

---

ANITA BURGUND ISAKOV,\* NEVENKA ZEGARAC\*\* ✉  
VIOLETA MARKOVIC\*\*\*

Intersections. EEJSP  
9(2): 89–107.  
<https://doi.org/10.17356/ieejsp.v9i2.1116>  
<https://intersections.tk.hu>

## Surviving their journey: A trauma-informed approach to migrant children's experiences of violence on the Western Balkan route

---

\* [\[anita.burgund@gmail.com\]](mailto:anita.burgund@gmail.com) (University of Belgrade)  
\*\* [\[nela.zegarac@gmail.com\]](mailto:nela.zegarac@gmail.com) (University of Belgrade)  
\*\*\* [\[violetamarkovic24@gmail.com\]](mailto:violetamarkovic24@gmail.com) (University of Belgrade)

### Abstract

Year after year, millions of children cross international borders for many different reasons. In order to support the further strengthening of the system of protection in Serbia and Bosnia and Herzegovina (BiH) in terms of responsiveness to new vulnerabilities arising from the context of migration, in-depth interviews were undertaken in 2021 with a sample of 48 youths (N=38 boys and N=10 girls), both unaccompanied and traveling with families, currently residing in camps in BiH, about their experience of violence and its impacts on their wellbeing using a trauma-informed and children's-rights approach.

All children experienced a range of traumatic experiences on the journey, including severe violence. Even though the concept of emotional violence is unclear to them, most children plainly describe traumatic experiences, while their tendency to normalize violence is noticeable. Many of them showed symptoms of trauma responses or identified them in their siblings, younger children, and peers. Nevertheless, many children have developed various help-seeking, help-using, and self-help strategies, including joining other adults or peers, mutual help and support, the analysis of risk situations, elaboration of exit strategies, self-efficiency assessment, and a range of self-regulation and resilience-building techniques, in addition to avoidance, denial, and self-harm.

Research findings point to the diversity of children's responses to violence and prolonged traumatic events. They also raise a lot of questions regarding the impact on children's current and future development and well-being and the availability of trauma-informed responses and care. The results contribute to the scarce resources concerning the scientific understanding of children's experiences of violence and the understanding of traumatic experiences among migrant and refugee children.

**Keywords:** violence on children; trauma, migration; Balkan route

---

## 1 Introduction

Since 2015, millions of children have migrated through the Western Balkan route (Dangmann et al., 2022)<sup>1</sup> toward the European Union, escaping oppression in their countries of origin and searching for safety or a better future. According to the UNHCR data, in Greece, Bulgaria, Serbia, Romania, North Macedonia, Albania, and Bosnia and Herzegovina (BiH), close to 80,000 refugees and migrants were registered as newly arrived in 2019, 30 per cent more than in 2018. While the beginning of 2020 was marked by an increase in the number of new refugees and migrant arrivals to the Balkans, the figures significantly decreased once the COVID-19 pandemic started. By the end of that year, around 16,000 new refugee and migrant entries had been registered, one-fifth of the arrivals registered in 2019 (Jovanović, 2021). In 2021, another increase in numbers was registered, with close to 94,000 arrivals registered in the region (Milić, 2022).

Due to the complexity of push factors,<sup>2</sup> we consider this migration forced, and there are significant difficulties in monitoring and supporting these children as some who travel unaccompanied are registered as older than they are. The unaccompanied children are often boys (older siblings) whose families have deemed them old enough to take responsibility for their well-being and, ultimately, the well-being of their entire families. Girls, however, nearly always travel within a group they report as their family. The reason for girls reporting that they are traveling with a family member(s), even if it is not true, is that they perceive it as safer to be surrounded by older males (Jovanović & Besedić, 2020).

As a multidisciplinary field, children's studies seeks to integrate knowledge of children and a comprehensive human rights approach to children to achieve a critical understanding of childhood and youth as social, legal, and policy constructs (Qvortrup et al., 2009). A child-rights approach is one which furthers the realization of the rights of all children as set out in the United Nations Convention on the Rights of the Child (1990) by developing the capacity of duty bearers to meet their obligations to respect, protect and fulfil rights (art. 4) and the capacity of rights holders to claim their rights, guided at all times by the rights to non-discrimination (art. 2), life, survival and development (art. 6), consideration of the best interests of the child (art. 3, para. 1), and respect for the views of the child (art. 12). Furthermore, children have the right to be guided and supported in the exercise of their rights by parents, caregivers and community members, in line with their evolving capacities (art. 5). This child-rights approach is holistic and places emphasis on supporting the strengths and resources of children themselves and all social systems of which the child is a part, and the basic principles are applied in a specific way in research involving children.

The purpose of the research was to gain a deeper understanding of migrant and refugee children's experience of violence on their journey to create recommendations for re-

---

<sup>1</sup> The Balkan route includes countries such as Romania, Greece, Bulgaria, Albania, Serbia, Montenegro, Bosnia and Herzegovina.

<sup>2</sup> Complex push factors, including violence, persecution, family issues, and economic uncertainty, contributed to children leaving their countries of origin more often during these years.

search, policy, and practice (Žegarac et al., 2022). The main goal of this paper is to describe, analyze and interpret how children in migration experience and cope with exposure to violence on their journey to their destination country as a form of violation of their rights and its impacts on their well-being while using a trauma-informed approach. The research was conducted on the territory of Bosnia and Herzegovina and Serbia, but the findings that were obtained are relevant to other countries along the route from South and Central Asia through the Balkans.

Results of a qualitative study that included interviews with 48 girls and boys, refugees and migrants, of different characteristics will be presented. The children were active participants and drivers of change by sharing their experiences and views during the interviews conducted for this research.

## 2 Literature review

### 2.1 The experiences of violence of migrant children on the Western Balkan Route

Most refugees and migrant children passing through the Balkans come from countries affected by war or widespread violence. According to the available sources, children in these countries are often exposed to torture and ill-treatment, sexual violence and abuse, child marriage, gender-based violence, displacement, and recruitment by parties to the conflict (Chynoweth, 2017; Nowak, 2019; Bjekić et al., 2020; SYHR, 2021). The maltreatment of children in migration can include a wide range of perpetrators and acts; it can consist of physical or psychological maltreatment by caregivers, strangers, or peers (Attaullahjan et al., 2020). This violence is traumatic and often strongly impacts children's mental health (Cohodes et al., 2021). Although it is difficult to specify all events considered traumatic because individual responses to these events and their psychological consequences are different (Bjekić et al., 2020), some incidents can be considered traumatic for most people.

