FIRST SYMPOSIUM OF CHILD AND ADOLESCENT PSYCHIATRY IN BOSNIA AND HERZEGOVINA

with International Participation

Neglecting and Other Problems of Children and Adolescents Modern Society: Psychical Consequences

ABSTRACT BOOK

Tuzla, 2018.

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IN BOSNIA AND HERZEGOVINA
UNIVERSITY CLINICAL CENTER TUZLA, DEPARTMENT OF PSYCHIATRY
PSYCHIATRIC ASSOCIATION OF BOSNIA AND HERZEGOVINA

FIRST SYMPOSIUM OF CHILD AND ADOLESCENT PSYCHIATRY OF BOSNIA AND HERZEGOVINA WITH INTERNATIONAL PARTICIPATION

under the Patronage of Academy of Science and Art of Bosnia and Herzegovina and
European Society for Child and Adolescent Psychiatry
cosponsored by Medical Chamber of Tuzla Canton
and World Vision International

NEGLECTING AND OTHER PROBLEMS OF CHILDREN AND ADOLESCENTS IN MODERN SOCIETY: PSYCHICAL CONSEQUENCES

ABSTRACT BOOK

2018

WELCOME NOTE

Dear Colleagues,

It is my tremendous pleasure to welcome you on the **First Symposium of Child and Adolescent Psychiatry of Bosnia and Herzegovina** with international participation which helds in **Tuzla, Bosnia and Herzegovina on July 6th-7th, 2018**. This event will be good opportunity for child and adolescent psychiatrics as well as psychiatrists and other professionals involved in the field of mental health care of children and adolescents from Bosnia and Herzegovina, region, Europe and wider, with main aim to exchange current trends and experiences in this field of medicine which is, in practice, insufficiently affirmed. We hope that the Symposium topic **"Neglecting and Other Problems of Children and Adolescents in Modern Society: Psychical Consequences"** will be excellent opportunity to discuss various topics related to professional and scientific dilemmas, the position and role of child and adolescent psychiatry within medicine and society in general as well as humanistic and individualized approach to children and adolescents with various mental health problems in the light of current knowledge on psychical and behavioural disorders. The Symposium also intends to give an overview of the latest knowledge of children and youth problems, including the risk of neglecting and abuse as well as other risks incurred by modern society. Child and adolescent neglecting cause numerous mental, health and social consequences. It requires a comprehensive approach to the assessment, treatment and prevention of this mostly neglected form of abuse.

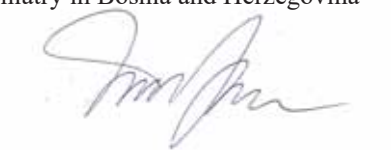
We do hope that Symposium can be a stimulus for new efforts and achievement in our daily practices to achieve benefits for children, youth and the community in general.

City of Tuzla is the Centre of the Tuzla Canton often called as 'City of Salt'. It is a cultural, university and economic centre, well known for its multinational and multicultural tolerance as well as warm hospitality.

We look forward to see all of you in Tuzla and hope that warm and lively atmosphere will make you leave our town with best memories and new experiences.

Welcome!

Professor Izet Pajević MD, PhD,
President, Association for Child and Adolescent
Psychiatry in Bosnia and Herzegovina



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FIRST SYMPOSIUM OF CHILD AND ADOLESCENT PSYCHIATRY OF BOSNIA AND HERZEGOVINA WITH INTERNATIONAL PARTICIPATION

PROGRAMME

Friday, 06.07.2018. **Hotel Tuzla**

20:00 - Dinner

Saturday, 07.07.2018. **Info desk**

08:00 – 09:30 **Registration**

Saturday, 07.07.2018 **Presentation Hall**

09:30 – 10:00 **Wellcome reception**

Saturday, 07.07.2018. **Presentation Hall**

10:00 – 11:10 **Invited lectures**
Moderators: Osman Sinanović and Vera Daneš

10.00 – 10.15 MENTAL DISORDERS IN CHILDREN AND ADOLESCENTS - NEW CLASSIFICATIONS
Izet Pajević, Elvir Bećirović, Nera Hodžić, Tuzla

10.15 – 10.30 CHILD AND ADOLESCENT PSYCHIATRY IN BOSNIA AND HERZEGOVINA
Vera Daneš, Sarajevo

10.30 – 10.45 TAKING CARE OF CHILD WAR PSYCHOTRAUMA - LESSONS FROM BOSNIA
Osman Sinanović, Tuzla

