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The relationship between stress response after trauma with anxiety and depression levels of syrian children

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Abstract

Witnessing many painful events such as war and systematic violence adversely affects children's mental health and development. Refugee children are the most at-risk group with the incidence of Post Traumatic Stress Disorder. The aim of this study upon working group of refugee children victims of war was to investigate the relationship between post-traumatic stress responses and anxiety and depression levels of children living in Turkey. This descriptive study was designed according to relational survey model. The sample of the study consists of 224 Syrian children who were randomly selected among the children living in Turkey. In the research, "Revised Child Anxiety and Depression Scales Child Version (RCADS-CV)" and Child The Child Posttraumatic Stress Disorder Reaction Index (CPTS-RI) "data collection tools were used. To analyze the study data, Pearson Product Moment Correlation coefficients and frequency and percentage were used as descriptive statistical methods. As a result of the study, a positive, high and significant relationship was found between the total post-traumatic stress response levels and anxiety and depression levels of children ($p < .05$).

Keywords: Refugee children, childhood trauma, depression and anxiety

Introduction

Migration, which is as old as the history of humanity, has caused an increasing number of refugees and asylum seekers in the international arena as a result of war and similar conflicts in recent years. United Nations High Commissioner for Refugees report shows that 65.6 million people have been displaced worldwide due to persecution, conflict or human rights violations that have reached a record high level in the last decade [1]. Children constituting 31% of the global population accounts for 51% of all displaced persons by main force [1,2]. In particular, about seven million Syrians who have been forced to leave the country due to the civil war in Syria since 2011 constitutes the most recent immigrant group [3]. At least half of the refugees from Syria are children of the age group 0-18. This immigration, which is compulsory by families and children, has the same meaning in itself. Migration is a change of place where they are forced to live all or part of their future life [4]. This process can be defined as the families and children who have very good living conditions in their own countries and suddenly begin to enter into psychological problems and collapses in which they find themselves in troubles and distresses. Stress and collapse are already expected and usual [5]. However, what needs to be done after this is to provide assistance by experts in various fields to prevent psychological crises and to take steps to improve the process. Nevertheless, owing to the fact that it is reported that a certain proportion of the refugees who have migrated to a country have gone to a certain proportion in 17 years even in the presence of peace in their country, these children, who will become adults of the future, will continue to undergo significant changes in the course of the country if the tragedy is not sustained. [6]. Traumatic events such as war and migration, which refugees have to experience, are often associated with stress factors in displacement, deterritorialization, migration and resettlement processes [7]. The most affected group of these stress factors is unaccompanied children who migrate alone without parents or adults. Refugee children constitute the group at greater risk of exposure to the effects of war (violence, torture, death, famine, forced migration, etc.) than the general population [8, 9]. In addition, children experience severe injuries and deaths during and after war or migration with their closest relatives, other relatives and acquaintances such as friends and neighbors, and these events leave traces that are difficult to erase.

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These experiences are sometimes due to ethnic backgrounds and sometimes the things they cannot determine such as religion and language by themselves. It is a pity that children have always been at the center of these events, but they have never been considered and exploited as much [10].

When the studies in the literature are examined, social communication disorders, loss of social communication, crisis and psycho-social difficulties, traumas and effects that occur in children due to negative experiences such as war and forced migration are seen with stress disorder in addition to depression and anxiety. The frequency of emotional symptoms is reported. The most common post-traumatic stress disorder (PTSD) in children under 14 years of age [11] In a systematic review of the studies on the mental health of refugees and asylum seekers, the prevalence of post-traumatic stress disorder (PTSD) among refugee and asylum-seeker children is 20% to 84% higher in European countries [12]. Due to the forced migration, 45% of the refugee children in Turkey are PTSD and that children who have been exposed to war-related traumatic events (violence, witnessing violence, rape, abuse, etc.) developed PTSD a few years after their migration have been detected, and the findings of a study based on these results a Syrian refugee camp in Turkey were found to be consistent with [13]. These conditions known as childhood trauma are considered as the general name of physical abuse, sexual abuse, psychological abuse, physical neglect and emotional neglect in individuals. If we open this definition then; damaging physical, emotional and mental development or disallowing is regarded as exploitation while feeding, housing, maintenance and education are considered as negligence (www.multeciler.org.tr). Even though child and adolescent health experts argue that more attention should be paid to the mental health of young migrants and refugees, studies to date have generally focused on issues such as education, physical health and infectious diseases of refugees. The reason for this is shown as the difficulty of applying psychometric tools during a highly variable situation in cases of mass migration or natural disasters. In addition, forced migration from such natural factors makes it difficult to access even the basic survival needs (food, shelter, etc.) in a safe way, while it is difficult to prioritize mental health needs. Research on refugee children has identified post-traumatic stress disorder as the most common problem followed by depression. Refugee children also tend to have a higher level of behavioral or emotional problems, including aggression and other emotional disorders [14]. The aim of this study is to investigate the effects of war and immigration on children, as the studies on the mental health of refugee children gain importance day by day. Upon trying to look at the information and other aspects that are not in the studies within the literature, the findings and results will be discussed and various suggestions will be made for the next generation.

