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Natalya Paulsen

St. Catherine University, paul5811@stthomas.edu

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Emotional Experiences of Post-war Youth from Bosnia-Herzegovina, A Systematic Review

Natalya Paulsen

Systematic Review Proposal

Reviewers: Colin Hollidge, Ph.D., LICSW & Eva Solomonson, MSW, LICSW

University of St. Thomas/St. Catherine University

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Introduction

The war in Bosnia-Herzegovina began abruptly in 1992 and within months, according to Angel, Hjerm, & Ingleby (2001), thousands of Bosniak (Bosnian Muslims) families left their homes to avoid violence, persecution, and in many cases, death. According to Snyder, May, Zulcic, & Gabbard, (2005), “Bosnia-Herzegovina is a triangular shaped republic surrounded by Croatia on the Western and Northern borders and Serbia on the Eastern. Throughout history, this area has straddled some of the major ideological and political divisions of the continent” (p. 610.)

Between 1992 and 1995, Bosnian Serbs, as well as Serbian military and para-military forces along with local assistance, fought non-Serbs in their villages and homes throughout Bosnia-Herzegovina. This systematic review was designed to explore the research question: what types of emotional experiences did post-war Bosnia-Herzegovina youth face and what is their psychological impact on the population? This research is important for the field of social work as it represents a population of vulnerable youth who have been disenfranchised due to the brutal dynamics of war in their homeland. Conflicts of this nature have continued across the globe for decades, forcing refugee families to flee their homes. Social workers have the responsibility of providing knowledgeable, culturally sensitive practice and advocacy to these families. The youth who have survived war trauma represent a very vulnerable group due to their age, development, social location and dependence on caregivers. Thousands of Bosnian youth have been affected by the war, and many youth in other countries have experienced the long-lasting, devastating effects of war in their homelands. Although the research focuses specifically on Bosnian youth, many of the emotional experiences faced by children and adolescents are applicable to other populations. A systematic review of the literature was critical to gain a broad representation of the emotional experiences faced by post-war Bosnian youth. . There was a

greater diversity of youth represented by conducting research using a systematic review, capturing a more well-rounded view of their experiences relating to the war. The first section of this review will describe the Bosnian war in more detail and report on the emotional experiences of youth from other war-affected regions.

Background of Bosnian War

This conflict was considered a campaign of “ethnic cleansing” against the Muslim individuals in the area and it left thousands of civilians dead. Snyder, May, Zulcic, & Gabbard (2005) state that indigenous Bosnian-Serbs were pulled into a campaign of terror including killing and destruction, ensuring non-Serbian individuals would never return. According to Weine et al. (1995), non-Serbs who were not killed or those who were not held captive and put into concentration camps were forced to leave their homes. Goldstein & Wampler (1997), report that over 1.3 million civilians were displaced within the country, 800,000 became refugees to other areas, and there are estimates that over 200,000 were killed during the war. Layne et al (2001) also report that this tragic loss of human life included 16,000 children.

Cox et al. (2007) state that during this time, civilians of Bosnia and Herzegovina experienced brutal and long lasting civil war. Smith, Perrin, Yule, Hacam, & Stuvland (2002) also report that Bosnian Muslims or Bosniaks, living in the east were under militant attack for nine months and restricted from humanitarian aid. The war was characterized by sieges and forced expulsions from cities. Cox et al. (2007) expands on this to include the presence of military forces, confinement to concentration camps, torture, raids against civilians, and ethnic cleansing in the form of genocide. Layne et al. (2001) commented that the war destroyed a large

amount of Bosnia-Herzegovina's existing infrastructure and social services, specifically those that supported women and children.

Effects of War on Youth

The war in Bosnia-Herzegovina had a profound impact on youth in this region. Cox et al. (2007) believed this war highlighted a growing trend that markedly increased during the latter part of the 20th century; the “deliberate and direct targeting of non-combatants, including children and adolescents by military, paramilitary, and terrorist forces” (p.320). Adolescents were often held in detention camps for short periods. According to Weine et al. (1995), youth were generally separated from their fathers who were usually sent to the concentration camps for longer periods. Many of these children along with their mothers, spent months fleeing capture in occupied territory.

Cox et al. (2007) assert that Bosnia-Herzegovina youth were exposed to events that threatened their lives and caused intense levels of stress. Goldstein and Wampler (1997) report that survivors from Bosnian-Herzegovina suffered starvation, extreme psychological trauma, and intense separations within their families and communities. Layne et al. (2001) report that:

In a screening of more than 1,500 war-exposed Bosnian adolescents selected from ten secondary schools located throughout Bosnia in 1997, 9.8% of students reported that a nuclear family member had been killed, 38% reported that a close friend had been killed, 44% reported being forced to leave their villages or towns as a result of the war, and 41% reported having been exposed to at least one life-threatening situation during the war (p. 278).

Snyder, May, Zulcic, & Gabbard, (2005) report that a large number of children from Bosnia-Herzegovina were barred from going to school and that many of their basic needs, such as food and utility supplies were cut off. Angel, Hjern, & Ingleby (2001) interviewed 99 Bosnian adolescents who had relocated to Sweden after the war to examine any patterns related to war stressors that the youth experienced, and the relation of these war stressors to current mental health problems. The interviews included structured questions about the family's history, events during escape to Sweden, physical health of each family member and the present social situation of the family. Angel, Hjern, & Ingleby (2001) support that resources were scarce for children and add that: nutrition, social networks, play facilities and access to health care were also disrupted. Many of these children fled their homes, and the capacity for younger youth to trace and reunite with family members was markedly limited compared to adults. A disruption of schooling or religious worship can lessen a child's capacity to organize their experiences, making it difficult to process and integrate into these important developmental or social aspects of their lives.

The psychological impact of children's war experiences including the flight from their homeland was significant. Snyder, May, Zulcic, & Gabbard, (2005) assert, "while Bosnian Muslim refugee children may physically escape their oppressors, many are left with a painful legacy of emotional baggage that can significantly affect their future behavior" (p. 615). Angel, Hjern, & Ingleby (2001) conducted interviews with Bosnian children and families to find links between war experiences and current psychological problems. This research found that the flight process for these children was often grueling. Many families had no choice but to leave all of their material possessions behind, and although their belongings may have restored after

resettlement, “the children were left with a fragmented social world and the task of adapting to a strange culture and land” (p.5).

Even though there was extensive coverage of the war in the media, Goldstein & Wampler (1997) argue that there is a scarcity of information on the nature and pervasiveness of war experiences, especially for children who are a highly vulnerable group. Layne et al. (2001) believe that this scarcity:

Contributed to a general call for empirical efficacy and effectiveness studies that include clearly defined target symptoms, reliable and valid measures, manualized and target-specific treatment protocols, controls for treatment adherence, unbiased assignment to treatments and tests for potential mediators, moderators and putative therapeutic mechanisms (p. 278-279).

Symptomology presented by youth who have suffered through a war

War and disaster research has helped to identify the symptomology that appears after exposure to war. Layne et al. (2010), conducted research with 881 Bosnian adolescents using exploratory factor analysis by comparing “common factor-effect indicators” and “composite casual-indicator” methods for unpacking the range of war exposure and their particular pathways to adjustment outcomes. It is believed that these methods would help to reveal the elements and various effects of “caravans” of risk and supportive elements that co-occur across development. This research by Layne et al. (2010) has identified a broad range of distress symptoms experienced by youth during periods of war, including: post-traumatic stress disorder (PTSD), internalizing disorders, depressive symptoms, externalized behaviors, problems in school, difficulty with personality formation and trouble with moral development.

Youth have been directly exposed to increasing rates of violent conflict that has an effect on their emotional adjustment. Layne et al. (2008) assert that The United Nations International Children's Emergency Fund (UNICEF) reports that, "civilian war casualties have increased from 5% to 90% during the past 20 years, with children accounting for at least half of those seriously injured" (p. 1049). Although the current literature suggests a correlation between the impact of exposure to war and adolescent distress, Layne et al. (2010), argues, "studies are providing growing evidence of differential relations between specific trauma-related risk factors and specific post traumatic adjustment outcomes" (p. 1054).