10.45 – 11.00 CHILD NEGLECT - CAUSES AND CONSEQUENCES
Esmina Avdibegović, Tuzla

11:00 – 11:10 Discussion

11:10 – 11:30 Satellite – ZADA PHARMACEUTICALS
SERTRALIN (LISETRA) IN TREATMENT OF ANXIOUS I DEPRESSIVE DISORDERS IN DEVELOPMENTAL AGE
Prof.dr.med.sc. Izet Pajević

11:30 – 12:00 Coffee break

Saturday, 07.07.2018. **Presentation Hall**

12:00 – 13:30 **Invited Lectures**
Moderators: Mira Spremo and Nermina Kravić

12.00 – 12.15 LONG-TERM CONSEQUENCES OF EARLY NEGLECT AND CHILD ABUSE
Klaus Schmeck, Basel, Switzerland

12.15 – 12.30 CHILDREN OF MENTALLY ILL PARENTS - HIGHLY RISKY POPULATION
Susanne Schlüter Müller, Basel, Switzerland

12.30 – 12.45 GROWING UP DURING THE WAR SUFFERING: THE RISKS UNFORTUNATELY WE NEED TO THINK ABOUT
Nermina Kravić, Tuzla

12:45 – 13.00 MIGRATION AND ACCULTURATION - WHAT TO EXPECT IN THE FUTURE
Mevludin Hasanović, Dina Šmigalović, Magbula Fazlović, Tuzla

13:00 – 13:15 THE INFLUENCE OF POST-TRAUMATIC STRESS DISORDER OF WAR VETERANS ON THE MENTAL STATUS OF CHILDREN AND ADOLESCENTS
Zihnet Selimbašić, Tuzla

13:15 – 13:30 Discussion

13:30 – 14:20 Lunch

Saturday, 07.07.2018. **Presentation Hall**

14:20 – 15:50 **Invited lectures**
Moderators: Marija Burgić Radmanović and Nermina Ćurčić-Hadžagić

14.20 – 14.35 PSYCHIC DISORDERS IN SEXUALLY ABUSED CHILDREN
Marija Burgić Radmanović, Banja Luka

14.35 – 14.50 EATING DISORDERS: MORE THAN FOOD
Alija Sutović, Tuzla

14.50 – 15.05 CHILD AND DIVORCE
Mira Spremo, Banja Luka

15.05 – 15.20 PSYCHICAL CONEQUENCES OF ABUSE AND NEGLECT OF SCHOOL CHILDREN EXPOSED TO DOMESTIC VIOLENCE
Nermina Ćurčić-Hadžagić, Sarajevo

15.20 – 15.30 Discussion

15.30 – 15.50 Satellite – PLIVA
PLIVAS' RISPERIDON – RISSET
Doc.dr.sc. Elvir Bećirović

15.50 – 16.00 Coffee break

Saturday, 07.07.2018 **Presentation Hall**

16:00 – 17:25 **Invited lectures**
Moderators: Martina Krešić Ćorić and Elvir Bećirović

16.00 – 16.15 BEHAVIORAL ADDICTION IN CHILDHOOD AND ADOLESCENCE – PANDEMIC KNOCKING AT THE DOOR
Elvir Bećirović, Tuzla

16.15 – 16.30 OBESITY AND PEDIATRIC FATTY LIVER: THE SILENT EPIDEMIC AND SIGNIFICANT HEALTH PROBLEM UNRECOGNIZED IN MODERN SOCIETY
Nizama Salihefendić, Muharem Zildžić, Gračanica

16.30 – 16.45 VIOLENCE ON THE INTERNET - CYBERBULLYING
Martina Krešić Ćorić, Mostar

16.45 – 17.00 PEER VIOLENCE AS A PROBLEM OF MODERN SOCIETY
Edin Bjelošević, Sonja Bjelošević, Halima Hadžikapetanović, Zenica

17.00 – 17.15 SUICIDALITY OF ADOLESCENTS IN MODERN SOCIETY
Vesna Horvat, Sarajevo

17.15 – 17.25 Discussion

17.15 – 17.45 Conclusions and Closing Remarks

17.45 – 18.15 UDAPBiH Annual Assembly

ABSTRACT BOOK

The original texts of the abstracts have not been proofread for linguistic and grammatical accuracy.
The accuracy of abstracts is sole responsibility of the authors.