The aim of this study was to investigate the relationship between post-traumatic stress responses and anxiety and depression levels of children living in a refugee camp. For this general purpose, answers are sought to the following questions:

- What are the post-traumatic stress response levels of children?
- Is there a meaningful relationship between post-traumatic stress response levels and anxiety and depression levels of children?

Materials and Methods

Research Model

This descriptive study was designed with relational survey model. In the relational screening method, it is possible to infer the cause-effect relationship between the variables and complex methods [15].

Population and Sample

The study population consists of 1350 children living in a refugee camp in the province of Malatya, Turkey. Selected by the criterion sampling method from the study population, the sample consists of 224 children in the 13-16 age group, who are victims of war and who have been forced to migrate. Demographic information about the children in the study group is presented in Table 1.

When Table 1 is analyzed, it indicates that 50% of children are girls and 50% are boys; 71.4% are in the 16 age group; 62.5% have 5 or more siblings; 97.8% of the mother is alive; 91.5% of his father is alive.

Table 1. Demographic Information on Children

	n	%
Gender		
Female	112	50
Male	112	50
Age		
Age 13	17	7.6
Age 14	30	13.4
Age 15	17	7.6
Age 16	160	71.4
Number of Siblings		
1 Sibling	5	2.2
2 Siblings	10	4.5
3 Siblings	29	12.9
4 Siblings	40	17.9
≥5 Siblings	140	62.5
Mother alive or not		
Dead	5	2.2
Alive	219	97.8
Father alive or not		
Dead	19	8.5
Alive	205	91.5
Total	224	100

Data Collection Tools

The General Information Form contains questions about the age, sex, number of siblings and whether or not the child's parents are alive.

Posttraumatic Stress Response Scale for Children: The post-traumatic stress response scale (CTSS-TÖ) for children was developed by Pynoos et al. [16] in order to evaluate the stressors that occur after a specific trauma situation in children and adolescents. Each item of this 20-item Likert-type semi-structured

scale scores between 0 and 4 according to the severity of the symptom. A high score indicates that the child is highly affected by the trauma experienced. Pynoos et al. [22] conducted the first application of the scale on children who were exposed to sexual harassment, physical abuse and a nuclear accident, and then the scale was revised and applied to children who had experienced this trauma in an armed conflict and the scale was finalized. ÇTSS-TÖ was revised by Pynoos & Nader [23] and the scoring was finalized. In the validity study, the criterion validity was found to be .91 between the data obtained from the scale and the clinical diagnosis according to DSM III-R criteria [24]. The Turkish adaptation and validity-reliability study of the scale was conducted by Erden et al. [24].

The Anxiety and Depression Scale in Children-Refurbished (ÇADÖ-Y): The scale developed by Spence [19] to evaluate depression and anxiety disorders in children based on DSM-IV diagnostic criteria was revised by Chorpita et al. [20]. It has been finalized as a 5-point Likert-type scale with 47 items. The sub-dimensions included social phobia (9 items), separation anxiety (7 items), generalized anxiety disorder (6 items), major depression (10 items), and obsessive compulsive disorder (6 items). The questions created to determine the level of anxiety and depression of children are asked to be marked as 0 = never, 1 = sometimes, 2 = frequently, 3 = always 4 degrees. The Turkish adaptation and validity-reliability study of the scale was conducted by Görmez et al. [21].

Data Analysis

To analyze the study data, Pearson Product Moment Correlation coefficients and frequency and percentage were used as descriptive statistical methods. The compatibility of the scale scores of the scales to normal distribution was analyzed by Kolmogorov-Smirnov (n> 50) test and parametric tests were applied since the variables were distributed normally. Cronbach's Alpha coefficients were calculated for reliability analysis of the scales. Statistical significance level (□) was taken as 5% in the calculations and SPSS (IBM SPSS for Windows, Ver.24) package program was used for the calculations. According to the reliability analysis of the answers given to the scale questions; The Cronbach's Alpha value of the Posttraumatic Stress Response Scale for Children was 0.82 and the Cronbach's Alpha value of the Anxiety and Depression Scale in Children was calculated as 0.95.

