CARING FOR CHILD PSYCHOTRAUMA: LESSONS FROM BOSNIA

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SUMMARY

The war in Bosnia and Herzegovina (1992-1995) was an extremely hard traumatic event with different losses, separations of people, injuries, hard physical and psychical suffering of everyone. Children were especially in difficult conditions.

One of the most remarkable things about children, as anyone who works with them soon finds out, is their resilience. While children are vulnerable to psychic damage and, if the damage is deep enough, to delays in emotional and even physical growth, they also have an astonishing capacity to bounce back. This is one of the most rewarding things about treating traumatized children. For many children, it takes very little, perhaps only some words of understanding, to help them tap into their own ability to heal.

Taking care of child war psycho-trauma was a difficult task for me, as the war-time head of Department of psychiatry, without enough knowledge in child psycho-trauma and as person with a high responsibility, to organize together with other psychological caretakers of children, especially refugee children.

This presentation will be some kind of my remembrance of period of 20-25 years ago when we, I think did good work of what we could and what we knew.

Key words: Bosnia and Herzegovina - war 1992-1995 - child war psycho-trauma

PRE-WAR SITUATION AND THE BEGINNING OF THE WAR

The war in Bosnia and Herzegovina (1992-1995), found me „unprepared“, like many Bosnians and Herzegovinians, I didn't believe war could happen. It was in an extremely irrational state. I watched what was happening on TV screens, first in Slovenia, then in Croatia, and then in Bosnia and Herzegovina (B&H). I talked to people. It seemed to me that it was certainly a psychological defense, that we thought that we didn’t have such a thing within us.

In 1992, I was Vice-Dean for Science and International Cooperation at the Medical Faculty of the University of Tuzla. The dean was Prof. Dr Božina Radević, Head of the Surgery Clinic at the Gradian Hospital (the Regional Medical Center „Dr Mustafa Mujbegović“). We had frequent, at least weekly meetings with the Dean, vice-deans and several other professors. Our students applied to the Congress of Medical Students of the former common country of Yugoslavia, which practically no longer existed. The congress was held in April in Niš, Serbia. In a meeting with the Dean, we talked about it. The dean should have given permission, but he did not want to. It was unsafe and risky, and there have already been shootings in Ravno, Posavina, Bijeljina, Zvonik (B&H). When we talked, I was in favour of giving them permission. The students found out and came to the hospital in Kreka, where the Clinic for Neuropsychiatry was located at the time (we had not yet separated completely into two clinics). I was told that they had talked to Professor Gordan Srkalović, who was the Head of the Department of Physiology and the Vice-Dean for Teaching, and he reportedly told them he would go with the students, if I went too. Namely, someone was supposed to go with the students. And I accepted their proposal.

We persuaded the dean to let us go. He also gave us an official car. The driver was Mićo, a native of the Bijeljina area. We set of on the road to Niš via Bijeljina. I don't remember the exact date or day. It was, it seems to me, in early April 1992, a few days after the „incident“ in Bijeljina, when some Bosniak people were killed. „Arkanoveci“ did it. A paramilitary nationalist group of murderers and robbers from Serbia. There is that famous picture, when some villain overturns a dead man with his foot to check that he is not accidentally still alive, to finish him off. The „incident“ was then reported on television and radio. Of course, it was not an „incident“, but a series of brutal murders of innocent Bosniaks from Bijeljina and a clear expression of the beginning of the aggression on Bosnia and Herzegovina, created by the nationalist forces of Serbia, led by Slobodan Milošević. That will soon be quite clear to me as well.

There was Gordan in the car (sitting in the front), a student and me. Behind us was a bus full of students. Leaving Tuzla, we came across checkpoints where Tuzla police patrols were. Everyone was telling us it wasn't safe, that we shouldn't go. But they did not forbid us and we continued on our way. And we came to Banj Brdo, the pass on Majevica Mountain, from where the road to Bijeljina descends. There we are stopped by a bearded figure with a machine gun on his chest, a „shark“ from the Second World War. I remembered him from partisan films. He had a knife in his hand to peel an apple. One of
his hands was wrapped. He legitimized us, asked where we were going. We said that we are professors who go with students to their Congress in Niš. The car had a Red Cross mark. He peered to see who was sitting in the back. He commented on something in the style: „You also have a nurse. She could have wrapped me up“. The bus also came across it. He left us and went to the bus. They let us go further. We were scared and said nothing.

In the continuation of the road to Bijeljina, we were stopped several times by some patrols. Some wore complete military uniforms, others incomplete, and some were in civilian clothes. There were appetizers and drinks on the hoods of the cars they were standing next to. They were drunk. At one of those checkpoints, after they legitimized Gordan, one of them said: And you're from a mixed marriage. Namely, Gordan's mother was Jewish and his father Muslim. We were in fear. The driver Mićo said that we were not afraid, that he was from those parts. And they didn't take us out of the car, but they did provoke us. The comments were ugly. We were supposed to stop at a store in Bijeljina, where, according to Mićo's instructions, we were supposed to change money, because the new Bosnian dinars were already being used in our country. We stopped in front of that store, and Mićo went inside. But he got out faster than he got in. He started the car and told us along the way that the saleswoman told him that the people of Arkan were there yesterday and took the market as well as the money from the „exchange office“ and that Bijeljina was under his (Arkan's) control. He was advised to get away as soon as possible. I'm already starting to get nervous. Take care of yourself and your students. I became aware that war awaited us. Gordan muttered something, in the sense that we didn't need this. I was just silent. We quickly reached Rača, a small place on the border, and entered Serbia. And look, ironically, there were no more wild barricades. Some students did not return, and some as an assistant who took students to Jakeš. I heard from him once during the war, and saw him after the war when he came to Tuzla and Sarajevo. I stayed, becoming aware that the aggression on B&H had started, but also with a conscious decision not go anywhere from Tuzla.

