

POSTTRAUMATIC STRESS DISORDER IN WOMEN WITH WAR MISSING FAMILY MEMBERS

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SUMMARY

Background: Research in crisis areas indicate that survivors' responses to the forced disappearance of family members are similar to reactions to other traumatic events. The aim of this study was to determine the presence of symptoms of posttraumatic stress disorder (PTSD) in women with war missing family members in Bosnia and Herzegovina 18 years after the war in this region (1992–1995).

Subjects and methods: The study included 160 women aged 47.1±14.0 from three regions of Bosnia and Herzegovina. It was carried out in the period from April 2010 to May 2011. Of the 160 participants, 120 women had a war missing family member and 40 women had no war missing family members. The Harvard Trauma Questionnaire (HTQ), the Beck Depression Inventory (BDI) and the Hamilton Anxiety Rating Scale (HAMA) were used for data collection. Basic socio-demographic data and data concerning the missing family members were also collected.

Results: Women with war missing family members experienced significantly more traumatic war experiences (18.43±5.27 vs 6.57±4.34, $p<0.001$). There was a significant difference between the two groups in the total PTSD score (2.48±0.59 vs 1.79±0.53, $p<0.001$), as well as in the intensity of depression (26.63±13.05 vs 10.32±6.58, $p<0.001$) and anxiety (21.0±10.69 vs 11.27±7.93, $p<0.001$). Anxiety and traumatic war experiences were significant predictors of PTSD in the group with war missing family members.

Conclusions: Women with war missing family members showed significantly more severe PTSD symptoms. Based on the results of this study, it was determined that the forced disappearance of a family member is an ambiguous situation that can be characterized as a traumatic experience.

Key words: posttraumatic stress disorder – PTSD - war missing family member - traumatic experience

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INTRODUCTION

The forced disappearance of persons occurs worldwide and affects not only individuals but their families and communities as well (Blauuw & Lahteenmaki 2002). Forceful disappearance, in which there is a sudden loss of contact between family members, occurs under various circumstances, including armed conflicts, war, kidnapping, disasters and other unexpected circumstances. In war and armed conflicts, women face a number of specific traumatic experiences that have long-term consequences on their health (Kastrup 2006, Klarić et al. 2008, Klarić et al. 2012). Data from war-stricken areas have demonstrated that missing persons are most often men (Singh et al. 2005, Jurčević et al. 2007). The disappearance of male relatives affects women's status in their community and traumatises women who cannot find closure as long as they remain hopeful for the return of their relatives (United Nations 2002). As a result of the war (1992–1995) in Bosnia and Herzegovina, many families experienced the forced disappearance of family members under circumstances of combat or an escape from a war environment. During the war, it is estimated that a total of approximately 20 000 persons went missing

(Nowak 1998), of which 91.7% were men and approximately 8.1% were women (Lindsey 2000). To date, the fate of approximately 8 000 to 10 000 missing persons remains unknown (United Nations 2010). The loss associated with the disappearance of a family member prevents survivors from beginning the grieving process due to an existing uncertainty concerning the loss. This type of loss is identified as an ambiguous loss, which Boss (2004) defined as an "ambiguous loss situation stemming from not having information on whether a loved one is alive or dead, absent or present." Ambiguous loss may be accompanied by the occurrence of psychological problems such as anxiety, depression, loneliness, sadness, fear, worry, agitation and conflictual family relationships (Boss 2010, Schaal et al. 2009, Luster et al. 2009). Ambiguous loss resembles trauma, because a person is unable to resolve the situation that causes pain, confusion, shock, distress and often immobilisation (Boss 2006, Boss et al. 2003; Robins 2010). The aim of this study was to examine the situation of a forced war disappearance as a traumatic experience and to determine the resulting presence of symptoms of posttraumatic stress disorder (PTSD) in Bosnian women who have been searching for missing family members over the past 18 years.