PSYCHIATRIC DISORDERS IN CHILDREN AND ADOLESCENTS - NEW CLASSIFICATION

Izet PAJEVIĆ[1,2], Elvir BEĆIROVIĆ[1,2], Nera HODŽIĆ[1]

[1]Department of Psychiatry, University Clinical Center Tuzla, Tuzla
[2]School of Medicine, University of Tuzla, Tuzla, Bosnia and Herzegovina

Introduction: The 11th international classification of diseases (ICD-11) should be published in 2018. So called the beta version of the chapter on mental and behavioral disorders (ICD-11) is already available. It is assumed that in the final version there will be no significant changes. The DSM-5 was published in 2013. In both of these classifications, changes have been made to psychiatric disorders in children and adolescents.

Aim: To identify changes in classifications of psychiatric disorders in child and adolescent psychiatry in beta version of ICD-11 and DSM-5.

Methods: Review of psychiatric disorders in child and adolescent psychiatry and their classification in ICD-11 and DSM-5.

Results: For disorders classified in ICD-10 as "mental retardation" new terms were introduced, "intellectual development disorder" in ICD-11 and "intellectual disability" in DSM-5. Attention deficit hyperactivity disorder is a separate entity comparing to ICD-10 in which it is classified in Hyperkinetic disorders. Asperger syndrome distinguished from autistic spectrum disorders in DSM-5 does not appear under that name neither in ICD-11. Elimination disorders are in a separate block of ICD-11 and DSM-5. Language and speech disorders are classified as communication disorders in DSM-5. Selective mutism and anxiety disorder in childhood are in the block of anxiety or fear-related disorders in ICD-11 and among anxiety disorders in DSM-5. Reactive attachment disorder and disinhibited social engagement disorder are classified among stress-related disorders in ICD-11 and DSM-5.

Conclusions: New classification (ICD-11 and DSM-5) slightly different classify psychiatric disorders in childhood and adolescence comparing to antecedents. New entities were formed as well.

Keywords: ICD-11, DSM-5, Psychiatric Disorders in Children and Adolescents

DEVELOPMENT OF CHILD AND ADOLESCENT PSYCHIATRY IN BOSNIA AND HERZEGOVINA

Vera DANEŠ-BROZEK

Association of Child and Adolescents Psychiatry in Bosnia and Herzegovina

The paper gives an overview of the spatial conditions, human resources and development course of child and adolescent psychiatry as an independent profession.

The beginnings of the development date back to 1959, when the Department of children and youth was opened in Sarajevo at the Neuropsychiatric Clinic, which continues to work without interruption until today. After that, it was opened same department in Banja Luka, and after a certain period of outpatient work, and stationary departments were opened in Tuzla and Mostar. Over the time, as the world's developed and improved understanding of the needs of treatment of mental disorders, and as the trends of professional approaches changed from time to time, the same set of guidelines were followed by the professional work of staff members in the departments. As material opportunities allowed, in all localities there is a clear tendency to improve spatial conditions. However, personnel capability has improved at a slightly faster pace, so by the war time in Bosnia-Herzegovina (BH) between 1992 and 1995, in BH were mostly trained professional teams. In meanwhile, the need for psychiatric assistance has largely exceeded the human resource capabilities.

The war situation has affected dramatically present situation, departments are empty, and there is a paradoxal situation that the patient in the hospitals does not exist, but the reason is bizarre, since because of the war, physically, patients are not able to access to hospitals. This situation also contributes to the departure a large number of staff, which is in the child psychiatry, and so was insufficient.

Despite this, during the war in Sarajevo, the Psychiatric Clinic conducts research on psychiatric morbidity and evaluation of population trauma due to war stress in the city of Sarajevo, and included the population of children and adolescents who remained in the city. The project is implemented only in the city area, because Sarajevo was for three and a half years city under total military siege.

Further on, the paper elaborates the status of spatial and human resources capacities in the post-war period up to the present day. There is an evident expansion of the

psychological assistance service throughout the territory of BH, which has been largely on the initiative and all the necessary assistance of the international community through non-governmental organizations, but with the involvement of the remaining domestic staffs. They also state government projects in the last two decades on the professional training of staff working in Mental Health Centres across the country.

In the latest age of the last ten years, a number of private psychological counselling centres have been opened that, beside the psychiatrists, are lead by certified psychotherapists, psychologists, pedagogues, and teachers. This fact is very important for the future, because this is a good part solving the current lack of professionalism to provide psychological assistance to the population in developmental age. All professionals involved in the human psyche are aware of how important the timely recognition and provided expert assistance, when it comes to developmental age.