At the time, I was Head of the Division of Clinical Neuropsychology and Neuromuscular Disease at the Department of Neurology, which would formally separate from Psychiatry in October 1992.

Then Dr Zoraj Sijerić was appointed the first Head of the Clinic for Psychiatry (we used to informally call it Psychiatry and its boss was Dr Aleksandar Zikov, who left us in the spring of 1992). Professor Milivoj Subaković becomes the first head of the Clinic for Neurology (until then he was our joint head – the Clinic for Neuropsychiatry). It was getting harder to work. Scarcity was coming.

For the first time, I came into contact with wounded people, doing electromyoneurography of peripheral nerve injuries. Taking the anamnesis of the injured, I listened to various stories, which are not directly related to the injuries themselves.

Refugees passed through Tuzla, mostly from Croatia, but refugees and expellees from Podrinje, Semberija and Posavina also came to Tuzla. Grenades began falling on Tuzla as well. We went to the basement after the sound of a siren. We didn't have an elevator at the hospital. Patients had to be taken to the basement. We all did that. Patients from Psychiatry also helped.

At the end of May (May 28, 1992), the 164 severe chronic psychiatric patients arrived in Tuzla from Institution for chronic psychiatric patients located in Jakeš, a small town near Modrica city. I remember that day very vividly. It was sometime after 3 p.m. I was finishing my work day in my small electromyography lab, which was adapted from the bathroom. The window looked out onto the main street. My attention was attracted by a large group of people gathered there. I thought that these were new refugees who often came or passed through Tuzla in those days. However, I soon learned from the medics that they were chronic psychiatric patients from Jakeš. The doctor on duty that day was Dr Sijerić. At that time, only one doctor was on duty for both Neurology and Psychiatry. I went to him to get additional information and offer him help. He told me that he had already contacted the Administration and that he did not need help. I then headed home. On the way out of the hospital yard, I saw people leaning on the fence with dirty and torn clothes. They held out their hands and greeted me. I clenched their dirty hands, not thinking about the risk. They knew me from their previous hospitalizations at our hospital, and some as an assistant who took students to Jakeš. I shook hands with them. They were looking for a cigarette. I shared everything I had. In two days I got scabies. Later, my colleague Ferković, who got involved in taking care of these people, as a representative of the Institute of Public Health, told me that she had never seen such large lice in one person, both pubic, physical, and those that go into the hair.
It was a very heavy burden to both the hospital and the city. It was necessary to accommodate these people, feed them, and provide medicines. There are two stories about their arrival. One speaks of the humanism of those who made this evacuation, because there were battles in the vicinity of Jakeš, and the other about a special war, because Tuzla was not „obedient“ and the enemy wanted to burden us further. I do not know the real truth, but I know that we took care of these patients, who were from all over B-H, throughout the war. For these activities, the Psychiatric Clinic received the Golden Charter of Peace from the International League of Humanists after the war: „for contributing to the establishment of peace, trust and cooperation, and the preservation of multi-ethnic Bosnia and Herzegovina“. It was a recognition for the humane treatment of chronic psychiatric patients from Jakeš, people with special needs, which I am especially proud of, as well as all those who undertook with me, often superhuman efforts to treat these people, in general poverty, humanely (Pajević et al. 2010).

At that time, in addition to Dr Sijerčić, specialists of neuropsychiatry Dr Nurija Babajić and Dr Esmina Avdibegović and Dr Nusret Prohić worked at the Clinic for Psychiatry. Dr Irfanka Pašagić who came from Srebrenica, joined before this attacked city was surrounded by the enemy. Dr Šefik Hedžić, who escaped from Doboj, was with us for a short time. There was also a specialist in neuropsychiatry for Psychiatry, with some experience, dr Izet Pajević, who passed his specialist exam in neuro-psychiatry during the war in 1993. I will later appoint Dr Izet Pajević in neuropsychiatry for Psychiatry, with some experience, in the complex management of the Clinic. After I returned from Sarajevo to Tuzla, but he was hired within those people who worked at the Psychiatric Clinic and later within those who started appearing at the Clinic. She did a first job, and plenty of daily difficulties, from feeding patients, lack of space, medication, bedding, clothing, a large number of acute and chronic psychiatric patients, general scarcity and all-out trauma. But I firmly decided that once I returned to Neurology I would leave behind the military medical service as a „military psychiatrist“ throughout the war. Dr Esmina Avdibegović, at the end of 1992, was mobilized and left the Clinic for the Kladanj region. It was a difficult time and a time of my first immediate insights into the fear of war, of war trauma in general, and very quickly of child psycho-trauma. It was getting harder for my colleague Sijerčić.

**CLINIC FOR PSYCHIATRY DURING THE WAR**

At the end of 1992, the Management of the Clinical Centre made a decision to appoint a new head of the Clinic for Psychiatry. Director, Professor. Dr Teufik Tulumović first talked to professor Dr Subakov, and he talked to me. Professor Subakov told me that he could not do that, that he was aware of the difficulty of the task, but that as a court expert he „often examined various psychopaths“; and that, as Serbian – speaking man (born in Bečej, Serbia) he simply cannot do that, that he is afraid etc. He told the Director to talk to me, and he would help me with everything I needed. Of course, before the conversation with the Director, I resisted (I also resisted during the conversation), so „I’m a career neurologist, it’s too much for me, I don’t know enough about psychiatry...“.