Traumatic experiences of children in the context of migration can be divided into collective experiences, which are familiar to most people from a particular country (events related to war, such as violence, exposure to armed conflict, or natural or humanitarian disasters affecting entire communities); and individual experiences – those that happen to one or several persons (Bjekić et al., 2020). Children in migration are exposed to physical, emotional, and sexual violence. In addition, specific forms of violence are related to the context of migration, such as detention, push-backs (instantaneous, often violent, involving crossing the border), and particular manifestations of gender-based violence in the context of migration (Bjekić et al., 2020). Children may develop adaptive and maladaptive strategies when dealing with traumatic experiences, such as seeking support from families and friends, creating and finding safe spaces, maintaining hope and optimism, engaging in activities that make them happy, and utilizing cultural or religious practices (Bronstein, 2017).

Research conducted with refugee and asylum-seeking users of psychological aid in 2017 and 2018 in Serbia revealed that over 80 per cent of participants experienced six or more traumatic experiences in the country of origin before migration (PIN, 2017; 2018).

According to this study, some of the reasons for migrations are shame, guilt, fear, and the myths and prevailing prejudices associated with male sexuality in many countries of the world (Krug et al., 2002).

Aside from this, children are reportedly exposed to violence connected to harmful traditional practices in their countries of origin. In addition to physical violence, children are often exposed to psychological violence. During their trip, they may witness the deaths of others or see bodies.

## 2.2 Impact of violence on the well-being of migrant children

Many migrant and refugee children face discrimination, persecution, and torture due to their ethnicity, nationality, religion, tribal or other affiliation. In contrast, children with disabilities, a minority sexual identity, and girls are especially exposed to marginalization and stigmatization (Fazel et al., 2012). The health and well-being of migrant children are related to their well-being before their journey, the circumstances during it and at their destination, and the physical and mental health of their caregivers and families. Children may suffer from malnutrition and communicable diseases, including vaccine-preventable diseases. (ISSOP, 2018). Social isolation is a significant risk factor for all migrant children, compounding other health risks even after settlement in their new home. Disrupted education happens because most children spend a long time traveling (Žegarac et al., 2022); some are separated from their families and support networks, making them more susceptible to child abuse and exploitation. A lack of health information, language, and cultural differences are significant barriers to accessing adequate, timely, and appropriate healthcare.

The literature indicates that childhood adversity contributes to fear learning and extinction, which may place migrant and refugee children at risk of developing both internalizing and externalizing psychopathologies (Dangman et al., 2022). Fear learning refers to how an individual acquires a fear response towards a previously neutral stimulus. It involves the formation of an association between the neutral stimulus and a negative or threatening event. Extinction, in this context, refers to the process of reducing or eliminating a previously conditioned fear response. It involves exposing the individual to the conditioned stimulus (the previously neutral stimulus that became associated with fear) in the absence of the aversive event. The former can be considered a highly adaptive function that allows an organism to predict potentially threatening or aversive events from environmental cues, increase vigilance, and, ultimately, avoid potential danger (Graham & Milad, 2011). Exposure to trauma has also been shown to affect fear learning and extinction (McLaughlin et al., 2019; Jovanović, 2021). The wealth of literature that compares differences in fear learning between trauma and non-trauma-exposed individuals also suggests that this pattern is sustained across stages of development (Sotres Bayon et al., 2012).

Most children who travel the Western Balkan route spend approximately three or four years traveling, which is one-third to one-half of their lifetime. During this time, they mainly rely on smugglers and form relationships with them before arriving at their destination country. Children report that those relationships are especially abusive, which increases the need for the systemic protection of children and at least the elementary pro-

tection of children's rights on the road. This indicates a need to provide high-quality services that take a relationship-based approach to caring for families and children dealing with complex trauma.

### 3 Theoretical background

Trauma affects children in many ways and levels, and their behavior may be interpreted as 'difficult' or 'disruptive.' In contrast, some children may withdraw without attracting attention to their needs and feelings (CMAS, 2019). Racial bias and language barriers can get in the way of understanding migrant children's needs and trauma responses. However, symptoms characteristic of trauma response have been identified, such as poor early verbal skills, problems with memory, and the development of learning disabilities. Behavioral symptoms might include excessive moodiness, aggressive behavior, imitation of the traumatic event, difficulty forming friendships, or fear of being separated from a parent or caregiver. Physiological symptoms, such as poor sleep habits, nightmares, stomachaches, headaches, and digestive problems, may also be present (Montgomery & Foldspang, 2008). While some children are relatively sheltered from traumatic experiences, others experience multiple forms of trauma, including witnessing war atrocities, being victims of torture or intimidation, separation from family, and deprivation of water and food (Mack-soud & Aber, 1996; Fullielove, 1996). Displacement from the home environment compounds traumatic experiences by disrupting a person's sense of attachment to their home, familiarity with their surroundings, and a sense of self that develops from spending one's life in a specific place (Perreira & Ornelas, 2013).

As a result, young children who experience mental health problems are at heightened risk of being expelled or chronically absent from preschool (if enrolled in one), with implications for their readiness for school (Nilsen et al., 2022). In this paper, we will analyze children's coping strategies associated with traumatic events to identify how children deal with these events. While there are more clearly maladaptive strategies, such as using alcohol, self-medication, and substances, if unsupported over a more extended period, every strategy can become maladaptive.

Adopting a trauma-informed approach is highly significant when working with refugee and migrant children due to the unique challenges and experiences they often face. This refers to a framework that recognizes and addresses the impact of trauma on the lives of these children (RHTAC, 2019). It involves understanding the various traumas they may have experienced, such as forced displacement, violence, separation from family, and the challenges associated with migration (Fazel et al., 2012). The approach aims to create a safe, supportive, and culturally sensitive environment that promotes these children's healing, resilience, and positive development. Trauma-informed approaches have been found to be very useful when working with vulnerable children as they involve an increased sense of safety (Van der Kolk, 2005). A robust body of research demonstrates that young children are highly vulnerable to both the short and long-term effects of trauma due, in part, to the rapid brain development that occurs during these formative years (Cohodes et al., 2021)

## 4 Method

As such migration involves children who are underprivileged, vulnerable, and marginalized (Auerswald, Piatt & Mirzazadeh, 2017), it is necessary to look at their points of view and voices and make an extra effort to reach out to those whose voices are less often heard, ignored or forgotten. Understanding the experiences of these children and the context in which they overcome numerous challenges and threats to their development involves overcoming various barriers to recruiting participants for research. The identified barriers include the availability and visibility of children in data and in the field, negotiating with gate-keepers in numerous instances, obtaining access to particularly vulnerable and 'hidden' subgroups, and issues of consent based on full information in order to ensure that actual consent is obtained not only from those who have legal authority over these children (parents or guardians) but also the children themselves.