SUBJECTS AND METHODS

Subjects

The present study was conducted in the period between April 2010 and May 2011 in three regions of Bosnia and Herzegovina. The sample included 120 women with war missing family members and 40 women without war missing family members. In this study, the definitions of "missing persons" and "family members of a missing person" from the 2004 Law on Missing Persons in Bosnia and Herzegovina (Official Gazette, No. 50/04 Article 2) were used. In this document, missing persons, both civilian and military, are considered to be those that have disappeared during the war, or those about whom the family has no information and those that have been identified as missing in the relevant reports. The inclusion criteria for the study were that participants: were a minimum age of 14 years at the beginning of the war in Bosnia and Herzegovina; had no history of pre-war psychiatric treatment and/or brain injury; were living in Bosnia and Herzegovina during the war; and were able to provide informed consent to participate in the study. Women with war missing family members were recruited from associations of families of missing persons in Tuzla Canton, Sarajevo Canton and the region of Brčko District. Meetings with female members of these associations was organised in cooperation with the presidents of the associations. Of the 225 women who were present at these meetings, 157 agreed to participate in the study. According to responses provided in socio-demographic questionnaires, 19 women did not meet the inclusion criteria. For various reasons, further participation in the study was declined by an additional 8 women, leaving a total of 130 participants. This group of 130 women was then stratified according to their kinship with the missing family member, where we aimed to include equal numbers of women with a missing husband, father / mother, brother / sister and son / daughter. In the sample of 130 women, 30 women were searching for a missing brother, 32 for a father, 35 for a husband and 33 for a son. No participant reported having a missing female family member. By including the first 30 women from each group, a final sample of 120 women was constructed. Using a snowball sample, a group of 40 women from the general population were recruited to form a second group of women without a war missing family member. In this group, we included women who met the general inclusion criteria and who were approximately the same age as the women with a war missing family member.

Methods

For the purpose of this study, a general questionnaire containing socio-demographic data and data on missing family members was used. In order to determine the participants' level of traumatisation and the presence of posttraumatic symptoms, the first, second and the fourth

part of the Bosnia and Herzegovina version of the Harvard Trauma Questionnaire (HTQ) (Allden et al. 1998) was used. This version of the HTQ validated for Bosnia and Herzegovina (Oruč et al. 2008) is a tool used for examining various traumatic experiences and emotional difficulties that are considered to be directly linked with trauma. The HTQ consists of four parts. The first part (a list of possible traumatic events) contains questions referring to experiences and traumatic events to which residents were exposed during the war. It consists of 46 possible traumatic events presented in the form of "yes" and "no" questions. The second part consists of two questions, where participants are asked to give a detailed description of the most terrible event experienced. The third part is related to brain trauma. The first three sections are not scored. The fourth part contains a list of 40 statements concerning psychosocial difficulties caused by trauma. The first 16 statements are derived from the DSM-IV criteria for PTSD. These symptoms are grouped around three clusters of symptoms: re-experiencing the traumatic event, avoidance and arousal symptoms. The remaining 34 statements refer to participants' perception of the degree to which the trauma has affected their everyday abilities. The answers to each question are scored as follows: 1 = not at all, 2 = very little, 3 = quite, 4 = very much. The cut-off score for PTSD and the clusters of symptoms is 2.5, where a mean value of symptoms higher than 2.5 indicates the presence of PTSD. The internal consistency of the instrument was high ($\alpha=0.84$ for traumatic events and 0.92 for traumatic symptoms).

For the assessment of symptoms of depression, the Beck Depression Inventory (BDI) (Beck et al. 1961) was used. This scale has 21 questions. Responses are made on a four-point scale from 0 to 3. The severity of the symptoms is rated numerically by total score: 0–9 normal; 10–15 mild depression; 16–19 mild to moderate depression; 20–29 moderate to severe depression; and 30–63 severe depression. The reliability of the BDI for the present sample was high ($\alpha=0.90$).