Professor Tulumović was a real „commander“ and it was not possible to negotiate with him too much. Seeing that I had nowhere to go, I pulled out my „conditions“. „Let me hear them“, as his words still resonated with me. So I said that, „when the conditions are met, I will return to Neurology and have my hands free in accepting new people, so that I have someone to work with“. He laughed sweetly, obviously relieved of one problem in a series he encountered every day in those days and said, „my Osman, we need to survive this, both of us, the enemy must be defeated, and take whoever you want and how much you think you need; my door is open to you, but don’t come to me whining and have me solve your problems, but with ideas and realistic operational plans“. He turned to the phone and called the secretary Maria, saying that he would provide us with coffee and bring in the cups he had put away, to make a roast to me. The next day, he came to an expert meeting and announced that I was the new Chief.

So I, beyond all my plans, became Head of the Clinic for Psychiatry, in the middle of the war, with a couple of people who make up the staff of the Clinic and plenty of daily difficulties, from feeding patients, lack of space, medication, bedding, clothing, a large number of acute and chronic psychiatric patients, general scarcity and all-out trauma. But I firmly decided that once I returned to Neurology I would leave behind a good psychiatry. This promise I made to myself was not easy to fulfil. Existential problems, had to be solved first, there was a war we had to survive.

Fortunately, there was high enthusiasm for the people worked at the Psychiatric Clinic and later within those who came afterwards. Knowing that I could not have a longer-lasting authority with my colleagues and the entire staff, just „hanging my fist on the table“, I tried to provide people with as much as I could during the war (clothes, food...). I used contacts with foreigners who were „moving through Tuzla“ to find out what we were getting. Once we got some jackets, another time some food packages. It was difficult, but we „got used to the war“. I was doing some work structure, trying to share tasks. So I tasked Dr Irfanka Pašagić to work with young people who started appearing at the Clinic. She did a great job. She had an added motive because she herself was refugee from Srebrenica and it seems to me that she „treated“ her trauma by working to make it less common with others. Later, when she left the Clinic (during 1993 when I was in Ulm with wounded) she continued her excellent work in the non-governmental sector where she is still very engaged.
I would like to point out here that the authorities made the right decisions regarding the continuation of school time at all levels as soon as the first shock after the aggression was over and after the defence of the city and the region stabilized. The children had a school as a symbolic continuation of life in the war and as a framework that kept them from further traumatization. There were also those here who mistakenly thought that for safety's sake one should wait for peace. „Knowledge will not escape“, was their slogan. Of course, I did not agree with that, but no one even asked me for my opinion.

I hadn't learned enough about the importance of structure, schooling and raising knowledge on professionals before, so I somehow worked on instinct. I simply „knew“ that we had to raise the level of our knowledge in general, and in the field of psychological trauma in particular. And that we need to do research as soon as possible. I'll talk about that later.

At the end of the war, good people started coming to Tuzla who wanted to help heal the psychological sounds of the war. I would like to single out the Norwegian People's Aid (NPA), the World Health Organization (WHO), UNICEF, and especially the International Centre for Psychosocial Trauma of the University of Missouri – Columbia (USA), led by the excellent American child psychiatrist Professor Syed Arshad Husain, who is a native of Pakistan, born in India, before the division of this country into India and Pakistan.

Arshad, as we all called him, came Bosnia more than twenty times and each time he was the main lecturer and instructor at the seminars we organized together – the Clinic for Psychiatry, the Coordination Council of Humanitarian Organizations headed by my agile young colleague Dr. Muhammad Ali from Egypt, who later built his family nest here in Tuzla. Seminars entitled „Teachers as therapists“ brought knowledge about child psychotrauma to us professionals, but also teachers, who were directly with children in everyday communication at school and extracurricular activities.

We learned how to recognize symptoms, how to help children overcome trauma, how to help them grow up and become good and successful people. Dr Arshad, in Addition to seminars in Bosnia and Herzegovina, organized monthly seminars at his University in Columbia (Missouri) (a smaller city for American occasions) about 250 kilometres from St. Louis and I was there several times with teachers, doctors, psychologists from all over Bosnia and Herzegovina, starting in May 1994 (Figures 1 and 2).

Figure 1. Some of the participants in the First Educational Seminar on Psychological Trauma on the University of Missouri (Columbia, USA)
Figure 2. Moments of rest - The first one-month educational seminar on psychological trauma at the University of Missouri (Columbia, USA)
Very soon after the first seminars that we organized together with Arshad, we started to organize seminars for teachers in schools in Tuzla and the surrounding area (Figure 3 and 4).

Arshad Husain

As I write this, memories flood in. They erupt in some sort of order, not as I would like. Pressed by the deadline by which I need to submit the text and the main topic, I try to structure myself and state the most important ones. I decide to focus on Arshad in the following lines. Namely, in my career I had several great teachers, great people next to whom I felt tiny, totally irrelevant. But next to them I was not embarrassed. I absorbed their sentences, read what they wrote, and even more what they didn't. What came out of them? One of these people is Professor Arshad Husain. He wrote a small book entitled „Hope for Children – Lessons from Bosnia”, which essentially determined Professor Pajević to offer me a topic for the First Symposium of Children and Adolescent Psychiatry in Bosnia and Herzegovina. This book was published in Tuzla in 2001 by Behrambeg Madrasah and Association of Psychiatrists of Tuzla Canton, in English and Bosnian. I think it was sold out a long time ago.

I met Arshad for the first time in Tuzla, at the First Seminar, which was held on September 12-14, 1994. Then he came alone, but in later arrivals there were always his associates who he had gathered within the International Centre for the Psychology of Trauma, which he formed at the University of Missouri. It was his fourth visit to Bosnia, as he had previously been twice in Sarajevo and once in Mostar. That June, he was in Sarajevo and held a seminar for colleagues in Sarajevo. Dr Pajević who was in Sarajevo at the time for private reasons and took the opportunity to attend a seminar on the psychology of trauma, met him there before me. The war was still going on. It is interesting that I was returning from Germany, and Dr Pajević from Sarajevo. We meet at a checkpoint near the town of Visoko. He told me about Arshad and that he invited him to come to Tuzla as well. Dr Ali was also in Sarajevo, as well as Mr. Gomah, who was actually the initiator of his arrival in Bosnia, as well as a significant sponsor of the gatherings that we later organized.