The research methodology included a desk review of relevant literature and a secondary analysis of data. In the second phase, qualitative exploratory research was applied with in-depth interviews with boys and girls involved in migration on the Western Balkan route (Žegarac et al., 2022). The goal was to conduct research that follows a child-focused and child-rights framework (Avramović, 2014). In-depth semi-structured interviews were conducted by trained field researchers and cultural mediators, who undertook targeted training associated with implementing such interviews and were continuously supported through communication during field research. The interviews were conducted by five field researchers collaborating with seven translators/cultural mediators.

According to the research objectives, the interviews explored three major predefined themes: the prevalence and level of violence, protection, support systems, and the culture-sensitive protection of children. In relation to these topics, there were discussions about the occurrence and types of violence against children in migration, the extent of children's vulnerability in relation to their characteristics (sex, age, ethnicity), and the manifestations and intensity of violence relative to location (reception centers, outside of such centers, at the border).

The research included boys and girls between the ages of 13 and 17, those traveling alone, and those traveling with their families. In total, 48 children were interviewed. The countries of origin of the children included Afghanistan, Pakistan, Iran, Iraq, Jordan, Morocco, and Nepal.

A purposeful, convenient, and venue-based sampling approach was applied to ensure the coverage of different subsets of the examined population of children (Salway et al., 2019). This is a method of constructing a sample to recruit respondents with specific characteristics in hard-to-reach populations. Since the research was about the experiences of children in migration with violence on the road and the Western Balkan route, five reception centers in BiH where children are accommodated were chosen as a safe places to discuss this topic.

The interviewers prepared the rooms for conversation to ensure privacy and an atmosphere of trust as much as possible. A number of collaborators from the field were consulted, and then, using appropriate procedures, informed consent for participation was sought in the first step from parents or legal guardians of the children in migration. Upon receiving informed consent from parents/legal guardians, field researchers informed the

children about the research, its scope, aim, and purpose and explained how the interviews would proceed. Children were fully informed in their native languages about their right to terminate the interview at any stage and the procedures in place to protect their identity. All the children participating in this research also gave their written consent for their participation. The sample was therefore constructed according to the children's availability, willingness, and desire to participate in the study.

The field research was conducted over three months, from October to December 2021. During that period, the researchers interviewed a total of 48 children and youth aged 13–17. Audio recordings were made of all interviews and transcribed using a specially designed coding system to protect their privacy and identity. The children were encouraged to choose pseudonyms for research purposes.

Most respondents were 16 years old ( $n=18$ ), 12 of the examined children were 17 years old, three were 13, four respondents were 14, and six were 15 years old.

Regarding the migrant status of the examined children, 30 respondents were unaccompanied (all boys), and 18 were children in a family or accompanied (of which eight boys and ten girls).

Among the interviewed children, ten were girls, and thirty-eight were boys. This difference in the number of interviewed children by gender results from the fact that girls were not present at the reception centers or there was no adequate translator (e.g., for the Kurdish language).

## 5 Results: Multiple and prolonged exposure to traumatic experiences

### 5.1 Violence against children in migration on the Balkan route

The results of the interviews were analyzed using thematic analysis based on predefined topics, supplemented by the topics which occurred during the process, involving identifying semantic (explicit) and latent (interpretative) content (Braun & Clarke, 2006). Two researchers independently performed thematic analyses and then agreed on identified topics. The thematic analysis identified four main themes: the route and journey, children's experiences with violence, children's understanding and survival of violence, and help and self-help, which were further analyzed through a chain of subthemes (Žegarac et al., 2022).

Whether directly or indirectly, all the children involved in this research testified they had survived all the basic types (physical, psychological, sexual) of violence during their travels, crossing the border, in reception, asylum and detention centers, in squats, on the street, and in the workplace. Most commonly, the perpetrators of violence are smugglers, their accomplices, and the police, but other adults and children from their environment were sometimes considered a threat.

In summary, each interviewed child reported having a series of traumatic experiences on the road, and more than half of them stated that they had faced severe physical violence from the police and smugglers. Some had witnessed brutal physical violence against their companions or family members, and only a small number had only 'heard' of such experiences. Although no interviewed child said they had survived sexual abuse themselves (although a number of children stated that this is something that is never talked

about to anyone), in several interviews, children stated they were offered ‘privileges’ (for example, protection, better travel conditions, money, etc.) for sexual services. Almost two-thirds listed one or more incidents when they had recognized or witnessed the sexual abuse of a child in their immediate environment. Thus, children witnessed the violent separation of girls and boys that smugglers abused sexually. Victims of sexual abuse were primarily unaccompanied children, thus children without protection from the individuals they travel with.

Four of the 48 children who were interviewed stated they were personally victims of kidnapping and had been deprived of their freedom for ransom and extortion purposes during the journey. Other children stated they knew about such cases but had not experienced them personally. Several children mentioned that they had seen the bodies of deceased individuals. A number of children had experienced shooting (firearms) in their immediate vicinity, and several children testified about the violent deaths of other persons. Ransom, extortion, robbery, threats of violence (occasionally using a knife), insults, curses, and humiliations, with various forms of discrimination, are part of the interviewed children’s experiences.

## 5.2 Children’s reactions to traumatic experiences

A number of children in the sample showed symptoms of trauma responses or identified them in their siblings, especially in younger children and peers. These experiences can be divided into several groups (Zegarac et al., 2022).

Primarily, traumatic memories, i.e., flashbacks and feelings of excessive fear:

Whenever I go outside and hear a car stop by or move slowly, I get scared. I still fear those people will kill me or do something [wrong to me] ... It has stayed in my mind. (Hanan, boy, 17)

Those memories were associated with increased stimulation and irritability, i.e., hyperexcitability of the autonomous nervous system, causing excessive tension, sensitivity, and concentration impairment. Some experiences, such as informal border crossings (called ‘games’ by children and other migrants and professionals), were most stressful for the children, and just thinking about the ‘game’ caused a bodily reaction. These reactions manifested in physical symptoms such as an accelerated heart rate, cold sweat, increased respiration tempo, increased awareness, etc.

