The child in the eye of the storm – unveiling the war child syndrome

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Academic dissertation to be publicly discussed, by due permission of the Faculty of Behavioural Sciences at the University of Helsinki in Room 107, Siltavuorenpenger 3 A on the 30th of September, 2016, at 10 o’clock

Helsinki 2016
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Yliopistopaino Unigrafia, Helsinki
ISBN 978-951-51-2380-0 (pdf)
ISSN-L 1798-8322
ISSN 1798-8322
Abstract

During WWII a total of 48,628 Finnish children were evacuated to Sweden and placed into temporary foster care. Previous studies have mainly focused on the long-term consequences on mental health and psychosocial wellbeing. The results are ambiguous and there is not enough convincing evidence to conclude that the evacuation led to mental morbidity or increased the risk of mortality. However, it could be assumed that the early separation trauma had some consequences affecting the quality of life of the evacuees, and that it would be valuable to define this pattern of unspecific symptoms. The objective of this thesis was to analyze the effects of the evacuation on later-life outcomes such as educational attainment, social status, psychosocial wellbeing, mental health problems and substance abuse.

The sample consisted of 887 evacuees and 1,748 non-evacuees and was collected from four different sources: the Finnish National Archives, the Population Register Central Finland, the Swedish Tax Agency (Skatteverket) and by a survey. The results show that becoming a war child was not random: the evacuees came from families with a lower socioeconomic status, which must be taken into account when estimating the effects of the evacuation. The atmosphere in most of the foster homes was good, and they were generally affluent. The return to Finland was difficult for many evacuees due to the loss of their mother tongue, Finnish. However, the quality of the atmosphere of the home of origin was a factor that cannot be ruled out when evaluating the consequences of the evacuation.

The thesis further shows that evacuees had a higher rate of substance abuse and a lower sense of coherence (SOC), but did not have more problems related to psychosocial wellbeing or mental health than non-evacuees. However, problems related to experienced emotions such as loss of confidence, detachment and/or rootlessness, as well as unworthiness and/or rejection, were expressed.

The results show that even long-term separation from one's parents during childhood must be understood as representing a developmental context that makes the emergence of problems either less likely or more likely, depending on other risk and protective factors.

Keywords: early separation, evacuation, trauma
Cecilia Heilala

Barnet i stormens öga - en tolkning av krigsbarnssyndromet

Abstrakt
Under andra världskriget evakuerades 48,628 finländska barn till Sverige och placerades i fosterhem. Tidigare studier har främst fokuserat på de långvariga konsekvenserna av psykisk hälsa och psykosocialt välbefinnande. Resultaten är tvetydiga och det finns inte tillräckligt övertygande bevis för att dra slutsatsen att evakueringen ledde till psykisk morbiditet eller ökad risk för mortalitet. Trots detta kan man anta att det tidiga separationstraumat haft konsekvenser som påverkat livskvaliteten för de evakuerade, och att det skulle vara värdefullt att definiera detta mönster av ospecifika symptom. Syftet med denna studie var att analysera uppväxtmiljöns inverkan på faktorer senare i livet såsom utbildningsnivå, socioekonomisk ställning, psykosocialt välbefinnande, problem relaterade till mental hälsa samt substansmissbruk.

Samplet bestod av 887 evakuerade och 1748 icke-evakuerade och samlades in via Riksarkivet, Befolkningsregistercentralen och Skatteverket i Sverige samt via en enkät.

Att bli krigsbarn var inte slumpmässigt; de evakuerade barnen kom från familjer med lägre social status, vilket måste beaktas när man estimerar effekterna av evakueringen. Majoriteten av krigsbarnen kom till fosterhem med en varm atmosfär och en god socioekonomisk ställning. Hemkomsten var svår för många evakuerade då de gick miste om sitt finska modersmål under sin vistelse i Sverige. Emellertid måste atmosfären i barndomshemmet ses som en faktor som inte kan uteslutas när följderna av evakueringen utvärderas.

Det förekom mer substansmissbruk bland de evakuerade och de hade en lägre känsla av sammanhang (sense of coherence, SOC), men de påvisade inte fler problem i relation till psykosocialt välbefinnande eller mental hälsa än icke-evakuerade. Trots detta rapporterade krigsbarnen att de upplevt känslor såsom förlust av förtroende, avskildhet och/eller rotlöshet, samt värdelöshet och/eller utslagenhet.

Resultaten visar att även en långvarig separation från föräldrarna under barndomen måste tolkas utgående från omständigheter som barnet vuxit upp under. Omständigheterna gör uppkomsten av problem mer eller mindre sannolika beroende på riskfaktorer eller skyddande faktorer i både barndomshemmet och fosterhemmet.

Nyckelord: tidig separation, evakuering, trauma
Acknowledgements

I owe my warmest thanks to my 1st supervisor, Docent Nina Santavirta, who supervised me throughout this thesis. Thank you for your inspiration, methodological knowledge and patience. I also want to thank my 2nd supervisor, Professor Gunilla Holm for the advice and support. My deepest thanks go to Docent Erkki Komulainen and Docent Svetlana Solovieva for providing invaluable statistical advice on more than one occasion. I gratefully acknowledge the expertise of my co-authors. I give my sincere thanks to Mirjam Kalland.

Thank you to my pre-examiners, Professors Raija-Leena Punamäki and Kaisa Aunola, for the detailed and thoughtful comments of my thesis. They were very helpful and pushed me to make the final effort to finish this work.

It has been a privilege to work as part of a project studying Finnish war children: The child in the eye of the storm – war child then (1939-1945) and now. I have had the opportunity to participate in interesting discussions with Pertti Kavén, Brita Stenius-Aarniala, Barbara Mattsson and Sinikka Maliniemi-Piispanen. This project received support from the Academy of Finland, the Signe and Ane Gyllenberg Foundation, the Finnish War Child Association, and the Swedish Cultural Foundation in Finland. I also want to thank the Research Foundation of the University of Helsinki: Grants for Young Researchers for supporting this work.

I have been fortunate to be part of a supportive peer group of PhD students at the Institute of Behavioural Sciences and it has been easy to share thoughts within this community. I am grateful for the advice and encouragement I have received along the way.

I also want to express thanks to my friends and family. My friends are a mix of people with whom I can just be with, talk and laugh with and they remind me that there is a life outside academia. Thank you for being there. My parents, Ulla and Tomas, have always supported me, no matter what road I have chosen – Tack. Thank you Aaro for your companionship and love, and for reminding me of what really matters. Another thank you goes to Roope. Last, but not least, I want to thank my children, Alexander and baby Erik, who have shown me first-hand what attachment really means. No words can describe how much I love you.

Helsinki, August 2016
Cecilia Heilala
List of original publications

This thesis consists of a summary and the following publications, referred to in the text by their roman numerals:


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Article I: Taylor & Francis Online (www.tandfonline.com)

Article II: Emerald Group Publishing (www.emeraldgrouppublishing.com)

Article IV: Taylor & Francis Online (www.tandfonline.com)
## Contents

ACKNOWLEDGEMENTS .................................................................................................................. 5  
LIST OF ORIGINAL PUBLICATIONS .............................................................................................. 6  
1 BACKGROUND .......................................................................................................................... 9  
2 THEORETICAL FRAMEWORK AND DEFINITIONS OF THE CENTRAL CONCEPTS ................................................................. 12  
2.1 Attachment .......................................................................................................................... 13  
2.2 Trauma .................................................................................................................................. 15  
2.3 Individual differences in perspectives on war and disaster .............................................. 15  
2.4 Sense of coherence and resilience ....................................................................................... 16  
2.5 Social mobility, socioeconomic position and the formation of non-cognitive skills .............. 18  
2.6 A review of studies on war children and children in foster care ........................................ 18  
2.7 Studies on evacuation in Britain and Finland ...................................................................... 20  
3 THE AIMS OF THE STUDY ..................................................................................................... 23  
4 METHODS ................................................................................................................................ 24  
4.1 Outline of the study .............................................................................................................. 24  
4.1.1 The participants and their selection .................................................................................. 24  
4.1.2 Ethical considerations ...................................................................................................... 28  
4.2 A review of the measures ..................................................................................................... 28  
4.3 Quantitative and qualitative methods .................................................................................. 31  
5 RESULTS .................................................................................................................................. 34  
5.1 The experience of the evacuation, the effects of the childhood environment and the long-term effects of the evacuation on psychosocial wellbeing (Article I) .................................................................................................................. 34  
5.2 The effect of the evacuation on socioeconomic and educational attainment (Articles II and IV) .......................................................................................................................... 35  
5.3 The risk and resilience factors related to the long-term effects of the evacuation (Article III) .......................................................................................................................... 37  
5.4 Experiences of the evacuation from a life-time perspective, and features of a possible war child syndrome (Article IV) .................................................................................. 39
6 DISCUSSION ........................................................................................................ 41
  6.1 Psychosocial wellbeing, mental-health problems, substance abuse and SOC ................................................................. 41
  6.2 Socioeconomic status, mother tongue, and education .................. 43
  6.3 Displacement and shame ................................................................. 45
  6.4 Strengths and limitations .............................................................. 45
7 CONCLUSIONS .................................................................................................... 48
REFERENCES ......................................................................................................... 50
1 Background

Finland fought two wars against the Soviet Union between 1939 and 1944 during World War II. Despite its collaboration with the Axis Powers, Finland received moral support for its resistance against Stalin’s Red Army from many Western countries. International organizations provided food and material aid, and several countries granted credit.

Negotiations regarding the large-scale evacuation of children to Sweden started in June 1941. Organized logistics were established in both Finland and Sweden. A nationwide volunteer organization in Sweden took care of the placement of the children, and a large-scale network of volunteer foster families was mobilized. An Evacuation Committee was established in Finland under the auspices of The Ministry of Social Affairs (MoS). The Ministry emphasized the importance of having unconditional control over the evacuations in order to avoid incompleteness in the registers of evacuated children. At first the official motive behind the evacuation was to give children who were particularly highly exposed to the various adversities of war a better environment in which to grow up. However, restricting the numbers became difficult as fear of air raids spread among the urban population and food became scarce. Becoming a war child was therefore not a random coincidence. All children were eligible for evacuation in principle, but in September 1941 the MoS set the criteria for those who should be prioritized: 1) children of evacuated Karelians; 2) children whose fathers had been wounded in the war; 3) children who had lost their homes in air raids; 4) children whose fathers had been killed in the war, or who had lost their parents in air raids. The criteria were expanded in January 1942 to include children from large families, those whose mothers were employed, and those whose mothers were pregnant. Children living in towns that were potential air-raid targets, in other words most of the towns in eastern and southern Finland were also considered eligible for the program. At first the objective was to send preschoolers but statistics show that about half of the children were seven years old or more. Most of them were placed in foster families in Sweden.

The Evacuation Committee sent 48,628 children to Sweden. In addition, roughly 15,000–20,000 children were sent to Sweden outside of the official evacuation scheme. It is estimated that 65,000-70,000 children spent part of their childhood in a foster family in Sweden during WWII. The total number of evacuees equals the size of one Finnish cohort during the 1930s.

