

REFUGEE FAMILY TRAUMA

Dragana Batic, Phd
Faculty of Security, Skopje,
Email: dbatic@yahoo.com

Abstract

The study of family crisis and the crisis in general, begins at the time of social and economic disaster in USA, through the Second World War, the Vietnam War, the Arab-Israeli war, and continue with societal conditions in countries with increased repression and poverty, leading to mass migration, refugee crisis, and claims of political asylum. These events prompted the research of the effects stress has on families. The war in the former Yugoslavia motivated researches that relate to the individual and family reactions to the stress. Lately, with the refugee crisis these topics are reopened. The traumatized family is defined as a family exposed to a stressor, consequently getting unwanted disruption of its life routine. Refugee families are faced with numerous stressors such as exposure to threats, violence, fear for their lives and the safety of their loved ones. In other countries they face chronic stressors such as poor housing, poor nutrition, economic dependence, social marginalization, social stigmatization, forced change of lifestyles, acculturation. The separation of home and community and living in a new and unfamiliar environment brings profound uncertainty, confusion, vulnerability, fear and mistrust. The new way of life affects everyone individually and brings new changes in the family dynamic. This paper attempts to find a link between trauma of family members that have been affected by the war and refuge and the family characteristics. It is also an attempt to give an answer to the question whether or not it's possible to retain the basic family function, raising the child and his personality development.

Key words: refuge, refugee family, traumatization, stressors, functional family

Introduction

Together with the studies dedicated to the family as a psychosocial entity, an increased interest emerges about the problems of the everyday life and functioning of the family in stressful circumstances, especially in times of big social disasters. Studies about the family crisis, as well as the crisis in common, started to emerge during the social and economic turbulences in America, the Second World War, the Vietnam War, the Arab-Israeli Conflict, and continued to be conducted taking into consideration the social circumstances in countries, in which repression and poverty are common, leading towards mass migration of the population, refugees, and seeking political asylum. These events, motivated to a great extent the studies related to family reactions of stress. The war in the 90s of the previous century which took place in former Yugoslavia also increased the interest and led towards investigations related to individual and family stress reactions.

Unfortunately, this topic is still popular nowadays considering the forced migrations which are very common in the last few years, and which are caused by the violation of the basic human rights and freedoms, including the right to life and the freedom of movement. These circumstances make thousands of people to escape from the African and Asian countries and to find shelter in the countries of Europe. Most of the refugees come from Afghanistan, Somalia, Eritrea, Libya, Pakistan, as well as Syria, where the Civil War started in 2011. The situation in Syria additionally deteriorated in 2013 causing one of the biggest exoduses in the newer history.

Even though the influence of the refugee human rights violation on the individual well-being is profoundly researched, there is still not enough information about the effects of the refugee life on family level. Most of the studies dedicated to mental health are mainly focused on Post-traumatic stress disorder and depression caused after a violent loss and other stressful events (Craig, Sossou, Schnack, & Essex, 2008; Momartin, Silove, Manicavasagar, & Steel, 2004; Morina, Rudari, Bleichardt, & Prigerson, 2010; Schaal, Elbert, & Neuner, 2009; Schaal, Jacob, Dusingizemungu, & Elbert, 2001). Studies conducted from the perspective of systematic family theory and therapy show that the stressful experiences of refugees are multiple traumatic events that influence the whole family and can disintegrate family and social functioning (Brende & Goldsmith, 1991; Carroll, Foy, Cannon, & Zwier, 1991), Batić, 2012). Furthermore, it was discovered that interventions on family level are most efficient for improving mental health of refugees, mostly those collectively accommodated (Weine et al., 2006; Waive et al, 2008 Weine, 2011).

Family and stress

Most frequently, the family is defined as a social group which is characterized by unity and specific types of interactions. Moreover, the family is a social group because it is a biosocial entity established not only in accordance with social rules, but also as a result of the biological laws of reproduction and based on blood relations of its members. "The family is a universal human group which is typical for every human era and for every human being individually, and thus, during his/hers lifetime" (Golubovic-Pesic, 1981).