For the assessment of anxiety, the Hamilton Anxiety Rating Scale (HAMA) (Hamilton 1959) was used. HAMA consists of 14 items. Each item is scored from 0 (not present) to 4 (severe), with a total score range of 0–56. A score below 17 indicates mild levels of anxiety, a score between 18 and 24 is indicative of mild to moderate anxiety while a score between 25 and 30 indicates moderate to severe anxiety. The internal consistency of the HAMA in this study ($\alpha=0.91$) was high.

Statistical analysis

All data collected in this study were analysed using descriptive statistics. Descriptive values of variables are expressed as means and standard deviations. To examine the differences between groups, a χ^2 test was used for nominal variables (frequencies), a t - test was used

for interval variables, and an odds ratio was used for nominal variables. A one-way ANOVA was used for multiple comparisons. Pearson correlations were used to test the associations between the variables. In addition, a linear regression analysis was conducted, with PTSD-total as a dependent variable and age, trauma exposure, depression and anxiety score as the predictors. The level of statistical significance was set at $p < 0.05$. All statistical analyses were performed using a software package (SPSS version 10, Chicago, Ill.).

RESULTS

The mean age of participants was 47.1 ± 14.0 years. There were no significant differences between the groups according to age ($F = 3.267$, $p = 0.073$). However, in regard to other demographic variables, group differences were significant. In comparison to women without a missing family member, more women with war missing family members were widowed ($68/120$ vs $5/40$, $\chi^2 = 31.10$,

$p = 0.001$), were without education ($80/120$ vs $13/40$, $\chi^2 = 22.82$, $p < 0.001$), resided in rural areas ($83/120$ vs $15/40$, $\chi^2 = 12.59$, $p < 0.001$), did not return to a pre-war place of residence, and had the status of a refugee ($91/120$ vs $2/40$; $\chi^2 = 61.45$, $p < 0.001$). Of the 120 women who were missing a family member, 117 women reported that they had to declare their missing as deceased after the war in order to obtain monetary compensation from the government. The average number of war-related trauma experiences in the total sample was 15.46 ± 7.20 , with the group with missing family members reporting significantly more war-related trauma experiences (18.43 ± 5.27) than the group without missing family members (6.57 ± 4.34) ($F = 164.853$, $p < 0.001$). All participants reported traumatic war experiences in the range between 0 and 30 (out of a possible 46). Significantly greater number of women with missing family members experienced 19 or more traumatic experiences than those women without missing family members (Table 1).

Table 1. Frequency of traumatic war experiences in groups of women with war missing family members ($n = 120$) and without missing family members ($n = 40$)

Traumatic experiences in the war	N (%) participants in		Odds ratio (95% confidence interval)*	p
	Group with a missing family member	Group without a missing family member		
Lack of shelter	109 (90.8)	18 (45.0)	12.11 (5.02-29.16)	<0.001
Lack of food or water	111 (92.5)	16 (40.0)	18.50 (7.31-46.80)	<0.001
Ill health without access to medical care	103 (85.8)	10 (25.0)	18.17 (7.53-43.84)	<0.001
Confiscation or destruction of property	117 (97.5)	24 (60.0)	26.00 (7.02-96.26)	<0.001
Combat situation	114 (95.0)	25 (62.0)	11.40 (4.02-32.28)	<0.001
Exposure to frequent and relentless sniper fire	99 (82.5)	11 (27.5)	12.42 (5.37-28.75)	<0.001
Forced evacuation under dangerous conditions	116 (96.7)	32 (80.0)	7.25 (2.05-26.62)	0.002
Beatings to the body	69 (57.5)	1 (2.5)	52.76 (7.01-396.82)	<0.001
Imprisonment	63 (52.5)	1 (2.5)	43.10 (5.73-323.97)	<0.001
Blackmailed or robbed	99 (82.5)	3 (7.5)	58.14 (16.37-206.47)	<0.001
Forced to hide	111 (92.5)	20 (50.0)	12.33 (4.91-30.93)	<0.001
Kidnapped	72 (60.0)	1 (2.5)	58.50 (7.77-440.22)	<0.001
Other forced separations from family members	105 (87.5)	10 (25.0)	21.00 (8.56-51.50)	<0.001
Forced isolation from others	91 (75.8)	5 (12.5)	21.96 (7.87-61.28)	<0.001
Confinement to home due to the danger outside	107 (89.2)	17 (42.5)	11.13 (4.75-26.08)	<0.001
Murder or violent death of other family members or friends	106 (88.3)	16 (40.0)	11.35 (4.88-26.38)	<0.001
Disappearance or kidnapping of other family members or friends	113 (94.2)	2 (5.0)	306.71 (61.07-1540.39)	<0.001
Serious physical injury of a family member or friend due to a combat situation or landmine	84 (70.0)	21 (52.5)	2.11 (1.01-4.39)	0.046
Other frightening or life threatening situations	104 (86.7)	14 (35.0)	12.07 (5.23-27.85)	<0.001