In the post-war period, certain scientific researches on the degree of psychological trauma of the population are being carried out, and the results of some of these researches are mentioned in paper.

The paper concludes with the statement that the current state of development of child psychiatry in the country is satisfactory in relation to the conditions that we had the past decade, but with the suggestion that a long way to furthering this profession and its affirmation at the global level is in the future.

Keywords: Development of Child and Adolescent Psychiatry, War in Bosnia-Herzegovina 1992 – 1995, Bosnia-Herzegovina

TAKING CARE OF CHILD WAR PSYCHOTRAUMA - Lessons from Bosnia

Osman SINANOVIĆ

School of Medicine, and School of Education and Rehabilitation, University of Tuzla, Tuzla, Bosnia and Herzegovina

The war in Bosnia and Herzegovina (1992-1995) was extremely hard traumatic event with different losses, separation of people, its injuries, hard physical and psychical suffering of all. Children were especially in difficult condition.

One of the most remarkable things about children, as anyone who works with them soon finds out, is their resilience. While children are vulnerable to psychic damage and, if the damage is deep enough, to delays in emotional and even physical growth, they also have an astonishing capacity to bounce back. This is one of the most rewarding things about treating traumatized children. For many children, it takes very little, perhaps only some words of understanding, to help them tap into their own ability to heal.

Taking care of child war psycho-trauma was difficult task for me, as war head of Department of psychiatry, without enough knowledge in child psycho-trauma and as person with high responsibility, to organize together with other psychological care of children, especially refugee children.

This presentation will be some kind my remembrance of period of 20-25 years ago when we, I think work good or best of what we could and what we knew.

Key words: Bosnia and Herzegovina **-** War 1992-1995 – Child war psycho-trauma

CHILD NEGLECT - CAUSES AND CONSEQUENCES

Esmina AVDIBEGOVIĆ[1,2]

[1]Department of psychiatry University Clinical Center Tuzla,
[2]School of Medicine University of Tuzla, Tuzla, Bosnia and Herzegovina

Introduction: Child neglect is one of the most prevalent forms of child maltreatment. Neglect can be defined as the absence of sufficient attention, responsiveness and protection that are appropriate to the age and needs of the child. There is no theory that fully explains why child neglect occurs. There are three different causal models of neglect: the model of parental deficit, the model of ecological deficit and the ecological-transaction model. Exposure to neglect in childhood can have a negative impact on a child's development and cause short-term and long-term emotional, cognitive, academic and social difficulties.

Aim: The aim of this paper was to provide a comprehensive theoretical overview of the causes and consequences of child neglect.

Methods: In this paper, review articles and meta-analyzes on the causes and consequences of child neglect published in Medline have been used.

Results: Child neglect has a relatively high prevalence rate compared to other types of child maltreatment. More studies indicate that the impact of child neglect on the health and development of children is at least as negative as the impact of other types of child maltreatment. Children who experience neglect at an early children's age are more likely to have some health, cognitive, emotional and social consequences in later life. A significant number of studies indicate that there is a correlation between neglect of the child and risk factors related to parents, as well as the risk factors related to children and the environment.

Conclusions: Child neglect is determined by multiple risk domains and perceived as the result of a complex interplay of risk factors present in children and their care environment. Neglect can have long-term consequences on all aspects of health and functioning of the child.

Keywords: Child Neglect, Risk Factors, Consequences of Neglect

LONG-TERM CONSEQUENCES OF EARLY NEGLECT AND ABUSE

Klaus SCHMECK

Child and Adolescent Psychiatric Research Department,
Psychiatric University Hospitals, University in Basel, Basel, Switzerland

Introduction: Early neglect and abuse are a major societal problem, with negative consequences for the victim. There is clear evidence that early neglect and abuse are related to an increased prevalence of mental health problems. On the other hand there are children that show resilience towards negative influences in early childhood.

Aim: In this talk I will describe results of empirical studies that reveal the negative consequences of adverse **c**hildhood experiences (ACE) as well as studies on resilience.

Methods: Studies relevant for the topic are reviewed.

Results: In many individuals adverse childhood experiences lead to impaired functioning of neural structures that increase the risk for later psychopathology and maldaptive functioning. However, according to one of the major principles of developmental psychopathology we see multifinality of outcome as some individuals show signs of resilience.

Conclusion: Efforts to prevent adverse influences on children early in life are urgently needed to prevent long-lasting negative consequences that go along with subjective suffering and enormous societal costs. More research is needed to understand the mechanisms of vulnerability and resilience.

