EMOTIONAL STATE OF BOSNIAN REFUGEE AND IMMIGRANT CHILDREN IN TURKEY*

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ABSTRACT

Objective: The main purpose of this study is to assess the emotional state of Bosnian refugee and immigrant children in Istanbul/Turkey and to compare the findings.

Methods: The subjects were given the Croatian version of the Child Depression Inventory (CDI) and Zivcic's Mood Scale, which consisted of 4 subscales: joy, fear, sadness and anger. Their parents also completed a Mood Scale. A data questionnaire was used for the refugee sample to obtain information about the war experience.

Results: Mean CDI and Mood Scale scores were not elevated for both groups and no statistically significant difference was found. Refugee sample reports displayed higher correlations than the immigrant sample.

Conclusion: The results can be interpreted as the refugees have spent enough time to normalize their war related emotions. Intergroup factors are important in the refugee sample.

Key Words: Children, Refugee, War, Trauma

INTRODUCTION

Shortly after the Dayton Peace Agreement, it was estimated that a total number of 686,533 Bosnians became refugees outside of former Yugoslavia in Europe. The number of Bosnian refugees in other countries of former Yugoslavia was estimated as 645,300 (1). Inside Bosnia-Herzegovina, the estimated number of displaced and war affected people was 2,700,951 (2). These numbers, being produced by the genocidal act called "ethnic cleansing", denote the degree of violence directed against civilians. Among the complex ethnicity of prewar Yugoslavia, Bosnian Muslims were the people who suffered most during the war. This issue should be kept in mind while considering psychiatric sequelae of war in survivors.

O'Brien, in his wartime article, drew attention to the psychiatric consequences of war in Bosnia. Refugee children, both internal and external, were referred as a particularly at-risk group (3). The earliest study found high rates of depressive symptoms among local and refugee children exposed to war stress in Croatia (4). Similarly, Kuterovac noted high scores of Impact of Event Scale for displaced children in Croatia(5). Weine assessed Bosnian adolescents resettled in the US and focused mostly on posttraumatic stress disorder (PTSD), depressive disorders and trauma testimonies(6).

Preliminary concerns for the effects of war on children arose mostly during World War 2 and were directed to those who were exposed to air bombings and evacuated from their homes to the countryside (7). In the following period, reports from conflict areas, such as Middle East,

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Cambodia, Vietnam and North Ireland, accumulated. The concept of trauma developed and was applied to younger populations. The psychological consequences of disasters also became an important area of research within this context (8-10).

Immigrants are people who settled in Turkey not as a consequence of an armed conflict. Expecting better life conditions, people from all Balkan countries came to Turkey during the last century. However, as armed conflicts are frequent, it may sometimes be difficult to distinguish which factors really operate in migrating.

The estimated number of all Bosnian refugees who came to Turkey during the war is nearly 25,000.

The purpose of this study is to assess the emotional state of two groups of Bosnian refugees and immigrant children and adolescents in Turkey. It was hypothesised that the war experience, persecution because of ethnic identity and ethnic cleansing will all contribute negatively to the mental health of refugees compared to immigrants. This is the first and only study in Turkey, addressing this issue.

METHOD

The refugee sample consisted of 10 female and 9 male children and adolescents aged 7 to 18 years (mean: 13.73), staying in a refugee camp in Istanbul; 16 of them with their families. The total population of the camp was 205 and the number of children in this age group was 20. The camp was located in a government building and one room was offered for each family. Official permission and informed parental consent was obtained, except for 3 unaccompanied subjects for whom camp officers gave consent. One parent refused to participate.

The immigrant sample consisted of 11 female and 13 male children and adolescents aged 11 to 17 years (mean: 13.83). Bosnians who had migrated to Turkey before the war were contacted through the local health center. They were living in the district of Istanbul where people from the Balkans had settled in large numbers. They had been in Turkey for 8 to 14 years. All of them had relatives in Bosnia. They were all asked for informed consent.

A questionnaire in Bosnian was prepared by the research team including demographic and war-related information. The questionnaire was not given to the immigrants as it included many items about the war experience.

Measures and Procedure

The refugee subjects were individually assessed in a separate room at the camp provided by the officers. Their parents were requested to wait outside the room, with the door open. The subjects were instructed about the procedure in Bosnian. A similar procedure was applied to the immigrants after they had been invited for the study at the local health care centers.

