REPORT ON RAPE IN BOSNIA-HERZEGOVINA

EC INVESTIGATIVE MISSION INTO THE TREATMENT OF MUSLIM WOMEN IN THE FORMER YUGOSLAVIA

REPORT TO EC FOREIGN MINISTERS

[PART 1]

Mandate of the Mission

1. The European Council, at its meeting in Edinburgh (on 11-12 December) discussed the increasingly alarming reports of the treatment of Muslim women in Bosnia-Herzegovina and called for the rapid despatch of a delegation to investigate the facts and to report back urgently to Foreign Ministers with recommendations on the action which might subsequently be taken.

2. The Mission feels it must record criticisms expressed to it that its terms of reference were too restrictive. While fully respecting the terms of its mandate, the Mission heard statements that similar abuses - though of a smaller scale - had been committed against other groups in the former Yugoslavia. This aspect is considered in more detail in paragraph 9.

Composition and Working Methods of the Mission

3. To initiate implementation of the Council mandate as rapidly as possible, a small team met for initial briefings with the major international humanitarian agencies in Geneva, and then travelled to Zagreb for in-depth investigations (20-24 December 1992). Following this first visit and in the light of the Mission's preliminary report, it was decided that a further visit to the former Yugoslavia should be undertaken at an early date with the active participation of additional interested Member States. This expanded Mission met in Zagreb from 19-21 January; the team of experts proceeded to Bosnia-Herzegovina from 22-26 January.

4. On both visits to Zagreb, the Mission met a wide range of interlocutors. These included leaders of the Catholic and Muslim religious communities, field staff of the main international agencies and representatives of both Croatian and Bosnia-Herzegovinian governmental and non-governmental organisations, including various women's groups. Contacts were also made at political level with the Croatian government. Additionally, delegates visited refugee centres both in Croatia and Bosnia-Herzegovina. While in Zagreb, the medical and social development experts on the Mission visited a number of hospitals and held discussions with experts in gynaecology and mental health. They also conducted a small number of in-depth interviews with individual victims and eye-witnesses of human rights violations in Bosnia-Herzegovina. The Mission furthermore examined a considerable amount of documentation detailing the process of clearing villages. Contact was also had in Zagreb during the Mission's second visit with US government officials currently assessing the possibility of future provision of aid.

5. In Bosnia-Herzegovina, the expert team was based in Zenica where it visited a number of shelters for displaced persons, the hospital, and food distribution centres. Delegates had discussions with the local centre for the investigation of war crimes, senior psychiatric and gynaecological staff, and field staff of international and other relief agencies. A brief visit to the hospital and the main refugee centre in Travnik and discussions with representatives from Tuzla were also possible. The Mission greatly appreciated the protection and assistance afforded it on the ground in central Bosnia-Herzegovina by UNPROFOR and UNHCR.

6. This is a composite report on both visits. On the whole the second visit confirmed the Mission's

earlier findings. Where necessary the present report elaborates or amplifies aspects of the Mission's preliminary report to take account of further information and impressions gained.

General Considerations

7. The conflict is Bosnia-Herzegovina has entailed widespread destruction of life and property, acts of unspeakable brutality and mutilation in contravention of international human rights standards and international humanitarian law. Rape and sexual abuse must be considered in the same context and cannot be seen in isolation from these other atrocities. Given the manner in which, and the scale on which, rape is perpetrated in the Bosnia-Herzegovina conflict, it outrages personal dignity, is a particularly humiliating and degrading treatment, and a clear form of torture.

8. Additionally rape is a violation of a woman's physical and psychological integrity and the crime carries with it a formidable social stigma. For many Muslim women this may lead to social marginalisation and rejection by their former communities, unless there is positive action to counteract this. The Mission was glad to note that priority is increasingly being given to education in this sense.

