, infliction of human suffering appears even more paradoxical: not only it questions the moral basis of the use of force; furthermore, by generating human victims, military humanitarian intervention violates the very subject of human rights: human beings.

The aim of this research is to reveal and analyze practical and theoretical implications of the paradox embedded in the fact that the use of force in the implementation of human rights generates human victims. Theoretically, the paradox may be expressed in the following way: since the subject of human rights is universal, individual, and includes every single human being, humanitarian intervention that generates human victims violates the very subject of human rights. At the practical level, the paradox concerns peculiar powerlessness of the victims of humanitarian intervention: a) difficulty to identify the perpetrator; b) frustration generated by association of the perpetrator with morality of human rights; c) impossibility of complaint since human rights are ‘the last resort’<sup>4</sup>; d) socio-political invisibility since the victims are often regarded as inevitable ‘collateral effects’ of the humanitarian intervention.

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<sup>1</sup> For further information see Moore, J. *Hard choices : moral dilemmas in humanitarian intervention*, Lanham : Rowman & Littlefield, 1998

<sup>2</sup> Hassner, P. “From War and Peace to Violence and Intervention: Permanent Moral Dilemmas under Changing Political and Technological Conditions” in Moore, J. *Hard choices : moral dilemmas in humanitarian intervention*, Lanham : Rowman & Littlefield, 1998: page 11

<sup>3</sup> *Ibid.*, page 11

<sup>4</sup> See Donnelly, J. *Universal Human Rights in Theory and Practice*, London: Ithaca, 1989, p.13

## OBJECTIVES OF STUDY

The main objectives of the study conducted in Ifo and Hagadera were as follows:

- Identify victims of UNOSOM/UNITAF operations in Somalia
- Identify different types of victimization
- Identify social and psychological consequences of the victimization

## METHODOLOGY OF STUDY

This study was conducted in two of Dadaab refugee camps, namely Ifo and Hagadera. The total amount of time spent in research was sixteen days: seven days in Ifo and nine days in Hagadera. Total amount of 78 people were interviewed.

In accordance with methodological framework of PhD research this study represents a part of, and in synchrony with the agreement stipulated between CARE Kenya and myself, the investigating method was multidimensional and flexible rather than rigid and predetermined. The main techniques included in-depth and standard unstructured interviews, life stories, participant observation, informal conversation and spending time with people.

In Ifo Refugee Camp, an introductory meeting with Block and Section leaders was organized on the first day of the research. Around 30 people participated. Although nobody of the attendants volunteered to be interviewed after the meeting, the news of the research was spread by the word of mouth - “afka khadal” – and people who were affected by UNOSOM/UNITAF started approaching me during the following days.

In Hagadera Refugee Camp, meeting with women group was organized on the first day. Around 25 - 30 women participated. Eight of them were victims of UNOSOM/UNITAF and they agreed to be interviewed after the meeting. On the second day, there was meeting with disabled people. As, expected, many victims of UNOSOM/UNITAF were found among this group. Some of the participants were interviewed after the meeting while others were scheduled for the following day. Similarly as in Ifo Camp, once the news about the research had spread, many more individuals came to me to share their experience.

Majority of the interviews were recorded on tapes, however, in cases where interviewees expressed concerns, notes were taken instead of recording. Most of the interviews were conducted with the help of interpreter except in few cases of respondents fluent in English. The tapes will later be transcribed and translated.

## STUDY FINDINGS

The results of this study demonstrate presence of numerous negative effects of UNOSOM/UNITAF military humanitarian intervention conducted in Somalia between 1992 and 1994. These negative effects include wide varieties of both psychological and physical traumas that can be classified in different ways. The following three classifications appear most relevant to the scope of this study.