Golubovic-Pesic mentions three universal characteristics of the family. First: the family is a community of persons from different gender and children who are a product of this union (who can also be adopted). Second: the family is a primary community in which the personality of the child develops. Third: the family is a community which provides psychological and sociological connections among its members (Golubovic-Pesic, 1981).

According to the systematic approach, the family, taking into consideration the mutual connection of its members, in other words, their interdependence, is considered as a system composed of subsystems (spouses, brothers-sisters) (Olson, 1993). The second important feature is its development, in other words, the family is considered a system which undergoes different developmental phases and which constantly develops. It is a continuous system which is maintained with the connectedness with previous generation. One of the characteristics of the family is its interconnection, in other words, its connections with the society and other social groups.

Considering the fact that the family is the most intimate human community, in which most of the needs of its members are satisfied, every member has an influence and is under an influence on the other family members. As a result of this, it is an important source of production and reduction of stress. With reference to this, the family members are close to each other, if one member suffers a traumatic event, the other members can reduce or intensify it. "Traumatized family is defined as a family which is exposed to a stressor that has caused unwanted interruption of its daily routine. The stressor can be an event or series of events that disturb the life of the family, its routine, well-being and its trust in the safety and predictability of the everyday life" (Figley, 2012).

The family stress is a condition of an increased anxiety within the family in cases when it is not able to successfully cope with the new demands, whether external or internal, within the family.

The refugee family, taking into consideration the fact that its faces a series of sudden stressful changes and obstacles, such as loss of their homes, job loss, social status, personal, family and social identity, integrity and continuity loss, separation from the loved ones, uncertainty regarding how long the life as a refugee will last is considered to be a traumatized family.

Considering the manner in which, generally, the family can be traumatized, there are four different modalities:

1. When the disaster directly affects the whole family (for example: fire, natural disasters, traffic accidents, displacement...)
2. When the disaster affects only one family member with whom the other family members cannot come into contact with (for example: war, mining accident etc.)
3. Cases in which one family member is a victim, which traumatizes the other family members.
4. Intra-familial trauma, when the disaster comes from the family (occurs within the family), for example: incest, violence, divorce etc.

In cases in which the family is affected by a natural disaster, the studies show a relatively low level of emotional anxiety related to the disaster (Smith, 1983). It is supposed that one of the reasons why natural disasters do not leave emotional scars, is the fact that they do not affect directly the social support of the system, such as the family, neighborhood, community. On the contrary, if these systems are affected, such as in cases of escape or displacement, the individual will suffer serious social and emotional problems.

Families which have simultaneously been affected by a natural disaster are more able to help each other and to overcome the emotional difficulties caused by the disaster than in other circumstances.

When we hear about the accident on the media (telephone, TV, letter), when the disaster hits someone we love, but we cannot come into contact with, it is a situation that causes an extreme stress, and the recovery can last for years (Figley, 1982, 1983). The experiences of several groups of American citizens who were held hostages in Iraq are a good example for this phenomenon. Figley, McCubbin, (1983) inform that this situation was far more traumatic for the family than for the hostages. Moreover, while their daily routine was structured and predictable, their families were crowded with information, which was changing constantly their daily routine. These families found themselves in a situation, for which, they have not prepared before.

In the process of monitoring a family member who has been a victim, the whole family is indirectly emotionally affected. They are preoccupied with the reactions of the victim resulting of their attempts to help him/her, and which is a secondary stress response. In the process of reducing and alleviating post-traumatic reactions, the family members who give support can also be traumatized. For that reason, it is very important every person who suffers from Post-traumatic stress disorder (PTSD), to be analyzed in family context and perspective, considering the fact that the other members of the family are also victims because of their emotional relation with the victim.

In the literature and in the studies we can also notice the attitude and belief according to which the family is often a context of victimization. Domestic violence and abuse are also considered psychological and health problems, despite the fact that families which were traumatized by intra-familial violence are most difficult to reveal and treat.

Regardless in which of these four manners a family has been traumatized, it is forced to handle the stress and use its potentials for adaptation. During this process some families recover more quickly, while others need more time.

