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A comparative analysis of psychological trauma experienced by children and young adults in two scenarios: evacuation after a natural disaster vs forced migration to escape armed conflict

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ABSTRACT

Objectives: Little is known about the psychological trauma experienced by children and young adults (CYAs) following displacement after natural disasters vs migration from conflict zones. In both instances, the decision to leave is usually cast by the family, and the life of CYAs is suddenly disrupted by external circumstances.

Study design: An anonymous survey.

Methods: The same survey instrument, provided by the National Child Traumatic Stress Network (NCTSN), was used to survey self-reported health needs among CYAs during the aftermath of Hurricane Katrina (Health Survey for Children and Adolescents After Katrina) in October 2005–February 2006 and again during the peak of refugee arrivals in Berlin between October 2015 and March 2016. A weighted index to measure cumulative exposure to traumatic stresses during migration was developed along with an unweighted psychological impact score based on the 22-item NCTS psychological impact questionnaire. Spearman's correlation coefficient (ρ) was used to assess the correlation between age and the two psychological impact indices. The two-tailed t-test was used to investigate differences in trauma experienced and psychological impact by gender. Logistic regression was used to investigate differences in types of traumatic stress experienced and psychological impact among CYAs displaced because of Hurricane Katrina and those seeking asylum in Berlin.

Results: The Katrina cohort included a total of 1133 CYAs, the Berlin cohort, a total of 405 CYAs. The median age in the Katrina cohort was 6.73 years (standard deviation [SD] 5.67, range 0–24; 50.13% males) compared with 17.64 years (SD, range 0–24; 83% males) in the Berlin cohort. Comparative analyses were adjusted to age and gender and revealed significant differences between the two cohorts, both with regards to the amount of trauma experienced and the psychological impact. A statistically significant and moderate positive

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correlation was observed between trauma experienced and psychological impact of migration in the refugee population ($\rho = 0.4955$, $P < 0.001$); the correlation was less pronounced but still significant in the Katrina cohort ($\rho = 0.0942$, $P = 0.0015$). Free-text responses revealed that in addition to common concerns about health, housing and safety, refugees were also pre-occupied with language acquisition and the adaptation to a new culture.

Conclusions: The observed differences in the experience and the consequences of trauma in displaced CYAs warrant additional investigation. It was replicated that human-made disaster seems to show more traumatising potential than natural disaster. Stakeholders need to be aware of the potential medium and long-term consequences of migration/evacuation and allocate resources accordingly.

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Introduction

Reports by United Nations High Commissioner for Refugees (UNHCR) indicate that international migration and displacement have reached record numbers in recent years.¹ Increasing numbers of refugees and internally displaced individuals are children and young adults (CYAs). In Germany, in 2015, the proportion of refugees who are children, adolescents and young adults had approached 60% (<16 years: 27%, 16–18 years: 5%, 18–25 years: 25%).² The reasons for migration are complex, including poverty, armed conflict, environmental hazards and natural disasters.

Little is known about the long-term impact of displacement and forced migration on the psychological health of CYAs. Evidence thus far has been predominantly anecdotal, presented in position papers and editorials.^{3–6} Concerns about post-traumatic symptoms and mental health impairment are frequently mentioned but objective data are sparse. The available literature suggests that the type of trauma seems to be relevant; although 5–60% of survivors of natural disasters develop post-traumatic stress disorder (PTSD), the percentage seems to be higher (25–75%) among survivors of human-made disasters, suggesting that human-made violence may be more detrimental than accidental trauma.⁷ Thus, comparisons between different groups of disaster victims are of special interest.⁸

While child and adolescent health specialists have called for increased attention to the mental health of young migrants and refugees,⁹ most studies to date have been focussed on physical health and infectious disease prevention.¹⁰ This is in part due to a lack of standardisation in mental health outcome measures and the logistics of applying psychometric instruments during a highly volatile situation of mass migration or displacement from natural disasters. Furthermore, it may be difficult to prioritise mental health needs at all in settings of compromised access to basic survival needs (e.g. food, shelter, etc.). The timely acquisition of reliable health data will provide public health agencies with the information they need to take action.

A recent workshop on ‘Long-term Disaster Epidemiology: Problems and Resilience 10 Years after Katrina’ at the 48th Annual Meeting, Society for Epidemiological Research

in Denver, Colorado, discussed the development in methodologies surrounding mass casualties and disaster settings.¹¹ The National Child Traumatic Stress Network (NCTSN) developed a standardised instrument to capture trauma experienced and impact of hurricanes on children and adolescents. This tool was used in a survey project assessing approximately 1200 CYAs during the immediate aftermath of Hurricane Katrina.^{12,13} The same survey instrument was again used during the peak of refugee arrivals to Berlin, Germany, in 2015/2016, allowing the analysis of both cohorts along the same criteria.

We present comparative analyses of psychological trauma exposure and post-traumatic symptoms experienced by CYAs in two scenarios: evacuation after a natural disaster vs forced migration to escape armed conflict. Although it is plausible to expect that exposure to human-made disaster is associated with more severe symptoms compared with exposure to natural disaster, in this exploratory study, no specific hypotheses were formulated and tested.

Methods

Data source

We accessed data from two cross-sectional surveys: the first was administered to a convenience sample of 1133 CYAs aged 0–24 years and/or their parents/guardians, attending healthcare facilities post Hurricane Katrina in the metropolitan New Orleans area from October 2005 to December 2005 (Health Survey for Children and Adolescents After Katrina [HSCAAK]).^{12,13} The section of the survey on child trauma, which is the subject of this comparative analysis, was a prevalidated instrument provided by the NCTSN (www.nctsn.org)^{11–13} and is in line with the NCTSN *Hurricane Assessment and Referral Tool for Children and Adolescents-Revised*.^{14,15} The New Orleans Survey in 2005/2006 was provided on paper and filled by parents/caretakers and children while waiting for administrative or healthcare appointments. Additional questions in the HSCAAK dealt with environmental exposures, missed medical appointments and acute and chronic health issues and are published elsewhere.^{12,13} No personally identifying information was obtained, and

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