*Mantel-Haenszel common odds ratio

The subjective description of the most horrifying traumatic events by women with war missing family members included the forced capture of male family members, the killing of a family member, the separation from male family members, and the fact that nobody had any information about their relatives. In the group of women without missing family members, ten reported the death of close relatives to be the most traumatic event during the war, while a further thirteen women reported forced displacement. Other women in this group reported the most traumatic event to be shelling (8 women), the persecution in Srebrenica in 1995 (5), witnessing the abuse of others (2), and exposure to snipers (2). In comparison to women without missing family members, a significantly higher number of women with war missing family members achieved a total PTSD symptom score higher than 2.5 (67/120 vs 6/40; $\chi^2=20.163$, $p<0.001$). When kinship with the war missing family member was considered, a total PTSD symptom score above 2.5 was found in more women with a missing son (25/30) and a missing husband (19/30) than in women with a missing brother (16/30) and a missing father (7/30) ($\chi^2=42.83$, $p<0.001$). There was a significant difference between these two groups in scores of clusters of symptoms and in total PTSD scores (Table 2). In addition, significant differences in PTSD symptoms were found between women with a missing

son and women with a missing father or brother while no significant differences existed between women with a missing son and women with a missing husband (Table 3).

The mean score for symptoms of depression in the group of women with missing family members was at the low end of the mild to severe range (26.63±13.05), where as in the group of women without missing family members it was at the higher end of a normal result (10.32±6.58), with a significant difference between groups ($F=57.38$, $p<0.001$). The mean score for symptoms of anxiety in the group of women with missing family members was at the low end of the mild to moderate range (21.0±10.69) and in the group of women without missing family members it was at the higher end of the mild range (11.27±7.93), with a significant difference between groups ($F=27.91$, $p<0.001$). There was a significant correlation between the number of traumatic experiences reported and the level of depression ($r=0.614$, $p<0.001$), anxiety ($r=0.442$, $p<0.001$) and symptoms of PTSD ($r=0.579$, $p<0.001$). In this study, a regression analysis of the effects of age, traumatic experiences, depression and anxiety as predictors of PTSD symptoms was conducted. In the first step, age and traumatic experiences were observed, which explained 42.0% of the total variance in PTSD. Next, the BDI and HAMA scales were included. In this second

Table 2. Difference between groups of women with missing family members (n=120) and without missing family members (n=40) in mean values of PTSD symptoms

Dependent variables	Women with a missing family member M (SD)	Women without a missing family member M (SD)	Mean square	F*	p
Total scores of PTSD symptoms	2.48 (0.59)	1.79 (0.53)	14.36	43.27	<0.001
Symptoms of arousal	2.56 (0.60)	1.71 (0.59)	21.84	51.98	<0.001
Symptoms of Avoidance	2.44 (0.56)	1.73 (0.49)	15-10	49.80	<0.001
Symptoms of re-experiencing	2.48 (0.68)	1.82 (0.54)	13.25	31.21	<0.001