Keywords: Early Childhood, Long-term Consequences, Neglect, Abuse, Empiric Studies

CHILDREN OF MENTALLY ILL PARENTS - A HIGH RISK POPULATION

Susanne SCHLÜTER-MÜLLER

Child and Adolescent Psychiatric Hospital,
Research department, Psychiatric Hospital of the University of Basel, Basel, Switzerland,

Introduction: The scientific and clinical interest in children with mentally ill parents increased in the last years. Those children belong to a high risk population so that prevention is urgently indicated. They show a three to five time increased risk to develop mental problems themselves which require treatment. They show abnormalities in social, cognitive and emotional areas.

Aim: Untreated mental disorders and associated behavioral problems in children often chronify and lead to permanent impairment of the emotional, social and also intellectual development. Early detection and treatment are indicated and of high relevance.

Methods: The bio-psycho-social model for the explanation of mental disorders are explicitly seen in those children who suffer from genetic vulnerability combined with psychological problems (parentification and stigmatization) and social problems (poverty of mentally ill parents, isolation, lack of friendships etc)

Results: Research of resilience factors gives us important information about resources and coping-strategies which can be used clinically. It therefore complements the research of vulnerability in a clinical relevant way

Conclusions: Children of mentally ill parents are at high risk to be ignored until they themselves develop symptoms. We must support them BEFORE they show own psychic problems to prevent the recurrence of mental disorders in families. Results of research of resilience factors help us to develop prevention programs

Keywords: Mentally ill parents, Prevention, Resilience, Vulnerability

GROWING UP DURING THE WAR SUFFERING: THE RISKS UNFORTUNATELY WE NEED TO THINK ABOUT

Nermina KRAVIĆ

The establishment of the United Nations after World War II raised hopes of a new era of peace. This was over-optimistic. Between 1945 and 1992, there were 149 major wars, killing more than 23 million people. Recent developments in warfare have significantly heightened the dangers for children. During the last decade child war victims have included: 2 million killed; 4-5 million disabled; 12 million left homeless; more than 1 million orphaned or separated from their parents; some 10 million psychologically traumatized.

Researches indicate that children do develop PTSD after experiencing very stressful, life-threatening events such as happen in war. Wars of 21st century are often guerrilla-type civil wars in which women and children are not only the main victims, but are deliberately targeted. Thousands are displaced both internally and across borders.

Wars at the end of nineties of 20th century in the region of ex Yugoslavian countries brought all the cruelty of war vivid again on European ground. Population were exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.

During the War in Bosnia and Herzegovina 1992-1995 and 100 000 killed in war (20 %women and 3.47% children). There were 15 757 children age 0 to 18 that had lost their fathers because of the war.

Children are not capable to regulate their emotions and hyper-arousal on their own. It depends of the way how their parents (caretaker) regulate her/his own emotions. During the war weak child's ego is paralyzed with intensive stimuli and floating anxiety, it does not manage to make constructive solution for traumatic experiences in such a short time.

Mothers with small children are especially vulnerable group during the war time: they are supposed to take care about children and feel happiness, what is almost impossible Severe war experiences could cause depressive symptoms in mothers, what reduce their emotional disposability and could lead in different form of the child's neglecting.

PTSD symptoms were lasting longer in children if their mothers have had functioning problems.

Traumatization of mothers is connected with different behavior problems in their children.

Wars are continuing all over the world and there is a continuity of researches about their consequences on children. Any programs that intend to mitigate the psychological effects of such trauma need to adopt a public health approach aimed at reaching many thousands.

Keywords: War Suffering of Children and Adolescents, Growing up, Risks

MIGRATION AND ACCULTURATION – WHAT WE EXPECT IN FUTURE

Mevludin HASANOVIĆ[1,2], Dina ŠMIGALOVIĆ[3], Magbula FAZLOVIĆ[4]

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The use of violence and aggression on civilians during the war has become one of the most prominent military events of the 20th and 21st centuries, resulting in an increasing number of refugees and displaced persons in the midst of regional and tribal conflicts. We are witnessing a daily increase in the number of migrants when people are fleeing from their homes because of human rights violations, persecution, poverty, and conflict. When found in "host" countries, they often encounter bad conditions, with uncertainty and instability. Many come to Europe in search of economic and personal opportunities for progress, where they face different types of process of acculturation. 'Place loss', acute and chronic trauma, family disorders, and family reunification issues became more and more important issues.