Research conducted by Layne et al. (2008) surveyed 127 war-exposed and predominantly ethnic Muslim high school students using a three-tiered mental health program with classroom based psycho-education and skills interventions in a group setting. This research found that specific trauma related risk factors, such as "high rates of violent deaths of parents or family members" were associated with the specific post traumatic adjustment reactions of, "post-traumatic stress disorder, depression, and grief" (p. 1049). Research by Smith, Perrin, Yule, Hacam, & Stuvland (2002) also found that, "exposure to dead bodies and body parts was the best predictor of intrusive symptoms of PTSD" (p.148).

Post-war youth from Bosnia-Herzegovina have been exposed to many experiences during conflict that influence their emotional and psychological well-being. Morgos, Worden, & Gupta, (2007), addressed the psychological effects of the long lasting, intense and guerrilla-style of war experiences among 131 displaced children from Southern Darfur. The research found that youth living in war-zone areas are at an elevated risk for developing a variety of symptoms and disorders associated with psychopathology, especially PTSD. For many youth, "it is also

common for co-morbid disorders to exist, such as PTSD and depression, or anxiety and traumatic grief” (p.230). Morgos, Worden, & Gupta, (2007) maintain that if the conflict or politically related trauma is severe and persistent, it can initially lead to a reaction of grief or co-morbid depression.

Developmental Concerns

Snyder, May, Zulcic, & Gabbard (2005) conducted a systematic review to highlight the theoretical frameworks and practice principles that professionals could effectively use while working with Bosniak individuals who have suffered through a war. Three methods were used in their research, including a search of the Ebscohost database with relevant keywords, a Google internet search and a search of bibliographies from several dissertations pertaining to the subject. The research revealed that many children exposed to the war in Bosnia- Herzegovina experienced a wide range of developmental challenges.

Refugees of all ages encountered separations from family due to the chaos surrounding leaving their homes behind. Younger children’s capacity for finding and reuniting with family members is much more limited though. Forced migration disrupts family supports, socialization through school and community institutions, religious worship and makes children vulnerable to violent experiences. Snyder, May, Zulcic, & Gabbard, (2005) also assert that exposure to violence which results in trauma can have significant negative impacts on the psychological and social development of that youth:

Children surviving violence often develop trust issues, have difficulty in peer relations, manifest developmental delays, perform poorly at school, and suffer from depression.

These children can develop post-traumatic stress disorder, especially those who are victims of rape, sexual abuse, and physical assaults, which can create “recurring memories of the traumatic events through flashbacks, nightmares and intrusive thoughts and feelings of intense distress and survivor guilt.

Layne et al. (2010) research of 881 Bosnian adolescents using common factor and composite methods revealed that the developmental stage at which the traumatic event occurred could be as consequential as what type of trauma was experienced. In addition, the corresponding strengths of the common factor and composite-based models propose that when both models are used simultaneously, they expose these complex events and their outcomes. It is argued that this dual approach to “unpacking” trauma outcomes “can help to disentangle the complex array of risk factors theorized to *cause* developmental trauma disorder – a constellation of cognitive, affective, somatic and behavioral problems now under consideration for DSM-V – as well as its structure” (p. 1072).

Layne et al. (2010) suggests that developmental stage can play an important role in the types of trauma experienced. Adolescents, compared to younger children have a greater capacity to gather supplies in war settings and populate social networks, therefore they may be at greater risk for experiencing various types of trauma that children may not, such as witnessing death and injury, threat to one’s life, or having a friend killed or injured. The developmental level of youth coupled with the intensity of war-related exposures can make coping with their experiences very difficult. Snyder, May, Zulcic, & Gabbard, (2005) state that a child may be unable to process these highly stressful events related to war and forced migration and in turn, may develop trauma

symptoms as a response. The trauma responses experienced by youth can take many forms.

Snyder, May, Zulcic, & Gabbard (2005) in their study state:

Children surviving violence often develop trust issues, have difficulty in peer relationships, manifest developmental delays, perform poorly at school, and suffer from depression. These children can develop post-traumatic stress disorder, especially those who are victims of rape, sexual abuse, and physical assaults, which can create “recurring memories of the traumatic events through flashbacks, nightmares, and intrusive thoughts” (p.615).

Research suggests that older youth may be at greater risk of trauma exposure compared to younger children (Layne et al., 2010; Morgos, Worden, & Gupta, 2007; Goldstein and Wampler, 1997). Morgos, Worden, & Gupta, (2007) studied 331 displaced children from post-war Southern Darfur, and explained that specific trauma responses endorsed by older children included increased somatic responses, increased reliving of traumatic events, increased fear of the traumatic event recurring, and feelings of isolation. According to Goldstein and Wampler, (1997), “Children of an older age” displayed more symptoms related to trauma than youth that were younger as well (p. 875-876). Layne et al. (2010) note however, that, “differences in child versus adolescent reactions to war exposure may thus reflect differential exposure *to* specific types of trauma, differential effects *of* those exposures, and maturational and other contextual effects” (p. 1072).

Some studies suggest that Bosnian adolescents carry more resiliency and are able to continue their development despite their age or trauma experience. Weine et al. (1995) conducted their research on twelve newly resettled Bosnian adolescents using methods of

psychiatric assessments and personal trauma testimonies. This research showed that trauma, the flight from their host country, and resettlement did not seem to slow down the process of development. Weine et al. (1995), explained that Bosnian adolescent refugees in their study were more connected and more disconnected from their parents than is accounted for by Erickson's identity theory,

The adolescent traumatized refugees have felt called upon to resist the adolescent's normal desire for separation as to protect and to care for their now dependent parents. Yet these adolescents also experienced much greater access to American society than their parents and often came to see themselves as inhabiting an entirely different sphere (p. 1158).

Traumatic Grief Reactions Among War- Exposed Youth

Craig, Sossou, Schnak, & Essex (2008), argue that complicated or traumatic grief can be applied to survivors of ethnic cleansing and genocide from the magnitude of losses that they encounter. The significance of loss ranges from losing members of family, loved ones, close friends, property, employment, and an overall sense of loss, including that of their own multiethnic society. Craig, Sossou, Schnak, & Essex, (2008) describe complicated (complex) grief to involve a person being frozen in a stage of constant mourning in which their psychological anguish stems from their mental protests against the reality of the loss they are experiencing. It can cause a general reluctance to make changes to life in the absence of the loss.

Grief is a strong emotion that many youth experience post-war. Research conducted from Morgos, Worden, & Gupta, (2007), report on grief experiences of displaced children from

post-conflict Southern Darfur confirm that, “children in this study exhibited both traumatic grief and existential grief symptoms which is to be expected because separation and deaths are traumatic by nature and directly witnessed by the children”(p. 247). Morgos, Worden, & Gupta, (2007) also report that in addition to the shocking and atrocious nature of the various losses and deaths that children experience during conflict, the normal progression of grieving is interrupted by ongoing fighting and deracination.

Age is another consideration that can affect youth’s reactions to grief. Morgos, Worden, & Gupta, (2007) studied youth who survived conflict in Southern Darfur and found that there were significant age differences on the grief subscales measured with older children showing markedly higher levels than younger youth. Older children tend to have more war exposure experiences, leaving them more vulnerable to various types of grief compared to their younger counterparts. Multiple regression analysis identified “five specific war experiences as the best indicators of total grief: 1) abduction; 2) death of one or more parents; 3) seeing homes burned; 4) witness shooting; and 5) witnessing rape” (p. 241).

Trauma exposure and experiences of war-affected youth

Youth who experience the violence of war are often exposed to multiple types of trauma (Layne et al., 2008; Weine et al., 1995; Goldstein and Wampler, 1997; Dyregrov, Gupta, Gjestad, & Mukanoheli, 2000). A study by Dyregrov, Gupta, Gjestad, & Mukanoheli (2000), was conducted using 3030 children aged eight to nineteen from Rwanda thirteen months after the genocide took place. The research reports that,

Virtually all the children interviewed had witnessed some kind of violence during the genocide. More than two-thirds of the sample actually saw someone being injured or killed, and 78% experienced death in their immediate family, of which more than one-third of these children witnessed the death of their own family members (p. 9).

The results from this study indicate that many of the children continue to experience intrusive thoughts, feelings, and images 13-20 months after their war exposure despite efforts to avoid these memories.

