

# Self-Image and Refugee Status in Adolescents from Bosnia and Herzegovina and Croatia

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## ABSTRACT

*The first aim is focused in refugees comparing them with a comparison group in clinical characteristics. In addition, the authors compared scores on the self-image (S-I) scale of refugees and comparison subjects, after they had stratified them into four groups by gender and age. Subjects were 133 refugees from Bosnia and Herzegovina and comparison subjects were from Zagreb, Croatia (n = 189). The subjects were assessed by psychotherapeutic interview, Offer Self-Image Questionnaire (OSIQ), questionnaires of depressive symptoms, war stressors, posttraumatic reactions (PTS-reactions) and general data. Refugees had significantly higher scores on the questionnaires of war stressors and PTS-reactions ( $p < 0.001$ ). Refugees didn't differ in the majority of 12 scales of OSIQ from comparison subjects, in all four groups. Younger male refugees had the most scales with significantly higher raw scores in S-I, four in total. S-I can give us useful insight into different dimensions of personality of refugees.*

**Key words:** psychotrauma, self-image, OSIQ, PTS-reactions, refugees, adolescents, Bosnia and Herzegovina, Croatia.

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## Introduction

War is extremely stressful to children and adolescents. The war in the area in Bosnia and Herzegovina and Croatia lasted from the beginning till the end of nineties with the most intensive period from 1991 till 1995. Specific features which we can point out are a traumatic

destruction of a long-time multicultural society, unreadiness and sufferings of civil people getting a dimension of collective tragedy and traumatization of almost complete population<sup>1,2</sup>. As estimated by UNICEF<sup>3</sup>, the war events had for its consequence more than three million

refugees. About half a million of them in Bosnia and Herzegovina were children, whereby two out of three children lost their homes. It is much talked of refugees' problems today, with regard to their current status, but there can be some open questions about specific psychological features of exile, *i.e.* it seems probable that only the exile of a longer duration can have certain influence on the specific psychological features of an individual, family or a group<sup>4-7</sup>. We can only assume what kind of influences can refugee status of a longer duration and developmental stage (*e.g.* adolescence) have; and they (*i.e.* the influences) probably depend on many factors which are described in sequential model of Fischer and Riedesser<sup>4</sup>. On individual level, such status can probably interfere with developmental processes of individuation-separation, and also with other tasks of adolescence, *e.g.* establishing more stable self-image. Just a few researches tried to explain the relationship between migrations and psycho-trauma with self concept or self-image in adolescents<sup>8,9</sup>. In this study we have accepted Daniel Offer's<sup>10,11</sup> multidimensional model of self-image, because, according to this model, self-image can represent the bridge between individual dimensions, adolescents' development and social-cultural dimensions. The S-I is made of affective-cognitive representations of the personality. To obtain systematic, psychological information, Offer et al. made Offer Self Image Questionnaire for adolescents (OSIQ). The OSIQ is a self-descriptive personality test whose aim is to estimate the adjustment of adolescents of both sexes between 13 and 19 years. Originally, D. Offer<sup>11</sup> stratified his sample of adolescents into four groups, by gender and age (younger female, older female, younger male, and older male), and he found some differences in self-image among these groups. The questionnaire has been applied in clinical and non-clini-

cal studies on more than 30,000 adolescents in more than 11 countries. It was also used in transcultural studies, with a special stress on the effects of acculturation and migration<sup>12,13</sup>. The OSIQ was applied on non-clinical population in Croatia in 1989, and subjects were also stratified into four groups (younger and older female, younger and older male)<sup>14</sup>.

This study has two aims. First, our study is focused on adolescent refugees comparing them with a comparison group using social demographic data and instruments for assessing war stressors, posttraumatic stress reactions (PTS-reactions) and depression. The other objective was to compare self-image scales of refugees and comparison subjects, which were stratified into four groups by gender and age (younger female, older female, younger male, older male) what is in correspondence with other researches.

## Subjects and Methods

### *Study sample*

The sample consists of 322 adolescents. 133 refugees who had a legal-formal refugee status approved by the local authorities were included in the study. A comparison group ( $n = 189$ ) was formed from adolescents in Zagreb, Croatia. This study is the extended version of a smaller, earlier study conducted during 1999 and titled »Self-image of adolescents in Zagreb«. In that study the relationship between different factors in the comparison group of subjects ( $n = 189$ ) was examined.