Refugee life as a stress source

According to the Geneva Convention, a status of a refugee is given to a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (Geneva Convention, 1951) If we accept Figley's definition of traumatized family as a family exposed to uncommonly intense stressor which disturbs normal life routine in an unwanted manner, we could assume that every refugee family fall into this category. If the reason for the escape or displacement is a war, which as a massive stressful event hits the whole community in which the family lives and simultaneously affects all family members and their social environment. The experience of a refugee family can be divided in three parts: (before the life as refugee (escape), during the life as a refugee and after the life as a refugee) and each part is notable for its exposure on certain stressors.

The first period ends when the refugees leave their homes. Until then, people were exposed not only to stressors who made them leave their homes, but also to obstacles in achieving this intention. For most of the families it is a period in which they are exposed to threats, violence, insecurity, fear for their own life and the life to their closest family, loss and injuries. All this together is a motif for leaving. On the other hand, the significance of the home and the uncertain future as a refugee complicated the escape. Exposure to high levels of stress during the pre-migration period makes refugees potentially vulnerable population in relation to mental health.

The second period is the life as a refugee which starts when the family leaves their home, and ends after they return to their own homes or settle in another country forever. This period is notable for the presence of chronic stressors such as: bad accommodation,

bad food, material shortages and economic dependency, social marginalization, social stigmatization, imposed changes in lifestyle, acculturation etc. Considering the fact that the reaction to stress is still present after it emerges, traumatic experience from the first period creates disadvantageous basis for even more exposed influence of stressors, typical for the period of life as a fugitive.

Leaving the home, separating from the community and the life in a new and unfamiliar environment brings deep insecurity, confusion, vulnerability, fear and mistrust. The uncertainty about how long the life as a refugee will last and the uncertainty about the probability to return in their home or staying in another country cannot be avoided. The loss of home is related to other losses with which the refugee family faces. It is a loss of their lifestyle, separation from the social environment including relatives, neighbors, friends and other significant persons, job and social status loss. The new lifestyle influences every individual separately, and it includes changes in the dynamics of the family group.

Refugees are especially vulnerable category because during the life as a refugee they are exposed to numerous risks such as the following: the danger of human trafficking to which minors who travel without company are exposed to; danger of child neglect (even in parental presence), as a result to the difficult travel conditions; different types of abuse, exploitation, violence, abuse during the travel which is very common due to legal holes (insufficient identification documents and the inability to enjoy one's rights, lack of knowledge of the language and culture of the country in which they pass by, abuse by criminal groups, the risk of being robbed and/or deceived by human traffickers, health risks, conflicts among the refugees due to ethnic tensions and conflicts during the escape. Experts agree that most susceptible to these risks are women and children, and the higher risk exists of human trafficking and sexual exploitation.

Characteristics of a refugee family

The refugee family, due to the forced abandonment of their home suffers violent changes in the manner in which it functions, in its development, and very frequently in its structure which seriously endangers the continuity of its lifestyle.

Functionality of the family refers to the usefulness of the family patterns in achieving the family goals. The sense of well-being and connections between family members are indicators of a functional family. On the other hand, the term 'dysfunctional' is a descriptive term referring to family relations that are unusual and related to symptoms of anxiety regardless of the reasons for the problem. A functional family must be able to adapt itself to the developmental changes and environmental demands. Strong

generational hierarchy and family authority are crucially important for optimal functioning of the family. Bivers emphasizes the family competence which is defined as the ability of the family to overcome the challenges, which can be noticed by the egalitarian leadership of the parents, strong parental coalition, or coalition of other adults and establishing intergenerational boundaries (Bivers, 2000).

One of the basic functions of the family is growth and development of the child and this process is conducted by the parents. The refugee family, as a result of different circumstances loses its natural leadership. Furthermore, parents lose their jobs, they are eradicated from their natural environment, and, if they are accommodated in refugee camps, other people take care of them, which put them in a condition similar to the condition of their children. When they come in a new environment, children, as well as adults, learn new language, in which children are always more successful, which causes the parents to lose their leadership within the family. "Parents often feel degraded and demoralized by being financially dependent and they feel helpless. These cumulative negative effects produce high levels of stress among adults, which negatively influence their children" (Ajduković, 1996, Ajduković & Ajduković, 1993).