Betancourt et al. (2012) conducted research using the National Child Traumatic Stress Network's core data set and studied 60 ethnically diverse war-affected refugee children presenting for psychological treatment. In this population, the most common types of trauma that were experienced by youth were traumatic loss or separation, forced migration, and domestic or community violence. It was also discovered that the common types of trauma that were identified often co-occurred, for example, "exposure to war or political violence was typically reported in conjunction with traumatic loss (60%), forced displacement (53.3%), and community violence (41.7%)" (p. 684).

The systematic review completed by Snyder, May, Zulcic, & Gabbard, (2005), found a cross-sectional study of 364 internally displaced children and their families living in Bosnia during the war. The children in this study ranged from age six to twelve and a vast majority experienced close contact to the war along with separation from loved ones and extreme deprivation. Over one third of the Bosnian youth in their study witnessed the injury or killing of a parent or sibling, and all of the youth showed symptoms of extreme emotional distress. These symptoms included, "sadness, anxiety, guilty feelings, risk-taking behavior, extreme pessimism,

belief that life was not worth living, anorexia, and nocturnal enuresis. Almost 94% met the criteria for post-traumatic stress disorder” (p. 619).

PTSD. The type and level of trauma exposure can influence the psychopathology of youth. Dyregrov, Gupta, Gjestad, & Mukanoheli, (2000), explain from their study of post-war Rwandan youth, that high rates of war trauma exposure have been associated with elevated levels of post-traumatic stress disorder. There is indication that when survival is threatened, symptoms of post-traumatic stress disorder can develop in adults and children. According to the American Psychiatric Association (2013), diagnostic criteria, PTSD includes, “a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth criterion concerns duration of symptoms; the seventh assesses functioning; and, the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition.”

Snyder, May, Zulcic, & Gabbard, (2005), report that, “One of the issues that continue to haunt many Bosnian refugees is post-traumatic stress – a result of war and genocide” (p. 608). According to Layne, et al., (2010),

For at least half of war-exposed youths, PTSD reactions decrease on their own in the post-war aftermath, whereas other youth continue to meet full PTSD diagnostic criteria or experience delay-onset stress reactions. The persistence of these reactions is linked to both the degree of severity of initial trauma exposure as well as the presence of postwar family stressors, such as maternal dysfunction and poverty (p.1054).

Research by Angel, Hjern, & Ingleby (2001), collected interview data from 99 Bosnian adolescents, with a mean age of 11.3 years who had been exposed to the war. This study revealed that symptoms consistent with PTSD were widespread in this sample. The PTSD symptoms of hypervigilance, startle reactions or conditioned fears were observed in 36% of the youth interviewed. In addition to this, 40% of the youth's parents reported that they noticed their children to be more nervous or sad since the Bosnian war started. Although the sample size was small, research by Becker, Weine, Vojvoda, & McGlashan (1999) revealed that PTSD symptoms in their follow-up study of 10 Bosnian refugee youth who completed mental health assessments decreased. This study found that at baseline, three of the subjects met diagnostic criteria for PTSD, but during the reassessment one year later, none of the youth showed symptoms, "for the group, mean PTSD symptom severity scores at baseline and at follow-up were 8.9 and 4.0, respectively" (p.777).

Conclusion

A systematic review of the literature pertaining to the emotional experiences of youth from Bosnia-Herzegovina is important in several ways. There are currently thousands of youth who have survived war and internally displaced in their own countries, or who have become refugees of other countries. These children deserve empathy and a chance to live the life that was taken from them by no choice of their own due to the dynamics of war. There have been long-term conflicts throughout history and many that continue today, and children are in need of advocacy. There are few specific studies that address this topic and more inclusive work needs to be done. While the emotional experiences of youth from Bosnia-Herzegovina are unique in many ways, there are also thematic commonalities that could inform a broader range of research and in

turn, further the knowledge on the subject. The information included in this systematic review is necessary for professionals to understand the experiences of post-war youth and to build on how to deliver services in a compassionate and culturally sensitive manner.

Methods

Research Purpose

The purpose of this systematic review is to explore the research question: what types of emotional experiences did post war Bosnia-Herzegovina youth face and what is the psychological impact on the population? The review will look at literature specifically focused on war-exposed youth age 20 years or less, from the region of Bosnia-Herzegovina. It is the hope that this systematic review will disseminate the literature and identify key emotional experiences that post-war Bosnian-Herzegovina youth encountered and how these experiences affect their psychological well-being.

Types of Studies

This review will look at the various types of war exposures that Bosnian youth faced and their relationship to development, trauma experiences, emotional and mental health, culture and family and resilience to disseminate how the literature addressed and organized this information. In order to focus on the overall emotional experiences of post-war Bosnia-Herzegovina youth, only empirically based, peer-reviewed, qualitative studies were considered. Semi-structured interviews, focus groups, case studies, oral and written testimonies, surveys, standardized questionnaires and assessments were included within the qualitative data. The focus of this

systematic review includes the experiences of Bosnian youth; therefore, family members and practitioners perspectives were not included.

Search Strategy

During a preliminary search of academic journals using University of St. Thomas databases, including: Summon, SocINDEX with Full Text, Academic Search Premiere, EBSCOhost and Google Scholar, no systematic reviews were discovered addressing the specific topic of emotional experiences of youth from post-war Bosnia-Herzegovina. In order to grasp the breadth of literature on the research topic, the search strategy incorporated sensitivity and specificity factors. Approaching the literature from both perspectives is imperative to understand the scope of available research and to narrow the findings.

A search for sensitivity is more broad in nature and provides the researcher with many articles, some that do not apply to the question asked. This type of search is important as it can inform the researcher of meaningful information that could have been missed. In order to synthesize the sensitivity findings, a search for specificity was conducted with more precise search terms. A limitation in specificity searches occurs when certain articles are missed due to more narrow search terms. Both types of searches are imperative for a well-rounded review of the literature. Searches using sensitivity and specificity were carried out in this systematic review.

Review Protocol

Peer-reviewed, full text articles were utilized in this review. All of the articles dated 1995 to the present and had to address war trauma in some form. Articles were selected based on specific inclusion and exclusion criteria to narrow the focus of the search and to help ensure quality results. Articles were found using the search engines Summon, SocINDEX with Full Text, Academic Search Premiere, Science Direct, PsychArticles, and Research Gate.

Inclusion Criteria

SocINDEX with full text was searched within peer-reviewed, full text articles with key words: “Bosnian” “Refugee” and “Youth” or “child”. From this search, 11 articles were discovered but only one met the specific criteria of addressing post-war youth from Bosnia. Another search was performed on SocINDEX with the search terms “Bosnia” or “Bosnian” AND “war” AND “trauma” or “exposure”. From this search, 23 articles were found and two of them met the criteria of the quality assessment. All three of the articles found from this database were published after 2002.

The Science Direct database was searched with the terms “Bosnia War” AND “youth” or “adolescence” which initially produced 118 articles. Of these articles, four satisfied the search criteria, and were published between the years of 1995 to 2008. In the databases of PsychArticles and Academic Search Premiere, searches were carried out using the following mixture of terms; “Bosnia War” AND “trauma” AND “youth”. From these databases, three articles met the search criteria. These articles ranged in publication from 1997 to 2008. One article was found referencing an article by Layne et al., (2010), and the article was available via Research Gate and published in 2007.

Exclusion Criteria

Of the 201 qualitative, peer-reviewed articles that met the initial search criteria, only 11 met the stipulations of the quality assessment for this review. Articles that were excluded from the systematic review included: the age of an individual from Bosnia-Herzegovina above 20 years, articles older than 1995, articles addressing other major topics than trauma on target population, articles addressing broad social work with individuals from Bosnia-Herzegovina, articles that were not peer reviewed or authored by government agency. Inclusion and exclusion criteria decisions were decided based on the abstracts and titles of the articles. Table 1 identifies the inclusion and exclusion criteria considered during the review of the literature and Table 2 displays the included articles and databases.

