

Dealing with Disaster Victims: A Kuwaiti Model

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Kuwait was invaded and brutally occupied by Iraqi troops for seven months in 1990-91. During this period, the Iraqi forces looted museums, libraries, hospitals, and individual homes; destroyed schools, houses, buildings, water and electricity stations, and communications systems. In retreat, the Iraqis ignited the Kuwaiti oil field, intending to cause the total ecological and economic destruction of the country (Al-Sarawee 1992).

In the aftermath of the war, five institutions were created to help Kuwaiti citizens recover from the effects of the occupation. One of these was private: the Kuwaiti Association for Defending War Victims. The remaining four were created and funded by the government: the National committee for POWs and Missing Persons Affairs, the Al-Raquai Specialized Center, the Martyr's Office, and the Social Development Office. The Kuwaiti Association for Defending War Victims and the National Committee both were concerned with finding war victims. All but the National Committee offered counseling services for the clients. This article is based on information obtained from interviewing representatives of all five organizations created to help the war victims. Additional sources of information were the personal participation of one of the authors and reviews of published reports and the academic literature. On the basis of these data sources, the authors evaluated the programs and services established to respond to the occupation and its aftermath. This article

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presents their evaluation and recommendation for ways to increase the effectiveness of future disaster/emergency programs in Kuwait.

Effects of the Occupation

There are common, predictable elements and stages that individuals and communities experience following disasters, regardless of the type; the interaction of a specific disaster and the culture it affects, however, produces a unique situation. Three elements of the Iraqi invasion and occupation of Kuwait created the singular circumstances faced by the Kuwaiti government and citizenry in healing the wounds of war and rebuilding their society. First, the disaster was total. The effects were felt by all Kuwaitis without exception, whether they were in country or abroad. Second, the disaster was manmade, purposefully done. It was not an unavoidable natural occurrence that people could accept as inevitable. Compounding this element, the perpetrator was a neighbor who had accepted support from Kuwait for the eight years of the Iran-Iraq war. The betrayal by Saddam Hussein was most bitterly felt. Third, Kuwait was without leadership during the occupation as the government had gone into exile. Because the invaders destroyed the country's infrastructure, most public and private institutions, such as schools and ministries, ceased to function during the occupation. All social institutions were permanently changed as a result of this war.

The entire Kuwaiti citizenry suffered enormously during the Iraqi occupation and its aftermath- those who remained in the country as well as those who left before the war started. Obviously, the greatest suffering was borne by the Kuwaitis who experienced injury, torture, or death. But all, even those living abroad, experienced fear and anxiety for their families and friends in Kuwait and the threat of loss of their national identity (Ridha et al 1992).

The direct victims, those men who were injured in the war or were held prisoner by the Iraqis suffered both physically and psychologically¹. If they were not physically tortured, they were still deprived of freedom, home, and family. They were in constant fear for their families living in Kuwait during the occupation, knowing that their family members faced the threat of death or prison and lived with terror and insecurity.

The women who were raped by Iraqi soldiers were particularly victimized. These women as well as their families suffered extreme social and psychological trauma because of the rape, which sometimes resulted in pregnancy. In a traditional society such as that of Kuwait, there is

almost no chance for abortion, and having an illegitimate child imposes a heavy social stigma, even when the child is the result of rape by a criminal aggressor.

A third class of victims, the children, suffered extremely from their loss of security. James Garbarino (1993) examined the effect of the occupation on Kuwait's children and found that 62% of those in his study were psychologically traumatized. Without debating the exact meaning of traumatized, it is probably true that all children older than infants were affected negatively by the occupation. If they did not lose relatives - - and many did - they had to live with the fear that someone dear to them would be killed. They were also under constant threat of direct physical harm to themselves. All lost the sense of security and stability that had marked their lives in pre-war Kuwait. Symptoms observed among the most severely affected children were disturbed sleep patterns, anxiety, excessive fear of the dark or loud noises, feelings of hopelessness and lack of control, aggressive behavior against other persons, and destruction of property.

For the subset of children who had been inclined toward or actually engaged in delinquent acts before the invasion, the occupation encouraged their deviant behavior. The occupying Iraqi soldiers demonstrated the effectiveness of using force and loosened the cultural bias against violence as a means for getting one's own way. Consequently, among the other destructive aspects of the occupation, the crime rate went up after liberation, increasing 96% between 1989 and 1992 (Ministry of Social Affairs 1992).