The Evacuation Committee was built on the foundations of the war-time civilian support organization (The Civilian Service of Finland) from the Winter War, which contributed with its existing network of volunteers. Headquarters were es-
established in Helsinki, employing a large administrative staff. The regional subsidiary offices were largely run by volunteers such as local nurses ("Lottas"). When the evacuations began the county offices were converted into evacuation centers handling the selection process, transportation arrangements, documentation, accounting, correspondence between the evacuees and their families, and the advertising of the evacuation in the local media. Absorption centers were set up near the ports of Turku and Vaasa, from where the evacuees were shipped to Sweden, and in the border towns of Tornio and Kemi from where they crossed by rail. All travel expenses were covered by the Evacuation Committee.

Parents learned about the evacuation program through the mass media or local authorities. They first filed an application with the local evacuation office, where it was put in a queue pending the receipt of information on the region’s quota for the next evacuation round. When the headquarters announced that the quota of evacuees was filled the county office gathered the children together according to the date of the arrival of their application and took them to the nearest railway station from where they were sent to absorption centers in Finland. They were not allowed to carry any money and their ration cards (most grocery products were rationed in Finland during the state of war) had to be handed in before departure. They took with them a sealed envelope, which the foster parents were urged to post to the Finnish county offices with information about the child’s arrival along with their name and address, to enable correspondence between the child and its biological parents. Upon arrival at the evacuation center, the children were given a brief health check and the information on the child was entered into an evacuee register. Each child was assigned a number according to the order of arrival, and was given an identification plate to be carried around the neck.

It is feasible to assume from the above description of the evacuation that there was a certain amount of randomness in the order in which the children were transported to Sweden. The strongest argument supporting this is that the children were processed according to a running number after arrival at an absorption center. The fact that no money or ration cards were allowed on the trips is significant to the random-assignment argument in implying that the parents could not affect placement by bribing the officials. Furthermore, parental unawareness of both the final destination and the identity of the foster parents, of which the franked envelope is a concrete indicator, made manipulation of the placement more difficult.

The Placement Committee in Sweden resembled the Evacuation Committee on the Finnish side in terms of structure. The main office was situated in Stockholm and local organizations in each county were led by an authorized representative who coordinated the placement of children into families. However, the large local volunteer organizations took care of the major part of the placement, and the provincial offices handled the registries of children and other administrative issues. Quarantine centers were set up in geographically strategic Swedish towns, usually the capital of the county.
When the contingents arrived in Sweden they were taken to sanitary centers located in close proximity to the arrival port or station (Stockholm, Umeå, and Haparanda), where they were given brief health checks and deloused. They were then placed in smaller groups and transported to quarantine centers for a week. Medical issues were prioritized, but much weight was also put on nutrition, and making an inventory of the children’s luggage. Clothes were provided to those who were poorly equipped. When they reached the quarantine centers the children were again divided into smaller groups and transported to the county offices, where the groups were further divided and transported to the final destinations (towns and villages). The mean age of evacuation was six years. Only 20 percent of the evacuees were under four years of age. The children spent one year and eight months in the foster home, on average. These numbers are based on the evacuees included in the 1950 Finnish census data (Santavirta, Santavirta, Betancourt & Gilman, 2015), and could be considered representative of the whole cohort of evacuees.

It is implied in the above description of events during the journey to the final destination that the children were processed anonymously according to their assigned running number and the information on the identification plate around their neck, and were sorted randomly between each leg of the journey. Upon departure from the quarantine center the inequalities in clothing, cleanliness and nutrition should have been leveled out to make inferences regarding social background difficult based on appearance. Approximately 6,000–8,000 children did not return home after the war, but remained in Sweden (Kavén, 1985, 2010; Lomu, 1974; Sandelin, Santavirta, Mattsson, Järventusta & Keinänen, 2006, and documents stored at the Finnish National Archives). The present thesis focuses on the Finnish evacuees who returned home after the war. The aim is to investigate the long-term effects of the evacuation.
The way risk mechanisms and relational experiences are viewed has changed substantially over the years. There was limited theoretical understanding about the impact of family relationships on child development and health at the beginning of the 20th century. According to the concept of object relations, grounded in Freud’s (1905) drive theory, significant persons and their representations in one’s mind are objects that discharge libidinal or aggressive emotions. These representations are thought to be relatively enduring characteristics that develop concurrently in relation to significant others or primary caregivers, resulting in internalized mental models that are key concepts in the guidance of interpersonal expectations, behavior, cognitions and affects (Atwood & Stolorow, 1980; Horowitz & Vitkus, 1986; Dozois, 2007). In other words, these early experiences are thought to have a relatively stable influence on current relationships as generalized expectations. John Bowlby (1907-1990) was one of the first to realize that family experiences were the basic cause of emotional disturbance (Bowlby, 1951). He offered a new paradigm that took into consideration both affective and behavioral aspects of attachment. His work stems from Freud, Klein and the British school of object relations (Bowlby, 1969). Not only did Bowlby (1958, 1969) oppose the thinking, with its roots in psychoanalytic drive theory, stating that interpersonal ties were secondary acquisitions developed on the gratification of primary drives, he argued that a biologically positioned secure base behavior for attachment was more convincing. Attachment behavior gives the child the possibility of establishing closer proximity to its mother (or primary caregiver), either by signaling to attract the mother or through its own activity. Bowlby therefore posited that the child learns to regulate the basic conflict between love and hate through the quality of love and security provided by the mother. In a review article Waters, Kondo-Ikemura, Posada and Richters (1991) sum up Freud’s insights on separation and human attachment, which have been further developed by Bowlby. According to these and other works, an individual’s attachment to another is not shown in explicit behavior toward that person, or in the duration of protest that follows separation. Losing a loved one is always a painful experience, striking at the heart of the attachment relationship, therefore attachment is never given up voluntarily or completely. Grief and mourning are processes with an adaptive function rather than types of behavior, and do not stop when the crying stops. Moreover, the cessation of crying does not imply that the grieving process has stopped.
2.1 Attachment

Given the retrospective nature of the current study, attachment is not measured per se but rather constitutes a developmental framework.

Terms that have been used to characterize an infant’s relationship with its mother or primary caregivers, in relation to separation, include attachment, trauma and loss. The literature on children and war started to expand after World War II. Anna Freud and Dorothy Burlingham (1943) were among the first to summarize their observations and clinical studies on children exposed to bombing and other adversities of war, and to separation from their mothers. They noticed that there were few signs of traumatic shock when the children were with their primary caregiver(s), but it was an entirely different story when the exposure coincided with the absence or loss of parents. This observation holds up; one of the most enduring findings in the literature on war and other disasters stresses the buffering effect of proximity to primary caregivers or other attachment figures in the midst of exposure to adversity (Masten & Narayan, 2012).

The current use of the term attachment in the psychological literature originates from Bowlby (1958). Bowlby’s early work on child development began at the London Child Guidance Clinic (Bowlby, Miller & Winnicott, 1939), where he linked patient symptoms related to a lack of affection to a history of maternal deprivation and separation. He came to believe that a stronger cause of emotional disturbance was, in fact, family experiences and the intergenerational transmission of attachment relations (Bretherton, 1992), rather than drives. In other words he believed it was possible to help children by helping the parents. Bowlby (1944) formalized the view that disruption in the early mother-child relationship was one of the key factors leading to mental disorders. His main conclusion, grounded in the available empirical evidence, was that to grow up mentally healthy, “the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (Bowlby, 1951, p. 13).

According to Bowlby (1958, 1969), attachment is an emotional bond that keeps individuals together over time and space. He uses the term ‘secure base’, which means that a person gradually learns to use another person as a secure base from which to explore the world. A behavioral control system develops during the child’s first year of life and controls the secure base phenomenon by influencing the organization of affect, cognition and behavior throughout life. Bowlby identifies four stages in the development of attachment behavior and the control system: non-focused social responsiveness (0-3 months), focusing on one or more figure(s) (3-6 months), secure-base behavior (6-24 months), and goal-corrected partnership with the primary caregiver (24-30+ months). These four stages were later reorganized into six developmental phases (Waters et al., 1991): early dyadic interaction, distinction between self and others, secure-base behavior (infancy), the
strengthening of secure-base behavior (early childhood), orientation toward parental socialization goals and the internalization of family values (early childhood), and the development of partnership with a more independent child through the maintenance of communication and supervision. The reason for expanding Bowlby’s four stages was to emphasize that attachment behavior continues throughout childhood and beyond, takes longer to develop, and is more dependent on parental behavior.

Mary Salter Ainsworth developed the Strange Situation procedure in 1964, thereby enabling researchers to assess individual differences in children’s use of defensive strategies when encountering stress: the strategies were classified as either secure or insecure. The specific terminology used to classify children’s attachment behavior has varied over the years, but in the main stems from Ainsworth and the three patterns of infant-mother attachment she observed: secure (type B), insecure avoidant (type A), and insecure ambivalent (type C) (Ainsworth, Blehar, Waters, & Wall, 1978). The patterns reflect maternal sensitivity to nuances of infant behavior and the infant’s previous satisfaction or rejection of maternal expectations. It was found that infants of sensitive mothers were more likely to be classified as securely attached, whereas those of less sensitive mothers tended to be regarded as insecure. Mary Main identified a fourth pattern, which she classified as insecure disorganized attachment (Main & Solomon, 1990). Crittenden (2000) further expanded the number of strategies to include compulsive Type A strategies and obsessive Type C strategies. In her dynamic maturational model (DMM) Crittenden (2005) proposes that attachment responses are always strategic and dynamic because of the ability of people to reorganize their attachment strategies according to new experiences of attachment-type relationships. In addition, the range of strategies increases as the person matures throughout childhood and into adulthood in accordance with brain development and maturity.

Later attachment research has focused on the form of discourse in which memories are presented. For example, a person’s state of mind with respect to his/her attachment history may be classified as earned secure despite experienced trauma, such as early separation or loss, if he/she is able to coherently discuss past attachment experiences. Thus coherence is the key in understanding working models of adult attachment, and coherence can be obtained through making sense of past experiences so that they are comprehensible. Coherence is characterized by the recognition and acceptance of difficult childhood experiences, and the integration of positive and negative feelings (Egeland, Jacobvitz & Sroufe, 1988; Saunders, Jacobvitz, Zaccagnino, Beverung & Hazen, 2011). According to attachment theory, the roots of such integration and obtained coherence may lie in the integration between stored memories of actual experiences and supportive interaction about them. Such interaction may take place in corrective, later attachment experiences with parents, psychotherapists or spouses (Daniel, 2006; Fonagy & Target, 1996; Saunders et al., 2011; Steele, Steele, & Murphy, 2009).
2.2 Trauma

Trauma due to separation has an impact on the infant’s relationship with its mother or primary caregivers. A trauma has far-reaching consequences in that it cannot be mentalized or integrated into the psyche, and is like an open wound affecting the person’s whole life until it has been resolved (Garland, 1999; Kaplan, 2008). A traumatic event involves either a single experience, or an enduring or repeated event or events. It overwhelms the individual’s ability to cope with or integrate the ideas and emotions arising from that experience, and can be delayed for weeks, years, or decades (Garland, 1999). McCann and Perlman (1990, p. 10) define an experience as traumatic if it (a) is sudden, unexpected or non-normative, (b) exceeds the individual’s perceived ability to meet its demands, and (c) disrupts the individual’s frame of reference and other central psychological needs and related schemas. Generally speaking, in the light of attachment theory, the more exposure to danger there has been through neglectful caregiving, the more distortion there will be in the attachment response. Mental disorder may follow a childhood developmental trauma if it leads to impaired parenting or other forms of family maladaptation (Rutter, 2002). Instabilities such as these may result in the use of primitive defenses such as splitting in order to protect the self, which in turn makes it harder to construct a positive sense of oneself and others. But, according to Crittenden (2008) and Purnell (2010) trauma does not in itself inevitably lead to anxious attachment. It is possible for children to experience trauma and other hardships, but if their caregivers are adequately protective in response to the dangers they will have the possibility to secure or relatively secure attachment strategies.