In the book I have already mentioned, in the First Chapter, Arshad (Figure 5) writes (Husain 2001):

„Since the war began, there had been a constant influx of refugees into Tuzla, which had created enormous problems, swelling the city's population from 130,000 to 150,000. Although the city did not suffer the levels of destruction seen in Sarajevo and some other Bosnian cities, its resources had been severely drained because of the huge refugee population (41,000 in 1997) and the lack of sufficient supplies.

Figure 3. Front pages of the program of seminars held in Tuzla (1994) and Banovići (1995)
A very large percentage of the refugees in Tuzla, including the children, were severely traumatized, with some estimates as high as eighty percent. Many of the Tuzla refugees were from Srebrenica, which was a UN safe zone but which was completely overrun by Serb aggressors in 1995, displacing over 27,000 Bosnian Muslims who represented 73% of its population. Many of these families were separated from their male adults and teenagers. Now we know that most of these men and boys were murdered and buried in mass graves. Their families experienced trauma after trauma as they moved from one village to the next in an attempt to find safety.

Serial trauma is predicted to be more of a risk factor for mental illness than a single trauma, a prediction that seems to be borne out among the refugee population of Tuzla, where suicide has become a problem, particularly among women who were raped. One five-year-old boy we saw had withdrawn to the point that he became mute.

Arshad mentions me below, with a little exaggeration about my role in working with refugees, this has been done by a number of others and I have only summarized the experiences in the report: ‘Dr Osman Sinanović, head of Tuzla’s 150-bed Psychiatric Clinic, spoke at our seminar in Tuzla and later headed a delegation of Bosnian teachers and mental health professionals who were trained to train Bosnian teachers at the University of Missouri the following year. Dr Sinanović has done extensive work with the refugees in Tuzla. At a conference in Sarajevo organized by myself and others to identify post-war mental health needs in Bosnia. Dr Sinanović discussed the refugee problem in Tuzla. He described the refugee population as predominantly female, with many of the women widowed by the war and heading families with children. Most of these women did not work before the war, and a large number of them are undereducated to illiterate. One third of the refugees are under fifteen years of age, while many others are over the age of sixty-five. Of the
group of one hundred refugees interviewed by Dr Sinanović, all one hundred had been shot at, all had been in concentration camps, all had been in situations where they thought they might die, and all had been forced to flee their homes. Fifty-six of the hundred refugees with whom he spoke had witnessed torture and executions by aggressor soldiers. Ninety-one had been separated from family members. Eighty-one had family members disappear, with no information about whether these persons were alive or dead.

Dr Sinanović explained that, at the time of our visit, many Bosnian refugees were living in collective centres in different cities, where living conditions are very poor, including overcrowding and severe shortages of food and supplies. Under these conditions, it was not surprising that tension existed between the people of the a host town and the refugees, who unavoidably contributed to overcrowded schools and short supplies. Dr Sinanović stressed that mental health interventions among this population were urgent, but he added that things would not really improve for the Bosnian refugees until their living conditions become more bearable and information about missing family members had been uncovered.

The latter was unfortunately brutally true. Even today, unfortunately, many have family members who are missing and whose remains have not yet been found and/or identified.

How Professor Arshad appeared in Bosnia and how he conceived his project „Teachers as a Terapist”, he himself writes in the third chapter of his book: „When mental health professionals and other community leaders in Sarajevo had begun encountering children with symptoms of depression and Post-Traumatic Stress Disorder, they brought the situation to the attention of humanitarian organizations and workers already operating in Bosnia. One of these community leaders was Amila Omersoﬁć, Director of Bosnian television and founder of an organization called „Corridor”, which had established several counselling centres in Sarajevo. She observed that the problem seemed to be both serious in nature and of epidemic proportions and felt an urgent need to try to get more help from humanitarian agencies from outside the country.

Amila Omersoﬁć’s observations were supported by a survey undertaken by UNICEF. In Sarajevo alone, 55% of the 60,000 children who lived there had been shot at by snipers, while 37% reported that one or more of their family members had been wounded or killed during the war. To compound the issue, there were very few mental health professionals in Bosnia to begin with and even fewer since the war began. Many professionals had fled with their families to safety in Germany and other countries. Amila urged Syed Gomah, a humanitarian worker who had been living in the U.S. prior the war, to find some way to help the Bosnian children cope with what they experienced and alleviate the widespread distress. Syed immediately sent out feelers to the U.S., hoping to come up with someone who had the necessary qualifications and would be willing to undertake such a task.

Syed, through his contacts in his hometown of Huston, Texas, approached Dr Balkozar Adam, a child psychiatrist formerly in my department, who had received her child psychiatry training under me at the University of Missouri-Columbia, to help him find someone with the expertise and willingness to help children traumatized by war. Dr Adam was familiar with my work in trauma psychiatry and told me about the plight of the Bosnian children. She asked if I knew of any qualified child psychiatrist who would be willing to help.

Whatever twist of fate sent Dr Adam my way, it turned out to be a fortunate one for both of us. When she asked me to recommend someone to help the Bosnian children, I immediately volunteered. Dr Adam was pleasantly surprised. She muttered a prayer of thanks and told me that man named Syed would call me from Zagreb. She later confided to me that she had prayed to God before approaching me, hoping that I would accept this task myself.