Table 1.
Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Peer-reviewed articles	Bosnian-Herzegovina individual's over the age of 20 years
Published	Articles older than 1995
Qualitative Studies	Articles addressing other major topics than trauma on target population
Article date range from 1995-present	Articles addressing broad social work with individuals from Bosnia-Herzegovina
Article had to address "trauma" in some form	Article is not peer reviewed or authored by government agency
Participants in study from Bosnia-Herzegovina	
Terms "adolescent" or "children" included in title of the article	
Participants age range 6 – 20 years (note: only 2 studies had youth aged 6-7 as youngest)	

Table 2: *Included Articles*

Database	Title	Author(s)
Science Direct	Adolescent survivors of “Ethnic cleansing”: Observations on the first year in America.	Weine, S., Becker, D. F., Mcglashan, T. H., Vojvoda, D., Hartman, S., & Robbins, J. P. (1995).
	Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial.	Layne, C. M., Saltzman, W. R., Poppleton, L., Burlingame, G. M., Pašalić, A., Duraković, E., ... & Pynoos, R. S. (2008).
	Case series: PTSD symptoms in adolescent survivors of “Ethnic cleansing.” results from a 1-Year Follow-up study.	Becker, D. F., Weine, S. M., Vojvoda, D., & Mcglashan, T. H. (1999)
	Adolescent understandings of political violence and psychological well-being: A qualitative study from Bosnia Herzegovina.	Jones, L. (2002)
PsychArticles	Effects of war and organized violence on children: A study of Bosnian refugees in Sweden.	Angel, B., Hjern, A., & Ingleby, D. (2001)
SocIndex	The impact of political violence: Adaptation and identity development in Bosnian adolescent refugees.	Gibson, E. C. (2002)
	War exposure among children from Bosnia-Herzegovina: Psychological adjustment in a community sample.	Smith, P., Perrin, S., Yule, W., Hacam, B., & Stuvland, R. (2002).
	Unpacking trauma exposure risk factors and differential pathways of influence: Predicting postwar mental distress in Bosnian adolescents.	Layne, C. M., Olsen, J. A., Baker, A., Legerski, J., Isakson, B., Pašali, A., & Pynoos, R. S. (2010).
Research Gate	Effectiveness of a trauma/grief-focused group intervention: A qualitative study with war-exposed Bosnian adolescents.	Cox, J., Davies, D. R., Burlingame, G. M., Campbell, J. E., Layne, C. M., & Katzenbach, R. J. (2007)

Academic Search Premiere	War experiences and distress symptoms of Bosnian children.	Goldstein, R. D., & Wampler, N. S. (1997)
	Mental health of Bosnian refugee children: A comparison of clinician appraisal with parent, child and teacher reports.	Goldin, S., Hägglöf, B., Levin, L., & Persson, L. Å. (2008).

Quality Assessment

A quality assessment of the research articles include: 1) is the sample representative?; 2) is the study question clearly stated?; 3) are there any sample biases?; 4) did the authors use appropriate methodology to answer their research question?; and, 5) do the results of the study speak to the research question ? Please see Table 3 for the quality assessment review of the included articles for this systematic review.

Table 3: *Quality Assessment*

Title of Article	1. Is the sample representative of Bosnian youth?	2. Is the study question clearly laid out?	3. Is there sample bias?	4. Did the authors use an appropriate method to answer their question?	5. Do the results of the study speak to the research question ?
Adolescent survivors of "Ethnic cleansing": Observations on the first year in America.	No	Yes	Yes	Yes	Yes
Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial.	Yes	Yes	No	Yes	Yes
Case series: PTSD symptoms in adolescent survivors of "Ethnic cleansing." results from a 1-Year Follow-up study.	Yes	Yes	Yes	Yes	Yes
Adolescent understandings of political violence and psychological well-being: A	Yes	Yes	Yes	Yes	Yes

Title of Article	1. Is the sample representative of Bosnian youth?	2. Is the study question clearly laid out?	3. Is there sample bias?	4. Did the authors use an appropriate method to answer their question?	5. Do the results of the study speak to the research question ?
qualitative study from Bosnia Herzegovina.					
Effects of war and organized violence on children: A study of Bosnian refugees in Sweden.	Yes	Yes	No	Yes	Yes
The impact of political violence: Adaptation and identity development in Bosnian adolescent refugees.	Yes	Yes	Yes	Yes	Yes
War exposure among children from Bosnia-Herzegovina: Psychological adjustment in a community sample.	Yes	Yes	No	Yes	Yes
Unpacking trauma exposure risk factors and differential pathways of influence: Predicting postwar mental distress in Bosnian adolescents.	Yes	Yes	No	Yes	Yes
Effectiveness of a trauma/grief-focused group intervention: A qualitative study with war-exposed Bosnian adolescents.	Yes	Yes	No	Yes	Yes
War experiences and distress symptoms of Bosnian children.	Yes	Yes	No	Yes	Yes
Mental health of Bosnian refugee children: A comparison of clinician appraisal with parent, child and teacher reports.	Yes	Yes	No	Yes	Yes

Research Synthesis

The purpose of this systematic literature review was to explore the question: What are the emotional experiences of post-war youth from Bosnia-Herzegovina? The databases of Science Direct, Psych Articles, SocINDEX, Research Gate, and Academic Search Premiere were utilized

for this review. Using the databases in conjunction with the inclusion and exclusion criteria, 11 articles met the guidelines laid out to answer the research question and were reviewed for this study. Six correlative themes emerged from this systematic review through the literature analysis pertaining to the emotional experiences of post-war youth from Bosnia-Herzegovina. These interrelated themes include: 1) war exposures; 2) trauma; 3) post-traumatic stress disorder; 4) anxiety; 5) depression and sadness; and 6) resiliency and coping.

War Exposure and Bosnian Youth

Exposures to war created various meanings and emotional outcomes for Bosnian youth. Layne, et al. (2010) explain that during the Bosnian war, “ethnic cleansing” campaigns were carried out that exposed individuals to direct threats to their life, the witnessing of severe injuries and traumatic deaths, deprivations of basic needs, exposure to harsh elements and forced expulsions of entire regions which forced refugee flights. Layne, et al. (2010) suggests that different types of war trauma exposure ‘specialize’ to a meaningful extent, in the types of risks they convey and the pathways through which they transmit their effects, permitting them to be ranked by total effect in reference to total outcomes” (p. 1071).

Smith, Perrin, Yule, Hacam, & Stuvland, (2002), collected data from a community sample of 2,976 war exposed youth from Bosnia-Herzegovina between the ages of 9 and 14 years. These youth completed standardized self-reports measures relating to mental health symptoms as well as reported on the amount of war exposure they experienced. Their research suggested that war exposure was correlated with distress and may put youth at risk for later development of depressive symptoms “in the face of subsequent stress or negative life events” (p.154). Goldstein and Wampler (1997) performed cross-sectional surveys of 364 internally

displaced children living in Bosnia during the war. The aim of their study was to find the nature and frequency of war related experiences among Bosnian children and to describe the manifestations of certain psychological sequelae. Goldstein and Wampler (1997), report that:

There were no special considerations given to children based on their age, sex, or wealth. The overwhelming influence on exposure was the region of the child's residence, because the areas that experienced the hardest fighting were associated with a greater amount and more types of war-related exposure (p.874).

Layne et al. (2008) completed research using data collected from school-based psychoeducation and support groups from 127 Bosniak youth attending 10 schools in central Bosnia. This research found that seventy-three percent of participating youth reported experiencing the war exposure of "direct life threat" stemming from close proximity to gun fire and exploding shells. 36% also reported being exposed to witnessing violent death or injury. Research by Goldstein and Wampler (1997), found that virtually all of the youth in the study were exposed to close shelling, nearly half had been separated from a primary caregiver, and more than one third had witnessed a sibling or parent injured or killed. Goldstein and Wampler (1997) add,

Although there were regional variations in warfare and children who had fled their homes were likely to have had particularly harsh war experiences, the wide distribution of the fighting and the large numbers of families displaced by the war suggests that findings from the children surveyed are likely to reflect the experience of a large population of Bosnian children (p. 876).

Trauma

Trauma experiences were noted in all of the literature reviewed. Five of the articles (45%) focused specifically on the types of traumatic experiences that affected youth. Layne, et al., (2010), assert that although there is a general relation between trauma experience and psychological well-being, various types of trauma can associate themselves differently to post-traumatic stress disorder (PTSD) and other outcomes. Some traumatic experiences and events have only moderate or insignificant long last effects, whereas others can be very damaging. According to Cox et al. (2007),

From 1997-2001, the United Nations Children's Fund (UNICEF) in Bosnia Herzegovina (UNICEF BIH) sponsored a school-based psychosocial program for war-exposed adolescents in selected secondary schools throughout the country in response to an increased prevalence of psychosocial distress and academic difficulties observed in Bosnian youth (p.320).