Refugees, asylum seekers and irregular migrants have a higher risk for certain mental health disorders, including posttraumatic stress, depression and psychosis. In addition to being exposed to various risk factors for mental disorders, migrants often face barriers to access to adequate health care to address these issues. Some of the biggest challenges for migrant populations within "host" countries include: lack of knowledge of health care rights and health systems; poor knowledge of the language; different belief systems and cultural expectations of health care; and the general lack of trust in experts and in government. The rates of depressive and anxiety disorders usually increase over time, and poor mental health is associated with poor socioeconomic conditions - particularly with social isolation and unemployment.

Acculturative stress often implies a high discrepancy in the acculturation between parents and their children. This dislocation of families in new conditions has been caused by the different degrees of acceptance of "new culture" by children and parents, which causes serious difficulties, especially in bilingual terms.

Keywords: Migration, Progress, Acculturation, Asylum, Country of "Host"

IMPACT OF POSTTRAUMATIC STRESS DISORDER OF WAR VETERANS ON MENTAL STATUS OF THEIR CHILDREN AND YOUNGER ADOLESCENTS

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Post-traumatic stress disorder (PTSD) is a spectrum disorder whose symptoms show psychological, neurobiological disregulations and poorer functionality of a person on the social plan. PTSD characteristics are symptoms from four clusters: symptoms of intrusiveness, avoidance, negative changes in cognition and mood and changes in excitability and reactivity. Traumatic experiences of war veterans can have an impact on the development of psychopathology in their children's lives. The impact of war posttraumatic stress disorder of war veterans is negatively manifested through secondary traumatization in a broader sense and is manifested differently in relation to the period of childhood and adolescence. The period of childhood and adolescence represents a delicate and dynamic period that requires adaptation and functionality in adulthood. The epidemiological studies so far indicate the link between the post-traumatic stress disorders of war veterans with the mental problems of their children.

Key words: Posttraumatic Stress Disorder, Veterans of War, Mental Status, Children, Younger Adolescents

MENTAL DISORDERS IN SEXUALLY ABUSED CHILDREN

Marija BURGIĆ RADMANOVIĆ

Department of Child and Adolescent Psychiatry, University Clinical Center of RS Banja Luka, Banja Luka, Bosnia and Herzegovina

Sexual abuse in childhood is associated with many adverse consequences for survival during their lifetime. Numerous research studies clearly show the link between sexual abuse of children and the spectrum of unfavorable mental, social, sexual, interpersonal and behavioral as well as physical health consequences. Current research shows the strongest link between sexual abuse of children and the presence of depression, alcohol and abuse of other psychoactive substances and nutritional disorders in surviving women and anxiety-related disorders in male survivors. There is also an increased risk of re-victimization, especially for girls.

Negative effects of mental health in children with sexual abuse include posttraumatic symptoms, depression, helplessness, negative evaluation, aggressive behavior and behavioral problems. Recent researches link sexual assault on children with psychotic disorders, including schizophrenia and dysfunctional disorders, as well as personality disorders. Sexual abuse of children involving penetration is specifically identified as a risk factor for the development of psychotic and schizophrenic symptoms.
Many studies have shown that sexual victimization in childhood is a significant risk factor for suicidal ideation and suicidal behaviors.

Keywords: Children, Sexual Abuse, Mental Disorders, Consequences

EATING DISORDERS: MORE THAN FOOD

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There is a commonly held view that eating disorders are a lifestyle choice. Eating disorders are actually serious and often fatal illnesses that cause severe disturbances to the persons' eating behaviors. Obsessions with food, body weight, and shape may also signal an eating disorder. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder. Eating disorders frequently appear during the teen years or young adulthood but may also develop during childhood or later in life. These disorders affect both genders, although rates among women are higher than among men. Like women who have eating disorders, men also have a distorted sense of body image. For example, men may have muscle dysmorphia, a type of disorder marked by an extreme concern with becoming more muscular. Eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors. Treatment plans are created to individual needs and may include one or more of the following: Individual, group, and/or family psychotherapy, medical care and monitoring, nutritional counseling and medications.

Keywords: Eating Disorders, Causes, Treatment

CHILDREN AND DIVORCE

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Divorce is a life event with a high level of stress for the entire family. Research shows that the number of divorces is on a steady rise. Family is very important for development and life of the children and changes within the family, after the divorce, could result in consequences for them.

Children are dependent on parents and disadvantaged during divorce because it is out of their control. They cannot predict how long will it take and what will be the outcome of divorce which includes separation from close family members, school change, change of home, change of life style and so on.