I was delighted. I’ve already described the deep concern I felt for the Bosnian children. In fact, although I hadn’t been consciously aware of it, I had already developed a plan of action. Syed telephoned and identified himself the next day. He spoke with a deep, resonant voice and a heavy Egyptian accent. He often spoke in incomplete English sentences, so it was difficult at times to understand him. However, I knew why he had called and I was ready with a plan. Initially, I was a bit put off by his gruffness and abrupt speaking manner, but this was not a time for worrying about the social graces. It was a time to consolidate plans for a cause that was dear to us both – helping the Bosnian children. I asked Syed to tell me about the situation in Sarajevo.

He thought for a few seconds and said, „I have been talking to some Bosnians. The children are very upset. Amila Omersoﬁć, who runs several counselling centres in Sarajevo, undertook such a task.“

„How big is the problem?“ I asked. „And what are the sources?“

„There are not many psychiatrists“, he said bleakly. Most of them have left country“. I suggested a plan that would train and implement teachers as lay therapists for the children. Teachers, I reasoned, were plentiful in Bosnia, at least compared to the sparse ranks of mental health professionals. They had close contact with the children and were in a good position to notice both signs of distress and later improvements. Teachers are also educated people who are likely to find it easy to learn the concepts and skills needed. And, most importantly, teachers care about children. I began to outline the details of training seminars that I could present to Bosnian teachers in different cities, as well as a training manual (Husain 1994) that I would need to prepare in both English and Bosnian language versions.
Syed told me later that my monologue caught him so much by surprise that he’d listened open-mouthed for several minutes while I talked. He had expected his phone call to plant the idea of helping out in my mind, not to unleash a flood of enthusiastic and detailed plans. But while we exchanged ideas and hammered out the specifics, something else was going on. Very politely, we were sizing each other up.

Getting an idea of each other’s character was the absolutely crucial first step. I didn’t want to commit myself to traveling halfway around the world to work with someone who might have a few inroads or little influence in a country whose language I didn’t speak and which also happened to be at war. Syed, I am sure, didn’t want to commit the resources of his humanitarian agency, Taibah International, a Washington, D.C. based group, to working with someone whom he had never met unless that person gave a good indication that he knew what he was doing. However, by the end of the phone call, we must have both been sufficiently satisfied to launch the project, because it was agreed that I would prepare the training manual and fly to Bosnia as soon as I was ready to conduct the first training seminar.

At the end of mentioning my dear Arshad who is a great friend to children, I will quote some remarks from the Preface of his book:

“...My experiences in Bosnia underscore the profound need children have for our protection and for a safe environment. I learned how damaging war is to children and how profoundly it disrupts their psychological and social growth but also the potential to destroy their future by taking away their belief that the future will ever come.

As I listened to the stories that Bosnian children told me about their lives before, during, and after the war, I learned again and again how far-reaching the effects of war can be. But I also learned about hope, about the resiliency of children and about their responsiveness to the small and large efforts put forth by parents, teachers, and humanitarian workers. I learned that, even in the direst circumstances, there is so much that can be done to help.

My experiences in Bosnia have taught me that people’s efforts matter. In an age where we are bombarded by news of disasters all over the world, it is all too easy to lose sight of this simple truth and to surrender to helplessness. But the children in Bosnia are living testimony to the fact that the compassion of individuals can have a huge impact. My experience in training hundreds of teachers to help the traumatized children in their classrooms has convinced me of this truth. Many times I discovered that the teachers, without benefit on any formal psychiatric training, where already reaching out to the children in a multitude of ways that were having an enormous positive impact.

I learned, too, that is not always for the teachers to keep up their efforts. There were times when I heard exhaustion and frustration in the voices of the Bosnian teachers I trained. Yet, despite their own feelings, they continued to walk through the dangerous streets to schools that continued to teach. Only occasionally would they see a small improvement – a child smiling who hadn’t smiled in months, a child playing like a child instead of “being strong for his country” – but these were the tiny miracles that gave them the courage to go on.

I learned that humanitarian workers in Bosnia have also found it difficult to keep up their efforts at times. My own challenges were small compared with those faced by helpers who lived in Bosnia and were subject to the dangers of war on a continual basis. I was able to return to the United States for several weeks between trips. I could refuel my emotional batteries before returning to a country where the disruption of war meant that even the smallest conveniences that we take for granted – copy machines, telephones, and paper – might not be available. But I, too, confronted obstacles – some internal, some external. It was not enough to want to help. I had to develop the patience and the skills to overcome difficulties when I met them. Sometimes the difficulty was simply adapting therapeutic techniques I had used with traumatized children in the U.S. to situations that were both similar and very different. Often the difficulties involved the challenges of dealing with very sensitive topics among groups of people who had suffered so much during the war.

I believe strongly that people draw energy from earlier life experiences. I’ve noticed that often these experiences are not pleasant ones to live through at the time. Yet they serve their purpose in providing lessons for the future. For me, Bosnia provided an opportunity to draw from experiences throughout my life, beginning with my childhood in war-ravaged Delhi and on into my professional life as a psychiatrist and educator in the United States and other countries. In many ways, my work in Bosnia is a culmination of work I have done, on both personal and professional level, all my life.

In that tiny new country, I learned about the destructiveness of war and the resilience of children. I learned of the importance of each person making an effort to help, and the riches of life’s lessons in helping us overcome obstacles that get in the way. Above all, I learned that hope is an amazingly powerful force, even in the face of the worst cruelty and tragedy, and also that, interestingly enough, hope is contagious.

These are just a few of the lessons I learned in Bosnia. This book, then, tells the story of Bosnia’s children, and it tells a personal story, too. But above all, my wish is that it will cause each reader to feel the same hope that I do, a hope that will grow to reach all the children of the world.