Cox et al. (2007) conducted research in the form of focus groups several years later with 25-45 Bosnian youth who had previously participated in the UNICEF funded treatment groups. They found that war exposed youth from Bosnia and Croatia showed evidence of an increased prevalence of PTSD, anxiety, somatic distress, depression, and relationship difficulties.

Traumatic Experiences. The traumatic experiences that youth faced associated with the Bosnian war were varied and dynamic (Layne, et al., 2010; Layne et al., Weine et al., 1995; Goldstein and Wampler, 1997). According to Goldstein and Wampler (1997) the children's war-related experiences in their study were severe and diverse and were connected to a variety of

psychological outcomes. Goldstein and Wampler (1997) assert that from their study, “a majority of the children faced separation from at least one of their parents because of the hostilities, and nearly two thirds had a significant person in their life killed in the war” (p.874).

Research studies give evidence that war trauma took many forms for individuals and families from Bosnia-Herzegovina and due to the nature of the war, many close relationships were forever changed or ruined for people from the region. Weine et al., (1995) conducted systematic, trauma-focused, clinical interviews with 12 Bosnian adolescents who had experienced the psychiatric trauma of “ethnic cleansing.” This research reported that nearly all the adolescents in the study live their daily lives with their minds occupied by intense memories of the trauma experiences in Bosnia. For the youth in this research study, trauma experiences included,

destruction of their homes and belongings, forced evacuation from their towns, serious lack of food and water, disappearance of family members without explanation, exposure to acts of violence or death, loss of loved ones, prolonged separation from family members, detainment in refugee camps and forced emigration (p.1155).

According to research by Goldstein and Wampler, (1997), during the Bosnian war, there were numerous reports of rape, inhumane imprisonment, and mass murder of civilians. An adolescent boy from a study by Weine et al. (1995) reflects on his experience:

Why would you want to go back to Bosnia? There’s nothing left for us. Burnt homes, burnt city. I still love my country and I want to spend my old age there. I don’t think we could live with Serbs after what they did to us. Serbs killed my best friend. That’s why I

hate all of them. They destroyed all of my childhood. I don't have a childhood anymore. I don't know about what happened to all of my friends. They are somewhere in the world or they are dead. I don't know why they find that much reason to hate us (p.1156).

The traumatic events faced by civilians, many of them children, extend to profound physical deprivation, psychological trauma, and severe disruption of everyday life in families and communities for survivors. In two of the research articles 18% reviewed, the children were reported to have experienced an average of seven traumatic events or more (Weine et al., 1995; Goldstein and Wampler, 1997). Goldstein and Wampler's (1997), research reported that the PTSD symptom categories for:

children who had witnessed the death, injury or torture of nuclear family members, children of an older age, and those who came from a large city reported more symptoms. Their increased risk reached statistical significance ($P < .05$) in the majority of the symptom categories (p.875-876).

The variety of experiences related to wartime are the catalyst for traumatic emotional experiences. In a study by Weine et al. (1995), all twelve of the participants experienced seven or more traumatic events. According to Layne et al. (2008), 73% of the participants reported to have experienced a direct threat to their life stemming from the closeness of gun fire or shells exploding. Twelve percent of youth recounted witnessing torture, 46% recounted severe injury to a person close to them, and 73% recounted a violent death to a person close to them. These traumatic types of experiences brought about existential dilemmas where youth encountered painful thought processes during the traumatic events in which they had to choose between protecting oneself or helping others in distress.

In addition to existential dilemmas faced by youth who are exposed to war, Layne et al. (2008) argue that interruptions in thought processes also occur. Individuals experience “intervention thoughts” after traumatic events. These thoughts are ongoing and a person can become preoccupied thinking about how the traumatic loss or injury could have been protected against, fixed, or prevented. This trauma processing can include negative feelings of shame, guilt, rage, helplessness and confusion regarding issues surrounding accountability towards others.

Age. There was some discussion in the research about the influence of age in relation to how an individual experiences traumatic events. Angel, Hjern, & Ingleby, (2001) report that compared to younger children in the study, older children scored higher on the scales of “disruption” and “loss.” The literature by Becker, Weine, Vojvoda, & McGlashan, (1999) also report that youth’s post-traumatic stress severity was lower than adults in the same study. Layne, et al., (2010), provide an explanation of why older children may have more severe emotional experiences connected to war trauma, suggesting that,

Because adolescents often gather supplies in war settings and have social networks populated with peers and adult friends, they may be at higher risk than children for many types of [war] exposure, including life threat, witnessing injury or death, and having a close friend killed or injured p. 1072.

Layne et al. (2010), explains that older children have a greater likelihood for trauma exposure because of their social positions, but developmentally, they are also able to internalize and understand the meaning of these war exposures more thoughtfully and thoroughly than younger children. Goldin, Hägglöf, Levin, & Persson (2008), conducted semi-structured

interviews and utilized the Child Behavior Checklist (CBCL Version 1991), the Youth Self-Report (YSR Version 1991), and the Posttraumatic Stress Reaction Checklist (PTSRC) to measure mental health outcomes in post-war Bosnian youth. Their study suggests that teenagers had higher numbers of depressive symptoms than their younger counterparts. Twenty-five percent of children reported diminished interest for activities, 17% reported detachment from other people, and 8% had no hope for their future. The older teenage group reported a 60% diminished interest for activities, 47% reported detachment from other people, and 13% reported that they had no hope for the future.

Smith, Perrin, Yule, Hacam, & Stuvland, (2002), designed a community epidemiological screening for 2,976 Bosnian children between the ages of nine to fourteen. They found that there was a significant correlation between age and exposure, with older children reporting higher levels of war exposure. This research also found that, “with regards to risk and mediating factors, the effects of age were slight, although there was a tendency for younger children to report more anxiety and arousal symptoms” (p. 154).

Post-Traumatic Stress Disorder

Seven articles (64 %) in the literature reported Post-Traumatic Stress (PTSD) disorder symptoms within the post-war Bosnian youth population. Goldin, Hägglöf, Levin, & Persson, (2008), conducted semi-structured interviews with 48 Bosnian children aged seven to twenty. From the clinical assessments, 58% of the children displayed the post-traumatic stress symptom of “hyperarousal.” Arousal symptoms are used to describe ways in which the brain remains “watchful” of further threats. According to the American Psychiatric Association (2013), these symptoms can take the form of difficulty concentrating, irritability, difficulty falling or staying

asleep, hypervigilance, and being easily startled. PTSD is a complex and dynamic diagnosis in and of itself, and diagnosis can become difficult when examining a population of individuals who have been exposed to years of ongoing traumatic events related to a war of ethnic cleansing.

Weine et al., (1995) conducted systematic, trauma-focused clinical interviews of twelve Bosnian adolescents who survived “ethnic cleansing” The interviews included standard assessment scales for PTSD and depression as well as personal testimonies from their experience. It was found that these Bosnian youth faced a variety of traumatic events associated with the war including: psychic trauma associated with “ethnic cleansing”, chronic stress of refugee camps, enduring the loss of family, friends and accustomed lifestyle, and the lasting psychological proximity to genocide in Bosnia-Herzegovina.

Weine et al. (1995) discuss the the PTSD and traumatic stress symptoms from their study of twelve Bosnian adolescents who survived the war:

The adolescents in our sample have experienced a sequence of multiple traumatic events, including (1) the sudden occurrence of massive psychic traumas associated with “ethnic cleansing” (lasting approximately 6 months; (2) the chronic stresses associated with living in a refugee camp (for approximately one year); (3) the chronic stresses associated with emigration and resettlement in the United States; (4) the enduring stresses associated with loss of family, friends, and the accustomed social fabric; and (5) the ongoing psychological proximity to the genocide and war that continues in Bosnia-Herzegovina (p. 1156).

Weine et al. (1995) adds that, “traumas this extensive, extreme and complex do not easily fit into the construct of PTSD, which is usually used in relation to traumatic events that are more isolated and circumscribed” (p.1156). Angel, Hjern, & Ingleby, (2001), support this concept, stating, “war traumas are seldom the acute single events presupposed by the category PTSD; rather, they involve plural, multiple, or sequential traumatization” (p.13).