*ANOVA, M – Mean, SD – Standard Deviation

Table 3. Mean difference in PTSD symptoms between groups of women in relation to kinship with the war missing family member

(I) kinship with missing family members	(J) kinship with missing family members	Mean Difference (I-J)	St. Error	Sig.	95% Confidence Interval Lower	Upper
Son	Father	0.738*	0.137	<0.001	0.362	1.114
	Husband	0.339	0.137	0.099	-3.63E-02	0.715
	Brother	0.438*	0.137	0.013	6.23E-02	0.813
	No missing	1.071*	0.128	<0.001	0.719	1.422
Husband	Father	0.399*	0.137	0.031	2.334E-02	0.774
	Brother	9.867E-02	0.137	0.953	-0.277	0.474
	No missing	0.731*	0.128	<0.001	0.380	1.082
Father	Brother	-0.300	0.137	0.187	-0.676	7.533E-02
	No missing	0.332	0.128	0.074	-1.8924E-02	0.683
Brother	No missing	0.632*	0.128	<0.001	0.281	0.984

*The mean difference is significant at the 0.05 level; Tukey HSD; Dependent variable: Total PTSD score

step, 64.7% of the total variance in PTSD was explained by the whole model ($F(4, 155)=71.16, p<0.001$). Depression and anxiety explained an additional 22.0% of the variance in PTSD, after the effects of age and traumatic war experiences were removed (R^2 change for 0.22, F change (2, 155)=48.42, $p<0.001$). These two predictors were statistically significant, where anxiety had a higher beta coefficient ($\beta =0.55, t=8.13, p<0.001$) than traumatic experiences ($\beta =0.27, t=4.47, p<0.001$).

DISCUSSION

This study examined the presence of symptoms of PTSD in Bosnian women with war missing family members 18 years after the war and its association with war-related traumatic events. In our sample, the majority of women described the forced disappearance of family members as a traumatic event. Symptoms of posttraumatic stress disorder were present in more than half of these women. The results examining predictors of PTSD additionally demonstrated that anxiety levels and traumatic experiences have an important influence on the development of PTSD. In previous studies, the prevalence of PTSD in family members of missing persons has varied. Perez-Salez et al. (2000) found that, 20 years after the forced disappearance of family members, 6.5% of surviving members had symptoms of PTSD, a result lower than that obtained in our research. The results of our study were more similar to those obtained by Morina et al. (2010) in a study with family members of missing persons in Kosovo seven years after the end of the conflict, and in a study by Schaal et al. (2010) with women in Rwanda 12 years after the genocide. A similarly high prevalence of PTSD among family members of missing persons in Honduras 10 years after their disappearance was reported by Quirk & Casco (1994). The results obtained in the present study support the hypothesis postulated by Boss (2004), in which the experience of a family member's disappearance in war and other catastrophic situations is a traumatic experience and the reactions of surviving family members are similar to reactions to other traumatic events. Family members may suffer from insomnia, have intrusive thoughts about the missing, feel angry, tense and anxious, have a sense of guilt or numbness and avoid other people. In our study, most women with missing family members reported having had such symptoms, which are in fact, as Boss (2010) states, common symptoms of PTSD and unresolved grief. In their investigation of the possible phenomenological overlap of complicated grief with PTSD and depression, Momartin et al. (2004), found that the widowhood dimension of traumatic loss and human rights violations were significantly associated with complicated grief but unrelated to PTSD. Indeed, members of the families of missing persons experience different types of grief than that which is associated with death. In such circumstances, a ritual or farewell