Whenever we want to go to the game, two days before, we feel stressed... when the police wanted to deport us, my little brother had a very fast heartbeat...; he was unconscious for some moments, and they called the ambulance. (Zehra, girl, 16)

Children also report feeling deep and implacable sorrow and helplessness.

I am literally sick of life. I feel bad about being alive. [...] But it’s normal; sometimes, a person can just not do anything about it. (Harun, boy, 17)

They are also troubled by wider changes in their understanding of life, with the loss of previously developed values, beliefs, and attitudes.

...this journey was one big lesson; now, it's much easier for me to make correct decisions. In fact, the journey was good for me; it taught me something... (Ahmad, boy, 16)

This is accompanied by feelings of hopelessness, disorientation, and resignation, which dominate many children's statements.

Just in these six years, so many people arrived, so many people left. I see now that things are not getting better but are getting worse day by day... I'm tired of everything already; I'm tired of war, I'm tired of the fight, of everything [...] I can't bear all of this now. (Makbul, boy, 16)

However, it was noted that several children laughed while speaking about traumatic experiences such as abuse, violence, and rape. The content they shared was inconsistent with their nonverbal behavior.

Several respondents reported abusing alcohol and drugs, self-harm, and suicidal tendencies. Concurrently, professional mental health assistance seems to be limited to prescribing psychopharmaceuticals ('half of the camp population is taking tranquilizers,' Harun, boy, 17).

### 5.3 Help and self-help on the road

On this journey, parents can only provide limited support to their children as they are overwhelmed with difficulties. Hence, children have to rely on themselves and are involved in the care of younger family members. It is common for children traveling with families to help their brothers and sisters ('But I can't help someone else because I already have younger brothers and sisters,' Mehdiya, girl, 13). In contrast, when it comes to other children outside the family, they primarily exchange information, help each other with homework, etc.

It's really difficult for me to walk because I carry my bag and my younger brother's bag, and sometimes my other younger brother's bag too, and I am also still a child [starts to cry]. (Zehra, girl, 16)

Furthermore, some children traveling with families recognize that unaccompanied children sometimes join forces and help each other as if they were family. Unaccompanied children try to preserve the group they are traveling with, especially if they come from the same place, which they perceive as a significant comparative advantage. Alternatively, children join forces with other children and families they are not related to for mutual help and support. Unaccompanied children state they are extremely vulnerable if they remain alone.

I have a lot of friends; they are always with me because we come from the same village. Children who don't know anyone can't protect themselves, especially in a single-man camp. (Arham, boy, 17)

...I can't be left alone, then, I am very vulnerable. (Hassan, boy, 15)

On the journey, a friend is a person who acknowledges the needs of others and is capable of encouraging or sharing what they have. 'It is natural that we help each other' (Hassan, boy, 15). It is noticeable that the interviewed children have recognized the importance of the support they can provide to others, even when they have no material resources, i.e., that they can help with encouragement or a hug.

The interviewed children shared situations in which they had helped other children and expressed pride, self-efficiency, resourcefulness, and even gratitude for the chance to help others. However, a little fewer than half of the interviewed children thought it was impossible to get help at all, and they did not trust other children and people. Some had even experienced people they had helped later abandoning or cheating them; thus, caring for others was perceived as an additional burden.

This journey is not simple in terms of trust. Have you been on this journey?... you'd see that no one was thinking of you and no one cared about you. A person is only essential to himself. (Ahmad, boy, 16)

Providing help to traveling companions can also be dangerous, as those who are 'powerful' – smugglers and their accomplices – are capable and willing to use brutal force and harm any child who opposes them. In several interviews, children shared how they had witnessed physical and sexual violence against other children but did not dare to help them out of fear of retaliation.

When asked about their experience with helpers on the journey, most of the children spontaneously said that no one could help them during their difficult and uncertain travel ('The road is such that no one can help anyone,' [Basit, boy, 16]; 'Even a brother doesn't help his brother during the game,' [Amir, boy, 14]). In addition, they are usually not in a position to help others. More than one-quarter of children specifically pointed out that no one but God could help them on the journey. ('I think no one is helping them, only God' [Amin, boy, 16]).

Reliable adults are either not accessible, or they do not exist for migrant children, so they try to empower themselves to survive. Moreover, adults are mainly perceived as a threat. This experience is particularly present in the experiences of unaccompanied children but has also been observed in other respondents. Persons in positions of power, primarily smugglers and police officers, often abuse that power, aggravating the already unfavorable circumstances (Žegarac et al., 2022).

On the other hand, children reported relying on smugglers as they are the only ones perceived to be of help in reaching the country of destination. Notably, children tend to speak well of the adults from the country they are currently settled in: 'Bosnian people are so nice; they are always helpful' (Ahmad, boy, 16).

A significant topic associated with the broader field of support available to children on the move was illuminated in the conversations about the strategies of self-help. Children develop these strategies during their journey to empower themselves, overcome adversity and numerous high-stress situations.

About one-third of the interviewed children described the cognitive and behavioral strategies they use to solve problems. Thus, in their narratives, they mention self-efficiency

assessments ('I think, I can [laugh] save myself' [Akbar, boy, 16]), analyzing the situation that puts them at risk and elaborating an exit strategy.

[...] When terrible things happen, I try to move away from that space and that environment. I go as far as I can, then I think about things and see what I will do next.' (Nurullah, boy, 14)

Analyzing difficulties as an integral part of the journey and making sense of negative experiences also enables the development of self-encouragement strategies that help overcome challenges, while focusing on the goal helps the children stay and survive on the road, which keeps getting harder with each stage.

I just tell myself, 'this one line.' Every mountaintop has a downward slope. I know that wherever this road goes, there will be times when I will be on the top and times when I will be on the bottom. That just has to happen. (Gul, girl, 19)

It seems that children also try to be resilient and empowering for each other through humor. This is accompanied by sharing familiar narratives and finding meaning in events when one of the members finds themselves in trouble:

[...] we will start making jokes, talk to each other, somehow emotionally help each other, and say that it happened for a reason or that it could have been expected. (Sahil, boy, 16)

In addition, children encourage themselves using examples of others who have managed to cope in particular situations or try to calm themselves down and release their stress and fear using self-regulation strategies. They keep encouraging themselves to overcome fears, continue their journey, and achieve their goals.