The subjects were given the Croatian version of the Child Depression Inventory (CDI) and Zivcic's Mood Scale which had been developed and used for the first time in Zivcic's original study to assess the impact of war on children (4). Permission for the use Mood Scales and the Croatian version of CDI was obtained from Zivcic who at the same time provided the scales.

The CDI consists of 27 depression-related items which are scored on a 0-, 1-, or 2-point scale. The total score of CDI may range from 0 to 54 which represents the intensity of the depressive symptoms for the last two weeks. The Turkish version of CDI was utilized when needed by the immigrant subjects. The Mood Scale consists of four subscales with four items for each basic emotion; joy, anger, fear, sadness. Each item describes a different mood state and the subjects are asked to report how they experience it for the last two weeks on a 3-point scale (0=almost never, 1=sometimes, 2=very often). Accordingly, the total score of each subscale may range from 0 to 8.

The parents were also requested to complete a Mood Scale with regard to their observations about their children over the past two weeks. All the measures were translated from Croatian into Turkish for evaluation purposes.

The immigrant sample was assisted for comprehension problems in the scales.

SPSS computerized statistical package (SPSS 6.1) was used to analyse the findings.

RESULTS

The questionnaire revealed that, the refugee children were all members of middle or low socioeconomic status families. All but four had been living in cities in Bosnia. They had been in Turkey for 2.5 to 3.5 years at the time of the study. 3 subjects were unaccompanied, 2 subjects were accompanied with only their mothers and the rest of the samples were with both of their parents. One of the subjects' parents were of different ethnic backgrounds. 4 of the parents were in the Bosnian Army where 3 others had been discharged before. One of the subjects' father had been killed during the war.

All the refugee subjects had experienced bodily injury either within their families or extended families. One of the subjects had been wounded physically during the war. The questionnaire also revealed that all of the subjects had no known physical or mental health problem before the war.

The CDI revealed a mean depressive level of 11.57 (SD: 5.96) for the refugee sample. The mean level on the CDI for the immigrant sample was 9.13 (SD: 5.41). Two groups were not different statistically.

The results of the Mood Scale are presented as Table I, Table II, Figure 1 and Figure 2.

The mean levels of basic emotions do not differ statistically in the Mood Scale. The frequency of intergroup correlations are higher in the refugee sample than the immigrant sample.

DISCUSSION

The small sample size is a limitation of the study, making statistical comparisons with previous studies difficult. However, Weine et al. conducted a study even with a smaller sample (6). Data from different countries can contribute to generalise knowledge about the psychology of refugee status, even if they are small.

Table I: Pearson correlations within the subscales of Mood Scales in refugee children (Self-report and Parent-report)

	Child joy	Child anger	Child fear	Child sadness	Parent joy	Parent anger	Parent fear	Parent sadness
Child-joy	1.0000							
Child-anger	-.2026	1.0000						
Child- fear	-.0293	.5840 *	1.0000					
Child-sadness	-.3827	.4967	.7030 *	1.0000				
Parent-joy	.4121	-.2855	-.0235	-.2391	1.0000			
Parent-anger	-.1750	.3081	.2575	.3807	-.3591	1.0000		
Parent- fear	-.2648	.2599	.3958	.5525 *	-.2913	.6669 *	1.0000	
Parent-sadness	-.4481	.3051	.4568	.5986 *	-.4761	.6237 *	.5880 *	1.0000
*P < 0.05								

Table II: Pearson correlations within the subscales of Mood Scales in immigrant children (Self-report and Parent-report)

	Child joy	Child anger	Child fear	Child sadness	Parent joy	Parent anger	Parent fear	Parent sadness
Child-joy	1.0000							
Child-anger	-.5074 *	1.0000						
Child- fear	-.2322	.6115 *	1.0000					
Child-sadness	-.5055 *	.6234 *	.4494	1.0000				
Parent-joy	.2741	-.1600	-.0530	-.0126	1.0000			
Parent-anger	.2461	.1087	.1567	-.2488	-.2621	1.0000		
Parent- fear	-.0525	.3239	.2634	.4197	.1418	-.0196	1.0000	
Parent-sadness	-.2201	.0138	.0033	.0959	-.0965	.1629	-.1791	1.0000
*P < 0.05								

