

Displacement as Risk Factor for Development of Children's Mental Health Problems

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About Displacement

- Displacement refers to people's forced persecution/need to flee because of: war and civil conflict, political oppression and human rights abuse, natural/environmental disasters
- Recent data (Jones, 2007; Yule, 2002; Machel, 2000) indicate that :
 - more than 30 million people are refugees (people displaced across borders from their home countries). At least half are children
 - an estimated 25 million refugees are internally displaced (those who have not crossed any international border). 70-80% are women and children
 - an estimated 27 million people² live in refugee-like situations (those from war-contaminated areas who live in their homes, but are at a high risk of needing to flee in the future)

About Displacement (cont.)

- Historically, wars and natural disasters have been a cause of a larger number of disasters, provoking at the same time, the strongest stressors, because they:
 - happen unexpectedly
 - affect the whole population
 - are experienced as a “national illness”
 - cause devastation of a huge magnitude
 - cause deep trauma and suffering
 - result in a permanent relocation for many victims
- At this time, in over 50 regions around the globe, either wars are raging or recovery has just begun

About Displacement (cont.)

- Modern wars deliberately target civilian populations and use a variety of vicious tactics to maximize intimidation and exile. These tactics include:
 - outright genocide and “ethnic cleansing” to force people to flee from their homelands for political, ethnic, and/or religious reasons
 - horrifying levels of violence, massacres, and brutality toward trapped innocent civilians in besieged villages and cities
 - injustice and human rights abuses
 - systematic rape
 - destruction of crops, poisoning of wells...

About Displacement (cont.)

- A displaced peoples' plight is a strenuous and enduring journey and experience, including:
 - a broad spectrum of pre-flight related traumatic and/or extremely stressful and dangerous conditions/emergencies
 - an ongoing painful dynamic that does not stop once catastrophe/disaster ends (disbelief that one could experience relocation, refugee status, exile)
 - uproot from an ordinary lifestyle (confusion and disorientation in a new environment, characteristic especially for those who had never before travelled outside their villages or towns)
 - uproot from home, friends, extended family members, and community
 - loss of civic infrastructure, social breakdown and lack of essential services (i.e., education, health care, justice system...)

About Displacement (cont.)

- loss of everything victims had enjoyed, including material, psychological and social losses
- seeking safety and refuge internally or across borders
- post-flight related stressors inherent in the relocation and resettlement processes (the challenge of adapting to a new living environment and/or cultural norms and values that are significantly different from those they left behind)
- loss of support from previous indigenous social networks
- feeling depressed, anxious, uncertain about the future
- feeling treated differently in the new living environment (i.e., injustice, underemployment or unemployment, lacking a sense of belonging ...)

Displaced Children

- The impact of displacement on children has been devastating. Displaced children:
 - have been challenged by two demanding processes that are happening at the same time (the process of growing up, and the process of overcoming displacement-related negative experiences)
 - have been so disrupted by displacement and experienced drastic changes that significantly undermine the very foundations of their lives
 - experienced painful emotions and suffering that eroded their trust in adults and hope for the future
 - experienced deteriorated relations within their families and lost objects of love

Displaced Children (cont.)

- have been prone to a number of severe physical diseases (i.e., respiratory infections, digestive diseases, measles, tuberculosis, ...)
- might spend their whole childhood in a state of displacement, without ever knowing or benefiting from a normal, happy, and nurturing family environment
- might experience being displaced two, three or more times, and becoming more vulnerable after each experience
- might lose their entire chance for a happy and healthy childhood or of growing up at all

Displaced Children (cont.)

- In many cases displaced children have been left in a state of shock as they were exposed to a number of traumas:
 - witnessing horror scenes (firsthand casualties and injuries, dead bodies, destroyed villages/cities)
 - experiencing ethnic cleansing and being subjected to years of bombardment and gunfire
 - being embedded in a climate of deadly hatred between ethnic groups
 - feeling unbearable sorrow, grief, terrifying dreams
 - witnessing torture, seeing people being beaten/brutalized
 - living in extreme life-threatening circumstances, and being in situations where they thought they would die

Displaced Children (cont.)

- living in cold and dark homes
- spending time in bomb shelters
- missing sunny rooms, playgrounds, singing birds
- facing food, hygiene, medication, and clothing deprivation
- experiencing a strange family dynamic and feeling a loss of parental love because parents had no time/conditions to devote needed attention to their children
- facing closed kindergartens and schools
- dealing with a number of losses and known resources on whom they often rely (i.e., friends, schoolmates, usual patterns of family life, teachers/caregivers, neighbours, known adults...)

Displaced Children (cont.)

