

## Being Child of Prisoners of War: The Case of Mental Health Status

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Received: 29/11/07; Revised: 20/12/07; Accepted: 12/04/08

### Abstract

**Objective:** Captivity has political, mental and social effects on captives. According to stress severity, captivity duration, religious idea, resistance and affective susceptibility, captivity causes significant mental and neurological effects. Present study was aimed to evaluate mental situation of captives' children in Isfahan Province.

**Material & Methods:** This was a cross-sectional analytic observational study. Strengths and difficulties questionnaire (SQD) was used for mental evaluation of captives' children. We selected 384 objectives by random sampling.

**Findings:** There was a significant difference between emotional signs, disruptive and communicational problems and social behaviors related with the age of children. A significant difference was also seen between emotional signs and educational level of children.

**Conclusion:** Captivity of the father in long term has unsuitable physical and mental effects on children. Rate of these effects depends on mother's reaction to loss of spouse as well as age, and the social support provided for children.

**Key Words:** Captivity; Children; Mental Situation; Prisoners of war

### Introduction

Captivity has main effects on several aspects of human life including mental, social and

political behavior. According to the severity of stress, duration of captivity and personal religious idea, resistance and damage susceptibility, captivity may cause some

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neurological or mental disorder. Some of them are termed in the literature as Survivor Syndrome, Post-concentration Camp Syndrome and Master– Slave syndrome.

Captives suffer from some mental or behavioral disorders even after freedom that can limit conformity of them to society and their social roles. These disorders have the same prevalence in captives of all countries<sup>[1]</sup>. Captives have 40% higher chance for psychological ward hospitalization than general population<sup>[2]</sup>. Mortality rates due to disease or accidents are higher than in general population<sup>[3,4]</sup>.

Father's captivity and long term loss can cause depression, adaptive or behavioral disturbance in children. These effects depend on the age and social support provided for the child as well as mother's reaction and resistance. In other words, anxiety of women for captive's health and other life conditions may affect mental or physical health of children.

Psychological disorders in father, poor social and economic situation in the family can lead to stressful situation in family members. Children are more susceptible to getting disorders. Once psychological disorders in these families recognized, stress and anxiety of captives and their families, especially of their children can be reduced with suitable intervention.

Unfortunately, up to now there are no useful studies on psychology of Iranian captives and their families. It is necessary that we carefully evaluate their personal and family conditions. In present study, we tried to evaluate mental situation in children of Iranian captives.

## Material & Methods

This was a cross-sectional analytic observational study. Study samples were all captives in Isfahan Province. From all 1404 captives that lived in Isfahan province, 384 persons were selected randomly. Study samples were invited to a 2-day tour in Abrisham Garden in

Isfahan. In this tour we used Strengths and Difficulties Questionnaire (SDQ) for reviewing mental situation of captives' children. SDQ is a short questionnaire that consists of 25 questions to screen behavioral disorders in 3–16 year-old children. There are four types of the questionnaire: for parents, for teachers, for children and for younger children that was completed by their parents or teachers. At first SDQ was approved for using in Iran by studying 50 children. Four subtypes of SDQ reviewed emotional symptoms, disruptive behavior, attention deficit hyperactivity disorder (ADHD), and personal communicational and social behavior disorders.

For statistical analysis we used SPSS (Statistical Package for the Social Sciences, version 14.0). Quantitative variables were presented by central indices and qualitative variables by frequencies tables. Scores of SDQ were analyzed in all groups of children by Analysis of Variance test (ANOVA) and t-test. Age of children was matched before analyzing. *P*-values less than 0.05 were assumed significant.

## Findings

There are significant differences between emotional symptoms ( $P=0.02$ ), disruptive disorders ( $P=0.04$ ), communicational disorders ( $P=0.01$ ), and social behavior of captives' children with their age. But correlation between age and ADHD was not significant ( $P=0.06$ ).

There were no significant differences between emotional symptoms, disruptive disorders, attention deficit hyper activity disorders (ADHD), communicational disorders of the children and their sex ( $P>0.05$ ). Significant differences were seen in social behaviors between sons and daughters ( $P=0.04$ ) (Table 1). There were no significant differences between emotional symptoms, disruptive disorders, ADHD and communicational disorders and social behavior of the children and the place of their education ( $P>0.05$ ) (Table 2).

**Table 1-** Behavioral disorders between captives Childs according their sex

| Behavioral disorders             | Sex    | N  | Mean (SD) | P. value |
|----------------------------------|--------|----|-----------|----------|
| <b>Emotional symptoms</b>        | Male   | 85 | 3.1 (2.4) | 0.2      |
|                                  | Female | 67 | 3.7 (2.7) |          |
| <b>Disruptive Disorders</b>      | Male   | 88 | 4.5 (2.1) | 0.7      |
|                                  | Female | 65 | 4.4 (2.1) |          |
| <b>ADHD</b>                      | Male   | 87 | 5.7 (1.5) | 0.4      |
|                                  | Female | 67 | 5.5 (1.9) |          |
| <b>Communicational disorders</b> | Male   | 88 | 4.9 (1.4) | 0.5      |
|                                  | Female | 67 | 5.1 (1.9) |          |
| <b>Social behaviors</b>          | Male   | 86 | 6.8 (2.2) | 0.04     |
|                                  | Female | 65 | 7.6 (1.9) |          |

There were no significant differences between emotional symptoms, disruptive disorders, ADHD and communicational disorders and social behavior of the children and their level of education ( $P>0.05$ ) (Table 3).