Results

When Table 2 is examined, we can see "general descriptive statistics belonging to scale scores". According to this, in the scale study conducted on 224 children, the mean of the RCADS-CV scores were 102.5, and the mean of the CPTS-RI scores were 46.4. The scores obtained from the RCADS-CV scale ranged between 74 and 163. The scores obtained from the CPTS-RI scale ranged from 20 to 92.

Table 2. The distribution of scales scores

	SAD	SP	OCD	PD	GAD	MDD	RCADS-CV	CPTS-RI
Mean	14.5268	20.1607	13.9286	17.9821	14.6429	21.2902	102.5313	46.4063
Median	14.0000	20.0000	14.0000	17.0000	14.0000	21.0000	101.0000	44.5000
Std. Dev.	3.59985	3.75972	2.99091	4.34495	2.82480	4.10956	14.85261	13.62009
Minimum	9.00	10.00	7.00	12.00	9.00	13.00	74.00	20.00
Maximum	45.00	38.00	22.00	34.00	26.00	36.00	163.00	92.00

Separation anxiety disorder (SAD), Panic disorder (PD), Revised Child Anxiety and Depression Scales Child Version (RCADS-CV)
Social phobia (SP), Generalized anxiety disorder (GAD), The Child Posttraumatic Stress Disorder Reaction Index (CPTS-RI)
Obsessive-compulsive disorder (OCD), Major depressive disorder (MDD)

Table 3. Descriptive statistics and correlation analysis findings on variable and subdimensions

	1	2	3	4	5	6	7	8
1	-							
2	.27*	-						
3	.33**	.27**	-					
4	.51**	.34**	.27**	-				
5	.27**	.31**	.28**	.39**	-			
6	.44**	.38**	.30**	.44**	.46**	-		
7	.70**	.64**	.56**	.75**	.63**	.76**	-	
8	.46**	.36**	.39**	.56**	.47**	.55**	.69**	-
Maximum	45.00	38.00	22.00	34.00	26.00	36.00	163.00	92.00

**p<.01; *p<.05; N=224
1-Separation anxiety disorder (SAD), 2- Social phobia (SP), 3-Obsessive-compulsive disorder (OCD), 4-Panic disorder (PD), 5- Generalized anxiety disorder (GAD), 6. Major depressive disorder (MDD) 7- Revised Child Anxiety and Depression Scales Child Version (RCADS-CV), 8-The Child Posttraumatic Stress Disorder Reaction Index (CPTS-RI)

When Table 3 is examined; correlation analysis findings related to variables are seen. A positive, high and significant relationship was found between the post-traumatic stress response levels and anxiety and depression scores (r=.69; p<.01). There was a positive, moderate and significant relationship between the total post-traumatic stress response levels of the children and the anxiety and depression subscale scores of Panic Disorder (PD) (r=.56; p<.01) and Major Depression Disorder (MDD) (r=.55; p<.01). There was a positive, weak and significant relationship between Social Phobia (SP) subscale and Separation Anxiety (SAD) (r=.27; p<.05). Obsessive Compulsive Disorder (OCD) subscale and Separation Anxiety (SAD) (r=.33; p<.01) and Social Phobia (SP) (r=.27; p<.01) revealed a positive, significant and weak relationship. Panic Disorder (PD) and Separation Anxiety (SAD) were positive, moderate and significant; Social Phobia (SP) (r=.51; p<.01) and Obsessive Compulsive Disorder (OCD) (r=.27; p<.01) subscales revealed a positive, significant and weak relationship. There was a positive, significant, weak relationship among the General Anxiety Disorder (GAD) subscale and Social Phobia (SP) (r=.31; p<.01), Separation Anxiety (SAD) (r=.27; p<.01), Obsessive Compulsive Disorder (OCD) (r=.28; p<.01) and Panic Disorder (PD) (r=.39; p<.01). There was a positive, significant and moderate relationship among Major Depression Disorder (MDD) sub-dimension and Separation Anxiety (SAD) (r=.44; p<.01), Panic Disorder (PD) (r=.44; p<.01) and Generalized Anxiety Disorder (GAD) (r=.46; p<.01).

When Figure 1 is analyzed, the distribution of post-traumatic stress response levels of children is seen. That 1.3% of children had none, 32.6% had mild, 49.1% had moderate, 17% had severe post-traumatic stress response has been determined.