Emotional expression within the family, in other words, clear and direct expression of feelings is an indicator of a normal communication which is one of the most important mechanisms of healthy family functioning (Witaker, 1988), as well as one of the positive mechanisms which helps in coping with family stress (McCubbin, Figley, 1983).

In order to protect themselves, parents, as well as children, do not express their feelings. When feeling sad, the children have the tendency to hide their feelings, and to protect their parents they manifest good mood (Bjorn & Bjorn, 2004, Ignjatović-Savić 1995, Batić, 2012). It is crucial for the children to show their feelings within the family, in front of their loved ones, where they feel secure and accepted. Absence of this process leads towards prolonged influence of the stress (Batić, 1998). All this can cause developmental unbalance among children.

Every change that results from the life as a refugee additionally complicates the life of the family, most often when as a result of the absence of the father (capture, participation in war death), the family structure changes. In structurally deficient refugee families the family dynamics changes as well, and in this context, the mothers takes paternal role, despite the fact that they has also been traumatized, which makes them less considerate to the needs of her children. Children are the most sensitive family members. A review of the studies related to this topic show that children's reactions depend on how they perceive the adult family members, especially their parents. In case of paternal absence, the ability of the mother to handle stress is crucial (Jensen, 1989, Shaw, 1987).

Aside from the structure of the family, an important role plays its functionality before the life as a refugee. Those families who used to have dysfunctional patterns regarding family conflict solving and conflict solving with the environment, in a circumstances causing high stress levels, such as escape, get into a condition of continuous family crisis.

Studies on refugee family in the Republic of Macedonia

Studies on refugee family conducted in Macedonia (Batic, 1998) aimed to establish the connections between trauma of family members caused by war and life as a refugee on one hand, and the features of family functioning on the other hand. This study was conducted on the sample of the refugee families from Bosnia that were accommodated in Macedonia during the military conflict in former Yugoslavia.

The data were obtained with interviews, observations, as well as numerous psychological experiments, specifically modeled for children and adolescents, and experiments specifically modeled for adults that helped in determining the effects of the stress, as well as the family condition and relationships. Based on the results obtained with the help of quantitative and qualitative analysis, and with the application of theoretic models of systematic family therapy and theory, as well as the model for condition and relationships within the family, four types of refugee families were established in accordance with the structure and level of functionality: completely functional, completely dysfunctional, incompletely functional and incompletely dysfunctional refugee families.

Families that before the refugee life used to be functional, and were notable for the strong parental coalition and generational boundaries, were more able to adapt in the new circumstances, even in paternal absence. On the contrary, mothers from deficient families, who before the escape had dysfunctional patterns (where the parental coalition or the coalition between parent and child was weak and the leadership was inefficient), were less successful in getting accustomed to the new circumstances.

Children from functional refugee families, regardless of the structure, are better in handling the new circumstances and show lower stress levels.

The study showed that preservation of parental hierarchy among parents and children, besides the absence of father/husband, in extremely stressful circumstances and changes, seeks for changes in the system that would lead to better adaptation. Due to this, in the past, functional systems used to change in other type of systems (mothers go to work and take over the role that previously belonged to the father). This points out to the flexibility of these families which are able to change the family structure, roles and rules (Batic, 1998).

In contrast to the functional, in the past, the dysfunctional, unbalanced systems were impossible to change, so the mothers were unable to preserve the generational hierarchy among themselves and the offspring subsystem, and slowly started to lose control over the children. These families are unable to adapt, which contributes towards higher stress levels.

Furthermore, families that functioned well before the refugee life are more balanced and adaptable, flexible to systematic change when needed, in other words, when the changes are useful for maintaining and improving family functioning, which enables them to successfully handle the crisis.