The occupation had a generally negative effect on Kuwaiti society and its social structures. Although Kuwaitis united during the dark days of the occupation, divisions began to appear after liberation. A primary rift was between those who had stayed in Kuwait and had acted as a resistance force and those who had left the country. The Kuwaitis who suffered through the occupation began to feel frustration because they saw the actions they had taken during the resistance not being acknowledged or appreciated by officials. They believed that the citizens who had left the country had not sacrificed as much as they had, but they felt that their sacrifices were devalued; for some, even their loyalty to their country was affected (Ridha et al 1992).

The Official Post-Occupation Response

When the occupation was over and rebuilding began, Kuwait looked primarily to Western experience with natural and manmade disasters to establish special medical, social, and educational programs. The Western literature divides interventions into two types: survival services and rebuilding services. Each has its own purpose and justification. The first type involves services and programs established during or immediately after the disaster to help people and communities survive it, thus limiting the circle of damage. Services of this type include rescue and evacuation, creation of temporary shelter and feeding stations, removal of the dead, reunification of families, emergency medical triage, and psychological crisis intervention with survivors and emergency workers (Birmingham 1988; Casey & Jones 1990; Crook 1987; Stewart 1988, 1989).

The design of these services, the blueprints for which are found in the disaster plans of most countries and communities, is based on the assumption that only some people are affected- -as is the case with an earthquake or cyclone. A further assumption is that basic social structures remain and that these can be brought in to limit the damage and to provide emergency care for those directly involved. For the case of Kuwait, these assumptions were false: all of society was temporarily disrupted. The government was in exile. The entire country was occupied by foreign troops. There were no people or social structures outside the circle of the destruction to care for those directly involved. The entire country was included in the circle of destruction.

In these circumstances, only services of the second type, could be created- -services to remedy the damage done to individuals, to repair and rebuild communities, and to begin to restore balance and normality to the nation. The focus of these programs had to be rebuilding and healing.

Difficulties Faced by Organizations for War Victims

Five organizations, named earlier, were created specifically to work with war victims. In addition to these, many regular social institutions, such as schools, were used in the rebuilding and healing process. As discussed later, the regular institutions were often more effective than those created especially for the postwar reconstruction.

The author's interview with representatives from the five organizations revealed common difficulties among all the agencies created to help victims

of the war and occupation. Although these organizations had different missions, they shared one common problem: they were not able to engage victims and keep them engaged. Obviously, unless clients can be engaged, services cannot be effective. Some of the blame for the failure of the agencies rests on the speed with which the services had to be established. Other, more important factors, however, were social and cultural.

All agencies suffered from a lack of stable funding that would have enabled them to establish furnished offices, hire trained personnel, and provide outreach to victims. Because of the country's total disruption, mental health and concrete services were not made available in some cases until months after the liberation. This delay reduced the likelihood of therapeutic success with victims as early intervention is an important factor in successful treatment.

A second problem was that most agencies provided a mix of therapeutic and concrete services, such as both counseling and housing assistance. This mix, coupled with traditional Kuwaiti reluctance to use the Western therapeutic model, allowed clients to concentrate on the concrete services, ignoring the counseling that was also essential. The director of one of the five agencies, who was interviewed for this study, pointed out the difficulties he encountered in working with clients because of the mixture of services. He noted that sometimes when he was attempting to conduct a therapeutic session focusing on the victim's trauma and consequent feelings, his roles as therapist and director of the agency would confuse the counseling session. Participants would respond to him as director, the person controlling the physical resources for help, not as their therapist; thus clients would refocus the intervention away from psychological/emotional treatment to requests for concrete services, or complaint about the quality of services or speed with which they were provided².

The rift between therapeutic and concrete services was further aggravated by the lack of clarity about the compensation to which people were entitled. This confusion led to inflated expectations and consequent dissatisfaction with the government's response. The flow of services and compensation could not keep pace with people's desires, and their impatience grew with the passage of time. Immediately after liberation, people were content with minimal services. If their home had been destroyed, they were grateful for a tent. After six months, however, they wanted a house "right now". People seeking compensation for essential material factors such as housing are unlikely to accept counseling in its place.

A third problem was most Kuwaitis' lack of trust in counseling and their view of therapy as stigmatized. This attitude, however, is found even in cultures with considerable experience with therapy and sophisticated knowledge of trauma and victim response to disaster. It is demonstrated in a number of the studies that investigated the Bradford Football Stadium disaster and its effects on survivors. This incident involved the collapse of one end of a filled football stadium in Bradford city, England. The collapse was because of a huge fire. In the crush, 56 people were killed and 211 were wounded. Stewart's (1988) study of this disaster showed the reluctance of survivors to accept mental health services. Despite the effects that anxiety and post-traumatic stress disorder were having on the daily lives of survivors and the ready availability of services, many were reluctant to use them. Some people were afraid of being identified (stigmatized as "clients"). Others were not convinced the services would be helpful ("No one can understand what I am feeling"). Some could not tolerate the idea of admitting emotional or psychological needs ("People should be able to get over their own problems"). Finally, some who were already suffering from survivor guilt were afraid they would be questioned about their survival, increasing their sense of guilt ("Why did you survive?" "What did you do to save yourself").

