

Coping with the Trauma of War at Home and Abroad: The Case of Bosnian Residents and Refugees in Idaho's Treasure Valley

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Abstract

It has been widely reported that exposure to war-related trauma leads to psychological difficulties in human beings, and it has been hypothesized that these psychological difficulties may be compounded when people leave their war-torn countries and begin their lives as refugees in a new country. The purpose of the present study was to investigate whether members of the Treasure Valley's Bosnian refugee population experience more symptoms of post-traumatic stress disorder (PTSD), anxiety, and depression stemming from the 1992-1995 war in Bosnia-Herzegovina than do current Bosnian residents. The results indicated that local Bosnian refugees report more symptoms of PTSD than their Bosnian resident cohort, but not more symptoms of anxiety or depression.

Background and Purpose

A number of researchers have documented that the 1992-1995 war in Bosnia-Herzegovina had a tremendous impact on that nation and its people. Tens of thousands of Bosnian residents were killed, and hundreds of thousands more were subjected to various traumas, including losing family members, suffering sexual assaults, internment in concentration camps, and being displaced from their homes or their country (Sudetic, 1998). Research on survivors of war trauma in general have noted that exposure to traumatic wartime experiences can have an adverse impact on survivors' mental health (e.g., Beiser and Hou, 2001; Miller et al., 2002; Nelson, 2003), and researchers have confirmed that this is true of survivors of the war in Bosnia as well (e.g., Begic and McDonald, 2005; Carballo et al. 2004; Kucukalic et al., 2003).

Relatively little research has been conducted comparing the mental health difficulties faced by war survivors who remain in their country after a war and those who are forced or compel to leave as refugees (as approximately two million Bosnians did during and following the war). Some researchers (e.g., Hein, 1993; Keyes, 2000; Miller et al., 2002; Spasojevic et al., 2000) have maintained that the experience of being a refugee in a new country may compound or exacerbate mental health difficulties caused by exposure to wartime trauma, as refugees often struggle with personal and group identity issues, transition from being known and respected persons in their home countries to anonymous and functionally illiterate residents in their new countries, endure a lack of social supports, and are often either unemployed or underemployed because their diplomas and degrees earned in their home countries are not recognized in their new countries.

The purpose of the present study was to investigate, using sophisticated measures of trauma exposure, post-traumatic stress disorder (PTSD), anxiety, and depression, whether survivors of the war who are currently living in Bosnia-Herzegovina differ systematically in terms of their mental health symptoms from members of the Treasure Valley's 3,000-strong Bosnian refugee population. It was hypothesized that members of the Bosnian refugee population, due to their displacement, isolation, and underemployment, would report more symptoms of PTSD, anxiety, and depression than their Bosnian resident cohort.

Method

Two validated assessment measures, the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist-25 (HSC-25) were administered to 65 residents of Bosnia-Herzegovina (this group

comprised 50.8% of the sample) during the summer of 2004 and 63 Bosnian refugees living in Idaho's Treasure Valley (49.2%) during the fall of 2004 and winter of 2004-2005. The HTQ is used to assess levels of trauma, trauma-related symptomatology, and an individual's ability to function in everyday life and the HSC-25 is used to measure the symptoms of depression and anxiety (both measures were translated into the Bosnian language). All surveys were completed individually by the respondents and returned to the primary investigator either in person or via mail.

The combined sample included 128 persons, with nearly equal numbers of men and women. The mean age of the respondents was 39.13 years ($sd = 13.37$), with the refugees in the Treasure Valley ($M = 41.89$, $sd = 11.67$) being significantly older than the Bosnian residents ($M = 36.45$, $sd = 14.42$), $t(126) = -2.34$, $p < .05$. The majority of the respondents reported themselves to be either married (56.2%) or single (29.7%). A significant difference was found between the two groups with respect to marital status, with the largest group of Bosnian residents being single (47.7%) and the largest group of Bosnian refugees reporting themselves to be married (76.2%), $\chi^2(df = 3) = 25.13$, $p < .001$. No differences in religious affiliation were found between the two groups, with over 80% of the respondents in both groups reporting themselves to be Muslim. Over 85% of the respondents reported having at least completed high school, and no educational differences were found between the Bosnian residents and refugees.

Results

Two validated assessment measures, the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist-25 (HSC-25) were administered to 65 residents of Bosnia-Herzegovina (this group comprised 50.8% of the sample) during the summer of 2004 and 63 Bosnian refugees living in Idaho's Treasure Valley (49.2%) during the fall of 2004 and winter of 2004-2005. The HTQ is used to assess levels of trauma, trauma-related symptomatology, and an individual's ability to function in everyday life, and the HSC-25 is used to measure the symptoms of depression and anxiety (both measures were translated into the Bosnian language). All surveys were completed individually by the respondents and returned to the primary investigator either in person or via mail.

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Discussion and Conclusions

As noted earlier, some researchers (e.g., Hein, 1993; Keyes, 2000; Miller et al., 2002; Spasojevic et al., 2000) have maintained that the experience of being a refugee in a new country may exacerbate difficulties experienced by people who formerly lived in a war-torn country. In the present study, we found some support for these findings, as we found that, after controlling for variance accounted for by war-related trauma experiences, age, and marital status, Bosnian refugees in the Treasure Valley report more symptoms of PTSD than current residents of Bosnia-Herzegovina. However, we did not find that Bosnian refugees report significantly greater symptoms of anxiety and depression. Thus, it seems prudent to conclude that the experience of being a refugee may compound certain types of mental health difficulties, though not necessarily others.

Although only some mental health problems may be compounded by being a refugee in a new country, it still seems important to recognize that these problems can lead to major challenges in functioning and that efforts to reduce the prevalence of these problems are warranted. As is noted throughout the psychological literature (e.g., Miller et al., 2002), PTSD is a very serious psychological condition, and it seems that it would be wise to attempt to recognize, diagnose, and treat this condition among Bosnian refugees in the Treasure Valley who suffer from pathological levels of it. It would also

seem wise to engage in efforts to understand *why* it is more prevalent in Bosnian refugees than in Bosnian residents. If it is true, as hypothesized by Miller et al. (2002), that refugees experience crises of identity, lack of social supports, underemployment, and isolation from the greater population, efforts to more fully integrate Bosnian refugees and to provide and facilitate stronger social supports seems sensible. We hope that the results of this project will encourage increased dialogue about these issues and stimulate continued outreach efforts for the Treasure Valley's Bosnian refugee population.

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