Firstly, the negative effects can be classified according to the type of victimization. Within this category, it is possible to distinguish between following types of victimization:

- DEATH: by bombing, by gun bullets, by fire caused by bombing, as a result of rape;
- MUTILATION: by bombing, by gun bullets, by knife, by fire caused by bombing;
- TORTURE: by electricity, beating, detention etc.
- RAPE: of both women and men
- HUMILIATION: wide variety of humiliating practices such as urinating on people and their food, verbal humiliation, sexual humiliation, etc.
- INTELLECTUAL HUMILIATION: self-interest instead of humanitarian assistance;

Second classification of the negative effects of UNOSOM/UNITAF operations may be distinguished according to the *intention* of intervening forces. Whether we talk about pure disillusionment, psychological trauma or mutilation, in most of the cases victims are

able to distinguish between intentionally and unintentionally provoked suffering. Among the most common examples of unintentionally provoked sufferings are:

- Being caught in crossfire between UNOSOM/UNITAF troops and the Somali militia;
- Being accused of espionage and persecuted by Somali militia as a result of working for UNOSOM/UNITAF;

Among the most common intentionally provoked sufferings are: killing, deliberate mutilation, torture, rape of both women and men, deliberate humiliation, enticement to prostitution.

Another classification of the negative effects of UNOSOM/UNITAF operations can be structured around the criterion of the degree and type of the victim's involvement. This classification could include categories such as:

- WHITNESSING - of killing, torture, rape, mutilation, humiliation;
- BEREAVEMENT - loss of a close family member
- DIRECT VICTIM - of torture, rape, mutilation, humiliation

An accurate analysis of socio-psychological and physical consequences of negative impacts of UNOSOM/UNITAF intervention in Somalia goes far beyond the framework of this research. In brief, however, it can be said that most of the victims interviewed in the course of this study present signs of different types of trauma.

SEQUENTIAL TRAUMATISATION – the concept developed by Hans Keilson in 1977 in his important follow up study of Jewish war orphans in the Netherlands. Keilson's concept implies a radical change in the understanding of traumatic disorder. Trauma is no longer seen as an event that provokes certain consequences, but rather “as a process in which the description of the changing traumatic situation is the framework that organizes our understanding of trauma.”<sup>5</sup> This is extremely important in explaining why trauma

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<sup>5</sup> Becker

continues, even when the active persecution has stopped. We are thus able to understand not only why patients might develop symptoms immediately after the original traumatic event, but also why they might do so twenty, thirty or forty years later. Finally, Keilson's concept illustrates that, since there is no 'post' in trauma but only a continuing traumatic process, the individuals who deal with trauma victims are also always part of the traumatic situation and do not operate outside of it. One of the advantages of Keilson's concept is that it can easily be used in different cultural and political settings.

**BETRAYAL TRAUMA** - The term 'betrayal trauma' can be used to refer to a kind of trauma that occurs when the people or institutions we depend on for survival violate us in some way." The phrase 'Betrayal Trauma theory' is generally used to refer to the theory about the cause of unawareness and amnesia. Betrayal Trauma theory can be defined as "a theory that predicts that degree to which a negative event represents a betrayal by a trusted needed other will influence the way in which this event is processed and remembered."<sup>6</sup> According to Jennifer Freyd who first introduced the terms 'betrayal trauma' and 'betrayal trauma theory' in 1991, "a betrayal of trust produces conflict between external reality and a necessary system of social dependence." Betrayal, as humiliation, may appear alone or in combination with other traumatic elements. A particular event, such as rape for instance, can be simultaneously a betrayal trauma and a humiliation.

**HUMILIATION TRAUMA** - Humiliation theory has been developed very recently by Evelin Lindner in the context of Humiliation Studies founded at the University of Oslo. In her numerous papers on the subject, Lindner claims that, although it has been widely neglected by the academic community, the feeling of humiliation is actually one of the most powerful human emotions. To be humiliated is to be placed, against your will and often in a deeply hurtful way in a situation that is much worse, or much 'lower,' than what you feel you should expect.<sup>7</sup> Humiliation entails demeaning treatment that transgresses established expectations. It may involve acts of force, including violent

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<sup>6</sup> Freyd

<sup>7</sup> Lindner

force. At its heart is the idea of pinning down, putting down or holding against the ground. Indeed, one of the defining characteristics of humiliation as a process is that the victim is forced into passivity, acted upon, and made helpless.<sup>8</sup> On the basis of her extensive field research in Somalia, Rwanda and Cambodia, Lindner concludes that intense and profound forms of humiliation often provoke traumatic consequences on the victims. According to Lindner, it is possible to draw a continuum that maps out the transition from ‘pure’ trauma to trauma that is precisely traumatic because it is perceived as humiliation. It is important to note that within this continuum, the *intentional*, men made trauma is regarded as the most extreme type of traumatic experience. The results of Lindner’s research suggest that the presence of humiliation within traumatic event coincides with higher rate of PTSD when compared to trauma without humiliation.