2.3 Individual differences in perspectives on war and disaster

Forced migration and separation from primary caregivers in early childhood is in all probability a shocking event fulfilling the criteria of trauma, hence, by definition, all Finnish evacuees were exposed to separation trauma. The children experienced sudden separation from their primary caregivers, the loss of their family members and home, a move to a foreign country with an unfamiliar culture, placement in a foster family, and above all, immersion in an unknown foreign language. There was no one and nothing that could serve as a link to the past to confirm their identity. However, peoples’ ways of handling adversities while retaining their physical and emotional health vary.

Developmental perspective studies on war children reveal that responses to hazards and adversities were detrimental to some individuals, whereas others were able to form a coherent view of past painful experiences (e.g. Bonnano, Brewin, Kaniasty & Greca, 2010; Masten & Narayan, 2012). Several factors have been
identified as important with regard to adaptation (American Psychological Association (APA) 2010; Bonnano & al., 2010; Masten & Narayan, 2012), such as age at the time of the event, gender and the circumstances in their original childhood home. There is a body of research showing that children who are confronted with enduring adversities such as maltreatment and family poverty early in life are more likely to experience adjustment problems later on (Ackerman, Brown & Izard, 2004; Bradley and Corwyn, 2002; Kaplow & Widom, 2007; Keiley, Howe, Dodge, Bates, & Pettit, 2001; McLoyd, 1998). Furthermore, the adaptation is influenced by attachment relationships, and individual capacities and strengths such as cognitive skills and self-regulation, self-efficacy, and personality (APA 2010; Betancourt & Kahn, 2008; Garmezy & Rutter, 1985). These are considered to function as protective and promotive factors for adaptation to adversities.

There have been few long-term studies on war and trauma, given the challenges associated with conducting research on individuals exposed to war (Bonnano et al., 2010; Masten & Osofsky, 2010), including ethical issues, remote or undeveloped locations with a limited research infrastructure, the lack of suitable assessment tools, the unavailability of pre-disaster data, difficulties in finding relevant comparison groups, and funding delays. Responses to disaster other than war have been documented, but in most cases (Norris et al., 2002a; Norris, Friedman & Watson, 2002) the consequences were assessed relatively close to the event. In that sense the research on British and Finnish war children is unique: the data allow the consequences to be evaluated retrospectively from a life-time perspective.

2.4 Sense of coherence and resilience

There has been a marked tendency during the last two decades in particular to shift focus from risk to resilience (Betancourt & Khan, 2008; Mohaupt, 2008). The emphasis in research on victims and survivors should not be solely on the negative effects of crisis and trauma, and it is important to recognize that there are a number of alternative pathways and scenarios that are feasible and observable. Individuals (both children and adults) differ widely in the way they respond to stress and adversity, thus the role of attachment relationships, resources and connections in the family should be further investigated. Part of this variation could be attributed to the interaction between genes and the environment. The concept of resilience however opens up other reflections. Resilience could be defined as “the capacity of a dynamic system to withstand or recover from significant threats to its stability, viability or development” (Masten, 2011, p. 494). Some individuals fare better than others when they are exposed to similar stress or adverse conditions. The contradictory results reported in previous studies may reflect the fact that negative experiences are detrimental to some, whereas others are able to form a coherent
view of painful experiences in the past. It is important to recognize the vast heterogeneity in responses to hazards and adversities, which has been found to be universal, whether naturalistic or experimental, or concerning humans or animals (Rutter, 2006). Exposure to adversity may exacerbate vulnerability through a sensitization effect, or alleviate it through a “steeling” effect. Indeed, intermittent exposure to brief periods of stress increases resistance to later stress in some cases (Rutter, 2012). The main question to be investigated is the process or circumstances that lead to either outcome.

Antonovsky (1987) found that some survivors of WWII concentration camps were capable of maintaining good health despite their traumatic experiences. He propounded the theory of salutogenesis (the origins of health) as a complement to pathogenesis (the etiology of disease). He worked mainly with Holocaust survivors whilst developing the ‘sense of coherence’ (SOC) construct. According to Antonovsky, sense of coherence refers to having a generalized view of the world as either coherent or incoherent rather than simply as specific responses to given stressors. According to Antonovsky (1996), this capacity is a combination of a person’s understanding of his or her situation, and finding it meaningful to move in a health-promoting direction as well as having the ability to do so: in other words to incorporate comprehensibility, meaningfulness and manageability.

SOC develops as a dynamic process in interaction with the surrounding environment. Feeling secure arises in environments offering consistent experiences and permanent close relationships. SOC was originally described as a relatively stable disposition (Antonovsky, 1987), but it is argued nowadays that it is not a fixed trait that determines how people cope in different situations, but rather a flexible life orientation to problem solving and coping through the mobilization of appropriate resistance resources (Geyer, 1997). Judging from its use in an increasing number of studies, the SOC construct has been influential (Almedom 2005, Eriksson 2007). It correlates highly with perceived health, and mental health in particular (Eriksson 2007). High correlations between SOC and depression and neuroticism have led a number of authors to conclude that SOC has explanatory value in itself (Kröninger-Jungaberle & Grevenstein, 2013). However, others suggest that it is an inclusive concept reflecting that of resilience in some respects (Almedom, 2005; Rutter, 1985). Antonovsky notes the similarity between SOC and concepts such as optimism, self-efficacy and hardiness, but claims that it is unique in combining the cognitive, motivational and behavioral aspects of adaptation.
2.5 Social mobility, socioeconomic position and the formation of non-cognitive skills

Socioeconomic position remains a widely studied construct among researchers interested in children’s development. It seems that resilience may also play a part in the attainment of social position. Early theoretical frameworks such as status attainment theory (Blau & Duncan, 1967) predicted that predefining the effects of parental socioeconomic position would limit intergenerational social mobility. Later studies have shown that although parental socioeconomic position remains a major influence, mental capacity (cognitive and non-cognitive resources) and educational attainment also have strong explanatory effects on social mobility (Bowles & Gintis, 2002; Deary et al., 2005; Strenze, 2007). The level of education is significantly affected by mental capacity and parental socioeconomic position, and has a mediating effect on attained social position defined by occupation or other indicators (Breen & Goldthorpe, 2001; Deary et al. 2005; Nettle, 2003).

There are diverse conceptual and theoretical approaches to capturing critical aspects of social stratification, but no accepted consensus on what socioeconomic position represents or how it should be measured. Among the most commonly used indicators in the research are educational attainment, income, and/or occupation, which in some measures are combined into a composite score. Some scales involve the weighting of occupations based on the average education and income of the persons in those occupations, whereas other scales also include the prestige associated with specific occupations (American Psychological Association (APA) TFoSS, 2007; Duncan, 1961).

However, it seems that these variables alone cannot explain variance in its totality. It is suggested that non-cognitive competences or skills have a complex role in facilitating human capital and educational attainment (Barón & Cobb-Clarc, 2010). Locus of control (Rotter, 1966) and self-esteem (Rosenberg, 1979) are acknowledged as fairly significant antecedents of attainment (von Stumm, Gale, Batty & Deary, 2009), but are under-examined in current research. Sense of coherence (Antonovsky, 1987) is a concept that is closely related to sense of self-determination and locus of control, and reflects the formation of non-cognitive skills. For the purposes of the present study it is assumed that SOC is related to socioeconomic position in adulthood.

2.6 A review of studies on war children and children in foster care

There are currently 65.3 million forcibly displaced persons in the world, including thousands of unaccompanied children living in refugee camps, detention centers and foster families. In 2014, more than 98,400 asylum applications were filed by
unaccompanied children (UNHCR, 2015 Global Trends). The definition of a refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality (United Nations, 1951)”. The definition of an unaccompanied minor is a child under 18 years of age who has been separated from both parents and is not cared for by an adult who, by law or custom, is responsible for doing so (UNHCR, 1997). The fact that the Finnish war children were protected during the trip and their stay abroad by civil servants who were legally responsible for them means that they cannot be defined as unaccompanied minors or directly compared to refugees. However, the stresses to which these evacuees were exposed are similar to the ones that refugees face. Such stresses appear to become manifest at three different stages of the process: (1) in the country of origin, (2) during the flight to safety, and (3) when resettling in a country of refuge (Fazel & Stein, 2002). The most frequently reported disorder among refugee children is Post-Traumatic Stress Disorder (PTSD), followed by depression and anxiety disorders (Almqvist & Brandell-Forsberg, 1997; Fazel & Stein, 2002; Lustig et al., 2004; Montgomery, 2011; Sack, Clarke, & Seeley, 1996; Servan-Schreiber, Le Lin, & Birmaher, 1998; Sourander, 2003).

Risk factors for mental-health problems in refugee children include exposure to violence, a lack of or limited family and peer support, family stress, incarceration in immigration detention, poor coping skills, and resettlement stress (Ajdukovic & Ajdukovic, 1998; Almqvist & Broberg, 1999; Hjern & Angel, 2000; Sack, Clarke & Seeley, 1996; Sourander, 1998; Sourander, 2003), whereas stable settlement and social support in the host country have a positive effect (Fazel, Reed, Panter-Brick & Stein, 2012). Refugee resilience has attracted more attention in recent years, as many refugee children show no signs of mental-health problems (Hodes, 2000; Summerfield, 2000), cope remarkably well (Mollica, Poole, Son, & Murray, 1997; Sack, Him & Dickason, 1999; Tousignant et al., 1999), or show significant improvement over time (Almqvist & Brandell-Forsberg, 1997; Almqvist & Broberg, 1999; Hjern & Angel, 2000).

Apart from the research on child refugees, few studies have investigated the long-term consequences among children of separation from their families, due in part at least to the problematic study design, which is often based on post hoc analysis. The closest genre of research is that on children in foster care. There is evidence that removing children from their family of origin and placing them in foster care are associated with negative developmental sequelae (Curtis, Alexander & Lunghofer, 2001), in particular mental-health problems (Ford, Vostanis, Meltzer & Goodman, 2007) and adult criminality (Doyle, 2008; Lindquist & Santavirta, 2012). From a sample of 10,438 children, Ford et al. (2007) studied 1,453 5-15-year-olds who were being looked after and accommodated on account of mental-health problems. Of these children, 46.4 % had been given a diagnosis compared with 8.5 % of the general population. However, Pritchett, McKinnon,
Gillberg & Minnis (2015) found in their recent study of young infants in foster care that, although they showed higher levels of problems compared with the general population, they were not as different as in studies among older children. This gives some indication of the importance of early intervention among maltreated children.

2.7 Studies on evacuation in Britain and Finland

Research on the long-term effects of evacuation has been active during the last decade in Finland, as well as in the UK where children were evacuated during the London Blitz. The focus has been on the long-term consequences on mental health and psychosocial wellbeing.

