



**RCT**

Rehabilitation and Research Centre for Torture Victims

# Trauma and Resilience in Young Refugees

Edith Montgomery, PhD

Rehabilitation and Research Centre for Torture Victims

*Rehabilitating Torture Survivors*

*An Evidence-Based International Conference*

*December 3-5, 2008, Copenhagen, Denmark*





# Background

---

- o Cross sectional studies of child and adolescent refugee populations have documented a high prevalence of mental problems
- o Little evidence of the longitudinal course of symptoms and the influence of protective and vulnerability factors in exile





# Follow-up studies

---

In a group of young refugees from Cambodia, the prevalence of PTSD and depression fell considerably during the follow-up period, and most subjects were observed to function well.

Sack et al. 1999

In a group of adolescent refugees from Cambodia, the mean numbers of symptoms fell during the first two years in exile, but increased again during the following two years.

Rousseau et al. 2004





# Resilience

---

- o Resilience is a dynamic process characterized by positive development in spite of significant adversity
- o Severe adversity does not necessarily have a major or lasting effect on adaptive behaviours
- o Maladaptive profiles emerge when adversity is high and protective resources are weak
- o Low protective resources rather than adversity in itself result in maladaptation





# Risk Factors for mental problems – follow-up studies

---

Ellis et al. 2008: Somali refugees in the US

PTSD and depression associated with numbers of traumatic events and stresses in exile

Rousseau et al 2003:

No associations between traumatic experiences and mental symptoms at 4 year follow-up

Hjern & Angel, 2000: Refugees in Sweden

Recent stress in the family and organized violence associated with symptoms at 7 year follow-up





# Risk Factors at Arrival

Montgomery 1998, Montgomery & Foldspang 2001

- o No. of traumatic experiences after birth (anxiety, sleep disturbances and sadness)
- o No. of traumatic events before the birth of the child (sleep disturbances)
- o Torture of parents (anxiety)





# Follow-up study

---

- o 131 young refugees (76 boys and 55 girls) from 67 families
- o Between 11 and 23 years of age (mean: 15.3 years)
- o Baseline study at arrival in 1992-93
- o Follow-up study 8-9 years after arrival in 2000-2001





# Risk Factors at Follow-up

Montgomery 2007 & 2008

---

## **Externalizing behaviour:**

- Witnessing attack on others in Denmark
- More schools attended
- Less attending school or work

## **Internalizing behaviour:**

- No. of types of traumatic events before arrival
- No. of types of stressful events after arrival
- No. of types of experiences of discrimination
- Fewer Danish friends





# A person-focused analysis

---

For comparison, four groups of young refugees were constructed, reflecting different patterns of levels of psychological problems at arrival and follow-up:

- a) Unproblematic at both assessments (*spared*)
- b) Problematic at follow-up only (*reacting*)
- c) Problematic at first assessment only (*recovered*)
- d) Problematic at both assessments (*traumatized*)





# Groups

---

Spared:	29	(22.1%)
Reacting:	4	( 3.1%)
Recovered:	68	(51.9%)
Traumatized:	30	(22.9%)

Unpublished data





# Group differences

	Spared		Recovered	
	OR	P	OR	P
<i>Corrected for sex and age</i>				
Traumatic experiences before arrival*	0.78	0.02	0.97	0.69
Stressful events after arrival*	0.70	0.25	0.55	0.006

\*Numbers of types

Unpublished data





# Group differences

---

	Spared		Recovered	
	OR	P	OR	P
<hr/>				
<i>Significant covariates</i>				
Length of father's education (years)	1.00	0.99	1.13	0.03
Speaks often with mother about problems	3.72	0.02	2.17	0.12
Attending school or work	5.72	0.10	6.78	0.02

---

–

Unpublished data





# Conclusions

---

- o The cumulated effect of traumatic experiences seems more important than the effect of specific war and organized violence related experiences
- o Traumatic experiences prior to arrival do not seem to be of primal importance for recovery during the time in exile
- o Parent's educational level might be an indicator of resources in the family that serve a buffering role
- o Attending school or work is important for the process of recovery *or* children with problems drop out of school





# Prevention

---

- o Intervention aimed at improving social conditions are likely to have positive impacts
- o Positive engagement with prosocial peers and school communities
- o Promotion of social competence as well as amelioration of symptoms
- o Restoring adaptive systems i.e. making sure children have adults who care for them, brains that develop normally and the possibility of learning how to manage their own emotions





# References

---

- Ellis BH, et al. Mental health of Somali adolescent refugees: The role of trauma, stress and perceived discrimination. *Journal of Consulting and Clinical Psychology*, 2008; 76: 184-193.
- Hjern A, Angel B: Organized violence and mental health of refugee children in exile: a six-year follow-up. *Acta Pædiatr*, 2000; 89: 722-727.
- Montgomery E. Long-term effects of organized violence on young Middle Eastern refugees' mental health. *Social Science & Medicine*, 2008; 67: 1596-1603
- Montgomery E, Foldspang A: Discrimination, mental problems and social adaptation in young refugees. *European Journal of Public Health*, 2007; 18: 156-161.
- Montgomery E. Foldspang A. Traumatic experience and sleep disturbance in refugee children from the Middle East. *European Journal of Public Health*, 2001; 11: 18-22.
- Montgomery E. *Refugee children from the Middle East*. Scandinavian Journal of Social Medicine, Suppl. 54: Oslo, Scandinavian University Press, 1998.
- Rousseau C, Drapeau A, Platt R. Family environment and emotional and behavioural symptoms in adolescent Cambodian refugees: Influence of time, gender, and acculturation. *Medicine, Conflict and Survival*, 2004; 20: 151-165.
- Rousseau C, Drapeau A: Are refugee children an at-risk group? A longitudinal study of Cambodian adolescents. *Journal of Refugee Studies*, 2003; 16: 67-81.
- Sack WH, Him C, Dickason D. Twelve-year follow-up study of Khmer youth who suffered massive war trauma as children. *American Academy of Child & Adolescent Psychiatry*, 1999; 38: 1173-79.