I calm myself down somehow because if I don't have that peace of mind, I can't do anything. To achieve any goal and become someone, I have to be calm in any problem[atic situation]. (Abdurahman, boy, 17)

Most children referred to self-help strategies, as they can reliably count on them. Moreover, the experiences illustrating these strategies are the most prevalent and described in the greatest detail. This probably relates to the previously described conviction that assistance can neither be obtained nor provided on the road, so reliance on one's strength is sometimes the only available strategy. Sometimes, the children tried to distance themselves from the situation or raise their tolerance threshold for hunger, thirst, and pain ('When you're hungry, when you're injured, you have to take it' [Basit, boy, 16]), or by choosing to submit and wait for the storm to pass. Thus, some children reported engaging in avoidance strategies, submission, not reacting to provocations, obedience to smugglers, surrender to police officers, etc. Children opt for these strategies when they think there is no other way to protect themselves as a last resort (Žegarac et al., 2022).

Some children occasionally face the impression that they cannot cope with certain situations, that their powerlessness exceeds their capacities, and that they cannot find a source of strength. 'And then I catch myself not being able to do anything, and that is, simply, the worst part' (Harun, boy, 17).

## 6 Discussion

All the children involved in this research have survived events or series of events and circumstances considered physical or emotional threats to their survival. The violence children experience on the road is constant, and it seems there are no circumstances in which children are protected from violence.

Children from the sample reported facing stress which is followed by anxiety and uncertainty. Coping comes from harnessing personal, cognitive, and emotional resources and perceived social support. This is used to develop a plan and to undertake activities that help, more or less constructively, to survive and maintain psychological balance during the hardships (Lazarus & Folkman, 1984; Jackson et al., 2017).

Findings show that children perceive violence as an integral and almost inevitable part of their experience. To process it and, ultimately, to survive, children use mechanisms of denial and suppression to cope. There are multiple reasons for this (Petersen et al., 2014):

- Ignoring abuse allows children to maintain basic psychological regulation as a survival mechanism in extremely difficult conditions;
- Protection and support that would respect their standpoints is often lacking, so they resort to denying that they need support in the first place;
- The need to appear strong and capable, as they estimate that it would further endanger them if they were to be recognized as weak or feeble.

In a few interviews, when children talked about difficult circumstances and events they had encountered, this was followed by laughter. In cases of dysmorphic expression in response to unpleasant events, laughter is an attempt to regulate strong, upsetting emotions and a gesture of 'disassociation' from the traumatic experience and the pain it causes (Gross, 2013). In this context, laughter differs from humor, the use of which as an adaptive coping strategy was only recorded in very few interviews. Crying was far less common (occurring in eight out of 48 interviews) in response to the memory of endured hardships.

However, we identified a trend of resilience in children's attempts to use humor to face adverse and hard experiences (Kuiper, 2012). It is noted that a sole focus on humor limits some resiliency-based approaches to humor as a positive attribute. Accordingly, a humor styles model, which acknowledges both the adaptive and maladaptive aspects of humor, has been used to describe broader avenues of research from a resiliency perspective (Hodson et al., 2010). Orientation to humor also highlights the importance of negative and positive emotion regulation in modulating coping and growth. This model is then used for commenting on the limitations and potential extensions of current resiliency perspectives about humor, including programs and exercises that attempt to train humor in a facilitative manner to foster resilience.

Due to the lack of support, children tend to rely on themselves and their faith in God while lessening their dependence on adults and the possibility of establishing strong connections with a significant adult. By doing so, children build resilience by creating a temporary heroic script in which they convince and cheer themselves that they can manage (Burgund, 2016). This script differs from resilience as it does not rely on real support or a source of strength and hence collapses under prolonged exposure to severe deprivation and violence.

It is known that extremely intimidating events, especially if repeated, such as occurred with the children from the sample, impact the developing brain by creating distortions in the brain's neurological development so that survival mechanisms become more dominant than learning mechanisms (Atkinson, 2013). Such powerful and adverse events during early and middle childhood and adolescence usually cause long-term mental and physical health issues and impaired cognitive, emotional, and social functioning (Cook et al., 2005). This can lead to mental health disorders such as developmental trauma, complex developmental trauma, post-traumatic stress disorder, and some depressive, anxiety, or psychotic disorders that require organized and professional treatment.

A number of children, especially unaccompanied ones, reported examples of self-harm, suicide attempts, and the abuse of psychoactive substances as passive strategies for coping with stress and difficulty. This is important not only in terms of the children's mental health but also for their overall development from the perspective of their future.

Childhood abuse, in addition to being an evident violation of the child's right to survival, development, and protection, is one of the important risk factors for the development of long-term and severe physical and mental health issues, as well as long-term adverse effects on behavior, social relations, and functioning. This has been identified in numerous studies that looked at the negative experiences of children (John Hopkins Bloomberg School of Public Health et al., 2020) as well as in a recent study that investigated, in particular, such experiences in the migrant population (Schapiro et al., 2021).

Traumatic entrapment situations go well beyond the avoidance stage ('freeze') associated with attentive immobility; withdrawal may be desired but is impossible ('flight'); aggressive defense ('fight') is not viable because of the children's much lesser status ('fawn'), and the situation is not yet terminal ('tonic immobility') (Cambridge Cognition, 2006). This leaves appeasement as a potentially more relevant response. In the presented study, we noted that children often use appeasement when stating that everything is going well in the country they are currently staying in (while the narrative is significantly different when referring to other countries), as well as often reported fainting due to exhaustion caused by constant stress. Flight or fight as a first response to traumatic reactions is not widespread in this sample, possibly because of the children's exposure to prolonged traumatic experiences.

The findings indicate that the identity of the migrant children from this sample, their self-determination, and self-knowledge is developed in terms of the physical, psychological, emotional, and sexual violence, discrimination, and neglect of basic developmental needs. The trauma-related responses that children enact help them to survive in the present situation, but it is not clear what impact this will have on their lives and their identity in the future.

One of the consequences of trauma is a lack of trust in one's own experiences, making seeking help difficult (Hornor, 2015). Thus, it seems migration that involves violence as a structural, unquestionable, and unsanctioned component may have incomprehensibly harmful effects on the development of children. Growing up in transit creates particular challenges in adolescence since it is relevant for identity development, yet we have only modest knowledge regarding the characteristics and consequences of growing up during an uncertain, multi-year, and traumatic journey.