Although lack of faith in the efficacy of counseling is not restricted to Kuwait, it was an important limitation experienced by the agencies offering post-occupation services. Kuwaitis were reluctant to use services that identified them as victims or that was associated in their minds with the national psychiatric hospital, which has a dreadful reputation.

The most disruptive problem experienced by the agencies to help war victims was the misfit between Kuwaiti culture and the traditional Western model for disaster services. Kuwait is a traditional, conservative Islamic society in which many individuals rely on Islam to shape the affairs of their daily lives. Many Kuwaitis interpret the Koran and the Hadeeth as directing them away from counseling and other interventions that involve talking about a situation with persons outside the family. The Hadeeth says, "If a tragedy strikes your life, keep it hidden." This instruction is antithetical to the tenets of Western therapy, which require disclosure of events and feelings to a non-family therapist.

Another example of the difficulty in grafting a Western model onto Kuwaiti culture is the very definition of war victim. A process that requires clients to reveal their victimization and suffering during the occupation stresses their loss of control and powerlessness. Although Western victims

may find this procedure helpful in integrating a traumatic experience, it is not suitable for the Islamic/Arabic culture. Much more appropriate in this culture would be the symbolism of resistance and confrontation, which transmits a notion of hero, not victim. To be effective in engaging survivors of any type of disaster, the framework used to explain the event and the individual's participation in it must be congruent with the individual's culture.

A Model for Kuwait

Although no one anticipates another national catastrophe for Kuwait on the scale of the Iraqi invasion, it is unrealistic to believe that the country can escape all future disasters on some level. Therefore, prudence requires that an intervention and service delivery model be designed now before it is needed. Such a model must be compatible with the Islamic/Arabic culture. It should use vital social institutions such as Islam and the family to provide concrete and therapeutic services. Western concepts for helping survivors of disasters can be the basis for these services, but they must be reshaped to fit the Kuwaiti culture. The experience gained from the five institutions established to help war victims shows that culturally based services are vital. Religion is one example.

Because the clergy have more authority and legitimacy to many Kuwaitis than Western-Oriented therapists, and because they are part of the accepted way of seeking help, religious leaders (sheikhs) and institutions should be used as mediators between persons needing services and institutions providing mental health services. All religious sheikhs stated that there was no problem to refer persons who needed help to mental health services and/or counseling. Victims could be reached and served through classes, seminars, and religious teachings that are appropriate. A successful example from the post-occupational period were the seminars conducted by the Kuwaiti National Committee for Missing and POWs; these concentrated on religious concepts such as fate, patience, prayer, optimism, and hope. Religious concepts were used to help survivors adapt to their new reality.

When the victims are male, assistance should be provided through institutions such as the Al-Eslah Society, the Ehia Al-Tourath Society, Al-Sanabel Society, and the Cultural Social Society. In normal times, these societies' goals were to help Muslims everywhere economically, to live a better life. In addition, these societies help people understand, believe, and practice Islamic religion. For women victims, traditional women's societies and institutions should intervene, making it easier for women to seek

needed assistance. These would include the Women's Cultural Social Society, Girls Clubs, the Islamic Welfare Society, and Biader Al-Salam Society. The government should provide these organizations with equipment and training that would enable their workers to reach women and girls who might be unwilling to go to a hospital or who would feel stigmatized by the use of formal therapeutic institutions. Such institutions had no problems in providing counseling to their members and non-members. Their officials stated: "we would welcome specialists to work with people who needed help or counseling." All different societies and institutions believed in counseling and mental health services unless their work conflicted with Islamic rules and regulations. Islamic rules and regulations were not against counseling generally speaking. One obstacle that might appear would be (al Khelwa) which means privacy or being alone with the opposite sex. Religious sheikhs differed in interpreting (Al Khelwa). Some of them were against it totally; others had no problem if emotions were not involved between the therapist and the client.