Results show that, in refugee families, the essential role of the family is endangered, and that is, development of child's personality. However, simultaneously with this process, the resilience of the family, their ability to adapt, to overcome the crisis and sustain their relative functionality, even in cases when the circumstances have significantly changed are also very important. In this regard, we could also include the fact that one part of the families who were surveyed functions relatively well. If we could establish a gradation in relation to the danger children in refugee family are facing, then we can conclude that: the development of child's personality is least endangered in refugee families that before becoming refugees had functional relationship. The level of danger increases in structurally deficient families that before becoming refugees had functional patterns of behavior. More endangered is the development of a child in refugee families with dysfunctional behavioral patterns and most endangered are the structurally deficient dysfunctional families. This situation points out that even in stressful circumstances such as the life as a refugee, family functionality is crucial for its adaptation.

Overcoming family stress

In the process of studying the family stress, the attention is redirected from the life events and problems, to the manner in which they can be handled, in other words, the manner in which families handle stressful circumstances. Overcoming is most commonly defined as reduction and prevailing over psychological shock or stressful circumstances (Fleishman, 1984, according Srna, 1997). This definition can also be applied in the process of determining family overcoming. An important progress in understanding the overcoming made Lazarus (1984), who believes that it is a process, and not a separate attempt, action or effort.

Contemporary understandings of this term include that the overcoming is more than a reaction to a stressor and it includes a set of interactions within the family,

as well as interactions of the family with the environment, taking into consideration the developmental aspect. It includes simultaneous activities in several dimensions of the family life such as: maintaining satisfactory communication conditions and family organization, promoting members independence and self-respect, establishing family boundaries, coherence and community, existence and development of social support in the process of interaction with the environment and maintaining the efforts to control the influence of stressors and quantity of the change in the family community (Olson, 1993).

The process of stress overcoming is a central topic of contemporary stress theories mostly because it is considered a stabilizing factor that helps individuals and families to maintain psychosocial adaptation during the stressful period.

Family stress overcoming is defined as "reaction that happens when the family is in a situation which demands undertaking unusual efforts to observe, undergo and define new situation, as well as to undertake specific actions that would help them return to previous daily routine" (Olson, 1993). When we talk about family overcoming of stress, the most important question that emerges is: Is it possible to discover which families will be immune to the traumatic event and which families will not be? Based on the studies conducted for several decades, there emerged more than ten factors typical for families that easily cope with stressful events (functional families) and as much factors typical for families that have difficulties to cope with such events (dysfunctional families).

McCubbin and Figley (1983, 2014) identified 11 characteristics that differentiate families which handle stress better than families who are not able for that:

1. Ability to accept stressors, which means that effective families are able to accept the fact that they are obligated to cope with very stressful event or series of events. They may at some point of time be confused, but they quickly recover and start to mobilize their energy and ability to act.
2. View the situation as a family problem: Effective families quickly redistribute the focus of the problem or stressor from one of more family members, and in that manner, they acknowledge that it is a threat for the whole family.
3. Adopt a solution-oriented approach to the problem: Functional families do not spend time looking for the wrongdoer responsible for the crisis, but they mobilize their forces and efforts together to solve the problem.
4. Show high tolerance for other family members: Functional families are more tolerant during the crisis and tend to identify the needs for negotiation, patience and consideration during the crisis, which requires joint cooperation.

5. Clear and direct expression of commitments and affection: Effective families are composed of members who clearly and directly express their feelings, not considering the fact whether they are in crisis or not.
6. Open and clear communication means that the family members talk not only about their feelings, but also about many other different issues.
7. High family cohesion: Effective families are composed of members who enjoy each other company, they miss each other when they are not together, are proud of being part of the family and ask each other for help when needed. Cohesion is especially important when the family is traumatized. During the crisis, it is normal the cohesion to be higher, even though some families tend to reject other members when they need the most help.
8. Flexible family roles are always important for the family, mostly in times of crisis, when one or more family members are not able to function effectively.
9. Utilization of effective resources: Functional families are able to accept their own resources (interpersonal and material), as well as external resources (professional and unprofessional help) without difficulties and shame. Moreover, they are able to recognize stressful circumstances and to rely on others, as well as to support others when they need that.
10. Absence of violence: Functional families, regardless of the stress quantity they must accept, do not show violence towards themselves or towards other family members. Eruption of emotions is normal and expected when the family is traumatized.
11. Absence of substance abuse: Functional families are rarely composed of members who abuse substances, because, according to them, it is not a solution for reduction of tension.