Around 1.5 million British children were evacuated during the Second World War, an event that has been investigated during the past decade (Foster, Davies & Steele, 2003; Waugh, Robbins, Davies & Feigenbaum, 2007; Rusby & Tasker, 2008, 2009). Waugh et al. (2007) focused on abuse during evacuation and found that the patterns tended to persist, so that pre-evacuation abuse made continued abuse more likely during the evacuation process, whereas abuse during the evacuation tended to lead to continued abuse after the children returned home. According to the results of two UK studies (Foster et al., 2003; Rusby & Tasker, 2008), former evacuees were more likely to have insecure attachment styles and lower levels of current psychological wellbeing. Rusby and Tasker (2008) also found that age at evacuation was a factor that related to a fearful attachment style in adulthood. Rusby and Tasker (2009) reported an association between childhood experiences and mental health in another study, the quality of home nurture and poor foster care being associated with a greater risk of depression and clinical anxiety. They thus concluded that evacuation per se had no effect, but that the context and the quality of care had an impact on wellbeing. In other words, the British studies support the view that early separation is associated with long-term psychological vulnerability due to its relationship with disrupted early attachment.

The results of Finnish studies are more ambiguous. Räsänen (1992) investigated all children evacuated in 1939–1945 from the county of Kuopio. She compared evacuated and non-evacuated children with regard to the change of culture and language environment, and found that the physical health of those who had been sent to Sweden was even better than that among members of the reference group, particularly with regard to cardiovascular diseases. However, she also found that difficulties associated with language in particular seemed to be severe when scholastic skills, education and profession were examined. Evacuation affected the children’s education: the professional level of the evacuees was lower
than that of the controls. Most of the evacuees were monolingual Finnish speakers\(^1\) when they left Finland. Smeds (2000) studied the language acquisition of the evacuees, and found that the first language switch from mother tongue (Finnish) to Swedish was recalled as having been fast and easy, whereas the second switch from Swedish back to Finnish was recalled as difficult and stressful. The urgent need to be able to communicate in the new environment could explain the fairly easy switch from Finnish to Swedish when the children arrived in Sweden. Resistance to having to relearn their first language (Finnish) when returning home could have reflected the frustration among the evacuees of once again being exposed to separation and a change in language.

Eriksson, Räikkönen and Eriksson (2014) sum up their research on Finnish evacuees as follows: the evacuation engendered early life stress (ELS) with long-term consequences such as higher vulnerability to mental-health problems, depressive symptoms, cognitive functioning, and physical and psychosocial functioning. In two separate studies they found higher levels of coronary heart disease morbidity (Alastalo et al., 2012), as well as an association between the separation experience in early life and the prevalence of cardiovascular diseases and diabetes 60 years later (Alastalo et al., 2008). Early life stress among the evacuated predicted higher blood-pressure levels in adulthood and increased the risk of impaired physical functioning. The research group found evidence that ELS was mediated by a re-programming of the hypothalamic-pituitary-adrenal axis, causing changes that altered normal physiological responses and thereby increasing the risk of disease. Santavirta and Santavirta (2013), on the other hand, found no difference in depression rates between evacuees and non-evacuees as measured by the Beck Depression Index (BDI; Beck, 1967). With regard to morbidity and mortality, Räikkönen et al. (2011), using data from the Finnish Hospital Discharge register, found higher risks of psychiatric morbidity attributable to substance-use disorders and personality disorder among the evacuated than among the non-evacuated. The odds for any mental disorder (psychotic, substance use, mood, anxiety and personality disorder) were also higher among the evacuees. Santavirta et al. (2015) replicated the register-based study, this time using a sibling sample in order to control for the confounding effect of the circumstances in the childhood home, and found that the evacuation did not increase the risk of psychiatric morbidity (for any psychiatric disorder), nor was the mortality rate higher among the evacuated than among the non-evacuated siblings. The results of analyses conducted among sub-diagnosis groups indicated that the evacuation reduced the risk of substance misuse among the evacuated boys compared to their brothers, whereas the risk of depression severe enough to warrant hospitalization was twofold in the

\(^1\) Finland is officially a bilingual country having a Swedish-speaking minority. During WWII roughly 10 % of the population were native speakers of Swedish, so-called Finland-Swedes.
evacuated girls compared to their non-evacuated sisters. Although the follow-up time in Santavirta (2014) and in the register-based sibling study conducted by Santavirta et al. (2015) only covered the years 1971–2011, the study design lends credibility to the results related to psychiatric morbidity and mortality. Nevertheless, with reference to previous research, it is reasonable to hypothesize that in circumstances in which primary attachment is threatened or lost there may be consequences in adulthood (Jacobs, 1999), including risk behavior such as excessive smoking (Vander Weg, 2011), or heavy drinking and alcoholism (Dube, Anda, Felitti, Edwards & Croft, 2002: Dube et al., 2006).

The contradictory results in the studies cited above could be attributable to the low number of cases (e.g. evacuees diagnosed with psychiatric morbidity) or selection bias and the failure to control for confounders. Becoming an evacuee was not haphazard: in accordance with the MoS criteria mentioned above, the children came from families with a lower socioeconomic status (Santavirta, 2012; Santavirta, 2014). As a result, systematic differences in baseline characteristics between evacuated and non-evacuated groups must be accounted for when the effects of the evacuation are estimated.

In sum, to my knowledge there is not enough convincing evidence to conclude that the evacuation led to mental morbidity or increased the risk of mortality. However, it could be assumed from the perspective of attachment theory, from previous studies on evacuees, first-person reports and numerous encounters with evacuees that the early separation trauma had some consequences affecting the quality of life of the evacuees, and that it would be valuable and beneficial for those involved to define this pattern of unspecific symptoms. The specific condition of prolonged early-childhood separation from primary caregivers during WWII also raises the question of what promotes adaptation under such circumstances, but thus far the role of protective factors has not, to my knowledge, been studied. The circumstances and atmosphere in the original childhood and foster home, as well as resilience, have not been studied previously in the Finnish context. Further investigation of the father’s SES, the effect of mother tongue and the evacuee’s own SES is also needed in order to shed more light on the socioeconomic and educational effects of the evacuation.
The overall aim of the current study was to evaluate the long-term consequences of the evacuation of Finnish children to Sweden during 1939-1945. The evacuation was a sudden, large-scale intervention into the children’s life since the children experienced early separation from their primary caregivers, and were temporarily placed in foster care. The objective was to analyze the effects of the evacuation on later-life outcomes such as educational attainment, social status, psychosocial wellbeing, mental health problems and substance abuse exploiting the intervention into the children’s early-life environment and the random assignment of foster families. This research agenda drew on a natural experiment whereby Finnish war-time evacuees were taken to Sweden and allocated in a haphazard fashion to foster families there.

The overarching aims of the study were:

1. To describe the evacuees’ experiences of the evacuation and to study the long-term effects of the evacuation within a matching framework of non-evacuees in order to analyze the effects of the childhood environment and evacuation on psychosocial wellbeing;
2. To study the long-term effects of the evacuation within a matching framework of non-evacuees in order to analyze the effect of the evacuation on socio-economic and educational attainment;
3. To study the risk and resilience factors related to the long-term effects of the evacuation;
4. To enhance understanding of how the evacuees experienced the evacuation event from a life-time perspective, and to determine the features of a possible war child syndrome.
4 Methods

4.1 Outline of the study

Table 1 gives the general outline of the study and of the methods used in each article. The purpose was to analyze the evacuation from different perspectives. The primary intention was to collect a large amount of information on the evacuation, and therefore the study was explorative.

4.1.1 The participants and their selection

All Finnish children who were sent to Sweden through the official wartime evacuation scheme are registered in a card index kept at the Finnish National Archives (48,628). All these evacuees were returned to their families of origin in Finland at the end of the war. A random, stratified sample of 1,931 individuals was drawn in 2005. The stratification was based on gender and age, and the aim was to obtain equally large samples of boys and girls, and of children above and below five years of age at the time of their evacuation. Of these 1,931 individuals, the Population Register Center of Finland (PRCF) and the Swedish Tax Agency (Skatteverket) identified 1,157 (60 %) persons as still alive and residing in Finland or Sweden as of June 2005. No information was available on 512 persons: the PRCF was established in 1968–1970 and is based on the personal identification code taken into use in 1964 by the Social Insurance Institution, and parish registers of members. Those not appearing in the register may have emigrated or died, or may not have been members of the state church (i.e. not in the parish registers) before 1964. Skatteverket identified those who, according to the PRCF files, had moved to Sweden or to an unknown destination country. This resulted in the identification of 213 individuals in our sample who had been evacuated and returned to Finland after the war, but had moved back to Sweden some time after 1970.

Data was obtained from the PRCF on the date of birth, gender and mother tongue of all the subjects. Pre-evacuation data (father’s occupation, father wounded in battle, father killed in battle, death of the mother, death of the father, belonging to the Karelian emigrant group, exposure to air raids) was obtained from the card index stored at the Finnish National Archives. In addition, a large survey was conducted in September 2005. The questionnaire was mailed to the identified evacuees, of whom 865 (75 %) responded.
<table>
<thead>
<tr>
<th>Article</th>
<th>Sample</th>
<th>Overall aim of the study</th>
<th>Independent variables</th>
<th>Dependent variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>887 evacuees 1,748 non-evacuees</td>
<td>To describe the evacuees’ experiences of the evacuation. To analyze the effects of the childhood environment and evacuation on psychosocial wellbeing. To investigate the role of resilience (SOC).</td>
<td>Socio-demographic variables (e.g., age, gender, SES, Karelian immigrants) Evacuation status Variables related to the evacuation, and to the SOC, circumstances in the foster home and the early-childhood home</td>
<td>A three-class-cluster group variable based on 15 variables measuring psychosocial wellbeing (e.g., emotional wellbeing, vitality, physical wellbeing, social networks)</td>
</tr>
<tr>
<td>II</td>
<td>887 evacuees 1,748 non-evacuees</td>
<td>To explore the relationships between language acquisition, education and gender. To analyze how these are related to socioeconomic status (SES) among evacuees and non-evacuees.</td>
<td>Mother tongue Evacuation status Father’s SES Gender Education</td>
<td>The socioeconomic status of the evacuees/non-evacuees</td>
</tr>
<tr>
<td>III</td>
<td>887 evacuees 1,748 non-evacuees</td>
<td>To analyze differences in mental-health problems and substance abuse between evacuees and non-evacuees. To further analyze the role of SOC.</td>
<td>Evacuation status SOC</td>
<td>Substance abuse Mental-health problems</td>
</tr>
<tr>
<td>IV</td>
<td>476 evacuees</td>
<td>To explore the evacuees’ experiences of the evacuation from a life-time perspective. To determine the features of a possible war child syndrome.</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
At the same time a reference group (matched for age, gender, municipality of birth) of three persons per evacuee (N = 3,183) was randomly drawn by the PRCF. Non-evacuees received a similar survey, except for variables related to the evacuation. The possibility that a respondent in the reference group belonged to the evacuee population was accounted for by including an item asking the respondents whether they had been in the evacuation program: 171 members of the reference group were in fact evacuees and were sent the evacuee questionnaire, of whom 135 returned it. Of the 3,112 non-evacuees who received the questionnaire, 1,888 (61%) returned it. It turned out that most of the children evacuated during the Winter War\(^2\) (1939-1940) were accompanied by their mothers and/or siblings and did not stay in Sweden for a prolonged time. Therefore children who were only evacuated during the Winter War (N = 113) were excluded from the sample, whereas those who were evacuated a second or third time as well as during the Winter War were included. Individuals with too much missing data concerning the main variables and those giving answers that were incomplete and/or incomprehensible due to old age were removed from the sample. Missing data found to be missing at random (MAR) were replaced using the multiple-imputation method. Thus the final study sample consisted of 887 evacuees and 1,748 non-evacuees.