Children often lack information and skills to overcome the challenges that the divorce carries. Conflicting relationships between parents present the biggest obstacle that makes it difficult for a child to successfully deal with changes in the family. Even though parents deal with heavy feelings, it is desirable for them to put the child and its interests in the first place. In order to stabilize the family system it is needed 2 up to 4 years.

Children differ from one another in the reactions to the divorce, but there are some emotional reactions that are characteristic for most children of divorced parents, and the most often children reactions are of depressive symptoms, anxiety, anger, lower self-esteem and so on.

The emotional reactions of children during the divorce can vary relative to the gender and age of the child. However, the divorce of a parent does not necessarily have to be so negative for children, especially if parents behave in an adequate way and they endeavor to act in such a way to make this process as painless as possible for children.

Keywords: Divorce, Children, Emotional Reactions

PSYCHOLOGICAL CONSEQUENCES IN ABUSED AND NEGLECTED SCHOOL CHILDREN EXPOSED TO FAMILY VIOLENCE

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Although the family should be the basis for the development and formation of a child's personality, violence is mostly done in the family, and for a long time remains undiscovered. The number of real abused children is much higher than registered cases. The secrecy of the problem is an important feature of this phenomenon. Families in which abuse takes place are mostly isolated. Social isolation does not come by chance; it is usually encouraged by an abuser to keep secrecy and control over its members. In most cases, social reaction to violence is late, inadequate and focused on the consequences, but not on the causes. "Abuse implies an act of execution that directly inflicts damage, while neglect implies an act of non-fulfillment of something that is necessary for the well-being of a child".

The most common forms of domestic violence are physical, emotional abuse as presence of violence against the mother, and in a lesser extent sexual abuse. In addition, there is physical, emotional, educational and medical neglect. The presence of violence against the mother and the feeling of helplessness leave the same consequences as the endured violence. It is considered that children living in violent families are likely to live under cumulative stress. Traumatic responses include a wide range of conditions from acute stress reactions through post-traumatic stress disorder to complex long-lasting, repeated trauma syndrome. All children will not react to this kind of experience in the same way, with the protective and risk factors in developmental psychopathology having a significant role to play. Because of their developmental vulnerability and dependency, children are at greater risk of violence than adults.

Researches point to the need for a multidisciplinary approach to treatment and prevention of child abuse, with greater interaction between health institutions, relevant centers for social work, police, court, government and non-governmental sector, and the existence of adequate family and criminal laws.

Key words: Abuse, Children, PTSD

BEHAVIORAL ADDICTIONS IN CHILDHOOD AND ADOLESCENCE – PANDEMIC KNOCKING AT THE DOOR

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Introduction: Addiction is not solely "substance dependence". Diminished control is a core defining concept of psychoactive substance addiction. Several behaviors, besides psychoactive substance ingestion, produce short-term reward that may engender diminished control over the behavior. Growing evidence suggests that behavioral addictions resemble substance addictions in many domains, including phenomenology, tolerance, co-morbidity, overlapping genetic contribution, neurobiological mechanisms, and response to treatment. This similarity has given rise to the concept of non-substance or behavioral addictions, i.e., syndromes analogous to substance addiction, but with a behavioral focus.

The type of excessive behaviors identified as being addictive include gambling, food, use of computers, playing video games, use of the internet, exercise, and shopping. Behavioral addictions have been proposed as a new class in DSM-5, but the only category included is gambling disorder. Internet gaming disorder is included in the appendix as a condition for further study. The latest beta draft version of the ICD-11 included also the definition of a new disorder, gaming disorder.

Aim: To present actual knowledge about behavioral addictions in childhood and adolescence

Methods: Analysis of data in available literature in data basis and textbooks.

Results: Some behavioral addictions are becoming more common in children and adolescents. Dominant are internet and gaming addiction as well as gambling which are also best researched.

Conclusions: Behavioral addiction becomes an epidemic in children and adolescents.

Keywords: Bihevioral Adictions, Pandemic, Children and Adolescents, Gambling, Internet Games

OBESITY AND PEDIATRIC FATTY LIVER: THE SILENT EPIDEMIC AND SIGNIFICANT HEALTH PROBLEM UNRECOGNIZED IN MODERN SOCIETY

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Introduction: Obesity and pediatric fatty liver related to modern lifestyle are getting epidemic characteristics and present the world public health problem. Fatty liver with obesity is especially important clinical entity which cautions on the possibility of chronic diseases development not only of the liver but the other organs as well. Fatty liver has the important impact on mental and physical development of children. Disease has asymptomatic clinical course so primary prevention and screening in early childhood are the best way to prevent the beginning and expansion of the disease. Primary prevention is focused on the entire population of children to enable them to adopt healthy lifestyles.