Among other theories that can be useful for understanding long-term negative effects of UNOSOM/UNITAF operations in Somalia might be the concept of trans-generational trauma.

It is clear that the above mentioned types of trauma do not exclude each other and can often happen contemporarily. Especially among the people who suffer disability due to UNOSOM/UNITAF abuses.

Finally, among the most commonly reported effects of UNOSOM/UNITAF provoked victimization are:

- PHYSICAL DISABILITY
- PTSD
- DEPRESSION (“Murug”)
- ANXIETY (“Fikir”)
- “MADNESS” (“Waali”)
- LOSS OF HOPE
- LOSS OF TRUST

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<sup>8</sup> Lindner

## RECOMMENDATIONS

The nature of this study implies that relevant recommendations should be addressed to the policy makers and implementing agents of military humanitarian interventions.

However, some important recommendations can be addressed to all individuals, organizations and institutions interested in dealing with and assisting victims of military humanitarian interventions. The following recommendations are a direct result of my investigation of both refugee population and the employees of CARE Kenya in Dadaab.

Since the beginning of my research, I have been informally asked numerous times by different employees of CARE Kenya about main findings of my research. After few initial explanatory sentences, I have been – in almost 100% of the cases- interrupted by a question “How do you know it’s true?” The question was – again in almost 100% of the cases – accompanied by non-verbal signs and body language showing disbelief and skepticism.

In the first place, this question obviously confirms my hypothesis stated in the problem statement (page 5) that victims of military humanitarian interventions are surrounded by social and political invisibility.

In the second place, this question is a symptom of different defense mechanisms, mainly denial, developed by the employees in order to cope with emotionally harsh working conditions. These defense mechanisms, if not addressed properly, are destined to contribute to sequential traumatising of the victims and vicious circle of mistrust between refugees and CARE employees.

In order to contrast such negative developments, my main recommendations include:

- Organization of workshops and seminars for all CARE employees on the topics of trauma and effects of trauma;
- Counseling for CARE employees, especially those working directly with the refugee community;
- Putting in act different small actions aimed to minimize the gap between “Us” and “Them”, such as learning few words of Somali language;
- Understanding that Somali culture and Religion do not represent a threat or a rival to one’s own beliefs: if Somali refugees sometimes appear exceedingly persistent in the defense of their culture, it is mainly because for many of them, after 14 years of refugee life, culture is the only thing that keeps their identity and self-esteem alive;

Finally, I will answer the question “How do I know it’s true?”. Three answers can be offered in this regard, one coming from the field research, one coming from the historical records and one coming from the theory.

Although it is likely that more than one account of my interviewees contains distortions and exaggerations, I think that majority of information collected actually corresponds to the material reality. Interviews as well as informal conversations offered very precise and accurate descriptions of the victimization. Furthermore, the interviewees present surprisingly elaborate degree of differentiation between deeds and behaviors of different agents. In first place there is clear differentiation between acting of different nationality groups encompassed in UNOSOM operations. Secondly, there is differentiation between different agents such as NGO’s, military personnel, Somali militia etc. Interviewees were able to give detailed and diversified descriptions of different agents present in Somalia.

In second place, some of the abuses committed by UNOSOM troops in Somalia are documented in from of photographs, reports and articles.

Thirdly, the issue of credibility dissolves in the social theories postulating that objectivity and subjectivity are neither apart nor antagonistic: each provides the standard against which the other is recognized and defined.<sup>9</sup> It is exactly the divergence between factual, objective reality and subjective perception, memory and interpretation that provides us with most precious indicators regarding both spheres. According to Alessandro Portelli, subjective distortions and alterations of factual reality allow us to recognize the interest of the tellers, the dreams and desires beneath them. We can take this claim a step further and argue that conscious or unconscious motivation for such distortions may have its roots precisely in the hidden elements of the factual reality. In other words, only through distorted narrative can subjective worlds be discovered and hidden objective truths revealed. Portelli is very much right when he asserts that ‘wrong’ story tells us much more about factual reality than the ‘right’ story.