In a cross-sectional survey of 364 internally displaced Bosniak youth aged six to twelve years old studied by Goldstein and Wampler, (1997), 94% met diagnostic criteria for PTSD. This study also found that, “the children were exposed to virtually all of the surveyed war-related experiences” (p.873). The majority of the youth faced family separations, grief, close contact to the ongoing conflict, and significant deprivation. Smith, Perrin, Yule, Hacam, & Stuvland, (2002), conducted a study in which they initially assessed children two years after the Bosnian war, and then again two years after the conflict ended. These children displayed extremely high levels of war exposure and PTSD symptoms. Smith, Perrin, Yule, Hacam, & Stuvland, (2002), also report that, “present results show how post-traumatic stress symptoms are a specific response to the stresses of war, and that they persist some 2 years after the end of the worst fighting” (p.153). PTSD-related symptoms were experienced by all of the children in a study by Angel, Hjern, & Ingleby, (2001), noting that 36% of youth experienced hypervigilance and startle reactions or conditioned fears because of the war. Goldstein and Wampler, (1997), reported that the children in their study revealed multiple severe psychological manifestations including PTSD, anxiety, sadness and guilt.

Familial and cultural influence. Becker, Weine, Vojvoda & McGlashan (1999) conducted research with ten Bosnian adolescent one year after resettlement and found:

At baseline, 3 subjects met criteria for PTSD. At follow-up, this diagnosis persisted in none of these subjects, though 1 subject met criteria at follow-up only. For the group, mean PTSD severity scores at baseline and at follow-up were 8.9 and 4.0, respectively (p.775).

Becker, Weine, Vojvoda & McGlashan (1999), suggest in this research that these findings may be reflective of resiliency factors in these adolescents.

Becker, Weine, Vojvoda, & McGlashan (1999) argue that PTSD diagnosis tend to collect within families. The findings of their study suggest that family and community conditions may play a critical role in determining the path of posttraumatic growth during adolescence. Becker, Weine, Vojvoda, & McGlashan (1999), state, that several studies have documented the adaptation of PTSD in parental figures and family functioning related to symptom formation in children. For children whose parents overcame their own symptoms, adapted to new culture and supported the child's adaptation, fewer PTSD symptoms were seen.

Family dynamics may also play a role in how a child expresses their emotional experiences after traumatic events. Goldin, Hägglöf, Levin, & Persson, (2008), report that in the Bosnian culture, there are accepted norms of strong parental authority and rigid generational boundaries. From their study, they found:

Child and parent global assessments showed a substantial level of inter-relatedness. In families where all have experienced the trauma of war and exile, children may hold silent or disguise their own distress to minimize parent burden. Parents may misinterpret or make light of what they observe, to allay feelings of guilt and shame (p. 213).

Re-experiencing traumatic events. Three of the articles (27%) within the systematic research report significant findings that youth continued to “re-experience” traumatic events that occurred after the war in Bosnia was over. (Becker, Weine, Vojvoda, & McGlashan, 1999; Goldin, Hägglöf, Levin, & Persson, 2008; Goldstein and Wampler, 1997 . Becker, Weine, Vojvoda, & McGlashan, (1999) report that, PTSD cluster symptoms for adolescents in the study were present 43% for “re-experiencing” traumatic events. This “re-experiencing” cluster includes intrusive nightmares, flashbacks, and becoming upset when reminded of trauma. In a study done by Goldin, Hägglöf, Levin, & Persson, (2008), 48% of children displayed one or more emotional-behavioral problem that met the severity from the post-traumatic stress reactions scale for “demanding attention” in which 42% of the youth were found to re-experience traumatic events. All of the children who met the DSM-IV criteria for PTSD in a study conducted by Goldstein and Wampler (1997), reported symptoms fulfilling the component in the diagnosis of “re-experiencing traumatic events”.

Avoiding traumatic reminders. There was a universal theme among the Bosnian youth in a study by Gibson (2002), in which all youth had a tendency to avoid traumatic memories related to war experiences and a marked desire to forget the past. Four out of the nine teenagers in the study by Gibson (2002), who had initially agreed to be interviewed, withdrew because they did not want to reflect on their experiences of war. Of the five teenagers who did participate in the interviews, many did not want to share their stories of specific losses that occurred during the war. Goldin, Hägglöf, Levin, & Persson, (2008) assert that clinicians found that 54% of youth displayed thoughts of avoidance in regards to their emotional experiences of war, and this percentage grew to 79% on the child’s self-reporting scale. Weine et al., (1995) found that three out of the twelve adolescents in their study met the DSM-III criteria for PTSD

and among those diagnosed, the highest symptom ratings were, “intrusive memories” and “avoiding thoughts of war”. Angel, Hjern, & Ingleby (2001) report that it is not uncommon for Bosnian youth to use intentional avoidance as a means to cope with trauma and loss. As they state in their study:

It is clear, however, that all of the study participants consciously avoid traumatic reminders of what they have survived and often try to remember only what their lives were like before the war, thereby holding onto good images of their homeland. A tendency to minimize what they have survived and what they have learned about humanity, as well as a desire to forget the war, support recent literature regarding possible responses to extreme trauma (p. 48).

Although there is some literature that touches on war-exposed youth and PTSD symptom pathology, more longitudinal studies are needed. Becker, Weine, Vojvoda, & McGlashan, (1999), argue that there have been little studies that track the time course of symptom formation for late onset PTSD and only few studies that track the evolution of PTSD in adolescents. Although youth in a study by Weine et al., (1995) revealed that 25% of the youth studied met diagnostic criteria for PTSD, this measurement does not always capture the gravity of traumatic experiences faced by post-war youth. Weine et al., (1995) explain that, the absence of a PTSD diagnosis is not to say that the youth studied didn't experience significant struggles derived from traumatization. It is “likely that the discrepancy we found between trauma exposure and PTSD diagnosis reflects both limitations in the cross-cultural relevance of our current diagnostic system and problems inherent in the PTSD construct” (p.1156).

Anxiety and War Stressors

The research suggests that anxiety and stress generally had a negative impact on the emotional experiences of post-war Bosnian youth (Angel, Hjern, & Ingleby, 2001; Goldin, Hägglöf, Levin, & Persson, 2008; Cox et al., 2007; Goldstein and Wampler, 1997; Smith, Perrin, Yule, Hacam, & Stuvland, 2002). Anxiety and sadness have a significant impact on a child's ability to engage in average, age appropriate experiences. Goldstein and Wampler, (1997), report that these experiences can impact a child internally and can also be displayed externally by problems in school and difficulties in peer and familial relationships. Angel, Hjern, & Ingleby, (2001), reported that, "an examination of the correlation between the scales of total stress and total problems indicated a clear relationship between war stressors and children's problems" (p. 10).

Research by Angel, Hjern, & Ingleby (2001), found that there was a link between the having the experience of living under constant threat and generalized anxiety symptoms. Goldstein and Wampler, (1997) reported that 95.5% of the children in their study met the distress category for "high-levels of anxiety". According to Layne et al. (2008), some adolescents displayed traumatic stress reactions in response to their emotional experiences of war, often feeling concerned about "going crazy", being different, or being irreparably damaged. Fifteen percent of youth studied by Goldin, Hägglöf, Levin, & Persson, (2008) exhibited symptoms of anxiousness post-war. This percentage is smaller than the study by Goldstein and Wampler, for example, and could be attributed to family members having been present during the child's interview. The researchers explain that, "children are often painfully aware of parent anxiety and deeply loyal; withholding or disguising their own inner feelings so as not to burden parents additionally" (p.212).