Figley (2012) mentions the following criteria:

1. Conversation with others about the daily routine, and if needed, participation in groups for support.
2. Widening the group of people who could help and would like to help.
3. Putting energy into work or into something that would help others (for example: getting involved with the Red Cross).
4. Writing letters of sympathy.
5. Education about the war and the region in which the loved one/s fight.
6. Physical activities (exercise), dedicating more time to hobbies and other activities.

When faced with crisis, some families can apply methods for coping with stress and which are not useful and may cause additional stress. And those are:

1. Denial and wrong perception of stressors;
2. The problem is seen as individual, rather than family problem;
3. Main goal of solving problem is finding the wrongdoer;
4. Low tolerance from and for other family members;
5. Indirect, or lack of emotions and commitments expression;
6. Closed and ineffective communication;
7. Low family cohesion;
8. Rigid family roles;
9. Ineffective usage of the available support sources;
10. Practicing violence;
11. Abuse or overuse of stress-controlling substances.

Studies dedicated to families of soldiers who participated in the Gulf War, discovered additional methods that families used to cope with stress and that were not efficient. Those methods include:

1. Self-accusation of all or more of the negative aspects of the situation;
2. Avoiding responsibility for the unwanted situation and blaming the government for that;
3. Cynicism regarding living conditions;
4. Lack of motivation for carrying out daily tasks and responsibilities;
5. Venting frustrations and feelings in front of others, especially loved ones;
6. Exaggerated search for information that would solve the existing problems;
7. Exaggerated stress control practicing or avoiding thoughts about the stressor.

The positive mechanisms and techniques that were being applied by the refugee families in Macedonia, according to the studies are:

- Accepting the stressor, and the awareness of the mother in deficient families that now she must lead the family and play an active role;
- High tolerance in regard to accommodation conditions;
- Ability to accept help from other people (relatives abroad offer material support to the family);
- Lack of substance abuse;
- Conversation with others about the daily routine and events, as well as about their own feelings and emotions;
- Putting energy into something (home, at work, at school);
- Maintaining contact with absent family members when possible (Batić, 2012).

Conclusion

Forced migration causes high levels of stress to children and family exposed to it. The knowledge we have nowadays about the functioning of families affected by forced migration and involuntary displacement and the factors which contribute the family to become more resilient, provides psycho-social basis for interventions that would help children and families to overcome the crisis in a shorter period of time.

However, we believe that, the psychosocial interventions in refugee camps, asylum camps and similar places, as well as the work with these families are limited. In spite of the resilience that is manifested by some of the families and their ability to adapt, the refugee situation is hardly suitable for the development of family life.

Although crisis intervention enables faster recovery and reduction of suffering, as well as overcoming and coping with refugee stress, a final solution for these families is to provide them adequate standards of living.

References:

1. Ajdukovic M., Ajdukovic D. (1998), "Impact of displacement on the psychological well-being of refugee children", *International Review of Psychiatry*, 10, 186-195.
2. Batić D. (1998), *Emocionalno-socijalni odnosi deteta i majke u deficitarnoj porodici izbeglica (magistarski trud)*, Filozofski fakultet, Beograd.
3. Batić D.(2012), *Rezilijentnost porodice izbeglica*, Beograd: Temida, Prometej.
4. Beavers, W.R.& Hampson, R.B. (1990), *Successful Families: Assessment and intervention*, New York: Norton.
5. Brende & Goldsmith (1991), "Post-traumatic stress disorder in families", *Journal of Contemporary Psychotherapy*, 21, 115-124.
6. Craig, Sossou, Schnack, & Essex (2008), "Complicated grief and its relationship to mental health and well-being among Bosnian refugees after resettlement in United Sates: Implications for practice, policy and research", *Traumatology*, 14, 103-115.
7. Figley, C. R. & McCubbin, H. I. (1983), "Looking to the future: Research, education, treatment, and policy". In: C. R. Figley & H. I. McCubbin (eds.), *Stress and the Family, Volume I: Coping with Catastrophe*. New York: Brunner/Mazel, 185-196.
8. Figley Ch. R. and Kiser L J. (2012), *Helping Traumatized Families (Psychosocial Stress Series)*, 2nd edition, London: Taylor & Frances.
9. Golubović Pešić Z. (1981), *Porodica kao ljudska zajednica*, Zagreb: Naprijed.