The size of the study sample analyzed in Article II was 749 evacuees and 1,535 non-evacuees due to missing data on the scales measuring personality traits. The intention was to use these scales to test the hypothesis that personality traits are related to adjustment. This idea was later abandoned because the personality scale was considered to be neither valid nor reliable, the respondents seeming to have misunderstood some of the items on it. The reduced sample size remained in the text by mistake, but all the analyses reported in Article II were based on the entire sample (evacuees = 887, non-evacuees = 1748). The sample used in Article IV was also smaller because only 476 evacuees replied to at least one of the open questions.

Descriptive data on the study sample are reported in Article I (Table 2). The majority of the evacuees were between three and seven years old (5.4 years on average) when they were evacuated, and the total time spent abroad ranged from two to 80 months. The majority of the children (625; 71%) were evacuated only once.

\(^2\) The Soviet Union staked a claim for parts of Finnish territory, and attacked Finland in 1939. The Moscow Peace Treaty of 1940 ceded Karelia to the Soviet Union. Most children evacuated during this time (in the Winter War) were accompanied by their mothers and/or siblings and did not stay in Sweden for a prolonged period.
Table 2. Descriptive data concerning the study sample

<table>
<thead>
<tr>
<th></th>
<th>Evacuated</th>
<th>M</th>
<th>Non-evacuated</th>
<th>M</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>(n = 887)</td>
<td></td>
<td>n =1748)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n (%)</td>
<td></td>
<td>n (%)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>489 (55)</td>
<td></td>
<td>945 (54)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>398 (45)</td>
<td></td>
<td>804 (46)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>68 (61-75)</td>
<td>68 (61-81)</td>
<td></td>
</tr>
<tr>
<td>Mother tongue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finnish</td>
<td>737 (83.1)</td>
<td></td>
<td>1554 (88.9)</td>
<td></td>
</tr>
<tr>
<td>Swedish</td>
<td>150 (16.9)</td>
<td></td>
<td>194 (11.1)</td>
<td></td>
</tr>
<tr>
<td>Age at evacuation (months)</td>
<td></td>
<td>65.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>infancy, ≤3 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>toddlerhood, ≤5 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>early childhood, ≤7 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>school age 7-14</td>
<td></td>
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</tr>
<tr>
<td>60 (7)</td>
<td></td>
<td></td>
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<tr>
<td>234 (27.3)</td>
<td></td>
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<tr>
<td>329 (38.4)</td>
<td></td>
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<tr>
<td>233 (26.3)</td>
<td></td>
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</tr>
<tr>
<td>Duration of stay</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>≤6 m</td>
<td>36 (4.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤1 year</td>
<td>143 (16.3)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>≤1.5 years</td>
<td>188 (21.4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤2 years</td>
<td>133 (15.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤3 years</td>
<td>186 (21.1)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>&lt;4 years</td>
<td>103 (11.7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-7 years</td>
<td>91 (10.4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of evacuations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>625 (71.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>245 (27.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>10 (1.1)</td>
<td></td>
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</tr>
</tbody>
</table>
4.1.2 Ethical considerations

The evacuee card index kept at the Finnish National Archives is an open archive, and everyone has the right to see their own cards. The Board of the National Archives gave their written permission to the researchers involved for the project to be carried out. There was no Ethical Review Board in the Humanities and Social and Behavioural Sciences in 2004 when the planning of the study began. The principal investigator of the war child study therefore contacted the general manager of the National Research and Development Centre for Welfare and Health (STAKES) to discuss the research and the ethical considerations, and to get approval for the study. The design was approved. Participation in the study was voluntary and the respondents were granted anonymity throughout the process. The participants were offered the possibility to contact the researchers by telephone.

4.2 A review of the measures

Data was collected from four different sources: the Finnish National Archives, PRCF, Skatteverket and the survey. The selection of the instrument sets used in the survey were based on validity. The aim was to use well-documented scales. Data on the evacuation process was collected from the Finnish National Archives (i.e. date of birth of the evacuees, father’s occupation, the number of evacuations and their duration, and whether or not the family had evacuated from Karelia). Data on all subjects’ mother tongue and marital status was obtained from the PRCF. Additional data on the evacuation event, the foster home, and post-evacuation conditions were collected via a large survey. The non-evacuees received a similar version except for variables related to the evacuation.

Socio-demographic data

Socio-demographic data was collected from items concerning education and occupation. At the time of WWII, Finland had a two-track school system, in accordance with which children received uniform education only in the first four grades of primary school, and after that they had to choose whether to apply to lower-secondary school or to continue in primary school for another four years. Those who continued in primary school were restricted to vocational education and careers, whereas many of those who were admitted to lower-secondary school continued to upper-secondary school and were eligible to apply for tertiary education.

The participants were asked to indicate their highest completed education on a 5-point scale: 1 = primary school; 2 = lower-secondary school or corresponding; 3 = vocational school; 4 = upper-secondary school; 5 = university-level education.
The variable was transformed into a dummy. Classes one and three were given the value zero, representing lower education, and classes two, four and five were given the value one, representing higher education.

Childhood SES was based on the rearing father’s occupation as reported on the evacuation card, and for the non-evacuees it was elicited in the survey. Own SES was inquired in the survey for both groups. The International Standard Classification of Occupations, ISCO-68 and ISCO-88 (Erikson & Goldthorpe, 2002) were used to assess the occupation of the respondents, the respondent’s father as well as the occupation of the evacuee’s foster father. In this study we used the International Socioeconomic Index (ISEI scores) (Ganzeboom, De Graaf & Treiman, 1992; Ganzeboom & Treiman, 1996) as measures of socioeconomic position. The ISEI score is a continuous prestige scale that explains the relation between education and income by linking them together. The score ranges from 16 to 90.

The evacuees’ and non-evacuees’ perceptions of the affluence of their childhood home/foster home were measured on a Likert-type scale ranging from 1 = very weak to 5 = very strong.

Data on the evacuation
Data on the evacuation consisted of responses to questions concerning the nature of the separation, experiences of the time spent in Sweden, language acquisition, the atmosphere in the foster family, the connection with the childhood home during the evacuation, separation from the foster family, and the experience of reunion with the family of origin (mother, father, siblings and other close persons). The data on post-evacuation events was based on questions about post-war contacts with the foster family, and language skills in one’s mother tongue when returning home.

The circumstances in the original childhood home and the foster home
The atmosphere in both the childhood home and the foster home was measured on 13 items (e.g., secure, warm and welcoming, cozy and homelike, violent, quarrelsome, father consumed too much alcohol) on a five-point Likert-type scale on which higher values indicated higher levels of the measured quality. These variables were reduced by principal component analysis to the two components ‘favorable/good-enough childhood home/foster home circumstances’ (safe, warm and welcoming, cozy and homely) with Cronbach’s α = .84, and ‘adverse childhood home/foster home circumstances’ (violent, quarrelsome, father’s/foster father’s alcohol abuse) with Cronbach’s α = .88. Both the separate variables (range 1–5) and the components (range 1–5) were used in the analyses.
Cecilia Heilala

Perceptions of the early relationship with parents
Closeness to the father and mother, respectively, was measured on the visual analogue scale (VAS). VAS is a horizontal line, 10 cm in length, anchored by word descriptors at each end. The respondent marks on the line the point that they feel represents their perception of their current state, with 0 indicating ‘I felt very detached from my mother/father’ and 10 indicating ‘I felt very close to my mother/father’.

Sense of Coherence (SOC)
The SOC (Antonovsky, 1987) scale measures comprehensibility (e.g., “Does it happen that you have feelings inside you would rather not feel”; 1=very often; 7=very seldom/never), manageability (e.g., “Do you have the feeling that you are being treated unfairly” 1= very often; 7= very seldom/never), and meaningfulness (e.g., “Doing the things you do every day is” 1= a source of deep pleasure and satisfaction; 7=a source of pain and boredom). The shorter version of the scale (SOC-13) was used in this study. It comprises 13 items on a scale ranging from 1 to 7, the higher values indicating a stronger SOC (some items reversed). A score ranging from 13 to 91 was obtained by summing the raw scores (Cronbach’s $\alpha=0.85$).

Psychosocial wellbeing, mental-health problems and substance abuse
Altogether 15 variables were included in the survey and were used to measure lifetime psychosocial wellbeing. Self-rated physical health compared to the subject’s own age group was measured on the VAS scale: 0 indicated ‘much worse’ health, and 10 indicated ‘much better health’ compared to one’s own age group. Social networks were measured on one item, 1 indicating ‘no or very few friends/close persons’ and 4 indicating ‘a lot of friends/close persons’. Job satisfaction was also measured on one item, 1 indicating ‘dissatisfied with my job’ and 4 indicating ‘good job satisfaction’. The five relevant items of the Rand Short Form-36 (SF-36) were used to measure emotional wellbeing (Ware & Sherbourne, 1992), and the respective four relevant items were similarly used to measure vitality. The respondents were asked to rate nine items describing how they had felt recently on a 6-point Likert-scale ranging from 1 (= constantly) to 6 (= never). Subscale scores were then calculated according to standard procedures, and raw scores for each scale score represented the percentage of the total possible score (0–100). Higher scores indicate better emotional well-being and vitality. Psychological hardship and abuse were measured on 10 dichotomous items: episodes of major depression during the life course (yes/no), the use of antidepressants on a regular basis (yes/no), suicidal ideation during the life course (yes/no), episodes of severe anxiety during the life course (yes/no), received psychotherapy (yes/no), experienced alcohol/drug abuse among members of their own adult family (yes/no), experienced sexual abuse among members of their own adult family
Mental-health problems were assessed based on three of the 15 variables mentioned above: episodes of major depression during the life course (yes/no), episodes of severe anxiety during the life course (yes/no), and suicidal ideation during the life course (yes/no). The sum score was calculated as the number of experienced mental-health problems, $0$ = having experienced none of the above-mentioned problems, $1$ = having experienced one of them, $2$ = having experienced two, and $3$ = having experienced all three.

Substance abuse was assessed on two of the 15 variables mentioned above: periodic excessive smoking during the life course (yes/no), alcohol abuse during the life course (yes/no), and drug abuse during the life course (yes/no). The sum score was calculated as the number of experienced risk behaviors, $0$ = having experienced none of the three risk behaviors, $1$ = having experienced one of them, $2$ = having experienced two, and $3$ = having experienced all three.

Open questions
Open questions were included in the survey, and for the present study the responses to the following five open questions were analyzed: “Describe negative events and/or events in your life that have left a permanent mark,” “Positive events in your life,” “The best thing about the evacuation was,” “The worst thing about the evacuation was” and “Describe your school attendance after returning to Finland”. There were 476 replies to at least one of the open answers, of which seven consisted of one sentence and seven of one word (difficult, OK). The length of the statements varied between one and 450 words.

4.3 Quantitative and qualitative methods

The main analyses used according to the research questions are presented below. A more detailed description of the analyses used can be found in the original articles.