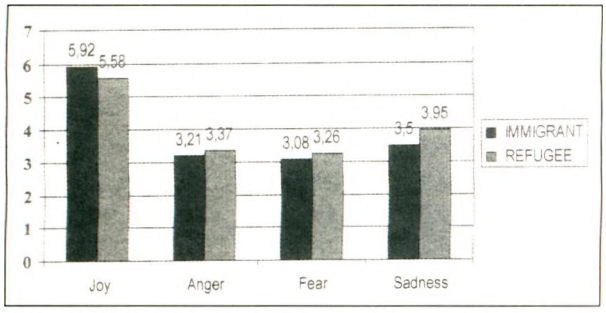

Fig.1: Mood Scale - Self-report

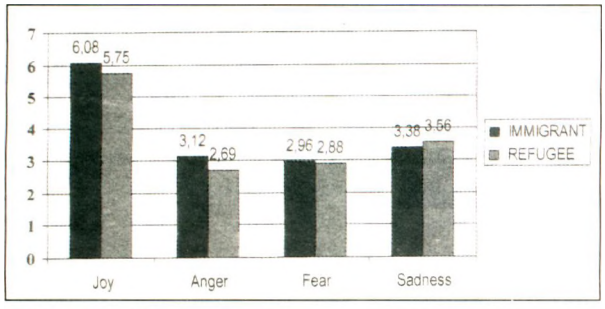

Fig.2: Mood Scale - Parent-report

The refugee sample displays frequent intragroup correlations, a finding which may be explained by group process, living together and sharing feelings. Ongoing refugee status may have resulted in being much more sensitive to others' feelings. Parent-reports had no intragroup correlations in the immigrant sample. Sadness in the Mood Scale, is significantly correlated ($P < 0.05$) in self-report and parent-report, indicating that parents can perceive it better in the refugee sample.

As pointed out above, the results on the CDI indicate no significant depressive effect. However, they should be interpreted with caution as clinical interviews do not exist in our study design.

At the time of the study, the refugees had been living in Turkey for 3 years, which may have helped to overcome war related feelings. It may explain why refugees and immigrants do not differ in comparison. In a Bosnian refugee sample, boys were found to be more capable of recovery than girls, which indicate a gender effect (11) but we have not noted such a difference. When the symptoms of PTSD are considered, notable decreases were observed 1-year after resettlement (12) and also it was pointed out that they may be transient, not part of an enduring psychopathology (13). These findings are consistent with our study.

Terr defined all childhood traumas as originating from outside and described four resultant characteristics as visualized or otherwise repeatedly perceived memories, repetitive behavior, trauma-specific fears and changed attitudes (14). She also divided childhood trauma into two basic types; Type 1 trauma from unanticipated single events with full, detailed memories, omens, misperceptions and Type 2 trauma from long-standing external events with denial and numbing, self-hypnosis, dissociation and rage. Crossover conditions were also noted.

However, in evaluating postdisaster responses, it was suggested that a broader definition of posttraumatic states should be considered such as anxiety and depression, rather than only symptoms that are part of PTSD diagnosis (10).

As the Vietnam War and the Bosnia conflict have similar characteristics, it may be worthwhile to review the studies on the mental health problems of Vietnamese refugee children and adolescents. Tsoi found that the Vietnamese children who had been exposed to unpleasant war experiences were more likely to display fear of being hurt than those children who had not been exposed, although all the children appeared relatively unaffected (15). Considering previous reports of increased psychiatric morbidity of the Vietnamese children abroad, Tsoi pointed out the significance of "country of first asylum". Felsman reported high levels of depression and anxiety from Vietnamese refugee youth and noted the importance of the phases of resettlement, methodological problems and cross-cultural influences (16).

Turkey is a special country for the Bosnian refugees, not only because of historical ties but also because of the presence of their relatives who had come to Turkey long ago. They were all welcomed warmly and placed mostly in their relatives' surroundings. Our refugee subjects, on the other hand, had very limited resources of this kind. Despite the fact that difficult psychosocial situation in exile has been considered as an independant risk factor (17), it is apparent that, it did not contribute to significant psychopathology in the refugee sample.

Our findings reflect the chronic course of their traumatic experiences, even though the impact of traumatization via media is neglected. Studies about how traumatization occurs indicated that this may originate from direct experience, observation, and verbal mediation (18,19). However, indifference to media news about Bosnia was well observed among our refugee subjects.

An example of empirical research is presented here, as considered in O'Brien's article, which helps assess, also raises and maintains awareness of the specific problems of refugee children (3). Although the war in Bosnia received considerable attention in Turkey, research studies remained limited, probably due to the cross-cultural nature of the problem. Therefore, further studies are needed to reach a conclusion about the resultant psychological effects.

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