The criteria for the exclusion in this study were mental retardation and mental disorder not related to the war trauma. Incorrectly completed OSIQ questionnaires were also excluded from the analysis, total 15 of them. The research was carried out in Germany and Croatia. In Germany refugees were accommodated in Hamburg ( $n = 47$ ), a town in the north of Germany with the population of

1.8 million. Hamburg is one of German towns, which accepted the highest number of refugees during the war in Croatia and Bosnia and Herzegovina. In Croatia (n = 86) refugees were placed in Zagreb, the capital city, with the population of 700,000 as well as in Varaždin, a town placed in the north with 42,000 people.

### *Procedures*

Data had been collected from 1997 till 1999. Our study was approved by the local and school authorities and informed consent was obtained. To obtain the sample, sometimes it was necessary to travel by different vehicles for several hours, because refugees had been accommodated in the suburbs of Hamburg. In addition, we needed to come at the time when the refugees were at those places or schools. Sometimes that was in refugee camps during the weekends or in the late afternoons, and these obstacles prolonged the period of data collection. Due to specific approach to refugees and time limitation the research included refugees in organized accommodation (camps, students' homes). A refugee sample was selected out of four biggest and most known refugee camps in Hamburg. The refugee sample in Zagreb consisted of young people placed in students' homes. Refugees from Varaždin were formed out of two biggest refugee camps. The response rate in Croatia was 95%. The response rate in Germany was 90%. The total number of refugees in this research is therefore a maximum number of adolescents defined by given circumstances and time. The instruments for self-administering were carried out in small groups (from 3 to 10 persons) and testing lasted two school hours. All refugee groups were included in usual psychosocial programs conducted by local staff members. A specific psychiatric and psychotherapeutic treatment was offered in case of mental symptoms.

The comparison groups in schools in Zagreb were randomly selected with consulting the authorized Ministry for education. A class was selected randomly in each school. It was formed out of an elementary school, two secondary schools and a high school and the instruments for self-administering were applied in groups in the course of two school hours. The comparison group should have satisfied criteria of non-exile, as low as possible presence of traumatic events and represented even sex, age and average of social-economic status. The aim was to collect subjects that are comparable by gender, as was the case in the earlier studies<sup>11,13,14</sup>. The response rate to the research was 99%.

### *Measures*

The instruments that showed good psychometric properties in the previous researches were applied<sup>11,15,16</sup>.

*Psychotherapeutic interview* was conducted with the members of a refugee family who were placed in common accommodation, as a means of introduction into scientific research. It was carried out in a room of the respective family. One person, a psychiatrist and psychotherapist, the first author, conducted the interview. One parent, occasionally both or relative, was always present during the interview together with adolescents. The interview was not carried out with a comparison group. Since a number of refugees accommodated together were big, besides instruments for self-administering, the authors chose as the most suitable model this interview with family members.

*The OSIQ* self-administered test consists of 130 items<sup>11</sup>. Items in the OSIQ were rated from 1 to 6 on a Likert scale where 1 indicated »is a very accurate description of me« and 6 represented »does not describe me at all«. The whole questionnaire consists of five scales: 1) *psy-*

*chological self* – divided in three subscales: impulse control (the total range is from 9 to 45), emotional tone (the total range is from 10 to 60) and body image (the total range is from 9 to 45); 2) *social self* – divided in three subscales: social relations (the total range is from 9 to 45), moral (the total range is from 10 to 60) and professional and educational goals (the total range is from 10 to 60); 3) *sexual attitudes* (the total range is from 10 to 60); 4) *family relations* (the total range is from 19 to 114) and 5) *adaptable self* – divided in three subscales: mastering the external world (the total range is from 10 to 60), psychopathology (the total range is from 14 to 84) and optimal adjustment (the total range is from 14 to 84). There are altogether 11 (sub)scales, and the final, 12<sup>th</sup>, total score scale. Offer and Howard confirm the validity and reliability of those scales. Median alpha coefficient for 11 cross-national samples for 10 scales is ranged from 0.66 to 0.87<sup>11</sup>. Alfa coefficient for the purpose of this study was 0.88.

*War stressors* were assessed by the Questionnaire on Children's Stressful and Traumatic War Experiences – RSTI, self-administered questionnaire<sup>15</sup>. The instrument includes the most frequent war stressors and subscales of stressful events: General war events, loss of home and being a refugee, victimization of family members, witnessing victimization and personal victimization. This instrument has originally 20 items. For the purpose of this study the instrument was slightly modified and has total 22 items. An examinee responded to each item with YES or NO regarding his/her past experience. The total score is the sum of YES responses and marks the intensity of stressful events. The total range is from 0 to 22. For the purpose of this study stressors were divided in three groups according to a one-third division (percentiles): lower number of experienced stressors (from 0

to 4), moderate number (from 5 to 7) and high number (from 8 to 22).