9. The Mission was fully conscious that its mandate focussed on the investigation of alleged abuses against Muslim women in Bosnia-Herzegovina. However, the Mission considers it important to place on record its view that rape and sexual abuse are restricted by neither nationality nor gender. That Bosnia-Herzegovinian Muslim women form the vast majority of the victims of rape is explicable in terms of the intensity and pattern of the conflict. The thrust of Bosnia-Herzegovinian Serb attacks have concentrated on areas with a large Muslim population such as the Brcko region (44 per cent Muslim), the Drina valley (Zvornik - 60 per cent, Bratunac - 64 per cent, Srebrenica - 74 per cent, Visegrad - 63 per cent, Gorazde - 70 per cent and Foca - 51 per cent) and the Prijedor area (44 per cent Muslim) in an effort to carve out ethnically homogeneous territory between Serbia and the Serbian areas of occupied Bosnia-Herzegovina and Croatia. This is not to ignore the fact that there are many and disturbing reports of rape of Croat and Serbian women and children, as well as sexual abuse of men in detention camps. The Mission therefore has to emphasise that all those who are victims of this appalling conflict must be the concern of the international community.

10. In approaching its task, the Mission was keenly aware of the serious constraints on any scientifically based analysis in the conditions prevailing in Bosnia-Herzegovina and in Croatia. Approximately 70 per cent of Bosnia-Herzegovinian territory is in Serbian control and it is extremely difficult for the international agencies to work in these areas. UNHCR estimates that over 2.6 million persons were displaced by November 1992: 670,000 of them in Croatia, of whom 370.000 are Bosnian Muslims, and 500,000 elsewhere in Europe. Given this massive displacement and the intensity of the ongoing conflict, accurate statistics on killings, disappearances, and other atrocities - including rape - are not available. The inherent difficulties involved in compiling statistics on rape and other sexual abuse have been hugely accentuated in the current chaotic conditions.

11. Some interlocutors, particularly among women's groups, were critical of what they perceived as the failure of European governments to bring about an effective end to the conflict in the former Yugoslavia. During the Mission's second visit the current peace negotiations in Geneva appeared to have softened attitudes. Nevertheless the point was repeatedly made that humanitarian aid, while necessary and welcome, left unresolved the central political issue of how to end the conflict.

12. The delegation was careful, in conducting its work, to allow for possible exaggeration or an element of propaganda in some of the information presented to it.

Findings

13. Within the limitations outlined above, the Mission sought to arrive at a view (i) as to the scale of the problem and (ii) whether or not the rape of Muslim women could be described as "systematic". On the basis of its investigations the Mission is satisfied that the rape of Muslim women has been - and perhaps still is - perpetrated on a wide scale and in such a way as to be part of a clearly recognisable pattern, sufficient to form an important element of war strategy.

(i) Scale of the problem

14. The general view expressed by interlocutors whom the Mission considered responsible and credible was that a horrifying number of Muslim women had been raped and that this was continuing, if on a smaller scale than during the summer. It will probably never be possible to calculate precisely the number of victims involved. Direct evidence from victims is extremely difficult to obtain. Women are understandably reluctant to recall details of the atrocities done to them and many may refer to their own experiences in the third person. However, on the basis of its investigations, the Mission accepts that it is possible to speak in terms of many thousands. Estimates vary widely, ranging from 10,000 to as many as 60,000. The most reasoned estimates suggested to the Mission place the number of victims at around 20,000.

15. The enormity of the suffering being inflicted on the civilian population in this conflict defies expression. Indications are that at least some of the rapes have been committed in particularly sadistic ways, so as to inflict maximum humiliation on the victims, on their family, and on the whole community. In many cases there seems little doubt that the intention is deliberately to make women pregnant and then to detain them until pregnancy is far enough advanced to make termination impossible, as an additional form of humiliation and constant reminder of the abuse done to them.

