



THE EFFECTS OF THE TRAUMATIC EXPERIENCED DURING THE MIGRATION PROCESS ON REFUGEES CHILDREN

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A refugee is someone who has been forced to flee his or her country because of persecution, war, violence or natural disaster. (Who is a refugee?) Since the eruption of the civil war in 2011, about 14 million Syrians had to leave their homes and many of them sought refuge in another country. (YAYLACI, 2018) Turkey is a country of emigration and immigration. And also Turkey is a transit country. For this reason, while the refugees go to other countries through Turkey, some of them remain in Turkey with their refugee identity. More than 3.5 million Syrian refugees have been registered by the Turkish government. About 50% of this population is under 18 years of age. (Temporary protection migration statistics, 2019) These rates increase day by day due to the continuation of the war in Syria. Migration is not an easy process. Forced migration and war is a traumatic life experience that involves a lot of stress. Children and adolescents can easily be exposed to many environmental stressors and are more likely to be affected by stress than adults. So these exposures may be the beginning of mental disorders in children and adolescents. Due to these traumatic experiences and unsafe environment in the war country, people decide to migrate. But traumatic experiences do not come to an end by escaping war and taking refuge in a country, on the contrary, it can prepare the ground for new traumatic experiences. Traditionally the refugee experience is divided into three categories: pre-migration(preflight), migration(flight) and post-migration(resettlement). (mental health)

Pre-migration(preflight) is the lives of refugees in their own countries during the war. In these experiences, people face various social confusion and chaos. People facing situations such as witnessing death, being subjected to violence, torture, access to basic human resources, and lack of medical care are experiencing a variety of traumatic experiences. (Demirbaş & Bekaroğlu, 2013) These traumatic experiences have devastating effects for humans. Children experience these traumatic experiences either directly or indirectly. It has an extra destructive effect especially for children who are deprived of their protection.

Traumatic event for children can be malnutrition, physical health problems, exposure to violence, barriers to access to health services, neglect, abuse, mental disorder in the caregiver and separation from the caregiver. These are important sources of stress for children. In addition, children experiencing them can be fragile in the face of stress. These stress sources are the cause of various psychological disorders. Due to the unsafe living environment in the war country, people decide to

migrate to safe environments and the migration process begins.

Traumatic experiences during migration(flight) include the sadness of leaving home, the road, time, exposure to difficult living conditions, violence, disruption of the family and social relations, uncertainty about the future, and traumatic experiences during the escape from the war country. However, it may be one of the major stress sources in this area after a certain period of time. It is a legal obligation not to send back the people who fled the country of war. Therefore, people fleeing from the war by the host state are gathered in a specific campsite for a temporary period of time. This camp area is not like the normal city area. It is only a short-term created space for it to be a safe area. However, it may be one of the major stress sources in this area after a certain period of time. With the increasing population in the camps, life in the camps can be even more challenging. The poverty, illness and non-hygienic environment and lack of adequate medical support for the injured during and before migration in refugee camps have both psychological and physiological effects on children. So, infectious diseases are likely to occur. The spread of a disease in crowded camp can be rapid. Children's immune system is more vulnerable than adults. So children are more likely to be affected by these infectious diseases than adults. Malnutrition increases the likelihood of infectious diseases for children. In addition, in camps with a complex social and political structure, children need special care. The child who leaves the care provider before and during migration is more vulnerable in these camps. And the existing sources of stress are even more vulnerable. The increasing population in the camps, the lack of material and moral support provided by the host state, makes life in the camps even more difficult. Due to the increasing problems in the camps, refugees in the camps tend to live outside the camps.

Post-migration(resettlement) is the process in which people migrating from camps to cities live together with the host community. The refugee who decided to leave the camp settled in different cities in the host state. However, the state did not develop an effective housing program for refugees living outside the camps. Refugees living in other cities outside the camp have to adopt a lifestyle that is far from basic human life due to economic and linguistic barriers. They start to live under the bridge or on the streets. The immigration process, which even affects adults very much, affects children who are vulnerable much more deeply. In particular, the growth and development process of

children, their dependence on parents and their inability to protect themselves can cause deep damage to their physical, psychological and social development. (Aydın, Şahin, & Akay, 2017) Children are affected at different levels and in different directions from this process. And not every child experiencing the migration process is experiencing mental disorder. Direct exposure to violence, perceived level of threat during trauma, and parental response play an important role in whether the child experiences trauma. But the fact of war and migration is a source of trauma. Children experience traumatic experiences, even if they have protective factors, as they are exposed directly or indirectly to these phenomena.

Since refugee children are at a high risk for developing many psychological problems, it is important to employ effective interventions. If intervention is not provided, psychological symptoms may become chronic. Consequently, early interventions can play a protective role. One of the intervention programs for traumatized refugee children is trauma-oriented cognitive behavioral therapy. This therapy is an appropriate treatment for children and their parents to reduce post-traumatic stress disorder, anxiety and depression symptoms. Their war-related distorted schemas and traumatic memories bring to an acceptable position. Expressing emotions can alleviate the negative consequences of trauma. Children may be inadequate to express their feelings. Therefore, another treatment approach that can be applied is child-centered game therapy. This treatment allows children to express their feelings, thoughts and desires through the game. Art therapy can also be very functional in this respect The child who cannot express his emotions can picture this. EMDR is another type of therapy that is effective on refugee children. Eye contact was effective in alleviating the pain of children. (Yurtsever, et al., 2014) Such treatment methods include school intervention programs. Having mental health professionals in schools is an effective way to intervene in asylum-seeking children who have difficulty. Interaction between different areas such as child mental health professionals, pediatricians, social workers, teachers, other school and health workers who are interested in children is important for providing holistic care in refugee children. (Ehnholt & Yule, 2006)

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