*Posttraumatic stress reactions* were assessed by the Questionnaire for the Examination of Posttraumatic Stress Reactions in Children (PTSR-C Questionnaire), self-administered questionnaire, originally consisting of 20 items based on the description of PTSD in DSM<sup>15</sup>. 3 items were excluded for the purpose of this study that are not in the current DSM-IV manual. Examinees indicated the frequency of occurrence of symptoms on a three-point scale (1 = never, 2 = sometimes, 3 = always). The total score on the inventory represents the overall intensity of PTS-reactions. The total range is from 17–51. For the purpose of this study expressiveness of posttraumatic reactions was divided in two groups according to the criteria for filling in six items of PTSD diagnosis in DSM IV: less expressed posttraumatic reactions (from 17 to 28) and higher expressed posttraumatic reactions (from 29 to 51). Alpha coefficient for the purpose of this study was 0.88.

*Depressive symptoms* were assessed with the Child Depression Inventory (CDI) developed by Kovacs<sup>16</sup>. It is a 27-item inventory, self-administered questionnaire, each item examines the intensity of a depressive symptom on a three-point scale. The total result reflects the manifestations of depressive symptoms, with a possible range from 0–54. For the purpose of this study expressiveness of depressive reactions was divided in three groups according to a one-third division (percentiles): less expressed depression (from 1 to 8), moderate expressed (from 9 to 12) and highly expressed (from 13 to 54.) Internal consistency (Cronbach's alpha) in the whole sample for the purpose of this study was 0.78.

*General data* were obtained by the use of a questionnaire for self-administering of social-demographic and general data. Younger male/female adolescents were 13

to 15 years old and older ones from 16 to 19 years. Education of a father or a mother of eight school years was understood as under a lower education, while more than eight years was understood as a higher. Success in school is usually di-

vided in five grades. For the purpose of this study a poorer school success indicated three lower grades, including also insufficient, while a better success indicated two better grades. Psychiatric disease in family and previous psychiatric

**TABLE 1**  
COMPARISON OF SOCIO-DEMOGRAPHIC AND CLINICAL CHARACTERISTICS BETWEEN REFUGEES AND THE CONTROL GROUP

Characteristics	Refugees (N = 133)		Control group (N = 189)		p*
	N	%	N	%	
<b>Gender</b>					
Male	67	50.38	95	50.26	ns
Female	66	49.62	94	49.74	
<b>Age</b>					
Younger (13–15)	37	27.82	88	46.56	< 0.001
Older (16–19)	96	72.18	101	53.44	
<b>Education of fathers</b>					
Lower	55	53.4	17	12.5	< 0.001
Higher	48	46.6	119	87.5	
<b>Education of mothers</b>					
Lower	65	65	29	21.17	< 0.001
Higher	35	35	108	78.83	
<b>Nationality</b>					
Bosnians-Muslims	40	32	1	0.56	< 0.001
Croatian	85	68	176	99.44	
<b>School succes</b>					
Poorer	40	48.19	63	40.91	ns
Better	43	51.81	91	59.09	
<b>War stressors</b>					
Low	9	7.26	112	60.22	< 0.001
Moderate	35	28.23	60	32.26	
High	80	64.52	14	7.53	
<b>PTS-reactions</b>					
Lower	92	74.2	173	94.5	< 0.001
Higher	32	25.8	10	5.46	
<b>CDI</b>					
Low	50	40	65	34.39	ns
Moderate	39	31.2	62	32.8	
High	36	28.8	62	32.8	

Totals vary because of missing data; PTS-reactions = Posttraumatic stress reactions; CDI = Child depression inventory; \* Chi – squared test

treatment was marked in the questionnaire by circling binary answers, Yes or No.

### *Statistical methods*

Quantitative data were compared between groups using the Mann-Whitney test. Qualitative data were compared between groups using the chi-square statistics.