For his contribution to the development of the mental health care for children and adolescents in Bosnia and Herzegovina, Professor Dr. Syed Arshad Husain was solemnly awarded an honorary doctorate at the University of Tuzla, October 12, 2012 (Figure 6).
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Figure 6. Tuzla, October 2012, on the occasion of the award of an honorary doctorate at the University of Tuzla to Professor Dr. Syed Arshad Husain; guest of the management of the University Clinical Center in Tuzla (UCC). From left to right: Professor Dr. Osman Sinanović (Head of Department of Neurology), Assistant Professor Dr. Nešad Hotić (Deputy Director of UCC for Medical Services), Professor Syed Arshad Husain (Missouri, USA), Professor Dr. Elmir Ćičkusić (General Director of the UCC), Professor Dr. Izet Pajević (Head of Department of Psychiatry) and Professor Dr. Enver Zerem (Deputy Director of UCC for Scientific Research and Education)

DEVELOPMENT OF A PSYCHIATRIC CLINIC

During the war and post-war period, the Clinic for Psychiatry had become an increasingly serious and strong organizational unit of the University Clinical Centre of Tuzla. Dr Avdibegović and Dr Sutović returned. New people were coming. Specialists in neuropsychiatry, Dr Arnautalić and Dr Hasanović, came, and then came the specialists. Slowly, my goal was realized that once I leave the Psychiatry Clinic, I have something worthy of leaving. We also did research, initially modest, and later more serious, which led to master's theses and doctoral dissertations. It was good that as Vice-Dean for Science and Head of the Postgraduate Study, thanks to the support of the Dean, Prof. Dr. Ahmet Halilbaši (Figure 7), during the war (1994) managed to start a postgraduate study. Continued teaching for the generation that started studying before the war and enrolled in a new one.

We had a performance in Sheffield (England) in 1996 (First European Conference on Traumatic Stress in Emergency Services, Peacekeeping Operations and Humanitarian Aid Organizations, Sheffield, England, 17-20th March 1996) where we talked about traumatic reactions of children (Čatić Sinanović & Pašagić 1996) who were left without parents. Then in Maastricht (Netherlands) in 1997 at the Fifth European Conference on Traumatic Stress, Maastricht, Netherlands, 29th June - 3rd July 1997) where we talked about the psychological characteristics of adolescents who lost their father during the war (Pašagić & Sinanović 1997) and on the influence of war on the behaviour of adolescents (Radić et al. 1997). After the war, we noticed a new problem that Bosnian children encountered – the problem of acculturation and we talked about it in Stockholm in 1988 (Avdibegović et al. 1988), as well as the problems of children in the separation zones (Selimbašić et al. 1988). We also studied the role of psychosocial support in reducing traumatization in preschool children (Sestan & Sinanović 1999); acculturation problems of returnees in B&H (Hasanović et al. 1999); a life expectations of adolescents refugees (Sutović et al. 1988), as well as other aspects of stress in children and adolescents (Pajević & Sinanović 2003, Hasanović et al. 2003). Together with Arshad, I presented a paper on traumatic reactions of children in Sarajevo, on the Symposium on the psychosocial consequences of war held in Sarajevo 2000 (Husain & Sinanović 2000). We also published some results on child trauma in professional journals (Selimbašić et al. 1997, 2000).
Thanks to the frequent contacts with Arshad, I had the privilege not only to learn from him, but also to travel with him to his Pakistan, to meet his friends and associates. I was especially impressed by his friend Professor Rashid Chaudhry, Head of the Psychiatric Clinic in Lahore (Figures 8 and 9). I also met other people who made up the Board of Directors of the World Islamic Association for Mental Health (WIAMH) (the president was Professor Chaudhry). By their decision, I became the vice president of this association and organized the Sixth International Congress of WIAMH in Tuzla on 13-15 August 1999 (Figures 10, 11, 12). It was a great event for our Clinic for Psychiatry, but also for Tuzla and Bosnia and Herzegovina, if I may be immodest in that assessment. After that congress, we made a book based on selected lectures. Along with me, the editors were my colleague Pajević, and Professor Reşid Hafizović, an academic, from the Faculty of Islamic Sciences, University of Sarajevo (Figure 13) (Sinanović et al. 2002). We had several notable presentations at that congress with topics on child trauma (Čatić & Sinanović 1999, Husain et al. 1999, Husain 1999, Čatić et al. 1999, Hasanović et al. 1999, Radić et al. 1999, Šestan & Sinanović 1999).

Taking care of child psychotrauma also resulted in several master's thesis in which I was a mentor. The first was Besima Čatić, a psychologist-pedagogue who worked at the Home for Children without Parental Care in Tuzla, who received her master's degree in 1998 on „Traumatic reactions and the possibility of recovery of children exposed to war“ at the Medical Faculty of the University of Tuzla (Čatić 1998). Then Džemal Šestan, a psychologist from the Tuzla Health Centre, received his master's degree in 1999, on the topic „The role of Psychosocial support in reducing trauma in preschool children“, also at the Faculty of Medicine, University of Tuzla (Šestan 1999).
Dr Mevludin Hasanović, neuropsychiatrist from the Clinic for Psychiatry at the University Medical Centre Tuzla, today Professor of Psychiatry with Medical Psychology, received his master’s degree two years after I left the Clinic for Psychiatry on the topic: „Acculturation problems of children and adolescents in repatriation“ in Tuzla (Medical Faculty, University of Tuzla (Hasanović 2003), followed by Dr Zihnet Selimbašić, neuropsychiatrist of the Clinic of Psychiatry, today also Professor of Psychiatry in 2005, on the topic: „Psychosocial problems of children of parents with post-traumatic stress disorder“ (University of Sarajevo) (Selimbašić 2005). Colleague Selimbašić will receive a doctorate under my mentorship in 2011, on the topic: „Behavioural disorders and emotional problems in children of war veterans with post-traumatic stress disorder“ (Faculty of Medicine, University of Tuzla) (Selimbašić 2011). Dr Izet Pajević, the current head of the Clinic for Psychiatry, also under my mentorship, received his doctorate in 2003 with the topic „The impact of religiosity on the mental health and maturation of adolescents“ (Medical Faculty, University of Tuzla) (Pajević 2003) (Figure 13).