10. Ignjatović-Savić N (1995), "Expecting the unexpected: A view on child development, from war affected social context", *Psihologija*, Special issue.
11. Konvencija o statusu izbeglica sa Završnim aktom Konferencije opunomoćenika Ujedinjenih nacija o statusu izbeglica i lica bez državljanstva (apatrida), Ženeva
12. Kaslow F.W (1993), *The military family in peace and war*, NY: Springer.
13. Lazarus R., Folkman S., (1984), *Stress, Appraisal and Coping*, NY: Springer.
14. McCubbin H.L., Charles R. Figley (eds.) (2014), *Stress And The Family: Coping With Normative Transitions, Volume 1, Family & Relationships*, NY: Routledge.
15. Momartin, Silove, Manicavasagar, & Steel (2004), "Comorbidity and PTSD and depression: associations with trauma exposure, symptom severity and functional impairment in Bosnian refugees resettled in Australia", *Journal of Affective Disorders*, 80, 231-238.
16. Morina, Rudari, Bleichardt, & Prigerson (2010), "Prolonged grief disorder, depression and posttraumatic stress disorder among bereaved Kosovar civilian and survivors: A preliminary investigation", *International Journal of Social Psychology*, 56, 288-297
18. Olson, D.H. (1993), "Circumflex model of marital and family systems", in: Walsh, F (ed.), *Normal Family Processes*, NY: Guilford Press.
19. Jensen, P. S. (1989), "Father absence: Effects on child and maternal psychopathology", *Journal of the American Academy of Child and Adolescents*,
20. Srna J. (1997), "Porodica u ratu i izbeglištva" in: Vlajković J., Srna J., Kondić K., Popović M., *Psihologija izbeglištva*, Beograd: Nauka.
21. Schaal, Elbert, & Neuner E. (2009), "Prolonged grief disorder and depression in widows due to Rwandan genocide", *Omega*, 59, 203-219.
22. Schaal, Jacob, Dusingizemungu, & Elbert (2010), "Rates and risks for prolonged grief disorder in a sample of orphaned and widowed genocid survivors", *BMC Psychiatry*, 10, 5-65.
23. Vlajković J., Srna J., Kondić K., Popović M. (1997), *Psihologija izbeglištva*, Beograd: IP Nauka.
24. Vukčević M., Dobrić J., Purić D (2014), *Istraživanje o mentalnom zdravlju tražilaca azila u Srbiji*, Beograd: UNHCR
25. Walsh, (1993), *Normal Family Processes*, New York /London: The Guilford, Press,
26. Walsh, F., (1998), *Strengthening Family Resilience*, New York/London: The Guilford Press.
27. Walsh F. & McGoldrick: (1991), "Loss and the family: A systemic perspective". In Walsh F. & McGoldrick, *Living beyond loss: Death in the family*, New York: Norton.

28. Walsh F. (2007), "Traumatic loss and Major Disasters: Strengthening Family and Community Resilience", *Family Process*, Vol.46, No2.
29. Weine et al., (2006), "A family beliefs framework for socially and culturally specific preventive interventions with refugee youths and families", *American Journal of Orthopsychiatry*, 76, 1-9.
30. Weine et al. (2004), "Family consequences of refugee trauma", *Family Processes*, 43, 147-160.
31. Weine, S.M. (2011), "Developing Preventive Mental Health Interventions for Refugee Families in Resettlement", *Family Process*, Vol. 50, No. 3, 410-430.