These research findings add a lot of content to the literature about children's responses to violence and prolonged traumatic events but also raise many questions. The impact that these severe and prolonged adversities will have on the development and well-being of such children who travel for a third or even half of their lives is unclear. We do not know much about the trauma-informed care that children should receive on their travel and when they arrive at their country of destination. It seems that little, if any, support exists for the children and that most of them are left alone to deal with the violence and trauma they experience.

The number of children migrating to the Northern and Western countries is huge; this finding also raises the question of how these children, as future young adults, will integrate into (the Western) world and, on the other hand, how their trauma will impact the lives of other inhabitants once they arrive.

## 7 Conclusions

The refugee and migrant children who took part in this research had gone through many years of traveling, full of danger and uncertainty.

The experiences the children described have conspicuous characteristics of traumatic events and prolonged exposure to them. The traumatic events children are exposed to during migrations along the Balkans route are beyond the limits of ordinary childhood and adolescent experiences. It seems obvious that the children are straining their personal capacities to integrate their emotional experiences about survived events due to the threats to their own lives.

Strong and harmful stimuli, physical and psychological vulnerability due to physical, psychological, and sexual violence, high-stress levels, and prolonged fear overwhelm the capacities of these children and impact their ability to regulate their emotions.

The findings raise questions about children's experiences and understandings of the violence they are exposed to. Children only recognize violence when it is geographically, nationally, and emotionally distant, and when it exists in some other country, not in the one where they are currently residing. The perpetrators are persons who are not connected to the children by culture, friendly, or family relations. This is probably why peer violence, violence within the community with which they are migrating, and violence in their families were least reported.

These results require careful interpretation and further research, as, in addition to the issues of trust and preparedness to share one's own difficult experience, children may attempt to distance and protect themselves from difficult, disturbing experiences.

In planning to continue their journey, they are 'stuck' in 'survival mode,' waiting for a favorable moment to reach Western and Northern Europe, even if they are unsure where they would like to be. In this context, children have few opportunities and incentives to develop socially desirable and constructive behavioral patterns; they are deprived of opportunities for self-actualization and the development of interests. Children in transit do not have an opportunity to integrate traumatic experiences because they are constantly facing them, and it is uncertain when these hardships will end. Bearing in mind the circumstances and the situation of migration, their growing up is accelerated and compressed (Fazel et al., 2009).

As children spend several years in migration, the traumatic experiences permeate the growing up and formation of their identities and personalities. Since trauma changes the brain structure, it affects perception, trust, the establishment of bonds, the possibility to experience positive emotions, and physical health. The oversaturation of traumatic experiences prevents children from developing a positive attitude toward themselves and others and the optimism and belief that things can improve.

From the standpoint of the rights of the child, these children are denied numerous rights in many situations and circumstances, from protection from violence and exploitation to the provision of conditions for growth and development (adequate nutrition, housing, education, and play) to participation rights. Children are often denied the right to participate in matters that concern them, and their point of view is rarely known and considered even though the circumstances in which they are growing up demand their reinforced and constructive engagement and genuine participation.

In the protected environments of reception and asylum centers on the Western Balkan route, children can exercise their rights to food, housing, and to a lesser extent, education, play, recreation, and the development of preferences. The rights to protection from violence and participation are much more difficult to exercise due to a number of intertwined factors. Also, it is not in the best interest of these children that the situation in which they live is sustained and solutions prolonged because most of the interviewed children have already spent a large part of their upbringing in threatening circumstances.

The denial of rights contributes to children losing faith in the adult world, being left alone to develop self-protection strategies, and/or the experience of even deeper trauma. Such phenomena significantly threaten children's well-being, and the consequences are as uncertain as their future.

## Acknowledgments

This paper is part of a wider study undertaken by Save the Children WB i ERMA/CIS jointly on the Protection of Children affected by Migration and Forced Displacement on the Western Balkans Route.

## Ethical statement

The research described herein was approved by the Ethical Board of the University of Sarajevo.

## References

- Arsenijević, J., Schillberg, E., Ponthieu, A., Malvisi, L., Ahmed, W. A. E., Argenziano, S., Zamatto, F., Burroughs, S., Severy, N., Hebling, C., de Vingne, B, Harries, A. D. & Zachariah, R. (2017). A crisis of protection and safe passage: violence experienced by migrants/refugees travelling along the Western Balkan corridor to Northern Europe. *Conflict and Health*, 11, 6. <https://doi.org/10.1186/s13031-017-0107-z>
- Ataullahjan, A., Gaffey, M. F., Sami, S., Singh, N. S., Tappis, H., Black, R. E., Blanchet, K., Boerma, T., Langer, A., Spiegel, P. B., Waldman, R. J., Wise, P. H. & Bhutta, Z. A. (2020). Investigating

- the delivery of health and nutrition interventions for women and children in conflict settings: a collection of case studies from the BRANCH Consortium. *Conflict and Health*, 14, 29. <https://doi.org/10.1186/s13031-020-00276-y>
- Atkinson, J. (2013). *Trauma-informed services and trauma-specific care for Indigenous Australian children*. Australian Institute of Health and Welfare.
- Auerswald, C. L., Piatt, A. A., Mirzazadeh, A. (2017). Research with Disadvantaged, Vulnerable and/or Marginalized Adolescents. *Innocenti Research Briefs* No. 6. UNICEF Office of Research.
- Avramović, M. (2014). *Kad smo pitani, a ne ispitivani: Konsultacije sa decom u pokretu [When we are asked, not questioned: Consultations with children on the move]*. Atina – Citizens' Association for combating trafficking in human beings and all forms of violence against women. <http://www.atina.org.rs/sites/default/files/konsultacije-s-decom-u-pokretu.pdf>
- Birman, D., Beehler, S., Harris, E. M., Frazier, S., Atkins, M., Blanton, S., Buwalda, J., Fogg, L. & Cappella, E. (2008). International Family, Adult, and Child Enhancement Services (FACES): A community-based comprehensive services model for refugee children in resettlement. *American Journal of Orthopsychiatry*, 78(1), 121–132. <https://doi.org/10.1037/0002-9432.78.1.121>
- Bjekić, J., Vukčević Marković, M., Todorović, N. & Vračević, M. (2020). *Mental health of refugees and migrants*. Red Cross of Serbia.
- Blackmore, R., Gray, K. M., Boyle, J. A., Fazel, M., Ranasinha, S., Fitzgerald, G., Misso, M. & Gibson-Helm, M. (2020). Systematic review and meta-analysis: the prevalence of mental illness in child and adolescent refugees and asylum seekers. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(6), 705–714. <https://doi.org/10.1016/j.jaac.2019.11.011>
- Bronstein, I. (2017). Child Migrants in a Globalized World: Exploitation, Vulnerability, and Resilience. *Journal of Immigrant & Refugee Studies*, 15(2), 123–141.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Burgund, A. (2016). *Uticaj ličnih i sredinskih faktora na mlade u procesu pripreme za napuštanje alternativnog staranja [Personal and environmental factors that contribute to the readiness of young people to leave alternative care]*. PhD thesis, University of Belgrade. [https://hdl.handle.net/21.15107/rcub\\_nardus\\_8476](https://hdl.handle.net/21.15107/rcub_nardus_8476)
- Cambridge Cognition (2006). *CANTAB Eclipse Test Administration Guide*. Cambridge Cognition.
- Chynoweth, S. K. (2017). 'We Keep It in Our Heart' – Sexual Violence Against Men and Boys in the Syria Crisis. United Nations High Commissioner for Refugees. <https://data2.unhcr.org/en/documents/download/60864>
- CMAS (2018). *Strategies for Responding to Trauma in Refugee Children*. CMAS. <https://cmascanada.ca/wp-content/uploads/2018/02/resilienceguide.pdf>
- Cohodes, E. M., Kribakaran, S., Odriozola, P., Bakirci, S., McCauley, S., Hodges, H. R., Sisk, L. M., Zacharek, S. J. & Gee, D. G. (2021). Migration-related trauma and mental health among migrant children emigrating from Mexico and Central America to the United States: Effects on developmental neurobiology and implications for policy. *Developmental Psychobiology*, 63(6), e22158. <https://doi.org/10.1002/dev.22158>