**Psychosocial wellbeing (Article I)**

A cluster analysis based on the latent class analysis/latent profile analysis (LCA/LPA) mixture model was conducted (Clogg, 1995) to identify individuals with similar patterns of psychosocial wellbeing, including both the evacuated ($n = 887$) and the non-evacuated ($n = 1748$). The categorization variables chosen were the 15 items measuring psychosocial wellbeing (see methods section). A three-cluster solution (those who fared poorly, those who fared moderately and
those who fared well) was statistically and theoretically acceptable and was therefore chosen as the outcome variable. Muthen’s Mplus 6 (Asparouhov & Muthen, 2010) was used for the data analysis. The psychosocial wellbeing of both evacuees and non-evacuees was predicted by means of multinomial logistic regression analysis, with the nominal cluster variable as the dependent variable. Variables measuring the circumstances before, during, and after the evacuation constituted the explanatory variables.

Educational attainment and SES (Article II)
Logistic regression was used to analyze the relationships between evacuation status, mother tongue and education, with the choice of school track as the outcome variable. The Univariate General Linear Model (GLM) was used to measure the relationships between evacuation status, gender, mother tongue and the evacuee’s own SES. The subject’s own SES was predicted by means of stratified hierarchical linear regression.

Risk and resilience factors (Article III)
Because the evacuees and non-evacuees were found to differ with regard to several confounders, propensity-score matching was used to properly control for their joint distribution. Otherwise it is likely that the evacuation was contingent on a wide range of familial and child characteristics that could constitute independent risks for psychopathology.

The idea is to compare a set of subjects all of whom have the same propensity score, and thus, based on the observables, are equally likely to be allocated to treatment, or in this case evacuation (a similar propensity score). However, some subjects were allocated to evacuation and others were not. Individuals in different groups with equal propensity scores are said to be balanced with regard to key observed covariates. The propensity score can therefore be used as a composite confounder and to reduce bias by balancing the covariates in the two groups (Austin, 2011; D’Agostino, 1998; Pattanayak, Rubin & Zell, 2011).

Two General Linear Model analyses (GLM) with repeated design were conducted, one with Riskbehavnon-evac and Riskbehavvac as dependent variables, and the other with Mentalhealthnon-evac and Mentalhealthvac as dependent variables.

Experienced emotions (Article IV)
The open-ended questions were subjected to content analysis (Krippendorff, 2013) based on the four categories of education, sickness over the lifetime, experienced emotions, and protective factors, generated according to previously conducted studies described above. Atlas.ti version 7.5.2 was used in the analysis. Given that content analysis always involves a certain amount of interpretation, both authors read the responses in the first step of the analysis. It is preferable for
such analyses to be conducted by more than one person to make them more com-
prehensible and ensure a thorough interpretation of the data (Burla et al., 2008;
Schreier, 2012). We searched for themes and patterns emerging from the data in
accordance with the categories, then checked, discussed and further refined the
sets of codes in repeated re-readings. Four main categories, each with subcatego-
ries, were established to describe the characteristics of war child syndrome.
The results are presented in the four original articles in detail. Table 3 summarizes the results of each one.

**Table 3. The main results of the four original articles**

<table>
<thead>
<tr>
<th>Article I</th>
<th>Article II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The general impression was that the evacuees were well taken care of in their foster homes. No differences in psychosocial well-being were found between the evacuees and the non-evacuees. Sense of coherence was a significant predictor, and favorable childhood-home circumstances were a protective factor of psychosocial wellbeing for evacuees and non-evacuees. Rejoining the original childhood family was stressful for many of the evacuees.</td>
<td>The evacuees had lower scores than the non-evacuees on father’s and their own SES. The Finnish-speaking evacuees had lower scores on SES and education than the Finnish-speaking non-evacuees. The Swedish-speaking evacuees had higher SES and education scores than the Swedish-speaking non-evacuees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Article III</th>
<th>Article IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>The evacuees showed a higher rate of substance abuse, but not of mental-health problems, during their life course than the non-evacuees in both the original and the PS-matched samples. The evacuees had a lower SOC in 2005 in both the original and the PS-matched samples. SOC was found to moderate mental health and substance abuse. A higher SOC decreased mental health problems and substance abuse.</td>
<td>Problems related to experienced emotions such as loss of confidence, detachment and/or rootlessness, and unworthiness and/or rejection were expressed. Feelings of rejection, unworthiness and shame were distinguished. The poorly faring evacuees were over-represented in all of these compared to the evacuees who fared well.</td>
</tr>
</tbody>
</table>

5.1 The experience of the evacuation, the effects of the childhood environment and the long-term effects of the evacuation on psychosocial wellbeing (Article I)

The general impression was that the evacuees were well taken care of in their foster homes. The atmosphere in the foster home was rated higher in the foster home than in the childhood home. The majority (64%) of the evacuees perceived
the separation from the foster family as painful, and 39% felt estranged from their families when they returned. When looking back at the evacuation, 15% experienced distress.

The scores for father’s SES and the respondent’s own SES were lower among the evacuees than the non-evacuees ($p < .001$, $d = -.3$). The non-evacuees described the circumstances of their childhood home as more favorable ($p < .001$, $d = -.2$) and perceived the affluence as higher $\chi^2 (12) = 23.03$, $p < .05$ than in the childhood home, as were the circumstances. The SOC score was higher ($p < .001$, $d = -.2$) among the non-evacuees (66.62) than the evacuees (64.28). There was a tendency among the evacuees to report a higher frequency of lifetime alcohol abuse and suicidal ideation.

The evacuees and non-evacuees were clustered into three groups based on their psychosocial wellbeing: (1) individuals whose psychosocial wellbeing was low; (2) individuals whose psychosocial wellbeing was moderately good; and (3) those whose wellbeing was good. The distribution of evacuees and non-evacuees into the cluster groups was statistically non-significant. The results of the multinomial regression analysis with the cluster groups as the outcome variable showed that good home circumstances and SOC decreased the likelihood of belonging to a cluster group with low psychosocial wellbeing in both cohorts. The sense of being closely attached to the father had a protective effect among the non-evacuees. Being female decreased the likelihood of belonging to a cluster group with low psychosocial wellbeing among the non-evacuees. Surprisingly, neither the father’s nor the person’s own SES had an effect on belonging to a group. The final model explained 15%–30.5% ($R^2$ pseudo: Cox and Snell = .265, Nagelkerke = .305, McFadden = .151) of the outcome variable among the evacuees, compared with 17%–33.5% ($R^2$ pseudo: Cox and Snell = .291, Nagelkerke = .335, McFadden = .169) among the non-evacuees.

Variables related to the evacuation were also examined in a separate regression analysis. The OR showed that a good home and SOC decreased the likelihood of being in the cluster group with low psychosocial wellbeing. The risk factors were adverse foster-home circumstances, ‘felt very distressed when returning home’, and ‘felt detached’. The final model explained 19%–36% ($R^2$ pseudo: Cox and Snell = .316, Nagelkerke = .363, McFadden = .187) of the outcome variable.

5.2 The effect of the evacuation on socioeconomic and educational attainment (Articles II and IV)

As reported in Article II, 80.1% of the evacuees had forgotten their mother tongue when they returned to Finland, and of these, only 28.4% were allowed to continue their studies at a Swedish-speaking school. Learning difficulties due to the loss of
the mother tongue were also expressed in the responses to the open questions (Article IV). The evacuees described how hard and traumatic it was to return to Finland and to attend school in Finnish when they no longer spoke the language. They regretted not having been able to attend school fully, or having to drop out. A logistic regression analysis (Article II) with education as the outcome variable and mother tongue, evacuation status and gender as independent variables, showed that Swedish as a mother tongue was related to higher education ($p = .001$), whereas evacuation was related to choosing the lower school track ($p = .01$). Males had a lower level of education than females ($p<.001$). Among the evacuated, the males had a lower level of education ($p<0.01$). The Swedish-speaking evacuees had the highest level of education, even higher (58.1 %) than that of the Swedish-speaking non-evacuees (48.2 %) and thereby indicating that the intervention had a positive effect on the school-track choice of the Swedish-speaking evacuees. Correspondingly among the Finnish-speaking groups, 30.6 % of the evacuees chose a higher school track compared to 35.9 % of the non-evacuees.

It is also reported in Article II that the evacuees achieved lower scores in father’s SES ($p<0.01$), which reflects the MoS evacuation criteria. GLM analyses further showed that evacuees had a lower level of SES than that of the non-evacuees ($F(1, 2280) = 14.403 \ p<0.001, \ \eta^2 = 0.006$), and those whose mother tongue was Swedish had a higher SES ($F(1, 2279) = 11.491 \ p<0.01, \ \eta^2 = 0.005$). A hierarchical linear regression analysis stratified by mother tongue and with own SES as the dependent variable showed a lower SES among the Finnish-speaking evacuees, but did not predict the SES of Swedish-speaking individuals. The final model showed that father’s SES and education were significant predictors in both language groups. Gender was significant among the Finnish-speaking subjects in that the boys fared worse (Table 4).
Table 4. Stratified Hierarchical Regression with own SES as the dependent variable *

<table>
<thead>
<tr>
<th>Mother tongue</th>
<th>Model</th>
<th>β</th>
<th>p</th>
<th>Zero-order</th>
<th>Partial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finnish</td>
<td>1. Evacuation status</td>
<td>.10</td>
<td>&lt;0.001</td>
<td>.10</td>
<td>.10</td>
</tr>
<tr>
<td></td>
<td>2. Evacuation status</td>
<td>.08</td>
<td>&lt;0.001</td>
<td>.10</td>
<td>.08</td>
</tr>
<tr>
<td></td>
<td>Father’s SES</td>
<td>.34</td>
<td>&lt;0.001</td>
<td>.33</td>
<td>.32</td>
</tr>
<tr>
<td></td>
<td>3. Evacuation status</td>
<td>.08</td>
<td>&lt;0.001</td>
<td>.10</td>
<td>.08</td>
</tr>
<tr>
<td></td>
<td>Father’s SES</td>
<td>.34</td>
<td>&lt;0.001</td>
<td>.33</td>
<td>.32</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>-.05</td>
<td>&lt;0.01</td>
<td>-.06</td>
<td>-.05</td>
</tr>
<tr>
<td></td>
<td>4. Evacuation status</td>
<td>.06</td>
<td>&lt;0.01</td>
<td>.10</td>
<td>.07</td>
</tr>
<tr>
<td></td>
<td>Father’s SES</td>
<td>.21</td>
<td>&lt;0.001</td>
<td>.33</td>
<td>.21</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
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<td>&lt;0.001</td>
<td>-.06</td>
<td>-.10</td>
</tr>
<tr>
<td></td>
<td>Education</td>
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<td>&lt;0.001</td>
<td>-.46</td>
<td>-.40</td>
</tr>
<tr>
<td>Swedish</td>
<td>1. Evacuation status</td>
<td>-.02</td>
<td>.707</td>
<td>-.01</td>
<td>-.01</td>
</tr>
<tr>
<td></td>
<td>2. Evacuation status</td>
<td>-.04</td>
<td>.440</td>
<td>-.01</td>
<td>-.03</td>
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<tr>
<td></td>
<td>Father’s SES</td>
<td>.34</td>
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<td>.32</td>
<td>.32</td>
</tr>
<tr>
<td></td>
<td>3. Evacuation status</td>
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<td>.347</td>
<td>-.01</td>
<td>-.03</td>
</tr>
<tr>
<td></td>
<td>Father’s SES</td>
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<td>&lt;0.001</td>
<td>.32</td>
<td>.32</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
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<td>-.04</td>
<td>-.06</td>
</tr>
<tr>
<td></td>
<td>4. Evacuation status</td>
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<td>.25</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
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<td>.108</td>
<td>-.04</td>
<td>-.08</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>-.31</td>
<td>&lt;0.001</td>
<td>-.36</td>
<td>-.30</td>
</tr>
</tbody>
</table>

*R²_adj for the final model for the Finnish speakers = 25.6 % and for the Swedish speakers = 17.5 %.