- These children also experienced abuse of every right they should have as per the *UN Convention on the Rights of the Child*:
 - right to stay with parents and not be separated from them
 - right to the protection from all forms of violence, torture, and abuse
 - right to life and happy childhood
 - right to access health care and education
 - right to protection from sexual exploitation and sexual abuse
 - right from being a hostage
- In war time, children's rights remain. However, the magnitude of traumas and the unique plight experienced by children exposed to war have clearly demonstrated that the above Convention seems just a signature on a piece of paper and that children's rights are being trampled on and ignored with impunity

Helping Displaced Children: What do we Need to Know?

- Dealing with problems relevant to displaced children requires an understanding:
 - of the dynamic of all of the relevant changes (cumulative effects of trauma/stressors) that have emerged and taken place within the child's family and her/his living environment since their displacement experience
 - of the child's position as fully dependent on adults (parents) who decide on her/his behalf
 - that displacement-related experience (provoked trauma/stresses) is not a single event which stops and settles down quickly once the child is safe and feels secure, but in fact, it is an ongoing process that might last for several years
 - of long-term impact of displacement on children (that is neither well known nor researched)

Helping Displaced Children: What do we Need to Know? (cont.)

- that focusing on short-term displacement related effects (even those that might last for a few months after the flight) might mask/obscure profound and much longer-lasting outcomes
- that the direction toward either the child's resiliency/recovery from displacement negative experience or toward the psychopathology process depends on specific factors including: the child her/himself, her/his family and cultural background, as well as availability of broader and ongoing support, and the quality of such support
- that as helpers, we would never know the true level of what displaced children and their families have endured, and what is the intensity of their pain, fears, suffering, and life changes that they have experienced
- that displaced children are at high risk of having mental health problems

Helping Displaced Children: What do we Need to Know? (cont.)

- What does “being at risk” exactly mean?
 - “risk” is a fluid concept and includes changing circumstances, so “at risk” applies to future probabilities
 - the term “at risk” needs to be understood in a way that renders risk factors independent from ultimate negative consequences of displacement-related emergencies and complexities experienced
 - displaced children are “at risk” because they have a pattern of similar pre/post-flight experiences which tend to develop into a cumulative self-fulfilling cycle of mental health problems

Displaced Children as an “At Risk” Group

- The major factors that buffer the displaced child from, or make her/him vulnerable to displacement-related disruptive shocks are:
 - the child’s age and, in particular, her/his ability to master ongoing fears and problematic situations
 - the child’s previous development, physical health, and psychological predisposition
 - the child’s environment:
 - Is the child’s nurturing environment (un)safe?
 - Is the child’s family dynamic/functioning (un)stable?
 - What is the child’s family socio-economic status?
 - Is the child experiencing her/his parents as positive or negative (weak) role models?
 - What are the characteristics of the societal systems and structures that provide stability to children (i.e., daycare/school, health care, after school programs...)?

Displaced Children as an “At Risk” Group (cont.)

- Displacement-related experience creates for the child a state of threat and overwhelming bombardment of dangerous stimuli
- The child is simply lacking needed skills to be caught up with new demands and danger
- The child continues to be vulnerable to a number of threats/situations that s/he would be able to successfully overcome if s/he had not been exposed to displacement experience
- Young and school-aged children are at higher risk and are specifically prone to experiencing mental health problems due to displacement experience

Displaced Children as an “At Risk” Group (cont.)

- Displacement shocking experience in many individual cases significantly interrupts the displaced young and school-aged children’s ability to:
 - master age-related developmental fears (i.e., fear of destruction, castration fear, separation fear...)
 - master other learned fears (i.e., fear of danger, fears that parents inadvertently instil by threatening children with monsters, witches, or abandonment if they don’t listen and “be nice”)
 - as s/he goes older, gradually confront dangerous and threatening situations on their own and strengthen their own repertoire of positive experience and successful outcomes
 - learn developing skills, and achieve age-related self-growth and competence to successfully deal with the problematic situations experienced
 - establish autonomy and satisfy the expectations for mature behavior and developmental progress

Displaced Children as an “At Risk” Group (cont.)

- Displacement experience also in adolescence can significantly interfere with becoming a socially, emotionally, and cognitively competent person who is able to manage stress and exert effective self-control in the diverse frustrating situations of adolescence. Displacement experience might:
 - expunge/undermine the adolescent’s sense of self-worth, self-fulfillment, and self-confidence
 - cause fear of failure and/or appearing incompetent
 - make the adolescent feel isolated, rejected/abandoned, shy and silent related to her/his needs, requests, and in expressing her/himself publicly
 - cause a fear of losing support needed from parents, other authoritative figures, as well as from peers
 - lessen the adolescent’s interest in establishing intimate relationships and/or continuing such established relationships

Displaced Children as an “At Risk” Group (cont.)

