

WAR ATROCITIES AND GROWING UP: RISKS WE HAVE TO THINK ABOUT

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SUMMARY

The establishment of the United Nations after World War II raised hopes of a new era of peace. This was over-optimistic. Between 1945 and 1992, there were 149 major wars, killing more than 23 million people. Recent developments in warfare have significantly heightened the dangers for children. During the last decade child war victims have included: 2 million killed; 4-5 million disabled; 12 million left homeless; more than 1 million orphaned or separated from their parents; some 10 million psychologically traumatized.

Researches indicate that children do develop PTSD after experiencing very stressful, life-threatening events such as happen in war. Wars of 21st century are often guerrilla-type civil wars in which women and children are not only the main victims, but are deliberately targeted. Thousands are displaced both internally and across borders.

Wars at the end of nineties of 20th century in the region of ex Yugoslavian countries brought all the cruelty of war vivid again on European ground. Population were exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.

During the War in Bosnia and Herzegovina 1992-1995 there were about 100 000 people killed (20% woman and 3.5% children) and about 18 000 children were orphaned because of war.

Children are not capable to regulate their emotions and hyper-arousal on their own. It depends of the way how their parents (caretaker) regulate her/his own emotions. During the war weak child's ego is paralyzed with intensive stimuli and floating anxiety, it does not manage to make constructive solution for traumatic experiences in such a short time.

Mothers with small children are especially vulnerable group during the war time: they are supposed to take care about children and feel happiness, what is almost impossible

Severe war experiences could cause depressive symptoms in mothers, what reduce their emotional disposability and could lead in different form of the child's neglecting. PTSD symptoms were lasting longer in children if their mothers have had functioning problems. Traumatization of mothers is connected with different behavior problems in their children.

Wars are continuing all over the world and there is a continuity of researches about their consequences on children. Any programs that intend to mitigate the psychological effects of such trauma need to adopt a public health approach aimed at reaching many thousands.

Key words: *war suffering of children and adolescents - growing up - risks*

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INTRODUCTION

More than a billion of children worldwide inhabit countries and territories devastated by an armed conflicts, wars or terrorism (Chrisman et al. 2014). Armed conflicts in some countries can last for years, so that certain generations of children spend their entire childhood in such an unfavorable environment (Barber et al. 2016). The effects of the war are extending beyond isolated areas of the crisis: in 2016, the United Nations High Commissioner for Refugees (UNHCR) reported that 59.5 million people worldwide were forcibly displaced, and more than half of those were children under the age of 18 (Calam 2017).

The wars during the 1990s in the territory of the former Yugoslavia revived the cruelty of warfare on European soil. People died, were exposed to daily death threats, serious injuries, threats of sexual abuse, torture in death camps. During the war in Bosnia and Herzegovina which lasts from 1992 to 1995, about 100 000 people were killed (20% of that were women

and 3.5% children) (Anonymous2 2010). Data from the Ministry of Human Rights and Refugees of Bosnia and Herzegovina show that 15 757 children lost their father because of the war, and 3 751 children lost their mothers (Anonymous 2001).

Children who grow up in war, in addition to the fact that their physical integrity is endangered on a daily basis, are exposed to a greater or lesser intensity of psychological trauma, the characteristics of which are actuality and reality. A weak child's ego is paralyzed by overwhelming stimuli and free-floating anxiety, failing in a short time to create a constructive solution to a traumatic event (Budanko 1991). The child passed through different developmental stages during the war time and it influencing the structuring of her/his personality. The already achieved level of child's psychological development would shape the psychodynamics of the reaction to traumatic events, the picture of the reaction and its intensity. The influence of an early mother-child relationship in wartime circumstances have been discussed since the Second World War: those

children who were settled in an institution in Hampstead during bombing of London, a greater traumatic effect were on those children who were separated from their mothers than on those children if their mothers were present (Freud & Burlingame 1943). The often unavoidable evacuation of a child with the mother (parent) will cause less psychological trauma than the evacuation of the child himself. We have witnessed recent events following the introduction of the "zero tolerance for migrants" law in the United States, where children of Mexican illegal immigrants are separated from their parents. Only the reaction of the public and professionals abolished this inappropriate provision, although it resulted in the expulsion of children with their parents from the territory of the United States.

The psychological development of those children is influenced by war, persecution, refugee and relocation, and children are socially dependent on adult decisions (Hepinstal 2004). Refugee parents have less choice and therefore less opportunity to protect their children, which potentially jeopardizes children's basic trust in them, and basic trust in general. Severe war experiences can lead to depressive symptoms in mothers, which reduces their emotional availability and can lead to various forms of child neglect: mothers with young children are a particularly vulnerable group in war - they have to take care of their children and feel joy, which is almost impossible in that time (Nikolić 1996). The 21st century wars are often of the guerrilla type, civil wars, in which women and children are not only incidental victims, but are deliberately targeted as victims. Thousands were expelled and expelled from their homes. Any program that aims at the psychological effects of such trauma should be adopted through activities in the public health sector and thus be available to a wide range of patients (Yule 2013).