Aim: To determine the frequency of obesity and fatty liver disease in children age 6-14 years and the possibility of primary prevention

Methods: Investigations were carried out in children age between 6-14 years in two elementary schools in Gračanica, Bosnia and Herzegovina. Anthropometric measurements of 1200 children were performed as well as the ultrasonic scan of the abdomen of 300 children.

Results: Body Mass Index (BMI) with centile distribution indicates that 12% of children are overweight and 7% of children have fatty liver. 90% of children do not apply healthy diet. There are no school kitchens that apply the standard for a healthy diet of children of this school age. Only 20% of children are moderately physically active.

Conclusions: Liver steatosis occurs in a significant percentage of school age children. The implementation of the primary prevention program could largely prevent this trend and enable healthy growth and quality life.

Keywords: Fatty Liver, Obesity, Children, Healthy Life Styles

BULLYING THROUGH THE INTERNET - CYBERBULLYING

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Introduction: Bullying is an intentional, aggressive act carried out by a group or an individual repeatedly and over time against a victim who cannot easily defend himself or herself. However, improvement of electronic communication via the internet and mobile phones has led to appearance of a new form of violence, i.e. cyberbullying. Cyberbulying is defined as "intentional and repeated harm inflicted through computer, cell phones and other electronic device".

Aim: The aim of this paper is to point to the growing problem of cyberbullying.

Methods: Review the research and theoretical literature.

Results: Bullying through the Internet tends to occur at a later age, around 14 years, when children spend more time using their mobile phones and social networking sites.

Estimations indicate that between 15% and 35% of young people have been victims of cyberbullying and between 10% and 20% of individuals admit cyberbulling others.

Perpetrators of cyberbullying have a degree of anonymity not possible in traditional bullying, and the potential exposure and embarrassment of the victim is on a larger scale. It is possible to victimize a peer within their own home or elsewhere at any time of day or night, and should they remove themselves from the site, the messages often accumulate. Victims of bullying often have mental health problems, including depressive symptomatology, self-harm and suicidal behaviors.

Conclusions: This presents new challenges for individuals, families, schools, professionals, researchers, and policy makers.

Keywords: Cyberbullying, Child, Adolescent

PEER VIOLENCE AS A PROBLEM OF THE MODERN SOCIETY

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Introduction: The problem of peer violence is increasingly discussed. It is noticeable that it is not sufficiently researched and there is no sufficient information about its prevalence, forms, prevention methods, repression and coping with the problem and its consequences. It seems that it gets discussed more intensively only in case of a traumatic incident whose consequences cannot be denied and if they make a large impact on the entire society.

Aim: To show the prevalence and manifestation of peer violence as well as problems in the prevention and addressing consequences of peer violence.

Methods: Data are collected from several studies on peer violence conducted in BiH and worldwide.

Results: Collected data indicate that the peer violence ranges from 15% to 50% depending on the development of the country where research is conducted.

Conclusions: It is necessary to identify peer violence and to respond on peer violence in time. Any claim of a child, needs to be taken seriously, because response in time prevents the child who experienced some form of violence to revenge or become violent. It is important to start raising awareness among children from their early age and train them on techniques of non-violent communication, forms of violence, the ways of expressing violence and its effects on victims and observers of violence and why it is important to talk about it. They need to know where to report violence and what the duties of relevant institutions are. In addition to children, it is important to raise awareness among parents, teachers, politicians as well as mental health professionals. The entire society needs to be involved in the prevention of peer violence.

Key words: Violent Behaviour, Child Abuse and Neglect, Prevention of Violence,

SUICIDALITY OF ADOLESCENTS IN THE MODERN SOCIETY

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Suicide rates in young people have increased during the past three decades in the world. Suicide is the third leading cause of death among adolescents. Frequently, suicidal behaviors in young people appear to be a consequence of multiple risk factors. The most common motives for youth suicide are insecurity, school failure and expulsion from school, conflict with parents and teachers and social instability. Understanding risk factors which can lead to suicides is crucial in preventing this behavior. Comprehensive approach in prevention of adolescent's suicide needs to include both, health and non-health sectors.

Key words: Suicide, Adolescence