- Cook, A., Spinazzola, J., Ford, J. D., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E. & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390–398. <https://doi.org/10.3928/00485713-20050501-05>
- Dangmann, C., Solberg, Ø. & Dybdahl, R. (2022). Mental health in refugee children. *Current Opinion in Psychology*, 48, 101460. <https://doi.org/10.1016/j.copsyc.2022.101460>
- Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet*, 379(9812), 266–282. [https://doi.org/10.1016/S0140-6736\(11\)60051-2](https://doi.org/10.1016/S0140-6736(11)60051-2)
- Fullilove, M. T. (1996). Psychiatric implications of displacement: Contributions from the psychology of place. *American Journal of Psychiatry*, 153(12), 1516–1523. <https://doi.org/10.1176/ajp.153.12.1516>
- Gerbaka, B. (2013). Corporal Punishment in the Middle East and North Africa Region. In R. N. Srivastava, S. Rajeev & J. van Niekerk (Eds.), *Child Abuse and Neglect: Challenges and Opportunities* (pp. 31–40). JP Medical Ltd.
- Graham, B. M. & Milad, M. R. (2011). The study of fear extinction: Implications for anxiety disorders. *American Journal of Psychiatry*, 168(12), 1255–1265. <https://doi.org/10.1176/appi.ajp.2011.11040557>
- Hodson, G., Rush, J. & MacInnis, C. (2010). A joke is just a joke (except when it isn't): Cavalier humor beliefs facilitate the expression of group dominance motives. *Journal of Personality and Social Psychology*, 99(4), 660–682. <https://doi.org/10.1037/a0019627>
- Hornor, G. (2015). Childhood Trauma Exposure and Toxic Stress: What the PNP Needs to Know. *Journal of Pediatric Health Care*, 29(2), 199–200. <https://doi.org/10.1016/j.pedhc.2014.09.006>
- ISSOP Migration Working Group (2018). ISSOP position statement on migrant child health. *Child: Care Health Development*, 44(1), 161–170. <https://doi.org/10.1111/cch.12485>
- Jackson, Y., Huffhines, L., Stone, K. J., Fleming, K. & Gabrielli, J. (2017). Coping styles in youth exposed to maltreatment: Longitudinal patterns reported by youth in foster care. *Child Abuse & Neglect*, 70, 65–74. <https://doi.org/10.1016/j.chiabu.2017.05.001>
- John Hopkins Bloomberg School of Public Health, The Child & Adolescent Health Measurement Initiative & Academy Health (2020). *ACEs Resource Packet: Adverse Childhood Experiences (ACEs) Basics*. John Hopkins Bloomberg School of Public Health. [https://www.childhealthdata.org/docs/default-source/cahmi/aces-resource-packet\\_all-pages\\_12\\_06-16112336f3c0266255aab2ff00001023b1.pdf](https://www.childhealthdata.org/docs/default-source/cahmi/aces-resource-packet_all-pages_12_06-16112336f3c0266255aab2ff00001023b1.pdf)
- Jovanović, K. (2021). *Balkans Migration and Displacement Hub Data and Trend Analysis: Refugees and migrants at the Western Balkans Route regional overview 2020*. Save the children. <https://resourcecentre.savethechildren.net/document/balkans-migration-and-displacement-hub-data-and-trend-analysis-refugees-and-migrants-western/>
- Jovanović, K. & Besedić, J. (2020). *Struggling to Survive: Unaccompanied and separated children travelling the Western Balkans Route*. Save the Children International, Save the Children North West Balkans. <https://resourcecentre.savethechildren.net/document/struggling-survive-unaccompanied-and-separated-children-travelling-western-balkans-route/>