A significant interaction affect that medicated stress and problems in children was discussed in a research project by Angel, Hjern, & Ingleby (2001), and revealed that, “the more severely disrupted children were more likely to have parents that talked about the war” (p. 11). Examination of scatter plots in the research by Angel, Hjern, & Ingleby (2001), revealed that talking about war exposures was associated with fewer problems when the war stressors were fairly minor, but at significant levels of stress the problems actually exacerbated. The Bosnian war marked a period of “ethnic cleansing” in which individuals were targeted based on their ethnic backgrounds and cultural beliefs. Angel, Hjern, & Ingleby (2001), affirmed that the threat of harm stemming from ethnic persecution could be just as damaging emotionally as exposure to violence. They make this point in their research when they state:

An important link was evident between the experience of living under threat and generalized anxiety. It seemed that even when a child was not exposed to violent events, growing up in a family subject to (ethnic) persecution and oppression could drastically undermine development of a sense of security (p. 12)

Depression and Sadness

The research suggests that depression is another common emotional experience found in war exposed youth (Angel, Hjern, & Ingleby, 2001; Goldin, Hägglöf, Levin, & Persson, 2008; Cox et al.2007; Weine et al. 1995; Goldstein and Wampler, 1997; Smith, Perrin, Yule, Hacam, & Stuvland, 2002) Of the emotional-behaviorial problems measured in research by Goldin, Hägglöf, Levin, & Persson (2008), depressiveness along with anxiety-regressiveness factored most widely. Of the 24 children interviewed, 25% had a diminished interest in activities, and

13% had no hopes for their future. Of the 15 teenagers in the same study, 60% had a diminished interest in activities, and 13% had no hopes for their future.

The literature by Goldstein and Wampler (1997), found that 90.6% of the Bosnian children experienced significant sadness. Goldstein and Wampler (1997), also report that the sadness and anxiety that these children faced severely affected their ability to participate in average, age appropriate activities. In a study by Goldin, Hägglöf, Levin, & Persson (2008), “depressiveness” was identified as the “single most prevalent symptom,” affecting 31% of the youth. Similar to the other emotional experiences discussed, depression can have a significant impact on post-war youth. Goldstein and Wampler (1997), report that depression created “profound disruption of family and community life” for youth (p.873).

Several research projects report that children experience war exposure differently, and therefore different types of exposure seemed to mediate depressive symptoms. Research by Angel, Hjern, & Ingleby (2001), reported that children from families in which at least one member was held in a concentration camp were drastically affected in regards to traumatic events, losses and separations. There was a statistically significant link ($t(97)=4.02, p<.0001$) and positive correlation between children who had phobic and depressive symptoms with all the items listed on the violence scale. The most significant association between depression and violence was with the item, “child victim of intentional violence”. Using the Revised Impact of Event Scale (RIES), Smith, Perrin, Yule, Hacam, & Stuvland (2002), found that straightforward correlations showed that depressive symptoms in youth were more closely linked with PTSD than war exposure itself. This raised the question as to whether depressive symptoms among youth in the study are an outcome PTSD, symptoms or war exposure.

Many of the youth who experienced depressive symptoms had negative thoughts about themselves and the future. More than half of the Bosnian youth in a study by Goldstein and Wampler, (1995), displayed extreme pessimism when pondering their future, reporting that they believed they would never be happy. Over one third of the same youth reported that because of their emotional experiences from the war, they felt that life was not worth living. Some of the youth internalized their experience and had misperceptions about themselves within their family stemming from their war experiences. Goldstein and Wampler (1995), reported that two-thirds of youth reported feelings of guilt, believing that they were responsible for the troubles within their family.

Not all youth studied reported elevated levels of depressive symptoms. Research by Smith, Perrin, Yule, Hacam, & Stuvland, (2002), assert that overall, depressive self-rating scales among the Bosnian youth studied were not significantly elevated. There is an estimated 15% of child cases that meet criteria for depression on self-report, only slightly more than the 10% reported during times of peace. Goldin, Hägglöf, Levin, & Persson (2008), point out that a period of “depressiveness” could be normal adjustment when faced with sudden loss of family and friends, community, school, and language. Goldin, Hägglöf, Levin, & Persson (2008), argue, referral for mental health services should perhaps be more strictly reserved for youths whose grief reactions clearly hinder their developmental growth.

Resiliency and Coping

Seven (63%) of the research projects noted resiliency factors observed among post-war Bosnian youth (Becker, Weine, Vojvoda, & McGlashan, 1999; Angel, Hjern, & Ingleby, 2001; Gibson, 2002; Weine et al., 1995; Goldstein and Wampler, 1997; Jones, 2002; Smith, Perrin,

Yule, Hacam, & Stuvland, 2002). These resiliency factors play a significant role in mitigating the damaging emotional effects that the stressors of war have placed on youth. Smith, Perrin, Yule, Hacam, & Stuvland (2002), argue that strong familial and cultural relationships, personal ideals of success, altruism and avoidance were noted as means to facilitate resiliency.

The availability of family and supportive familial environments were observed to be in place for youth that displayed higher levels of resiliency (Becker, Weine, Vojvoda, & McGlashan, 1999; Angel, Hjern, & Ingleby, 2001; Gibson, 2002). Research from Becker, Weine, Vojvoda, & McGlashan (1999), report that resiliency was attributed to helpful family environments and supportive relations in the community and among peers. This research found that youth were more “resilient and resistant to the pathological effects of trauma” (p. 779). Becker, Weine, Vojvoda, & McGlashan (1999), report that part of this resiliency in the Bosnian youth studied could be attributed to maintaining familial supports in which they were able to stay within their family units and were able to acculturate from Western Europe to the United States relatively easily. Angel, Hjern, & Ingleby (2001) report that the level of resiliency could be attributed to a secure familial containing environment who share strong cultural meaning. This shared meaning enabled families to make sense of and cope with their sufferings stemming from the war in religious and historical terms.

Research by Gibson (2002), argues that primary caregivers "buffer" social stressors for youth and that positive connections with adults that facilitate a child's internal map of the world around them are paramount in maintaining a sense of security, making it possible for the child to cope with fear and adversity. Gibson (2002), adds, "a trustworthy adult role model reflecting adult competence and self-control in the face of stress is what children need most to maintain

emotional health" (p.32). Research from Becker, Weine, Vojvoda, & McGlashan (1999), report that the Bosnian youth studied remain with their families after resettlement which may have contributed to their resiliency, adding, "adolescents in this study were more resilient and more resistant to the pathological effects of trauma" (p779).

Jones, (2002) suggests that the majority of children in their study practiced adaptive coping skills such as disengagement from seeking meaning behind their war experiences. These coping skills are made possible when the entire community that was effected is able to pull together for survival. Jones (2002), also asserts, "social support may mediate a range of post-traumatic outcomes, including depression" (p.153). Cultural pride and personal ideals of success also play a role in positively influencing the emotional experiences of Bosnian youth. Research by Gibson (2002), reported that the five adolescents in their study reported that they continue to cry when faced with problems. Their personal desires to succeed show determination and this likely contributes to their resiliency.

Gibson's (2002) research collected through interview testimonies found that cultural pride and a heightened sense of responsibility after the war were a major part of how Bosnian youth defined themselves and this helped to facilitate their coping. Gibson (2002) found that the adolescents in the study had a desire to honor their parents, which was a reflection of their cultural identity and what they survived together. Gibson, (2002) also reported that all of the Bosnian youth interviewed showed a high level of altruism in regards to the welfare of others. Nearly all of them reported that they help others and enjoy the fact that their parents are helpful to people as well. There is a sense of ongoing pride as they report their parents helping others during and after the war. Jones (2002), studied 40 adolescents over a period of one year with in-

depth interview to explore the youth's understandings of the war. From their research, they found:

Families on both sides talked of their feelings of unimportance and powerlessness. In this context, it is not surprising that adolescents use disengagement from the war and everything associated with it as the most effective coping strategy. Rather than searching for meaning for past events they could not control, they focused on friendships and personal achievements such as good marks at school, sport or music (p. 1366).

Research by Gibson (2002) discovered that it was not uncommon for Bosnian youth to use the coping mechanism of avoidance when reflecting on their war experiences to mediate strong emotional reactions. Jones (2002) states that, during the Bosnian war, families felt powerless and unimportant. When looking at coping strategies through this lens, it is not surprising that youth use the skill of disengagement from the war and all associations to it as the most effective strategy. Jones (2002) argues that, "not enough attention has been paid to the usefulness of repression and distancing as healthy methods of coping" (p.1367).

Jones, (2002) supports cognitive avoidance as a coping strategy, reporting that when successfully done, it may be protective and indicate positive results short-term. This study suggests though, that disengagement and avoidance could have a negative impact on second generation individuals who may grow up with a belief system that there is safety living in an ethnically homogenous state. Although avoidance seems to be helpful, some explanation of the outcomes of war could be helpful in developing a healthy belief system. Most importantly, Jones (2002) adds, "for those young people that do engage in the search for meaning, the best forms of support and assistance may take the form of advocating material, social and political

changes that will bring some resolution to the contradictions and difficulties that they face” (p. 1368).