I mentioned earlier that at the end of the war we established good cooperation with the World Health Organization. I was engaged in the established regional office in Tuzla for mental health, as a senior neuropsychiatrist. As part of the program, I organized a one-year training in trauma psychology for specialists and residents in psychiatry. These were three-day seminars every month (mostly at Zlača near the town Banovići),
CHILD PSYCHIATRIC CLINIC

Bringing his text to an end, with the hope that it has its answer to the title, I would like to point out one of my dilemmas that I faced, after the opportunity arose to from a Clinic for Child Psychiatry in Tuzla. Namely, one non-governmental organization „Dutch Cities for Tuzla“had funds at its disposal, and was ready to provide them for the improvement services for children's mental health in Tuzla. At that time, I was the Minister of Health of Tuzla-Podrinje Canton (now Tuzla Canton). After talking with the Director of the University Clinical centre Tuzla, Professor Tulumović and the Head of the Clinic for Children's Diseases, Professor Husref Tahirović (now an academic), we came up with the idea that within
Figure 13. Commission for the defense of the doctoral thesis of Dr. Izet Pajević (from right to left: Professor Dr. Rešid Hafizović, Professor Dr. Ismet Cerić and Professor Dr. Osman Sinanović) (2003)

Figure 14. Mental Health Week, Tuzla, February 1998: from right to left: Professor Dr. Wayne Anderson, Professor Dr. Seyd Arshad Husain, Professor Dr. Ljiljana Moro, Professor Dr. Ismet Cerić, Professor Dr. Muradif Kulenović, Dr. Izet Pajević, Professor Dr. Osman Sinanović
the Clinic for Children’s Disease one space on the ground floor of the building which was not adequately used, be adapted in those intentions. Another solution was construction of a prefabricated building near existing Paediatric Clinic.

Since I have been in psychiatry for a „long time“, it seemed to me that „tomorrow“ it could be the Clinic for Child Psychiatry and Neurology, and where I could settle down and dedicate myself to the further development of this field, and still be a psychiatrist and neurologist. Namely, as neuropsychiatrist/neurologist until the war, I was mainly focused on neuromuscular diseases, which are primarily diseases of childhood and adolescences.

After the mentioned conversations, formal letters followed, the transcripts of which I enclose below:

University Clinical center Tuzla
Medical Faculty
University of Tuzla

Letter of intent: Tuzla, March, 1997

ESTABLISHMENT OF CHILDREN’S PSYCHIATRIC CLINIC

Comprehensive psychiatric treatment of children in the pre-war period in the area of North-Eastern Bosnia has not been resolved. There were plans, which were not realized for several reasons, to solve this problem through the development of the Psychiatric Clinic, and the children were treated in other institutions, mostly outside Bosnia and Herzegovina. After the outbreak of the war, the issues of psychological trauma as a domicile population, and especially refugees, imposed itself as one of the priorities.

Tuzla is the centre of the largest canton in the Federation of Bosnia and Herzegovina, Tuzla-Podrinje Canton (TPC), with a high percentage of refugees and displaced persons, most of whom are refugees from Srebrenica and other Podrinje places, with a large number of children without one or both parents. Some research done in this area indicates an extremely high degree of trauma to children and adolescents.

The Clinical Centre and the Faculty of Medicine are very interested in providing comprehensive protection for war-traumatized children and adolescents, as well as overall psychiatric protection of mental health in the broader sense of this population. Both of these institutions, during the war and now in the post-war period, in accordance with the possibilities, provided maximum support to initiatives in solving this problem in several ways. It has continuously trained staff, here in Tuzla, but also through cooperation with institutions outside our country, such as the Missouri University Department for Child Psychiatry - Columbia (USA), cooperation with the WHO, and other governmental and non-governmental organizations. Thus, the core of the expert team was created, which is ready to engage in the further development of child psychiatric care in this city and canton.

In an organized approach to solving the problem of mental health protection of children in the area of TOK, it is necessary, with a high priority of urgency, to establish a Department of Child Psychiatry within the Clinical Centre and Psychiatric Clinic Tuzla area of about 800 m2, semi-prefabricated building on two floor, capacity 20-25 beds and organized outpatient counselling, and continuous education of multidisciplinary team, whose core already exists. A location for such a department/clinic exists near the existing Paediatric Clinic. The Clinical Centre would make the necessary and already existing infrastructure and services available for this purpose. The Faculty of Medicine would continue to provide maximum academic support in the implementation of this project.

Prof. dr med. sc. Teafik Tulamović
Prof. dr med. sc. Ahmet Halilbašić
Director of the Clinical Center Tuzla
Dean of the Faculty of Medicine, University of Tuzla

BOSNIA AND HERZEGOVINA
FEDERATION OF BOSNIA AND HERZEGOVINA
TUZLA-PODRINJE CANTON
Ministry of Health

DUTCH CITIES FOR TUZLA
V. Popovića 10, 75000 Tuzla

ESTABLISHMENT OF CHILDREN’S PSYCHIATRIC CLINIC

Comprehensive psychiatric treatment of children and adolescents in the area of Northeast Bosnia in the pre-war period has not been resolved. With the outbreak of the war, and especially now in the post-war period, the need for the establishment of an institution for the overall protection of the traumatized child population has grown enormously. Namely, Tuzla-Podrinje Canton (TPC) as the largest canton in the Federation of Bosnia and Herzegovina received a large number of refugees and displaced persons, including a large number of children. Then trauma of child population, to our knowledge is very high, not only of the children of refugees and displaced persons, but also of the domicile group. A group of children without one or both parents is particularly at risk.