ceremony for the missing person is impossible. In previous research, many individuals with missing family members have stated that, when family members "choose" to believe that the missing person has died, they feel like they themselves have killed them (Becker 1990). Due to the need for the obtainment of legal reparations such as monetary compensation, this is precisely the situation in which the women with war missing family members in our study found themselves. In such circumstances, women were forced to declare missing family members dead even though they did not believe it to be true nor did they have any knowledge as to the current whereabouts of their family member (Stover & Shigekane 2002). The ongoing disbelief in the death of a loved family member prevents the normal grieving process from starting, thus presenting a high risk of pathological or complicated grief (Blaauw & Lahteenmaki 2002). Complicated grief and PTSD share symptoms of disruptive intrusive thoughts and avoidance. However, in this study, women with war missing family members had more persistent symptoms of re-experiencing and arousal and fewer symptoms of avoidance. These results might be explained by the fact that the women participating in our study were those who have been searching for disappeared family members since the end of the war in Bosnia and Herzegovina 18 years ago and who have organised activities via associations for families of missing people, a well-recognized method of coping with the ambiguity of the situation. These associations emerged after the war and consist predominantly of women, usually the wives or mothers of missing persons. Their primary aim is to locate those missing persons and recover their bodies for proper burial. They fight a political struggle for the public recognition of the memory of the victims and arrange commemorative ceremonies and demonstrations (Delpla 2007).

The findings of this study also indicated that PTSD symptoms were more evident among women with a missing son and husband than among women with a missing brother and father. Women whose husbands are missing experience similar problems to widows but do not have official recognition of their status, a situation which creates additional problems. In these circumstances, they experience an insecurity that stems from not knowing their husband's fate and not being able to mourn properly coupled with the long term consequences of raising children without a father and being unable to re-marry. Women can face additional difficulties when are required to be the head of the household, especially if an inadequate education level places limits on the possibility of finding employment (Lindsey 2000).

The results of this study further suggest that women with war missing family members were exposed to multiple traumatic events and that they experienced multiple losses during the war. Based on the previous discussion, this might be regarded as one of the limitations of the study. In fact, previous studies have

indicated that people who have been exposed to cumulative traumatic events are more vulnerable to developing symptoms of PTSD (Neuner et al. 2004, Cloitre 2009). The majority of women with war missing family members who participated in the present study continue to hold refugee status 18 years after the war and live in a situation of uncertainty and anticipation. Results of previous studies suggest that forced displacement, uncertainty regarding one's place of residence and legal status, past traumatic experiences, and uncertainty regarding one's return to a previous place of residence all adversely affect both general and mental health and contribute to the development of PTSD, especially among refugees and elderly adults (Kinzie 2006, von Lersner et al. 2008, Hunt & Gakenyi 2005). Momartin et al. (2004) suggest that complicated grief is one pathway leading to persistent depression. The results of the present study indicated that women with missing family members experienced mild to severe depression. However, the level of depression was not a significant predictor of PTSD. In addition, findings demonstrated that this group of women also demonstrated mild to severe anxiety, and that level of anxiety along with traumatic experiences act as significant predictors of PTSD. Together, these findings might refer to the possible differentiation between complicated grief from PTSD. However, complicated grief and the overlap between the symptoms of PTSD and complicated grief were not assessed in this study and therefore such hypotheses can be made only very tentatively. Another limitation in the methodology of the present study was the relatively small sample of women without war missing family members, a condition which limited the statistical power of the findings. Furthermore, the women participating in this study differ in marital, educational and financial status as well as in post-war life circumstances. These differences between groups may limit the generalizability of findings. Further research might focus on other possible factors influencing the development of PTSD in women with missing family members, such as perceived social support, coping strategy and other mental health problems that were not assessed in this study. In addition, further research should focus on the differentiation and overlap between the symptoms of PTSD and complicated grief in women with war missing family members.

CONCLUSION

The results obtained in this study support the argument that the circumstance of a forced disappearance is a traumatic event to which the surviving family member might respond by developing symptoms of posttraumatic stress disorder. The results further indicate that women in Bosnia and Herzegovina with a war missing family member were exposed to multiple traumatic wartime experiences over many years and were exposed to a difficult post-war living

situation, which together might contribute to the development of PTSD. The results of this study present an original contribution to growing awareness of the various ways in which women are victims of war and that this victimisation may influence their vulnerability and have long term mental health consequences.

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Conflict of interest : None to declare.

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