- Dealing with developmental and other learned fears (young and school-aged children) and fears of being incompetent, appearing incompetent, and losing support of key figures (adolescents) are central in the development of a variety of anxiety disorders and social phobia, as well as facilitation of other psychopathological outcomes (mental health problems)
- Protection and support that the displaced child/adolescent gets from her/his family in dealing with displacement-related experience is essential in successfully overcoming such experience
- Family is a fundamental unit of each society, and meets the emotional, social, health, educational, and various other needs of its members. So, what do we know or need to know about immigrant displaced families, their dynamics, and ways they support their children?

Canadian Changing Demographics

- According to *Statistics Canada (2006)*:
 - Canada's population grew from 4% in the previous five-year census period to 5.4% – the highest population growth among the Group of Eight industrialized nations
 - Of the 750,000-person increase in Ontario (a 6.6% population increase), roughly 600,000 were immigrant newcomers
 - The Greater Toronto Area (GTA) has remained the major gateway for newcomers. The census enumerated 2,320,200 foreign-born people in the GTA, the largest number of any metropolitan area in the nation:
 - in addition, between 2001 and 2006 the foreign-born population in the GTA grew by 14.1%, compared with 4.6% for the Canadian-born population
 - Canada receives between 30,000 and 40,000 new migrant children 19 years of age and younger each year
 - Each year, about 200,000 immigrants arrive in Canada; 25,000 of these are refugees

Newcomer/Immigrant Families

- In their new living environment, such as Canada, these families struggle with a number of social, cultural, and economic barriers. One of the first and major tasks faced by these newcomer families is to undergo a long-term process to resettle
- The settlement process usually lasts 5+ years, and includes:
 - adaptation to the host culture (refers to the degree immigrants are able to function independently, and being able to satisfactorily meet the culturally imposed demands of personal and social responsibility in their new living environment)
 - acculturation (changes immigrant newcomers undergo when they come into contact with another culture)
 - integration into their new living environment (immigrants' feeling of being a part of mainstream society and “fitting in”)

Newcomer/Immigrant Families (cont.)

- The settlement process is usually a complex, painful, stressful, energy-consuming, and demanding one, as it refers to:
 - dealing with a series of losses, and separation from previous life and social networks
 - learning a new language, behavioral rules, and values
 - dealing with financial hardship, unemployment or underemployment, and decreased social status
 - family structure and dynamic changes
 - identity change, confusion related to old self/life, and adding new experience into it (Who the person was and is now, what s/he had and has now, what s/he knew and knows now)

Newcomer/Immigrant Families (cont.)

- Children/adolescents' settlement process interferes with their developmental process. This unique, complex, and confusing experience involves a number of factors:
 - breakdown of the previous socialization process
 - English language difficulties, and the stigma of attending English as a Second Language (ESL) programs
 - need to form new friendships and establish new social networks
 - need to adapt to and accept a new school, teachers, peers
 - a strong need to “fit in”/belong to the mainstream society
 - dealing with prejudice and discriminatory behaviors from mainstream schoolmates
 - dealing with different life styles inside and outside of their nuclear families
 - meeting parental demands regarding academic achievement

Immigrant Displaced Families

- One's strong urge to deal with challenges associated with displacement-related experience significantly affects her/his settlement process. These challenges:
 - act to disassemble one's integrity and internal structure, and tend to lead to a state of confusion, disorganization, and emotional distress
 - affect one's ability to achieve a positive balance in making comparisons between her/his old and new lifestyles
 - interfere with one's capacity to verbalize her/his fear, anger, and anxiety, and incorporate elements of a new language and culture
 - limit opportunities to find/see and enjoy positive experience in one's new living environment (receptive, inclusive, appreciative)
 - create an impression that the demands of the new life involve much risk, and affect one's ability to cope well, adapt, accept the reality, and make her/his life better

Immigrant Displaced Families (cont.)

- The strong urge to deal with challenges associated with displacement-related experience also significantly affects one's parenting skills
- Parents are mostly preoccupied with their own displacement traumas, adaptation, nostalgia, feeling of isolation, helplessness... As a result of these unique family dynamics, displaced children might:
 - experience reduced involvement with their parents, and inadequate parental support and protection
 - miss the family system, structure, cohesion, and stability that provides protection, support, and guidance
 - be left alone to interpret their displacement-related traumatic experiences for themselves, as well as to cope on their own
 - be exposed to additional stresses due to seeing and worrying about their parents who are frequently unhappy, and haunted by their own personal traumas and problems

Immigrant Displaced Families (cont.)