16. The Mission repeatedly heard accounts - including direct testimonies from a small number of victims - of multiple rapes against women in small centres (variously described as rape camps or "bordello") located in schools, police stations, hotel restaurants etc. It is however not possible to speak authoritatively of the situation in parts of eastern Bosnia-Herzegovina where reports suggest there may be larger concentrations of women in detention centres. Satisfactory verification of such reports by the relevant international agencies has not been possible, particularly for the period May/June 1992, to which a great many reports refer. Certain of these purported centres are located in areas currently inaccessible to international investigation. On-site verification is also severely handicapped by the practical impossibility of unannounced inspections, which provides the opportunity for the removal of evidence. Experience would also suggest that once the existence of such centres becomes public knowledge, they tend to be closed down. The Mission, in looking at the issue of on-site inspections, was also guided by advice received locally which stressed the need, in pressing such action, to have regard for the welfare of women so detained.

17. The Mission found it difficult to obtain more than approximate indications of the number of Muslim women pregnant as a result of rape. One estimate, based on an indicative figure of 20,000 women raped, suggested a possible figure of 1,000 pregnancies. A precise figure may never be ascertained, as there is strong evidence that many victims made pregnant by force and fearing possible rejection by their communities, choose to terminate the pregnancy. This is a major reason, too, for uncertainty as to the number of births which may result from rape. For those women who have been held captive beyond the legal period for termination in both Croatia and Bosnia-Herzegovina, the indications are that few, if any, are likely to wish to keep children conceived under such circumstances. The Bosnian preference is that these children be brought up in Bosnia-Herzegovina. Adoption in Croatia is impossible because they are citizens of Bosnia-Herzegovina, and there currently exists no legal provision between Croatia and Bosnia-Herzegovina to cover adoption including adoption abroad. It is understood, however, that work is being undertaken in this area. The Mission is of the view that the question of adoption abroad must be handled sensitively in close consultation with both the Croatian and Bosnia-Herzegovinian government authorities, and in the best interests of the child. Foreign adoptions should, in general, only be considered in circumstances where local adoption is impractical and where the alternative is institutionalisation.

(ii) The "systematic" nature of the rapes;

18. A high incidence of rape is commonly associated with conflict situations. Accordingly the delegation examined the hypothesis that rape in Bosnia-Herzegovina should be viewed as a by-product of war rather than as a "systematic" abuse taking place on the instructions of or under the direction of the commanding authorities.

19. Throughout its work, however, the delegation frequently heard - including from several individual witnesses and sources - that a repeated feature of Serbian attacks on Muslim towns and villages was the use of rape, often in public, or the threat of rape, as a weapon of war to force the population to leave their homes. Probably in most cases, other forms of physical and mental violence to persons were associated with rape, accompanied or followed by the destruction of homes, mosques and churches. The Mission saw examples of statements and documents from Serbian sources which very clearly put such actions in the context of an expansionist strategy.

20. Overall, the Mission accepted the view that rape is part of a pattern of abuse, usually perpetrated with the conscious intention of demoralising and terrorising communities, driving them from their home regions and demonstrating the power of the invading forces. Viewed in this way, rape cannot be seen as incidental to the main purposes of the aggression but as serving a strategic purpose in itself. While the Mission was in no doubt that the conflict provides a cloak for criminality of all sorts, it felt that the type and scale of rapes being reported point towards a deliberate pattern.

(iii) Health and Social Development Findings

Croatia and Bosnia-Herzegovina

21. The Mission was impressed by the great efforts being made by those involved in bringing assistance and comfort to refugees and displaced persons wherever it met them. Whether nationals of the countries in conflict or internationally recruited, they are at full stretch. Improvement in the quantity and quality of the provision for, notably, women victims can only be achieved with better coordination and facilitation of governmental, non-governmental and private efforts and carefully targeted additions to resources - including staffing. Improved political stability would simplify the task, but greater support is anyway needed.

22. In considering the special needs in the fields of health and social support of Bosnian Muslim women who have been victims of atrocities, the Mission unavoidably dealt with much which applies to the wider refugee population too. We therefore emphasise the particular vulnerability of these women. They need - and by no means always get - protection and often priority in the provision of humanitarian assistance.

23. The Mission found that one of the main needs of refugees and displaced persons was space. For women, in particular, who live for months in places where 200 or more men, women and children have only a bed or mattress in a row as their living space, recovery from trauma is impossible.