Discussion

The research revealed a broad range of emotional experiences that Bosnian youth encountered after the war. The exposures to traumatic events that youth encountered were vast and complex. This systematic review adds to the body of work on this subject matter by looking at a variety of youth in diverse settings. Results showed that many Bosnian youth were exposed to multiple traumatic events related to the war. This was an important finding because several research articles from the review focused on symptoms of PTSD, which were generally described as the result of a one-time, or isolated exposure to trauma. These children were exposed to multiple traumatic experiences, such as: witnessing torture, injury or death of a loved one; rape; imprisonment; direct threat to their life stemming from close shelling; and physical deprivation.

The pace of the work may need to be adjusted in the therapeutic relationship with Bosnian youth. These children have survived a tremendous amount of hardship and have adjusted to a completely different way of life after being uprooted post-war. They have not only experienced the traumas related to war, but traumas related to resettlement, loss of social construct, loss of cultural norms, loss of homeland, etc. A practitioner will need to be approaching youth in this population from an ecological perspective, considering the array of environmental

factors that are influencing these youth. It may take more time to complete a thorough assessment of how an individual from post-war Bosnia has experienced life.

The pace of work will also be important when considering the benefit of using psychoeducation with Bosnian children and adolescents. Many youth who have lived through war trauma carry an internal discrepancy in which they want to avoid thoughts of war, but lack the ability to control their disturbing memories, which leads to re-experiencing the events. By using psychoeducation, a social worker could assist youth in understanding the relationship between avoidance, traumatic re-experiencing and recovery.

The tendency to avoid traumatic reminders can be seen as a resiliency factor as well. It is equally, if not more important, for social workers to understand culturally competent resiliency factors for war-exposed Bosnian youth. Avoidance was one of the factors in healthy coping for some of the children in the research. Part of this tendency to avoid traumatic reminders was due to cultural norms within families in which children did not like to bring up details of war-related events to protect their parents from this burden. Practitioners need to be mindful that there is an inherent power dynamic between a clinician and client in general, and this may be exacerbated due to the youth's age and their cultural communication norms of passivity towards adults.

It is imperative for a clinician working with Bosnian youth to have expertise in trauma models and interventions. Utilizing interventions that recognize, manage, and reduce hyperarousal symptoms for youth will be essential in their recovery process. Research results also showed Bosnian families who spoke less about the war had more positive mental health outcomes versus families who spoke about events of the war at home. One study highlighted that the war represented a period of time in which individuals had no control over their lives or

the events that shaped their situations during the war. From this perspective, moving forward and focusing on what could be controlled in life (i.e. friend and family relationships, academic success) demonstrated more resilience.

Implications for Further Research

Implications for future research should include more longitudinal studies on the effects of specific war-related events on youth. This could allow researchers to gain a broader understanding of risk factors, developmental outcomes, or sources of resilience. Longitudinal studies could also give youth the ability to have a stronger voice to describe their experience and what they found to be the most helpful in coping and living with their traumatic past. It would be beneficial to examine the long-term effects of war, if any, and how adjustment outcomes change over the course of development. Several studies discussed the possibility of late onset PTSD, and longitudinal research may give professionals more insight about how these symptoms are displayed and possible preventative or protective factors that could be put into practice to help these youth the most.

Another implication for future research may be to focus on how specific war-related exposures manifest into specific outcomes or symptoms. There were some correlations found in the research regarding war experiences and their relationship to PTSD or anxiety, but more research is needed in this area. There is also more research needed to understand the effects of complex PTSD on youth versus the effects of PTSD alone. Generally, PTSD refers to an

isolated event experienced by an individual; however, a majority of youth who have lived through a war have experienced multiple and significant traumatic events.

Practice Implications

Understanding symptomology from the perspective of complex PTSD could better inform social workers on their approach to practice. Finding out the meaning of these events for children rather than automatically labeling them as pathological would also be helpful. Social workers who have a Westernized lens of what trauma is and how to approach treatment are encouraged to expand their understanding of how these trauma outcomes are affecting individuals in their everyday lives. Attention to cultural factors is critical here. It would be beneficial to build on this body of work by having professional members within the Bosnian community recommend methods of measuring war trauma and be part of conducting further research on the topic.

The lived experiences of Bosnian youth are unique and exclusive in their relationship to the war of ethnic cleansing that occurred in Bosnia-Herzegovina. Social workers serving this population have a responsibility to be knowledgeable about the history of the war to gain a better understanding of their clients. Although each youth has differing experiences, acquiring general information of how the Bosnian war affected thousands of people will increase cultural awareness when working individually with clients. Clinically, this approach could serve as a source of rapport and relationship building, showing that a clinician cared enough to seek out knowledge pertaining to historical background and war experiences. It is likely that the clinician's cultural and ethnic background will differ from that of their client, which is another

reason why more effort needs to be put into gaining historical and cultural information on the part of the practitioner.

Rather than focusing on pathological outcomes in the the Bosnian youth community, social workers should be promoting and advocating for resiliency. Family, cultural preservation, community and social engagement, faith, and academic success have been recognized as sources of resilience in Bosnian youth. Practitioners can tailor assessments and treatment planning to support these identified areas of strength. Social workers could also advocate on a community level to promote resiliency. Partnering and learning from leaders in the Muslim community could be one place to start. Navigating ways in which faith practices or beliefs can be worked into a school setting, for example, may be another source of strength and support for children. Social workers may also want to organize community round table discussions or panels with members of the Bosnian culture along with local agencies to promote dialogue and education regarding what has been helpful for the healthy development of these children and what is lacking.

Another finding related to trauma was the tendency for many youth to re-experience the traumatic events encountered, while at the same time having a strong desire to avoid these reminders. This is important for social workers to be aware of when working within this population. This information could be beneficial in building meaningful relationships and establishing dialogue. Although youth may have a desire to avoid thinking about the traumatic events they've experienced related to the war, many are still internally re-experiencing these events. A practitioner should consider using this knowledge to adapt their engagement and therapy methods to better serve Bosnian youth.

Several of the Bosnian youth studied did not talk about the war because they felt as if it would burden their parents. This may not necessarily hold true in the therapeutic relationship, but finding other creative ways for children to tell their stories may be useful. From a developmental perspective, younger children may have a more difficult time expressing themselves with words. A practitioner may want to have skills in using a variety of mediums for these children, such as art or play therapy.

The research stated that Bosnian youth and their families generally didn't reflect on their personal war experiences because the war is not something they could control. Families didn't have a choice in what happened to them or around them. A social worker can use this information to address the therapeutic relationship in a person-centered manner, making sure that the youth is involved and has a voice during the course of treatment and recovery. Future research could also measure whether educating social workers on culturally specific protective and resiliency factors produce more positive outcomes within the Bosnian community.

Limitations

There were several limitations to consider from the research. First, there was a limited amount of studies that focused specifically on post-war Bosnian youth. There was a broad range of literature on the various effects of war from children of differing countries or regions, but research specific to the Bosnian war was minimal. There were also a lack of longitudinal studies performed from the available research. A few research articles used in the systematic review were follow-up studies, but this only extended one to five years after the initial qualitative data were collected. Another limitation in the research is how presenting symptoms are measured in regards to the use of Westernized interpretations and scales. There is a question as to whether a

PTSD diagnosis is a proper way to measure traumatic experiences related to war, given issues related to cultural relevance and how PTSD diagnoses are constructed.

Conclusion

This systematic review highlighted the extensive emotional experiences that youth faced during the Bosnian war. As a result of the brutal devastation that the war left behind, many children developed mental health symptoms, such as anxiety, post-traumatic stress disorder and depression. The research also found that a strong familial and community connection along with a sense of autonomy facilitated youth's resilience post-war. Further research and practices need to be established for post-war youth so that preventative and strengths based supports can be put in place as soon as possible to assist youth in their recovery. It is crucial for practitioners to gain historical and cultural knowledge on the post-war population they will be serving to produce better outcomes for these vulnerable youth. These young people need the support of skilled and knowledgeable professionals to reach their full potential now that they are living in more peaceful environments. It is the hope that further research and changes to practice implications will support youth in their process of treatment and recovery in a culturally-sensitive, person-centered manner in order for them to live fulfilling and happy lives long after their experiences of war.

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