### **Clinical vignette**

Here is an example of a refugee family during psychotherapeutic interview. The first author was warm-heartedly accepted into their room. This family was a family of five. A father and a mother described all the war calamities in great detail, including close contact with the enemy, physical and emotional abuse, and also the isolation with the consequent starvation. My rapport with them was fairly good, they were talking about current problems, too. Predominating emotions were: tension, doubt, disappoint-

ment with people, and especially with their ex neighbors... »Everybody is saying that the war is over, that everyone are going back to their homes, but I cannot go back to my house which is not destroyed, because some other people are living in my house... It's nice of you to come and see us. It's good to know that someone cares about us«.

### **Results**

Bosnian refugees came from 29 different Bosnian places. The average number of months they spent as refugees in Germany was 52.8 months (SD 9.09) and of those accommodated in Croatia 64.55 (SD 14.49) months. There were no significant differences between refugees and a comparison group in psychiatric illness in family and in psychiatric treatment before the migration. Table 1 describes comparison of social-demographic and clinical results in two examined groups. There is a significant difference between age, education of fathers, education of moth-

**TABLE 2**  
COMPARISON OF OSIQ RESULTS IN YOUNGER FEMALE ADOLESCENTS (AGE 13–15)  
BETWEEN REFUGEES AND THE CONTROL GROUP

OSIQ scales	Refugees (N = 17)		Control group (N = 43)		p*
	X	SD	X	SD	
Impulse control	25.00	6.08	26.65	7.02	ns
Emotional tone	25.58	5.76	25.18	9.79	ns
Body image	23.88	6.79	23.20	7.03	ns
Social relations	21.52	6.87	19.53	7.43	ns
Moral	28.00	7.18	26.83	6.09	ns
Professional and educational goals	22.41	7.81	21.74	7.38	ns
Sexual attitudes	33.00	5.20	30.69	7.31	ns
Family relations	45.00	9.15	44.55	16.79	ns
Mastery of the external world	23.58	6.39	24.58	6.95	ns
Psychopathology	36.88	9.41	37.88	9.20	ns
Optimal adjustment	41.88	6.25	37.69	6.86	0.02
Total score	29.70	5.59	28.96	5.88	ns

\* Mann – Whitney test

ers, nationality, war stressors and PTS- reactions between refugees and comparison group: in the refugee group there are less younger male adolescents, lower parents' education, more people with Muslim-Bosnian nationality, more war

**TABLE 3**  
COMPARISON OF OSIQ RESULTS IN OLDER FEMALE ADOLESCENTS (AGE 16–19) BETWEEN REFUGEES AND THE CONTROL GROUP

OSIQ scales	Refugees (N = 49)		Control group (N = 51)		p*
	X	SD	X	SD	
Impulse control	27.18	7.23	26.62	6.04	ns
Emotional tone	29.95	9.27	26.45	8.63	0.04
Body image	23.79	8.41	23.76	7.47	ns
Social relations	21.65	7.71	20.78	7.67	ns
Moral	29.89	6.35	29.56	6.35	ns
Professional and educational goals	22.08	7.31	23.76	6.21	ns
Sexual attitudes	28.93	5.09	25.82	8.32	0.02
Family relations	48.97	14.96	49.37	12.01	ns
Mastery of the external world	26.08	7.53	25.05	5.93	ns
Psychopathology	37.53	10.46	36.82	8.68	ns
Optimal adjustment	37.34	7.89	39.78	8.28	ns
Total score	30.31	6.79	29.80	5.03	ns

\* Mann – Whitney test

**TABLE 4**  
COMPARISON OF OSIQ RESULTS IN YOUNGER MALE ADOLESCENTS (AGE 13–15) BETWEEN REFUGEES AND THE CONTROL GROUP

OSIQ scales	Refugees (N = 19)		Control group (N = 45)		p*
	X	SD	X	SD	
Impulse control	25.89	5.45	24.95	5.26	ns
Emotional tone	25.21	9.71	22.55	7.94	ns
Body image	24.68	7.14	21.31	6.49	ns
Social relations	25.10	8.26	20.73	6.85	ns
Moral	32.57	4.43	30.22	5.44	0.03
Professional and educational goals	26.94	7.82	24.66	7.26	ns
Sexual attitudes	29.94	6.51	21.80	6.14	< 0.001
Family relations	53.00	12.60	43.71	11.57	ns
Mastery of the external world	27.68	4.25	25.62	4.23	ns
Psychopathology	41.10	7.59	34.17	7.95	< 0.01
Optimal adjustment	41.84	5.39	42.35	6.33	ns
Total score	32.18	5.17	28.37	4.00	< 0.01

