

ON THE HARMFUL CONSEQUENCES OF WAR: CAN CROATIAN AND BOSNIAN EXPERIENCE HELP UKRAINIAN REFUGEES?

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Dear Editor,

For the first time in this century, in the last three years world found itself in turmoil again. First the pandemic of COVID-19 which was proclaimed in March 2020, and then the war in Ukraine which started in February 2022.

It is well known that such adverse events can cause severe problems in physical and mental health and usually leave consequences which can affect society in multiple ways. Because of this we believe that learning from previous experiences can be valuable. One of such experiences was the first war on European soil since the Second World War, which started in Croatia and Bosnia and Herzegovina, 1991-1995. In 1992 Croatian government established refugee camps in order to help people fleeing from the war zones. From the beginning, civil society established various organisations helping people in need and one of them was, then existing, NGO Ruke from Zagreb which provided counselling and psychosocial services to camp residents in Varaždin. In 1996, Ruke and Harvard Program of Refugee Trauma interviewed more than 500 adults from the families of total 1275 people living in the camp conducting longitudinal study on mental health, disability and migration (Mollica et al. 2001). We decided to revisit our data and look at some specific problems as somatic health (Sarajlic Vukovic et al. 2014) and specifically women's health (Sarajlic Vukovic et al. 2020). Our goal was to investigate what we learned about vulnerable sub-groups and specific problems which could be connected with the worst outcomes and consequences on public health.

To our knowledge our study is one of the few longitudinal studies on refugees, especially on European population.

Today, UHCR's report shows that there is 14 millions displaced Ukrainians, 5,9 millions of them within their country and 8 millions across the borders (UNHCR 2022). Women and children meet approximately 90 percent and they are exposed to different kinds of abuse. Civilians experience multiple traumas and adversities that contribute to the psychological reactions, or a high level of stress that causes health problems that are found in refugee populations. It is not only the exposure to adverse events during the conflict but also the journey while escaping, crossing the borders and being a refugee in a foreign country and asylum seeking that should

be considered in policy making and preparing public health measures in the host countries.

One of the key social risk factors for mental health is unwelcoming, the isolation and lack of connection to the host community due to barriers such as stigma, competency in the host country's language, and discrimination. This can especially apply to those who lost their partners or social networks. It can be said that the asylum-seeking process and the uncertainty of living in a state of limbo hinder social integration in the host community (Anjum et al. 2023).

We believe that using existing data, especially from longitudinal studies can be helpful in future studies designs. Looking at the limitations and gaps of the previous studies and experience, in which we include our own from the '90, could be helpful to design further research looking at the more specific problems connected to mental and physical health. It would be interesting to see how social bonds, including marital support affect recovery from traumatic experiences. We believe that our data could be a lesson learned and helpful in policy and decisions making in helping vulnerable groups which are still a big challenge for public health in general.

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