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<sup>9</sup> Portelli, A. *The death of Luigi Trastulli, and other stories : form and meaning in oral history*. Albany, N.Y. : State University of New York Press, c1991

## LIMITATIONS

- Insufficient time (due to this constraint it was not possible to conduct the research in Dagahaley)
- Language barrier
- Climatic condition
- Technical problems with recording equipment

## APPENDICE

### INTERVIEW QUESTIONS

#### I. PERSONAL BACKGROUND

1. When and where were you born?
2. What are you clan and tribe?
3. What are your first childhood memories?
4. Who were you living with during childhood?
5. Could you describe your father?
6. What was your father's occupation?
7. Can you describe your mother?
8. What are the values your parents taught you?
9. Were your parents religious?
10. Were they interested in politics?
11. How many brothers/sisters do you have? Older or younger?
12. Tell me about your education, which schools have you attended?
13. When did you leave Somalia?
14. Why did you decide to leave Somalia?

#### II. SOMALIA – GENERAL HISTORY

15. Could you tell me a brief history of Somalia?
16. What is according to you the best period in Somali history?
17. What was the worst event?
18. Please describe the government of Siad Barre?
19. What kind of person was Siad Barre?
20. Did Siad Barre ever receive support from any foreign country?
21. Was there any opposition to Siad Barre in Somalia?
22. What happened after Siad Barre was overthrown?
23. Was there any reaction of foreign countries?

### **III. ATTITUDES TOWARDS INTERVENTION PRIOR TO ITS OCCURRENCE**

24. Where were you when you first heard about possibility of foreign intervention in Somalia?
25. How did you feel about it? What did you think?
26. Were you supporting the idea of intervention or you were against it?
27. Why?
28. What did other people think?
29. Which groups/tribes in Somalia were supporting the intervention and which were against it?

### **IV. PERCEPTION OF US DECISION MAKING PROCESS LEADING TO INTERVENTION**

30. Who was the US president at the time when US decided to intervene in Somalia?
31. What was his motivation to intervene?

32. What were other people thinking was his motivation?

33. What was the official explanation?

33. Do you believe that US decided to intervene for humanitarian reasons?

## **V. PERCEPTION OF THE EVENTS ON THE GROUND DURING THE INTERVENTION**

34. Where were you when the intervention started?

35. What was our major source of information during that time? (For those who were not in Somalia)

36. What was this source saying about the intervention?

37. Did you have contacts with anybody in Somalia during that time? What were they saying about the intervention?

38. Was there any difference between official representation and people's perception?

39. What was the intervention officially aiming to do? What was the strategy?

40. Was it according to you a good objective and was it a good strategy to achieve it?

40. Was the official strategy really implemented?

41. What were the soldiers mostly doing?

44. Did the soldiers have preference for some tribes/clans to the others?

45. If yes, how did this affect inter-clan relations?

## **VI. PERCEPTION OF SOLDIERS**

46. Where were majority of intervening soldiers coming from?

47. Was there any difference in soldiers' behavior according to their nationality?

48. How were soldiers behaving towards Somali population, what was soldiers-civilians relationship?

49. Did people like intervening soldiers?
50. Who were US soldiers who came to Somalia, can you describe them, what type of people were they?
51. What was according to you their motive to come?
52. What were they doing when in service and how did they spend their free time?
53. Have you ever heard about stories of soldiers collecting sand, rocks, wildlife? What do you think about those stories?
54. Have you ever heard of any abuses done by intervening soldiers?
55. What were people doing in such cases? Was there any possibility of complaint?

## **VII. AFTERMATH – GENERAL OBSERVATIONS**

56. Did the intervention help at all?
57. What were the major problems of the intervention?
58. Were these problems/mistakes a result of general strategy or of soldiers' incapability?
59. Is it important for people who receive intervention to know what the real motive of the intervener is?
60. Do you think that even if motive of the intervener is self-interest, the intervention can still have good results?