



## Review Article

**Psychological disturbances of war-traumatized children from different foster and family settings in Bosnia and Herzegovina**

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The mental health of war victims has long been considered one of the classic themes of transcultural psychiatry, its importance being connected to the encounter between cultures and to the meaning of trauma among cultures. Moreover, the mental health of refugees is particularly important because it encompasses the psychological distress connected to the initial experience of violence and the subsequent social difficulties connected to displacement or refugeedom.

Of the wars occurring in the post-communist era, the 1992-1995 war in Bosnia and Herzegovina has received the greatest attention in the West (especially in Europe), partly because of geographical proximity of the affected area, and partly because of the long duration of the war and the perceived violence of particular incidences.

One of the most painful episodes of this long war was the Srebrenica massacre, of July 11, 1995, when more than 8,000 Bosniak people were slaughtered by Serbian troops. One thousand and nineteen (1219) orphaned children arrived to the city of Tuzla in the aftermath of the massacre. These were cared for by the Tuzla Cantonal Center for Orphans, an organisation which was established in 1993 and closed down in 2001. Children were either accommodated in the government orphanage or in other kinds of fostering structures. These children were therefore again exposed to another stress of dislocation and process of acclimatization.

The study by Hasanovic and colleagues investigates the mental health of elementary school children from different foster and family settings in Tuzla, seven years after the 1992-1995 war. They had all experienced war trauma and were between 9-15 years old at the time of the assessment.

The study groups consisted of children in childcare institutions, individuals who had either lost their parents in the war or were separated from them as a result of dire family conditions. The institutions in question were (1) a government orphanage, where the children were cared for by a social worker, psychologist-pedagogue, and six teachers; and, (2) a non-governmental organization (NGO) foster structure called SOS Children's Village, who employed only widows or unmarried women ("Village mothers and aunts"). The latter implemented a completely different type of childcare system to that of the government orphanage.

The study also included two different control groups, both from a local public elementary school. The first control group consisted of children who had lost one parent and remained living with the

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other parent, and the second consisted of children who lived with both of their parents. One hundred and eighty six (186) children aged  $12.7 \pm 1.8$  years were assessed for war trauma, presence of posttraumatic stress disorder (PTSD), and for depression. The study involved thirty-eight (38) children from the government orphanage, forty-eight (48) children from the SOS Children's Village, fifty (50) children who lost a parent in the war but lived with the surviving parent, and 50 children who lived with both parents. For data collection, Hasanovic and colleagues used Children's Posttraumatic Stress Reaction Index and Children's Depression Inventory (CDI).

More than a half of assessed children (96; 51.6%) reported symptoms that met PTSD criteria. There was no difference in the prevalence of PTSD between boys and girls. The prevalence of PTSD was highest among children from the SOS Children's Village, followed by children who lost one parent, and then children from the orphanage. The lowest prevalence of PTSD was found among children living with both parents. The prevalence of PTSD among children from the SOS Children's Village was significantly higher than that among children from the orphanage, children who lost a parent, and children living with both parents. Children from the orphanage did not have significantly different PTSD prevalence from children who lost one or neither parent, but children who lost a parent had a significantly higher PTSD prevalence than children who did not lose either parent.

Forty-two of assessed children (22.6%) reported symptoms that met CDI criteria for depression. There was no difference between boys and girls in the frequency of depression. Depression was most frequently found among children from the SOS Children's Village, followed by children from the orphanage, and then children who had lost a parent, but there were no significant differences between these groups. Children living with both parents had the lowest prevalence of depression, significantly lower than children from the SOS Children's Village or from the orphanage.

PTSD and depression co-morbidity was found in twenty-nine (15.6%) of one hundred and eighty-six children; only depression in thirteen (7.0%), and only PTSD in sixty-seven (36.0%). Seventy-seven (41.4%) children had neither PTSD nor depression. Suicidal thoughts, depressive symptoms, prevalence of depression, and prevalence of PTSD were highly correlated. Only the prevalence of interpersonal problems and PTSD did not show any association.

The results show a high level of co-morbidity between PTSD and depression among the children exposed to war trauma who also lost one or both parents. Additionally there was a highly positive correlation between PTSD, depression, and suicidal thoughts. The prevalence of PTSD and depression was highest among children from the SOS Children's Village. These children and those in the orphanage also had the highest rate of suicidal thoughts. Children who lost a parent had a very high rate of PTSD, whereas children who experienced no parental loss had the lowest rate of PTSD, depression, and suicidal thoughts.

This paper from Hasanovic is a significant starting point to move some reflections on the impact of war trauma on the mental health of children. First of all, it shows a high prevalence of PTSD and depression among children seven years after the end of the war in Bosnia and Herzegovina. Half of the children have been diagnosed with PTSD and one child every four suffers from depression. These findings therefore represent a confirmation of studies describing a long persistence of psychiatric disorder after war trauma, and highlights the specific vulnerability of war-affected children (Papageorgiou et al., 2000; Hasanovic et al., 2005).

Moreover, Hasanovic et al show how different childcare institutions can affect the mental health of war victims. In this study, children fostered by the NGO structure reported the highest prevalence of both disorders. The authors clearly state that this is due to the fact that these children were the most traumatized in the study sample: they had the highest rate of loss of one or both parents and forced leaving of family settings with no ability to return. However, it is likely that this constitutes only a partial explanation for the study results. The presence of only female

caregivers in the NGO residence and the consistent staff turnover caused by changing personal circumstances (e.g., if the caregiver got married, she had to leave the institution and be replaced) could have played a role in heightening the vulnerability and mental distress of this particular group of fostered children.

By now, the mental health of war survivors, especially children, has been explored in multiple ways and from a variety of perspectives. This paper is representative of those studies which highlight the need for epidemiologic data and social factors implied with psychiatric prevalence, in an area of investigation which still lacks field research studies on general populations. It is however worthwhile to point out that some more specific cultural and sociological implications could be moved in a different direction, for instance, qualitative studies where children could express mental distress in a more culturally sensitive way than in standardized interviews. It should also be noted that not all authors agree with the generally accepted view that war-affected children are just passive victims. Instead they may have an active role in coping and shaping their future and mental health as a result of personal, social and cultural resilience factors (Summerfield, 2000; Jones, 2005).

In conclusion, this paper from Hasanovic and colleagues is a valuable contribution of interest to all who would advocate quantitative and objective approaches to field research into the long-term consequences of a cruel and recent war on poor and abandoned victims.

*Reviewed by Vittorio De Luca*

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