24. On the other hand, both in Croatia and Bosnia-Herzegovina, the Mission encountered an understandable reluctance to envisage new accommodation and other facilities, eg medical care, that might delay the return of refugees and displaced persons to their place of origin, the generally accepted goal. Hence the Mission recommends that, wherever possible mobility should be the keynote in making such a provision.

Bosnia-Herzegovina

25. In the refugee camps the main problems the delegation identified were the lack of sanitation, overcrowding in damp, dirty and lice infested conditions, no separate accommodation for women or for families and the possibility of the rapid spread of contagious diseases particularly in the summer months. Food provision was inadequate with little nutritional value. There is no special food provision for women with special needs eg, pregnant women, women with new born babies and toddlers and no access to specialised baby foods. No activities are organised for women or children.

26. In the hospitals the Mission identified problems within current health care provision in free Bosnia-Herzegovina includes a lack of basic facilities and equipment. Many staff are working in dangerous and difficult conditions over long and exhausting hours. They are required to take on increased numbers of patients, are not receiving regular salary and often go without food. They

constantly have to make difficult ethical and moral judgements about the relative priorities of health requirements. The lack of appropriate drugs for many physical and psychiatric conditions leads to higher rates of mortality amongst vulnerable patient groups including higher rates of perinatal mortality.

27. There is a general problem of ensuring access, both to the hospital by patients and to patients by health professionals. These difficulties are most acute for less mobile individuals eg women with children, pregnant women, elderly population and women who may be traumatised through their experiences in the conflict, including rape and sexual abuse. The problem of early discharge of patients from hospital, including newly delivered mothers, alongside the lack of follow up provision and community based care means the continuation of considerable untreated pathology in these patients.

Recommendations

(i) Coordination

28. The Mission sees an urgent need for careful and extended matching of offers of assistance with the needs and capabilities of organisations who could implement that aid. A clearing house (possibly under UN auspices) which could assist governmental, non-governmental and private organisations in ascertaining both what is required and to whom they can give it would be a considerable contribution. The Mission suggests that the EC Commission should seriously consider establishing a presence in the area for a period to serve as a coordinating focus for the Community within this wider framework.

29. The Mission hopes that Ministers will find it possible to decide on a practical and urgent response by the European Community and member states to the problems outlined in this report. Using the work of this delegation and others, the Mission suggests that a meeting is urgently organised with the help of the Community which would allow a follow up of the main assistance recommendations with as wide a participation as possible (including other governments who are actively concerned with the question). This would involve EC member states and the relevant organs of the Community, and would be aimed at assisting UN bodies such as UNHCR, WHo (both European and Regional offices), international NGOs, and the host governments. Appointed experts from member states could help the meeting set an overall financial framework for initiatives, and could be charged with developing a detailed costing of programmes of assistance. Such a meeting should be organised as early as possible in February.

(ii) Health and Social Development Recommendations for Bosnia-Herzegovinian Muslim Women

30. The issues which came to the fore in attempting to assist the victims of rape were mobility and space. The particular nature of Bosnia-Herzegovinian topography has both aided the perpetrators in accomplishing their acts and hindered the victims in seeking assistance. There is a pressing need everywhere for physical facilities to be built, whether to house medical help or to provide space for living, counselling or after-care. Many of the initiatives that might help with the provision of space and mobility are presented in the second annex to this report.

31. Raped women require a range of skilled psychological therapies, which take into account the complex and long term nature of problems experienced, the reluctance to disclose sexual violation, the social stigma associated with rape, the unwillingness of women to seek out help and the fact that they do not wish to be readily identified as rape victims. It is therefore essential to emphasise the relatedness of rape to other forms of physical and psychological trauma and that rape services should be provided alongside other similar counselling services.

Croatia

32. It is important that help must be provided in 3 phases: immediate, medium-term and long term to specific target groups. The immediate aid should include screening procedures and counselling by cross disciplinary teams in local communities (refugee camps, hostels, neighbourhood, hospitals)

along the lines of models observed in camps for Croatian refugees. It should aim to activate refugees by creating self-support groups. There is also an urgent need for psychiatric liaison between gynaecological departments, other medical departments and psychiatric/psychological departments. Gynaecological services, including pre- and ante- natal care and facilities for termination of pregnancy if needed, are also a matter of urgency.