Psychoanalysts have developed a model of traumatic helplessness by defining a model of a traumatic situation as one where "external and internal, real and instinctive dangers converge". In a traumatic situation, the experience of an external threat includes an assessment of the extreme magnitude of the threat, the impossibility or ineffectiveness of existing protective actions that we have or may be provided by others and the experience of physical helplessness in irreversible traumatic moments. The experience of an internal threat includes a feeling of inability to tolerate an affective response and physiological reactions as a sense of catastrophic personal consequence. Opportunities and efforts to deal with trauma differ in relation to the developmental and experiential maturation of the child, especially in accordance with the resilience of parents, caregivers, siblings and peers. The internal response includes not only autonomous or affective reactions but also disturbing attributes of symbolic meaning and interpretation depending of psychosexual developmental stage.

The association of a specific traumatic event with a specific psychosexual phase and narcissistic preoccupations can create an intense sense of guilt, shame, especially when certain elements of fantasy were perceived as real, which can affect the development of the super ego. Outbursts in protective mechanisms can be associated with intense ego-ideal notions of self or others and unconscious approach to traumatic helplessness (Pynoos et al. 1995). The child's developmental stage and gender affect her/his reactions to trauma which could range from regressive behavior in younger children (Dyregov 2015) to problems at school, nightmares, and substance use in older children and adolescents (Slone 2016). Adolescents who have been internally displaced during the war in Bosnia and Herzegovina have had more social, thought and attention problems than their peers who fled the country during the war. Girls had more pronounced thought problems, and boys had aggressive behavior (Hasanović et al. 2007). Since the hippocampus develops around the age of three, the child will remember the whole traumatic event from that time and on. It could disrupt the regulation of child's interactions and "dialogue" with the environment, while at school age it could influence at the experience of "body image" (Begovac 2004).

Children are not capable to regulate their own emotions and feelings of heightened arousal. It will depend on the way the parents (caregivers) regulate their emotions (Sroufe 2000). During the war, the weak child's ego is paralyzed by intense stimuli and overwhelming anxiety, failing to find a constructive solution to a traumatic experience in such a short time. Posttraumatic stress symptoms in children last longer if their mothers have difficulties in functioning (Laor et al. 2001). There are many studies which point to the problem of traumatized war veterans and consequences one their families (Yehuda et al. 2007, Klarić et al. 2008, Selimbašić et al. 2009).

A special place among traumatic events during the war time has a real loss - the killing and death of one or both parents or some other important person from the child's environment. The reaction to the loss will depend on the age, his understanding of death (which is perceived as separation), on previous harmony during her/his development and on the behavior of close people from child's environment in that situation (other parent or other close adult caring for the child) (Budanko 1991). The highest prevalence of depression, which was often in comorbidity with PTSD, was shown in children who lost one or both parents in the war, while children who lived with both parents showed the lowest level of mental disorders (Hasanović et al. 2006, Hasanović 2011). Adolescents who had survived the Srebrenica genocide during early childhood showed a statistically significant negative correlation of the number of traumatic experiences with a positive projection into the future on the Zung Depression Scale (Kravić et al. 2013).

Specificities of war trauma are destruction, death, and wounding of large numbers of people that occurred by the hands of an enemy, and entails feelings of helplessness, loss of trust and humiliation. Hatred, prejudice and negative feelings are linked to mass reactions to the trauma of war. It is associated with the "transgenerational transmission of trauma", the victims choose the un-mourned trauma to be passed on to their children and thus keep it alive for generations to come. Children will share the same mental images and thus change their function because they become "ethnic markers". Under stress and unfavorable social conditions, minority differences become deadly, the real danger is seen in others, and people behave in such a way that they have to protect "borders", which creates the basis for a new war (Volkan 1997).

Prolonged negative emotional state is too toxic for the child and can serve as a predisposition for psychopathology. The active participation of adults in the regulation of the condition is critical and allows the child to move from a negative affective state of hyper-stimulating stress or hypo-stimulating emptiness to a re-established state of positive affect. The key to this development is the ability of the person caring for the child to notice and regulate their own affects, especially negative affects. The reconciling, calming mother and child together dyadically overcome the stressful situation - interactive repair. The child's resilience was assessed by the ability of the child and parent to change from positive to negative and back again to positive affect.

Research examining the effects of war and terror on children shows significant levels of psychological difficulties and psychiatric problems after exposure to conflict. Internalized disorders such as PTSD, depression and anxiety, as well as externalized behavior, are prevalent after exposing children to war and terrorism. Unfortunately, wars continue around the world and it is necessary to continue monitoring and researching their consequences on children's health, but also the most effective forms of intervention in order to reduce children's suffering in war conditions and improve resilience (Liu 2017).

CONCLUSION

There is inevitable fact that wars continue around the world and it is necessary to continue monitoring and researching their consequences on children's health. Any program that aims at the psychological effects of such traumas should be adopted through activities in the public health sector and thus be available to a wide number of patients.

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