- Kuiper, N. A. (2012). Humor and resiliency: Towards a process model of coping and growth. *Europe's Journal of Psychology*, 8(3), 475–491. <https://doi.org/10.5964/ejop.v8i3.464>
- Lazarus, R. S. & Folkman, S. (1984). *Stress, appraisal and coping*. Springer.
- Lewis, S. J., Arseneault, L., Caspi, A., Fisher, H. L., Matthews, T., Moffitt, T. E., Odgers, C. L., Stahl, D., Teng, J. Y. & Danese, A. (2019). The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales. *The Lancet Psychiatry*, 6(3), 247–256. [https://doi.org/10.1016/S2215-0366\(19\)30031-8](https://doi.org/10.1016/S2215-0366(19)30031-8)
- Lewis, S. J., Koenen, K. C., Ambler, A., Arseneault, L., Caspi, A., Fisher, H. L., Moffitt, T. E. & Danese, A. (2021). Unravelling the contribution of complex trauma to psychopathology and cognitive deficits: a cohort study. *The British Journal of Psychiatry*, 219(2), 448–455. <https://doi.org/10.1192/bjp.2021.57>
- Macksoud, M. S. & Aber, J. L. (1996). The war experiences and psychosocial development of children in Lebanon. *Child Development*, 67(1), 70–88. <https://doi.org/10.1111/j.1467-8624.1996.tb01720.x>
- MacLean, S. A., Agyeman, P. O., Walther, J., Singer, E. K., Baranowski, K. A. & Katz, C. L. (2020). Characterization of the mental health of immigrant children separated from their mothers at the U.S.–Mexico border. *Psychiatry Research*, 286, 112555. <https://doi.org/10.1016/j.psychres.2019.112555>
- McLaughlin, K. A., Weissman, D. & Bitrán, D. (2019). Childhood adversity and neural development: A systematic review. *Annual Review of Developmental Psychology*, 1, 277–312. <https://doi.org/10.1146/annurev-devpsych-121318-084950>
- Milić, N. (2022). *Balkans Migration and Displacement Hub Data and Trend Analysis: Regional overview 2021*. Save the Children. <https://resourcecentre.savethechildren.net/document/balkans-migration-and-displacement-hub-data-and-trend-analysis-regional-overview-october-december-2021/>
- Montgomery, E. & Foldspang, A. (2008). Discrimination, Mental Problems, Social Adaptation and Health Behavior among Refugee Children in Denmark. *European Journal of Public Health*, 18(2), 156–161. <https://doi.org/10.1093/eurpub/ckm073>
- Nilsen, S. A., Kvestad, I., Randal, S. B., Hysing, M., Sayyad, N. & Bøe, T. (2022). Mental health among unaccompanied refugee minors after settling in Norway: A matched cross-sectional study. *Scandinavian Journal of Public Health*, 51(3), 430–441. <https://doi.org/10.1177/14034948221100103>
- Nowak, M. (2019). *The United Nations Global Study on Children Deprived of Liberty*. Committee on the Rights of the Child. <https://undocs.org/A/74/136>
- Perreira, K. M. & Ornelas, I. (2013). Painful passages: Traumatic experiences and post-traumatic stress among U.S. immigrant Latino adolescents and their primary caregivers. *International Migration Review*, 47(4), 976–1005. <https://doi.org/10.1111/imre.12050>
- Petersen, A.C., Joseph, J. & Feit, M. (Eds.) (2014). *New Directions in Child Abuse and Neglect Research*. National Academies Press. <https://doi.org/10.17226/18331>
- PIN (2017). *Refugees' mental health: 2017 research report*. Psychosocial Innovation Network. <https://www.unhcr.org/see/10978-refugees-mental-health-2017-research-report.html>

- PIN (2018). *Psychological wellbeing of refugees in Serbia: 2018 research report*. Psychosocial Innovation Network. <https://www.unhcr.org/see/11115-psychological-wellbeing-of-refugees-in-serbia.html>
- Qvortrup, J., Corsaro, W. A. & Honig, M-S. (Eds.) (2009). *The Palgrave Handbook of Childhood Studies*. Palgrave Macmillan. <https://doi.org/10.1007/978-0-230-27468-6>
- Refugee Health Technical Assistance Center (RHTAC). (2019). *Trauma-Informed Care for Refugee Populations: A Guide for Primary Care Providers*. <https://refugeehealthta.org/wp-content/uploads/2019/05/Trauma-Informed-Care-for-Refugee-Populations-Guide-for-Primary-Care-Providers.pdf>
- Salway, T. J., Morgan, J., Ferlatte, O., Hawkins, B., Lachowsky, N. J. & Gilbert, M. (2019). A systematic review of characteristics of nonprobability community venue samples of sexual minority individuals and associated methods for assessing selection bias. *LGBT Health*, 6(5), 205–215. <https://doi.org/10.1089/lgbt.2018.0241>
- Sotres-Bayon, F., Sierra-Mercado, D., Pardilla-Delgado, E. & Quirk, G. J. (2012). Gating of fear in prelimbic cortex by hippocampal and amygdala inputs. *Neuron*, 76(4), 804–812. <https://doi.org/10.1016/j.neuron.2012.09.028>
- Spaas, C., Verelst, A., Devlieger, I., Aalto, S., Andersen, A. J., Durbeej, N., Hilden, P. K., Kankaanpää, R., Primdahl, N. L., Opaas, M., Osman, F., Peltonen, K., Sarkadi, A., Skovdal, M., Smith Jervelund, S., Soye, E., Watters, C., Derluyn, I., Colpin, H. & De Haene, L. (2022). Mental health of refugee and non-refugee migrant young people in European Secondary Education: The role of family separation, daily material stress and perceived discrimination in resettlement. *Journal of Youth and Adolescence*, 51(5), 848–870. <https://doi.org/10.1007/s10964-021-01515-y>
- SYHR (2021). *The Tenth Annual Report on Torture in Syria on the International Day in Support of Victims of Torture*. Syrian Network for Human Rights. [https://snhr.org/wp-content/pdf/english/The\\_Tenth\\_Annual\\_Report\\_on\\_Torture\\_in\\_Syria\\_on\\_the\\_International\\_Day\\_in\\_Support\\_of\\_Victims\\_of\\_Torture\\_en.pdf](https://snhr.org/wp-content/pdf/english/The_Tenth_Annual_Report_on_Torture_in_Syria_on_the_International_Day_in_Support_of_Victims_of_Torture_en.pdf)
- UN (2020, June 19). Croatia: Police brutality in migrant pushback operations must be investigated and sanctioned – UN Special Rapporteurs. Press release, <https://www.ohchr.org/en/news/2020/06/croatia-police-brutality-migrant-pushback-operations-must-be-investigated-and>
- UN General Assembly (1990). *Convention on the Rights of the Child*. United Nations, Treaty Series, vol. 1577, p. 3 <https://www.refworld.org/docid/3ae6b38f0.html>
- Van der Kolk, B. A. (2005). Developmental Trauma Disorder: Toward a rational diagnosis for chronically traumatized children. *Psychiatric Annals*, 35(5), 401–408. <https://doi.org/10.3928/00485713-20050501-06>
- Žegarac, N., Burgund Isakov, A., Husremović, Dž., Krasić, B., Marković, V., Milic, N., Ristić, T. & Trkulja A. (2022). *Wherever we go, someone does us harm: Violence against refugee and migrant children arriving in Europe through the Balkans*. Save the Children. <https://resourcecentre.savethechildren.net/document/wherever-we-go-someone-does-us-harm-violence-against-refugee-and-migrant-children-arriving-in-europe-through-the-balkans/>