5.3 The risk and resilience factors related to the long-term effects of the evacuation (Article III)

According to the criteria set by the MoS, the evacuees came from families with a lower SES, hence a PS-study was conducted to control for confounders (Article III). As expected, given that the purpose of the sampling was to obtain an equal number of girls and boys, and children above and below the age of five, there were no differences in age and gender. Differences between the evacuees and the non-evacuees were found with regard to the following variables: mother tongue, father’s SES, the father being killed in battle, the father’s death, alcohol abuse and
excessive smoking. Some of these variables reflect the MoS evacuation criteria: SOC was lower among the evacuees than among the non-evacuees, $F (1) = 21.00 \ p.<.001$.

The results reported in Article I showed a tendency for a higher frequency of substance abuse only among the evacuees, whereas when the matched sample (III) was analyzed the evacuees reported a higher rate of substance abuse ($F (1) = 10.53 \ p.<.01$) than the non-evacuees (Mean evac = .63, SD = .77 and Mean non-evac = .52, SD = .74, respectively). The prevalence of at least one type of substance abuse among the former was 46.6 % compared with 38.1 % among the latter. The difference between the two groups with regard to substance abuse was wider among the men than among the women, whereas there were no differences with regard to mental-health problems. The latter result was supported by the results reported in Article I.

The role of SOC was analyzed by means of GLM with repeated design and revealed a modifying effect on the outcome of the evacuation. It is suggested in Article I that SOC decreased the risk of belonging to the cluster group with low psychosocial wellbeing. As further discussed in Article III, evacuees with a lower SOC than non-evacuees had a higher rate of substance abuse than non-evacuees, whereas the rate of abuse was somewhat lower among evacuees with a higher SOC than among non-evacuees ($F_{int} = 18.19, \ p < .001$) (Fig. 1). No significant difference in the rate of substance abuse was found between evacuees and non-evacuees with a similar SOC.

![Figure 1](image_url). The association of evacuee status and SOC with substance abuse.
A significant interaction effect was noted between evacuation status, SOC and mental-health problems ($F_{int} = 46.63, p < .001$). The evacuated with a lower SOC compared to their counterparts had more mental-health problems than the non-evacuated (Fig. 2). On the other hand, evacuees with a higher SOC had a lower number of mental-health problems than the non-evacuees.

Figure 2. The association of evacuee status and SOC with mental-health problems

### 5.4 Experiences of the evacuation from a life-time perspective, and features of a possible war child syndrome (Article IV)

The division of the samples into three cluster groups was also applied in Article IV. In general, the poorly faring evacuees fared worse than members of the well-faring group. In particular, there were clear differences in the subcategories related to “experienced emotions”, with those in the poorly faring group reporting more of each of the negative feelings (loss of confidence, detachment/rootlessness, and unworthiness/rejection).

The evacuees experienced loss of confidence as a result of being separated from their original family and not knowing where they were going, how long the trip would take or what was waiting for them. The most disconcerting factor was the general lack of information. Feelings related to the detachment/rootlessness subcategory were described as losing one’s roots and/or as feeling somewhat at...
home in many places but not completely at home anywhere. Detachment and rootlessness were the most common experienced emotions. The evacuees described how they no longer recognized their own parents, and how they had become estranged from their siblings back home and regretted the lack of common childhood memories to bind them together. Some of them also had to adjust to new family circumstances when they came back home, such as new siblings or a new stepmother or stepfather.

The evacuees experienced feelings of unworthiness and a fear of rejection as children and later in life. Other consequences included a lack of self-confidence and the inability to express feelings or to stand up for oneself. They described themselves as children as quiet, withdrawn, frightened and lonely. Feelings of shame or embarrassment for having been evacuated made talking about the evacuation hard. The question of why they (and not their siblings) were sent away, and whether they were unwanted and unloved occupied their minds.
6 Discussion

When war broke out in Finland in 1939 parents had to choose between two competing courses of action: to evacuate their children to protect them from the war, or to preserve the family unit. Evacuating a child is a protective act, but at the same time there is a risk that the child will experience the evacuation as abandonment. However, experiencing a war with air raids, malnutrition and overall insecurity constitutes a severe risk.

At the beginning of the research project the point of departure as well as the theoretical framework was that a sudden, large-scale intervention in a child’s life, such as being temporarily placed in foster care, is a traumatic experience and a major risk factor in that it tears apart the attachment relationship between the child and its significant others (Masten & Narayan, 2012; Bonanno et al., 2010). This developmental trauma was considered to jeopardize the wellbeing of the evacuees and would have far-reaching consequences that would still be detectable in old age. However, contrary to findings from previous research (e.g., Eriksson, Räikkönen and Eriksson, 2014; Räikkönen et al., 2011) as well as to widespread public understanding, the results of this study give only partial support regarding mental health and wellbeing among evacuees and non-evacuees. The focus therefore shifted during the research process to the concept of resilience (sense of coherence) and to the quality of care in the foster homes. When it was discovered that the return to Finland was experienced as difficult, aspects related to this such as the loss of Finnish as one’s mother tongue, and the consequences, were also included in the investigation.

The results of the current study show that even long-term separation from parents during childhood must be understood as representing a developmental context that makes the emergence of problems either less or more likely, depending on other risk and protective factors in both the childhood home and the foster family.

6.1 Psychosocial wellbeing, mental-health problems, substance abuse and SOC

The causal effects of evacuation among the evacuated and the non-evacuated children cannot be interpreted unless it is assumed that both groups were equally likely to be evacuated. Historical records of the Finnish evacuation policy indicate that although the war led to adverse conditions for children from all social and economic backgrounds, evacuation was likely to be contingent on a wide range of familial and child characteristics that could constitute independent risk factors for
psychopathology. Article III addresses this fundamental challenge through the application of PS methodology. Given that we controlled for the confounders in our data, the differences in outcome and SOC between the evacuees and the non-evacuees could, with some degree of confidence, be attributed to the evacuation.

The evacuees in the current study (Articles I and III) did not report more mental-health problems than the non-evacuees even though they had experienced early separation trauma. However, it was found when the psychosocial wellbeing of both groups was predicted that favorable circumstances in the childhood home constituted a protective factor during the entire life span (Article I). This has not been investigated previously in the Finnish context. Rusby and Tasker (2009), who conclude that evacuation per se has no effect, support this result; it is the context and quality of care that has an impact on wellbeing. This finding is also in line with Crittenden (2008) and Purnell (2010) who claim that childhood trauma and other hardships do not in themselves inevitably lead to anxious attachment. If the caregivers are adequately protective in response to the dangers, the children will have the possibility to secure or relatively secure attachment strategies. Rutter (2012) encourages researchers to analyze carefully the elements of the environmental-risk variable when conducting causal studies regarding the negative effects of childhood adversities. The severity of exposure is highly relevant when it comes to Finnish evacuees, given the evidence reported in this study (Article I) that the foster homes in Sweden were both caring and nurturing for most of them. Many children were thus afforded the possibility to develop compensatory attachment relationships.

However, the evacuees did, on average, report a higher rate of substance abuse during their life course than the non-evacuees (Article III). Increased substance abuse among the evacuees was also found by Räikkönen et al. (2011). It is reasonable to posit that in circumstances in which primary attachment is threatened or lost, the consequences might include maladaptive behavior in adulthood (Jacobs, 1999), such as excessive smoking (Vander Weg, 2011), heavy drinking and alcoholism (Dube, Anda, Felitti, Edwards & Croft, 2002; Dube & al., 2006). This kind of behavior has been explained as a consequence of an unresolved grief process (see Jacobs, 1999).

Sense of coherence was a significant predictor of psychosocial wellbeing (Article I), and it was found to be lower among the evacuees even after controlling for confounders in the propensity-score matched sample (Article III). The childhood SOC of the participants in this study was unknown, but the results from the PS-matched sample show that the evacuees had a significantly lower SOC as adults than the non-evacuees. This indicates that the evacuation event with all it implied constituted an ego threat to some of the evacuees. According to Rutter (1987), one of the main resilience-enhancing processes is the establishment and maintenance of self-esteem and self-efficacy. These concepts correspond closely to the dimensions of manageability and comprehensibility in SOC: evacuees with
a strong SOC had a lower prevalence of substance abuse and mental-health problems. Trauma and harmful events may have occurred, but their impact was mitigated if they could be comprehended and made meaningful, and mentally integrated. The unresolved grief is integrated into a meaningful and somehow acceptable part of one’s past. The intriguing question is why, in this respect, some evacuees had a stronger SOC and fared better than others. The extent to which a strong SOC presupposes a certain character and temperament is debatable, but in line with Rutter’s earlier-mentioned notion (Rutter, 2003), Pluess and Belsky (2009) argue that there is a genetic susceptibility to experiences, good or bad. A genetic vulnerability associated with interpreting experiences as bad has an accumulative effect, but the same additive life-course effect is also associated with a tendency to interpret experiences as good. A supportive environment, on both the micro (family and friends) and macro (society) level is a fundamental prerequisite. The finding discussed above that favorable circumstances in the childhood home constituted a protective factor for all wartime children, whether evacuated or not, supports this notion, indicating protection emanating from secure attachment relationships.

6.2 Socioeconomic status, mother tongue, and education

The evacuees had to deal with the consequent separation, the loss of their mother tongue, and estrangement from their biological parents and family members, although they were protected from the adversities of war. The results show that mother tongue is an effect modifier of socioeconomic status (SES), whereas education acts as a mediator. The role that language plays in the development of cognitive skills and cultural identities needs to be considered. Many of the evacuees had forgotten their mother tongue when they returned to Finland. The first language switch from the mother tongue (Finnish) to Swedish was fast and easy, whereas the second one from Swedish back to Finnish was more difficult and stressful (Smeds, 2000). The fairly easy first switch relates to the urgent need to be able to communicate in the new environment. Given that the aim was to help the evacuees adjust to life in Sweden as quickly as possible, not much effort was put into preserving their mother tongue. The resistance to being forced to relearn their first language (Finnish) when returning home reflects internal conflicts related to once again being exposed to a language switch, having to return home, and the hard circumstances that prevailed in Finland after the war compared to the prosperity in Sweden. The results of this study show how the majority of the Finnish-speaking evacuees had to start or continue school in Finnish in Finland, although they had forgotten the language. Swedish-speaking schools were to be found only in Helsinki and other large towns in Finnish-speaking areas. School
Cecilia Heilala

Attendance was very difficult due to language problems, and therefore many evacuees dropped out even though they would have had the capacity to continue even to higher education.