In an organized approach to solving the problem of mental health protection of children in the TPK area, it is necessary, with high priority of urgency, to establish a Department/ Clinic for Child Psychiatry within the Clinical Centre Tuzla, with about 20-25 beds, including outpatient treatment facilities.

The core of the multidisciplinary team for work in this institution already exists and with further targeted education, this institution could, in the very near future, provide highly differentiated protection of children not only from the TPC and not only from the Federation of Bosnia and Herzegovina. Namely, the approach of the overall municipal and cantonal government is the equality of all citizens, regardless of nationality and religion, in all segments of life, especially in the field of health care.

This Ministry has maximum cooperation with the Clinical Centre Tuzla, as well as with the Medical Faculty of the University of Tuzla, and in the talks so far regarding this project, there is a high agreement on joint
work on its implementation. On the other hand, the activities of existing governmental and non-governmental organizations, as well as possible new ones in this area, will be supported by us in a (?) gathering around the newly formed Children’s Psychiatric Clinic and work with children „in the field “in the area of TPC.

Prof. dr sc. Osman Sinanović
U Tuzli, March 1997.

Unfortunately, this idea was not realized then, primarily due to the wrong assessment of the Director of the University Clinical centre that we could get more money than was available (about 600,000 KM) so that another adaptation could be done in the building. There were some annoying conversations waiting, and then „Kosovo happened“ and the money was directed there.

In the meantime, after my return to Department of Neurology in May 2011, the Psychiatry Clinic continued to develop and there is finally a realistic prospect of forming a separate Department of Child Psychiatry in a separate building near the Psychiatric Clinic. Maybe it had to be that way.

CONCLUSION

The war in Bosnia and Herzegovina (1992-1995) was an extremely severe traumatic event leading to various losses, separations of people, their wounding, and severe physical and mental suffering of the entire population. The children were in a particularly difficult position.

The consequences of trauma, especially multiple ones, are not only psychological, they are also medical in the narrower sense of the word. There is ample evidence of structural changes in the nervous system, of numerous disorders of the immune and endocrinological systems in the traumatized.

One of the extraordinary qualities of children, which everyone who works with them, is their ability to recover. Although psychologically vulnerable and (if the wounds are deep), prone to lag in emotional or even physical development, children still possess an amazing ability to recover. It is one of the most appreciative sides in helping traumatized children. A large proportion of children need only a few, perhaps just a few words of understanding, to help them turn to their own ability to heal wounds. However, many need the professional help of educated professionals.

Today, at the Clinic for Psychiatry, there is a competent team that can deal with the problems of child psychiatry, not just psychological trauma. The lessons we learned throughout then war are, on the one hand well learned, but also encouraging. When you have a firm faith and clear plan, and I myself seem to have had it, one can roll the stone in the right direction. I can proudly say that I belonged to the Tuzla psychiatry and at least partly contributed to the fact that today it is a serious clinic that is one of the leading clinics, and not only in Bosnia and Herzegovina, but further.

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References

3. Čatić B: Traumatische reakcije i mogućnosti oporavka djece izložene ratnim dejstvima. Magistrska rad. Medicinski fakultet Univerziteta u Tuzli (Master's degree thesis. Mentor: Prof. Dr. sci. O. Sinanović), 1998
5. Čatić B, Sinanović O: Possibility of recovery of unaccompanied children who were exposed to war trauma. Proceedings of the 6th International Congress of the World Islamic Association for Mental Health, Tuzla, 1999, 11

S335
14. Husain A, Sinanović O: Post Traumatic Stress Reaction and Depression in the Children of Sarajevo During the War. The Proceedings of the Symposium on the psychosocial Consequences of War – results of empirical research from the territory of former Yugoslavia, Sarajevo, 2000, 38-39


16. Pajević I: Utjecaj religioznosti na psihičko zdravlje i sazrijevanje adolescenata (Doctoral thesis. Mentor: Prof. Dr. sci. O. Sinanović), Medicinski fakultet Univerziteta u Tuzli, 2003

17. Pajević I, Sinanović O: Uloga religioznosti u prevenciji patološkog reagovanja na stres tokom adolescencije. Zbornik sažetaka Prvog kongresa psihijatara Bosne i Hercegovine sa međunarodnim učešćem, Sarajevo, 2003, 36-37


19. Pašagić I, Sinanović O: Psychological characteristics of adolescents with loss of father during the war in Bosnia and Herzegovina. Fifth European Conference on Traumatic Stress, Maastricht, The Netherlands, 29th June - 3rd July 1997


26. Selimbašić Z: Psihosocijalni problemi djece roditelja sa posttraumatskim stresnim poremećajem (Master's degree thesis. Mentor: Prof. Dr. sci. O. Sinanović), Univerzitet u Sarajevu, 2005

27. Selimbašić Z: Poremećaji ponašanja i emocionalni problemi u djece veterana rata sa posttraumatskim stresnim poremećajem (Doctoral thesis. Mentor: Prof. Dr. sci. O. Sinanović), Medicinski fakultet Univerziteta u Tuzli, 2011


31. Šestan Đ, Sinanović O: Possibility of reduction of war trauma on preschool children with the assistance of psychosocial support. Proceedings of the 6th International Congress of the World Islamic Association for Mental Health, Tuzla, 1999, 115

32. Šestan Đ: Uloga psihosocijalne podrške u smanjenju traumatizacije kod djece predškolskog uzrasta, Medicinski fakultet Univerziteta u Tuzli (Master's degree thesis. Mentor: Prof. Dr. sci. O. Sinanović), 1999


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