There was a significant difference between emotional symptoms according to their Educational status ( $P=0.04$ ), but disruptive disorders, ADHD, communication disorders and social behavior showed no significant differences (Table 4).

## Discussion

Present study was designed for evaluation of psychological disorders of captives' children. In this study there were significant differences between captives' sons and daughters for social behavior. Frequency of emotional symptoms, disruptive disorders, communicational disorders and social behavior in different age groups of the children was different and this difference

**Table 2-** Behavioral disorders between captives Childs according their educational place

| Behavioral disorders             | Educational place | N  | Mean (SD) | P. value |
|----------------------------------|-------------------|----|-----------|----------|
| <b>Emotional symptoms</b>        | Governmental      | 61 | 3.4 (2.5) | 0.9      |
|                                  | Non governmental  | 17 | 3.4 (3.1) |          |
| <b>Disruptive Disorders</b>      | Governmental      | 61 | 4.0 (2.1) | 0.1      |
|                                  | Non governmental  | 17 | 4.9 (2.0) |          |
| <b>ADHD</b>                      | Governmental      | 62 | 5.6 (1.6) | 0.6      |
|                                  | Non governmental  | 17 | 5.8 (1.7) |          |
| <b>Communicational disorders</b> | Governmental      | 63 | 5.1 (1.5) | 0.6      |
|                                  | Non governmental  | 16 | 4.8 (1.2) |          |
| <b>Social behaviors</b>          | Governmental      | 61 | 7.4 (2.0) | 0.7      |
|                                  | Non governmental  | 16 | 7.2 (1.9) |          |

**Table 3-** Behavioral disorders between captives Childs according their educational level

| Behavioral disorders             | Educational level | N  | Mean (SD) | P. value |
|----------------------------------|-------------------|----|-----------|----------|
| <b>Emotional symptoms</b>        | Primary           | 67 | 3.5 (2.6) | 0.2      |
|                                  | Intermediate      | 11 | 3.1 (2.7) |          |
| <b>Disruptive Disorders</b>      | High school       | 3  | 0.7 (1.1) | 0.9      |
|                                  | Primary           | 67 | 4.2 (2.1) |          |
| <b>ADHD</b>                      | Intermediate      | 11 | 4.2 (2.1) | 0.8      |
|                                  | High school       | 3  | 4.0 (1.0) |          |
| <b>Communicational disorders</b> | Primary           | 68 | 5.6 (1.6) | 0.2      |
|                                  | Intermediate      | 11 | 5.4 (1.7) |          |
| <b>Social behaviors</b>          | High school       | 3  | 5.3 (1.1) | 0.89     |
|                                  | Primary           | 68 | 5.1 (1.5) |          |

wassignificant. Educational levels of captives'children affect significantly the emotional symptoms.

One of the most important causes of mental health in captives' children is emotional behavior of their parents. In reviewing mental behavior of children according to their

parents' emotional behavior, post trauma stress disorders (PTSD) must be noted<sup>[5]</sup>.

Children of solders with PTSD had more mental problems than children of thosewithout it<sup>[6]</sup>. Behavioral disorders are frequently reported in children of captives that had more disturbances in captivity

**Table 4-** Behavioral disorders between captives Childs according their educational status

| Behavioral disorders             | Educational level | N  | Mean (SD) | P. value |
|----------------------------------|-------------------|----|-----------|----------|
| <b>Emotional symptoms</b>        | Excellent         | 56 | 2.5 (3.2) | 0.04     |
|                                  | Good              | 15 | 2.3 (2.6) |          |
|                                  | Moderate          | 4  | 3.3 (6.2) |          |
| <b>Disruptive Disorders</b>      | Excellent         | 56 | 1.2 (4.4) | 0.2      |
|                                  | Good              | 15 | 1.8 (3.5) |          |
|                                  | Moderate          | 4  | 0.5 (5.2) |          |
| <b>ADHD</b>                      | Excellent         | 56 | 1.7 (5.7) | 0.8      |
|                                  | Good              | 15 | 1.5 (5.4) |          |
|                                  | Moderate          | 4  | 0.8 (6.0) |          |
| <b>Communicational disorders</b> | Excellent         | 56 | 1.3 (5.1) | 0.8      |
|                                  | Good              | 15 | 1.8 (4.8) |          |
|                                  | Moderate          | 4  | 1.2 (5.0) |          |
| <b>Social behaviors</b>          | Excellent         | 54 | 1.8 (7.5) | 0.7      |
|                                  | Good              | 15 | 1.9 (7.6) |          |
|                                  | Moderate          | 4  | 2.7 (6.7) |          |

period<sup>[7]</sup>. Several studies reported a relationship between signs of behavioral disorders and PTSD in captives with signs of behavioral disorders, PTSD, depression, anxiety and antisocial behavior in their children<sup>[8,9]</sup>. Disturbance of homes and families, loss of natural physical, mental and social growth, unsuitable effects of loss of father, mother or both were noted on behavioral changes of children as direct and indirect effects of war on children<sup>[10,11]</sup>. Several studies reported effects of war and living in war environment on captives' family members including children, wives and mothers<sup>[12-15]</sup>.

## Conclusion

According to sources, father loss and captivity have unsuitable physical and mental impact on children. Rate and severity of these effects depend on a) mother's reaction to father loss; age of children and rate of social support provided for children.

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