\* Mann – Whitney test

**TABLE 5**  
COMPARISON OF OSIQ RESULTS IN OLDER MALE ADOLESCENTS (AGE 16–19) BETWEEN  
REFUGEES AND THE CONTROL GROUP

OSIQ scales	Refugees (N = 46)		Control group (N = 50)		p*
	X	SD	X	SD	
Impulse control	25.45	5.65	25.08	4.95	ns
Emotional tone	25.93	7.07	22.90	7.34	ns
Body image	24.28	6.29	23.30	6.61	ns
Social relations	21.52	6.71	20.68	6.39	ns
Moral	30.02	6.41	28.70	4.90	ns
Professional and educational goals	23.69	7.79	25.22	7.19	ns
Sexual attitudes	25.39	8.13	24.72	6.02	ns
Family relations	47.80	14.53	48.06	12.63	ns
Mastery of the external world	27.54	7.21	28.16	5.29	ns
Psychopathology	36.06	8.59	34.68	9.04	ns
Optimal adjustment	40.13	8.83	42.24	7.23	ns
Total score	29.80	5.73	29.43	4.50	ns

\* Mann – Whitney test

stressors experienced and more PTS-reactions; there is no significant difference in gender, school success and CDI scores between two examined groups. Tables 2–5 represent mean values, standard deviations, by comparing OSIQ scores in refugees and comparison group of younger female, older female, younger male and older male adolescents. The results in the OSIQ scales are shown in »rough« points, meaning that the lower results on the scales show better adjustment and that higher results on scales show poorer adjustment. There are different scores only on one scale (the Optimal Adjustment scale) in younger female refugees and comparison group; and the refugees have higher OSIQ raw scores (Table 2). There are different scores on two scales (Emotional Tone and Sexual Attitudes scales) in older female refugees and comparison group; and the refugees have higher OSIQ raw scores on these scales (Table 3). There are different scores on four scales (Moral, Sexual Attitudes, Psychopathology and Total Score scales) in younger

male refugees and comparison group; and the refugees have higher OSIQ raw scores on these scales (Table 4). Older male refugees don't differ from the comparison group on OSIQ scores (Table 5).

## Discussion

### *The comparison of socio-demographic and clinical characteristics*

The first aim of this study was to compare social-demographic and clinical features of refugees with the comparison group (Table 1). Refugees have significantly more stressors and PTS-reactions than comparison group ( $p < 0.001$ ). As many as 64.52% of refugees had very expressive stressors and 25.8% had expressive PTS-reactions speaking about a high intensity of the experienced war trauma in Bosnia and Herzegovina and in surrounding regions, what can be compared to the researches so far<sup>2,15,17,18</sup>. Although structured psychiatric/psychotherapeutic interview hadn't been used, it seems that

those subjects that experienced marked PTS-reactions probably had clinically expressed posttraumatic stress disease (PTSD). These results are considered as very important in this study, because these observations can support the importance of preventive actions with refugees, and also the importance of psychosocial therapeutic programs for the alleviation of traumatic situation of war and PTSD symptoms of an individual<sup>19</sup>. The other implication may be that PTSD concept seems not sufficient to cover symptomatology in case of long-term, sequence trauma and in this case orientation to war stressors seems to be justifiable, even in absence of classical PTSP symptoms. This is in accordance with other observations from the literature and in trying to redefine classifications of posttraumatic conditions<sup>4,20–22</sup>. Unexpectedly, depressive reactions measured by CDI did not show a difference compared to the comparison group. It is to be explained by future researches if this is because of the insensitivity of CDI for the effects of traumatic experiences, as Zivcic<sup>17</sup> has assumed, or if it is simply the result of a conceptual difference between traumatization and depression, as L. Terr<sup>22</sup> has supposed. Differences between refugees and comparison group in social-demographic features, especially parents' education and nationality, are the results of the limitation of this study, but also the general limitation of scientific researches of psychotrauma, as can be seen in the literature<sup>4,20</sup>. But, we thought that, under the circumstances, it was important to do such a comparison research, because they are scarce. In favor of comparison research speak similar social-cultural features of subjects from Bosnia and Herzegovina and Croatia, such as: a long-term multi-cultural society, a joint state from the end of the second world war till 1991, i.e. a similar social-cultural milieu and values in general as well as a slight

difference in language, understanding and expressing.