Similar to religion, families are the essential first lines of support in any disaster. Their support is financial, social, and psychological. However, for families to help most constructively, they will need training to recognize signs of trauma, to learn how they can help, and to know when a family member needs professional assistance. For example, after the Iraqi occupation, families needed to know the signs of unresolved trauma in children. Physiological complaints such as stomachaches or headaches and psychological changes such as unusual feelings of rage and anger or striking out to hurt others could be manifestations of unresolved trauma. Parents should consult with mental health professionals to determine whether they can help their children alone, through strengthening family ties and relationships, or whether they need professional intervention. Generally speaking, parents and families in Kuwait started to believe in mental health professionals. As one therapist stated; my telephone does not stop ringing ... parents always asking me to help their children even with minor problems."

After such a total calamity as the invasion/occupation, it should be expected that long-held values and principles would have been disrupted (Quarantelli 1978). Areas of belief for which there had been near consensus before the invasion were called into question as a result of the occupation. One example is beliefs about using and owning weapons. Before the invasion, weapons were strictly regulated, and people had to have permission to own and use them. During the occupation, however, weapons were used by resistance groups to protect themselves and

others from the Iraqis. Consequently, owning and using guns changed from being an illegal act against a legal government to a heroic act against an illegal occupation force. The traditional safety and security that Kuwaitis had felt before 1990 was shattered by the invasion, contributing to the confusion about whether people needed to act to protect their own families. The local government Ministries should be more active in terms of awareness and enforcing the law. For instance the Ministry of Interior should be more assertive in punishing the outlaws. The Ministry of Communication should remind people of the different laws and regulations concerning using and owning guns.

Schools and other social service sites such as hospitals and medical clinics are particularly critical institutions. Teachers can be trained to identify children and families presenting behavioral or emotional problems. Teachers and other professionals should be informed about the likely sequelae of trauma for victims and their families and taught when and how to refer them to specialized sources for treatment (Maqsood 1992). School personnel can work with parents to help them help their children. An example is educating a mother to distinguish between her child's normal fear of separation and the child's abnormal terror that may be the result of witnessing violence or having been separated from the family³.

In conclusion, the lesson learned from the post-occupation services offered in Kuwait and from the Western literature on disasters is that services must be appropriate for the disaster and for the culture experiencing it. To prepare for any future emergencies, Kuwaitis should develop disaster plans and intervention models that are based in the Islamic and Arabic culture and specific to Kuwait.

Notes

1. The exact number of persons held prisoner is 627.
2. The most notable exception was the Al-raqui Specialized Center, which specialized in psychological treatment, particularly of posttraumatic stress disorder case. It did not get involved in multiple services, such as case assistance and recreational activities, restricting its interventions to psychological treatment.
3. UNICEF contributed to a booklet entitled Parental Guidance that was widely distributed. It was a guide to help parents with their children's behavioral problems.

References

Al-Sarawee, M.

- 1992 "The Impact of the Ecological Destruction of the Iraqi Invasion".
Arab Journal for the Humanities 40: 197-237.

Birmingham, S.

- 1988 "Planning to Deal with Disasters". Social Work Today. August
11: 7-8.

Crook, John.

- 1987 "When disaster strikes". Social Services Insight. June 19: 12-14.

Casey, J. & Jones,.

- 1990 "Shock waves". Social Work Today. November 22: 26-27.

Garbarino, James

- 1993 Unpublished study quoted in Al Qabaas newspaper, no. 7067.

Maqusood, M.

- 1992 Ways of helping children and adolescents who were affected by
crisis and war: Parents and teachers guidance. Kuwait: Kuwait
Society for Advancement of Arab Children.

Ministry of Social Affairs

- 1992 Annual Report. Kuwait: Ministry of Social Affairs, Juvenile
Welfare Department, Probation and Parole Office.

Quarantelli, E.L. ed.

- 1978 Disasters: Theory and Research. Beverly Hills, Calif: Sage
Publications.

Ridha, H. et al

- 1992 "The social and psychological impact of the Iraqi occupation."
Arab Journal for the Humanities 40: 170-205.

Stewart, Michael

- 1988 "Lessons Social Work can Learn About Moving On". Social
Work Today. August 11: 18-19.

Stewart, Michael

- 1989 "Mirrors of pain". Social Work today. 2 February: 19-21.

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This paper reviews the effectiveness of five Kuwaiti institutions created to help Kuwaiti citizens recover from the effects of the Iraqi occupation of 1990-1991. Certain unique aspects of their occupation are discussed, along with Western experience in responding to a wide range of natural and man-made disasters. The Western model for disaster services is seen to be incompatible with Kuwaiti culture, and the development of an intervention and service delivery model more suitable for an Islamic/Arab society is recommended.

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