33. In the medium to long term there is a clear need for educational material to be created and disseminated: information material produced by experts from community countries: leaflets, booklets, radio, TV and educational seminars for different professional and volunteer groups, by experts from member states. This help should also include supervision and support of field services by expert teams. Rehabilitation must be the aim of long term assistance, and this again should include educational programmes, and occupational schemes to provide the grounds for sustainable redevelopment.

34. The Mission was aware that a large number of illegal refugees and displaced persons in Croatia have difficulties in gaining access to the health system, despite the genuine efforts of the Croatian authorities to cover their needs. This aggravates further the position of the victims of rape and abuse who desperately need easily accessible and qualified help.

Bosnia

35. It is essential in the medium term to remove certain vulnerable individuals from the conditions of the refugee camps. In particular, women with children, pregnant women and women who have already been subjected to a variety of trauma and abuse. The removal of such individuals to more tolerable conditions cannot be achieved in the immediate term.

36. In the immediate future certain basic conditions must be met to alleviate current hardships. These basic needs include: proper sanitation and washing facilities to be installed at all refugee centres in Bosnia-Herzegovina, ensuring adequate nutrition is provided to these centres, particularly to the vulnerable groups. The provision of adequate health care to women in refugee centres by mobile units which would include screening for medical and psychological pathology, family planning, prenatal and postnatal care.

37. The Mission, taking the problems of mobility into account, emphasises that the rapid establishment of an emergency ambulance service would improve the accessibility of health facilities for the refugee and displaced persons population in the area of Bosnia-Herzegovina. This service should include mobile medical teams consisting of specially trained medical or paramedical and nursing staff.

38. These teams should target services for traumatised and vulnerable women: screening for acute medical and psychological pathology, first aid, follow up treatment (including the provision of drugs) and health education. The mobile units should be linked to the major hospitals in Bosnia-Herzegovina ie Sarajevo, Zenica, Travnik and Tuzla.

39. The Mission also sees as essential the provision of information leaflets describing the symptoms of stress, the effects of trauma, outlining the methods of contacting sources of help and obtaining further information. These should be distributed to refugee centres, hospitals, schools, cultural and religious centres, amongst others.

40. The Mission recommends that more appropriate and acceptable housing be provided for the most traumatised women amongst the refugee and displaced persons population. To this end we recommend the model of housing development being provided by Norwegian People's Aid in Zenica.

(iii) Measures for EC Member States

41. It is suggested that Community governments receiving Bosnia-Herzegovinian refugees, and particularly Muslim women who have suffered rape, should ensure that their visa procedures are as rapid as possible. In addition, governments should consider the possibility of making places

available for Bosnia-Herzegovinian Muslim women, especially those needing medical treatment, to enter their countries on a temporary basis.

(iv) War Crimes and support for documentary evidence

42. The Mission is aware of work currently under way in the UN and elsewhere in this area. It notes existing provisions under the Geneva Conventions and Protocols for the protection of women against rape, enforced prostitution or any form of indecent assault. Practised on the scale and for the purposes witnessed against Muslim women in Bosnia-Herzegovina, the Mission believes there is now a strong case for clearly identifying these abuses as war crimes, irrespective of whether they occur in national or international conflicts.

43. The Mission wishes to emphasise that those bodies, whether officially sponsored or not, already seeking to assemble and collate documentary evidence within Bosnia-Herzegovina and other parts of former Yugoslavia, are in great need of funds even for basic office equipment and supplies and transport. To pursue the search for firm evidence against those responsible for allowing such abuse of women, both through these centres and in the areas where the abuse has happened, would seem to be a matter of urgency.

44. The Mission hopes that the above recommendations will allow Ministers to launch an effective programme of relief and assistance to victims, in addition to any other initiatives at political level which Ministers might decide upon.

Copenhagen, Thursday, 28 January 1993