Educational levels among the Swedish speakers were higher than among the Finnish speakers in both the evacuated and the non-evacuated groups. SES, education, and sense of coherence were lower among the Finnish-speaking evacuees who had lost their mother tongue when returning home compared to the Finnish-speaking non-evacuees. On the other hand, SES among the Swedish-speaking evacuees was higher than among their non-evacuated counterparts. It thus seems that the event may have paid off socially for the Swedish-speaking evacuees, but no such effect was found among the Finnish speakers. Räsänen (1992) also found that difficulties associated with language in particular seemed to be severe when scholastic skills, education and profession were examined, and that the professional level of the evacuees was lower than that of the non-evacuees. She studied evacuees from the county of Kuopio, where the majority of the population has Finnish as their mother tongue. This study is therefore the first to show that evacuation to Sweden was a much more positive experience for Swedish-speaking children than for Finnish-speaking ones, but the reason for this may be complex. Firstly, the Swedish-speakers did not have to learn a new language when they emigrated; secondly, they did not have to relearn their first language when they returned. Since we are dealing with not only a language community but an ethnic group, the Swedish-speaking evacuees may have felt much more at home in Sweden than the Finns did. They were from the start of the evacuation able to communicate with their foster parents; they were familiar with the culture, which probably created a positive atmosphere. Swedish people are also likely to have responded more positively to them than to the Finns. The results of the present thesis show the importance of supporting the mother tongue of temporary migrants while they are in the host country, and of actively developing a language policy for when they return home.

The loss of the opportunity to have a good education is reflected in the socio-economic position of the respondents: evacuees with Finnish as their mother tongue still had a lower SES after controlling for father’s SES. This shows how challenging the language switches were. When the evacuees returned to Finland they had not only learned a new language but had also found a new cultural identity. Swedish and Finnish identities were very different at the time of WWII, and the war further increased the differences. The families should have received help and support to ease the reunion when the evacuees returned home after the war.
6.3 Displacement and shame

How trauma affects an individual depends on many factors and the impact can range from subtle to negative. Feeling different from others is a central part of trauma, and is a common theme among children in foster care (Madigan, Quayle & Cossar, 2013). This theme was also found among the evacuees and was characterized by feelings of detachment, rootlessness and unworthiness. These experiences could be seen as consequences of a developmental trauma resulting from early separation. Developmental trauma gives rise to altered expectations and attributions (e.g., a negative self-image), mistrust towards protective caretakers, loss of expectancy in terms of receiving protection from others, and a persistent dread of future victimization (van der Kolk, 2005). If caretakers are not sensitive to their children’s needs, the infant may experience the need for affection as unworthy and shameful. Feelings of abandonment give rise to feelings of shame and guilt, which are difficult emotions to process. The main difference between shame and guilt is the distinction between the focus on the entire self and the focus on a specific behavior (H. B. Lewis, 1971). Previous studies have shown that the risk of exhibiting shame is increased in children whose parents are rejecting or authoritarian in their parenting, and in those who receive low rates of positive evaluative feedback (Kelley, Brownell, & Campbell, 2000; Mills, 2004). Early separation or maternal ignorance in childhood is related to stronger experiences of shame in young adults (Claesson & Sohlberg, 2002). Many evacuees had a deep experience of having been abandoned.

The results also show that although the poorly faring evacuees were overrepresented in the subcategories related to experienced emotions, those who were faring well also reported these emotions. This shows that all of the evacuees seem to have had a vulnerability related to these emotions, which is the essence of what could be termed the war child syndrome.

Feelings of detachment and rootlessness can also be interpreted through the place-attachment framework from the literature on environmental psychology. When place attachments are disrupted individuals struggle to find new connections that will provide them with a meaningful connection with the world (Brown & Perkins, 1992). The evacuees in the current study described being uprooted twice, and not being able to restore the feeling of belonging to some place in the world.

6.4 Strengths and limitations

The strengths of the present study relate to the unique sample. The sampling was random in both study groups (evacuees and non-evacuees), and the large sample sizes covered the whole country. The response rate was also satisfactory. The data-collection procedure was comprehensive, combining archive data pre- and post-
Cecilia Heilala

There has been research on the health-promoting effects of reminiscence among elderly persons (Cappeliez & Robitaille, 2010; Korte, Bohlmeijer, Westerhof & Pot, 2011). The researchers received positive feedback from many respondents, for whom answering the extensive questionnaire was a therapeutic and healing experience. However, the retrospective nature of the study imposes restrictions on the interpretation of the results. Positive recall bias cannot be ruled out: memories become more golden with time, positive things are remembered and negative ones are repressed. Attrition bias is also a concern in our study because the individuals in the sample had to be alive and to reside in Finland in 1970 in order to have been identified by the PRCF. We studied the ‘survivors’, which very likely meant that evacuees with lower coping abilities had already died. Furthermore, evidence of the restriction of the interpretation lies in the way the respondents chose to answer some of the items in the questionnaire and not others. There is no certainty of knowing what is behind the statements ‘do not know’ and ‘do not remember’, which were options in some of the scales. The respondent may have forgotten the incidents, or have been too young to remember, or may not have wanted to recall a negative incident, or may have suppressed such memories.

The PS approach also imposes some limitations. Both observed and unobserved covariates between the groups are generally balanced by randomization, but in the case of PS and conventional methods, unobserved confounders can give rise to residual bias (Rubin, 1997). The risk of unobserved confounders exists, but on the other hand and based on previous research on this particular cohort, the variables that give rise to fundamental differences between evacuees and non-evacuees were observed.

A potential weakness in the study is the use of dichotomous self-rated variables such as substance abuse and mental-health problems. None of the validated depression scales (e.g., Beck’s Depression Inventory) were used because they measure how the people concerned have experienced their lives in a limited time frame (recent weeks or months). The aging population of interest in our study may periodically suffer from depressive symptoms, which are prevalent among the aging population in Finland: 4.5% of the population aged 65–74 years, and 1.3% aged 75+ show depressive symptoms (Koskinen, Lundqvist, & Ristiluoma, 2012). Our interest in the current study was in severe episodes of mental-health problems (e.g., major depression or suicidal ideation) and substance abuse over the lifetime. Although self-reports are subjective in nature, it has been found that with regard to smoking, for example, they are accurate (Patrick et al., 1994). Another concern is the use of single-item measures for some of the independent and dependent variables (e.g. suffering of major depression during lifetime, suicidal ideation, education, atmosphere in the childhood home/foster home). The use of validated evacuation, data from the PRCF, and survey data. Measures were taken to control for selection bias discovered during the research process (PS-matching). The quantitative data was supplemented with responses to open-ended questions.
scales is preferable but they usually consist of several items and are time-consuming for respondents. There was a constant tradeoff between the length of the survey and the content. As a result, both validated scales (e.g. SOC, SF-36) and single-item measures were included in the survey. However, with regard to self-efficacy, a single-item measure has been found to have superior predictive validity when compared to a well-established multiple-item self-efficacy scale (Hoeppner, Kelly, Urbanoski & Slaymaker, 2011). A single-item measure of self-rated mental health (SRMH) has been used in health research and population health surveys. The respondents are asked to rate their mental health on a five-point scale from excellent to poor. The item is associated with multi-item measures of mental health, self-rated health, health problems, service utilization, and service satisfaction. More studies are still needed to examine relationships between SRMH and clinical mental illnesses. (Ahmad, Jhajj, Stewart, Burghardt & Bierman, 2014).

The responses to the open questions were brief and therefore underlying meanings could not be interpreted in-depth. One direction for future research is thus in-depth interviews.
7 Conclusions

Becoming a war child was not random; the evacuees came from families with a statistically significantly lower socioeconomic status (Article II; Santavirta, 2012; Santavirta & Santavirta, 2013; Santavirta, 2014). As a result, systematic differences in baseline characteristics between the evacuated and non-evacuated must be accounted for when estimating the effects of the evacuation.

The atmosphere in most of the foster homes was found to be good, and the majority of the evacuees got along well and thrived in Sweden. The fact that the Swedish foster families were, on average, socioeconomically affluent probably contributed to the children’s comfort in the foster homes. Many children were even afforded the possibility to develop compensatory attachment relationships. The return to Finland was difficult for many of them due to the hard circumstances that prevailed in Finland after the war compared to the prosperity in Sweden. However, the quality of the atmosphere of the home of origin is a factor that cannot be ruled out when evaluating the consequences of the evacuation. Children who come from homes with a warm and caring atmosphere seem to be better equipped to face the challenges of an evacuation with all that it implies.

The refugee situation in Europe is currently more difficult than it has been since WWII, with an alarmingly growing number of unaccompanied children. A large proportion of the 65.3 million forcibly displaced persons in the world today are children, and there are currently thousands of unaccompanied children living in refugee camps, detention centers and foster families (UNHCR, 2015 Global Trends). A common feature in different forms of family disruption is that policies aimed at remediating the children deal with two competing goals: family preservation versus child protection. This thesis illustrates the importance of supporting the mother tongue of temporary migrants while they are in the host country, and of actively developing a language policy for when they return home. The only capital an unaccompanied minor has is his/her mother tongue and cultural background, which should be safeguarded for the sake of the wellbeing of the individual and of society. Immigration, especially when it comes to unaccompanied minors, requires thorough consideration of each child’s background, history and needs. This demands flexibility as well as tailored and individual solutions. The current aim of asylum policies is the management of migration rather than ensuring the best interest of refugees and especially unaccompanied minors. The prevention and controlling of the movement of asylum seekers into and throughout the EU needs to be addressed in order to ensure the wellbeing of unaccompanied minors.

The fact that the Finnish war children were protected during the trip and their stay abroad by civil servants who were legally responsible for them means that
they cannot be defined as unaccompanied minors or directly compared to refugees. However, the stresses to which these evacuees were exposed are similar to the ones that refugees face and appear to become manifest in the country of origin, during the flight to safety, and when resettling in a country of refuge (Fazel & Stein, 2002). Based on this study I therefore propose that the following aspects should be taken into consideration when dealing with refugees and especially unaccompanied minors: (1) the mother tongue and cultural background should be safeguarded when a person is integrated into the new culture and the new language, (2) it is important to keep in mind that leaving the country of origin is always stressful and traumatic, (3) individual solutions need to be considered when possible, especially regarding children, and (4) the role of the teacher is important as the teacher serves as an anchor to the new culture.

With regard to the evacuation of the Finnish children, the Finnish government stressed that the goal was to keep the children’s best interests at heart. When the evacuations started the authorities assured the population that each and every child would return home. This was held on to, even though it might have been better to remain flexible and to carefully consider from case to case whether it would have been better for some children to remain in Sweden.

Along the research process I have several times been asked to state whether it was good or bad to evacuate the Finnish children to Sweden during WWII. It is impossible to answer the question. As this study hopefully has shown, the evacuation process is a multifactorial event that is full of nuances. The childhood home circumstances, the age and gender of the evacuee, the circumstances of the foster home in Sweden, the resilience of the child, the life course of the evacuee during adulthood etc. are all factors influencing on the outcome – good or bad. Although major depression was not found significantly more in evacuees than non-evacuees the study showed that evacuees, to a lower or a higher degree expressed emotional difficulties related to loss of confidence, detachment and rootlessness, and feelings of unworthiness. This is what in this study has been named the war child syndrome. Since these feelings provoke shame and anger it can be suggested that refugees and asylum seekers whenever it is possible should get professional help to process these painful emotions.
References