*Comparison of self-image between refugees and control group*

Generally, in the majority of scales of self-image there are no differences between refugees and comparison group; specifically, in older-male-group there are no differences, while in other groups (younger female, older female, younger male) there are differences only on a few scales. These results imply particular similarity of self-image among different groups of adolescents in a specific culture. According to this, it seems that adolescents can have stable self-image, can be socially integrated, can have good affective relationships within the family, can be autonomous in their confrontations with the outside world, i.e. can be the same as adolescents D. Offer<sup>11,21</sup> described, based on the empirical data of his questionnaire. Kinzie<sup>18</sup> found similar profile in tested adolescents, despite experienced war stressors and PTS-reactions. Thus, tested adults, which had been traumatized in childhood, showed good functioning, avoided treatment in the realm of psychopathology, and refused to participate in the research of psychotrauma. We can only speculate if this is more the result of intensive individual adolescent's dynamic or family dynamic, adolescents' resilience, social-demographic features, and less the result of social-cultural and traumatic factors or some other factors. Nevertheless, we've got an impression that adolescent refugees had normal psychological development before the traumatic events, that they were full of hope in their future, they had support from their traditional families in which affective ties are strong; and that exactly these factors were responsible that self-image scales were so lightly changed. But, future studies will have to clarify influences of these indicators.

Among the groups (younger male, younger female, older female, older male), younger male refugees have the most scales (four of them), which are different from comparison group, and that is a sign of poorer self-image (Table 2, 3, 4 and 5). According to our study, this group has the highest potential risk during further development. If we accept the possible influence of traumatic factor on self-image, we should assume that it is the development of self-image of younger adolescents which is more disturbed during a sequence of traumatic experiences than the development of other groups of adolescents. This could be because of the insufficient opportunities for the identification with a male (gender) role, because in traumatic situation father is perceived as weak and powerless. Thus, we can speculate about interference between traumatic and developmental events in younger male.

More possible *limitations* of our study are suggested. First, comparable research questions have been formulated because of the similar social-cultural environment in these specific circumstances. But, at the other hand, appropriateness of this approach can be put into question. This kind of doubt is in line with scientific research in the realm of psychotrauma. With further associative analysis of individual factors, specific relationships between the self-image and different features could be clarified, and it seems that such an approach would be valuable. Second, the samples of this study are adolescents that, at the time of research, had specific given features, and that fact can have an influence on the results. Thus,

e.g. different social-demographic features could influence on final results (e.g. family factors etc.). Third, missing data in the answers of adolescents represent limitation of this study, and the influence on the entire results remains unknown. Because of the above reasons, the generalization of results on other groups of refugees or other regions in the world is doubtful.

There can be the following *implications* of the research. Approach to refugees and traumatized people in cases of collective tragedies require further formulating way of support and therapy and the research methodology. Self-image can give us useful insight into different dimensions of personality of traumatized refugee adolescents. The approach based on multidimensionality of the entire situation, and also multidimensionality of the self-image of adolescents, is appropriate because it gives us insight into different dimensions of personality, and thus, takes into account, not only the risk factors, but also the protective factors. The therapeutic concepts could be directed to alleviation a traumatic process, either by a cognitive-behavioral or psychodynamic approach, at the level of a person, family or group.

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## **SLIKA O SEBI I IZBJEGLIČKI STATUS ADOLESCENATA IZ BOSNE I HERCEGOVINE I HRVATSKE**

### **SAŽETAK**

Prvi je cilj bio usporediti adolescente izbjeglice s komparabilnom kontrolnom skupinom u kliničkim karakteristikama. Drugi je cilj bio, dijeleći ispitanike prema spolu i dobi u četiri skupine, komparirati izbjeglice s komparabilnom skupinom u odnosu na skale slike o sebi (S-S). Uzorak se sastojao od 133 izbjeglice iz Bosne i Hercegovine i komparabilne skupine iz Zagreba, Hrvatska (n = 189). Koristio se psihoterapijski intervju, Offerov upitnik slike o sebi (OUSS), upitnici za ispitivanje depresivnih simptoma, ratnih stresora, posttraumatskih reakcija (PTS-reakcija) i općih podataka. Izbjeglice su imale značajno više ratnih stresova i PTS-reakcija ( $p < 0.001$ ). Od ukupno 12 skala OUSS-a izbjeglice u većini skala nisu odstupale od komparabilne skupine kod svih četiriju skupina. Mlađi muški izbjeglice su imali najviše signifikantnih skala S-S višeg sirovog skora, ukupno četiri. Slika o sebi nam može dati koristan uvid u različite dimenzije osobnosti izbjeglih adolescenata.