- lose opportunities to learn, feel warmth, and master self-regulatory abilities
- get limited encouragement to talk about themselves and their concerns, as well as in getting along with their peers
- have a sense of being abandoned and rejected by their parents
- suppress and accumulate aggressive feelings and confusing thoughts caused by their actual family situation, and ongoing parental crises
- lose parental support and/or their participation in getting help from existing systems of care (i.e., mental health, family and community-based services)
- experience difficulty in trying to achieve and sustain a sense of safety and stability that is crucial in their recovery from displacement related uncertainty, as well as in continue developing their potential
- experience demoralization, low self-esteem, dysfunction, tension, and deterioration of a sense of well-being

Meeting Needs of Displaced Children: Systemic Challenges

- Displaced children's adverse experience has in many individual cases been uncontrollable and threatening experiences
- The magnitude of issues presented by these children and their families requires a deeper systemic support and full awareness of their unique needs, including:
 - an increased need for intervention and orientation toward displaced vulnerable children and families
 - providing help and support to every displaced child and her/his family, who needs it, in a continued and consistent way until s/he (they) will be able to resume normal routines

Meeting Needs of Displaced Children: Systemic Challenges (cont.)

- making existing services more accessible
 - exploring opportunities for service collaboration and partnership in addressing and advocating for the specific needs of displaced children and their families
- creating new service intervention/strategies
 - developing community-based approaches including culturally and language sensitive initiatives (if possible)
 - educating teachers/schoolmates about issues their displaced peers are undergoing
 - facilitating displaced children's social and supportive interactions
 - teaching displaced children and their families new life and coping skills, and helping them to better understand demands of their new life
 - developing prevention programs

Meeting Needs of Displaced Children: Systemic Challenges (cont.)

- Not every displaced child suffers from dire consequences and requires the same level of support
- Service provision should be sensitive enough to recognize symptoms manifested and the risk for a particular child/family to be able to mobilize relevant resources to prevent poor future long-term outcomes
- In order to support displaced children and their families, all relevant stakeholders (schools, community mental health, family, and settlement service providers) should be aware of their crucial role in supporting displaced children, as well as responsibilities in so doing

Meeting Needs of Displaced Children: Systemic Challenges (cont.)

- Challenges service providers encounter in helping displaced children and their families include:
 - limited knowledge and research-related findings about specific needs, evidence-based practice on how to best serve this population, and cultural influences on presenting conditions
 - lack of training to deliver services to meet needs of culturally diverse populations, specific cultural/language needs, insufficient time to address non-medical and family needs
 - limited funding for the services needed (if available, funding usually relate to one-time limited solutions, rather than ongoing/continued services)
 - helping displaced families count on their acceptability of issues faced and receptiveness to treatment/support (stigma and/or cultural values usually interfere with service use)
 - poverty among displaced families

Meeting Needs of Displaced Children: Systemic Challenges (cont.)

- some parents are not aware enough about their children's problems
- the problems might also appear masked and parents/teachers cannot recognize what the child is experiencing
- some parents are confident that they alone know the causes of their children's problems and how best to solve them
- it is not rare to meet parents who strongly believe that their child's problems will evaporate easily on their own once the child gets older
- ethnic matching in delivering services for some displaced people appears a complicated issue since meeting a professional from one's own community might cause confidentiality and privacy concerns
- racism and discrimination experienced by displaced populations in their new living environment

Meeting Needs of Displaced Children: Systemic Challenges (cont.)

- Advantages service providers should consider in helping displaced children and their families include:
 - Canada offers an established and full infrastructure of needed services and support that provide stability to children (i.e., daycare or school, health care, after-school programs, normal lifestyle)
 - most displaced youth believe that Canada offers greater economic opportunities compared to their countries of origin, with more access to education and appropriate jobs
 - recent Canada-wide diversity initiatives, as well as at the local service delivery level
 - a number of stakeholders, including different levels of government, have demonstrated their strong interest in addressing stigma, and improving the quality of life of those dealing with mental health problems (i.e., Canadian Mental Health Coalition)

Practical Suggestions

- In serving displaced children and their families, as a service provider:
 - do not assume these children quickly adjust, acculturate, learn English, are problem-free in resettling
 - consider that it is easier for the displaced child to wear the same clothes as their peers than to learn the English language
 - do not underestimate/minimize suffering, and personal and behavioral conditions presented by these children
 - do not assume knowledge of what is the most stressful event for the displaced child
 - allow the child to express her/himself and consider that s/he will cope much better if her/his specific needs are recognized and appropriate help is available
 - always encourage and support displaced children to look to the future rather than to the past
 - in addition to individual treatment, consider offering community-based approaches (i.e., community education, self-help groups) as these can significantly contribute to reaching out to more people, as well as in alleviating the distress caused by displacement