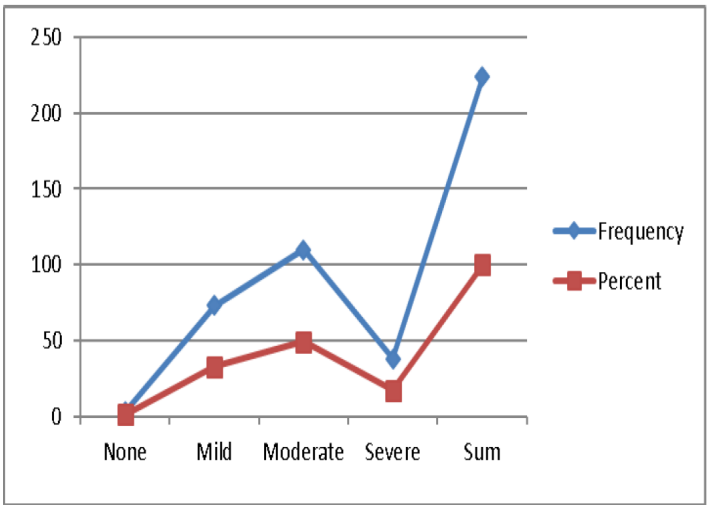

Figure 1. Distribution of post-traumatic stress response levels of children

Discussion

The so-called Arab Spring, the anti-regime protests that broke out in Syria in 2011, created one of the biggest human crises in the world [22]. People with their families were forced to emigrate to neighboring countries to escape war, persecution and violence. The ongoing war and violence in Syria have caused many tragedies and problems on Syrians.Children and adolescents are the most vulnerable group [23].

In this study; the fact that 1.3% of children had mild, 32.6% had moderate, 49.1% had severe, 17% had very severe post-traumatic stress response has been determined. In another study in which the sample included 105 unaccompanied refugees, the prevalence of psychological disorders was investigated. The most common discomfort was 42% depression, 35% behavior disorder and 32% Posttraumatic Stress Disorder [24].

In the study on refugee children who were victims of war, a positive, high and significant relationship was found between the total score of post-traumatic stress response levels and anxiety and depression levels of children (p <.05). This result is similar to the research results. According to the results of the World Health Organization's (WHO) survey of Syrian Refugees in 2015, the vast majority of refugees have directly been experiencing the violence of war. Approximately 70% of the respondents stated that they lost a relative, more than 50% were in the middle of the war, and 50% lost their homes [25]. Adverse events experienced during escape and migration and their exposure to a traumatic event affect people's mental health and psychology negatively [26]. Refugees and asylum-seekers constitute the risk group for Post-Traumatic Stress Disorder due to their negative effects during war or escape [27,28]. Similarly, Systematic Violence causes high post-traumatic stress and then triggers post-traumatic stress disorder [29]. Physical violence and negative experiences gained in war increase the risk of anxiety, stress and depression [30]. In a study conducted with Bosnian refugees; there was a positive relationship between the amount of exposure to war and anxiety and stress levels [31]. After trauma, the most common disorders in children are sleep and anxiety disorders [32].

Another finding of the study revealed that there was a positive, moderate and significant relationship between the total post-traumatic stress response levels and anxiety and depression scale subscale scores of Panic Disorder (PD) and Major Depression Disorder (MDD). In other words, that the refugees fleeing the war are exposed to violence and various stressful situations in their country of origin has been causing severe psychiatric damage on them [10]. Traumatic events experienced by adults also affect the child's mental health [33]. Negative life experiences during the war are damaging children's mental health and development in the long run [34]. Researches on refugee children in recent years have emphasized that children experience sleep disturbance, stress and various psychological disorders due to traumatic events [35]. In a qualitative study conducted with 55 children aged 11 to 17 in the refugee camp in Germany, it is stated that the current psychological stress in exile is high in addition to past psychological stress. Family-related problems in exile have been found to be highly associated with current mental health problems [36]. In a retrospective study conducted in Germany, psychological disorders of unaccompanied refugee children were investigated. It was found that 56 (75%) of 75 children participated in the study had psychological disorders. The most common disorders are post-traumatic stress disorder and depressive episodes [37].

It is known that refugees have problems in exchanging healthy information about social and cultural integration and asylum processes. Researches conducted in war zones state that children's mental health is bad due to violence and similar negative experiences and they should be treated [27]. Therapy methods and intervention programs are developed and implemented for refugee children

who experience post-traumatic stress and helplessness [38]. While pedagogical professional approaches by traumatized children are important for teachers in the countries of migration [39], teachers' knowledge and skills should be increased in their approach to these children [40]. Through the Provincial Directorates of Family, Labor and Social Services, it is recommended to identify the children who are victims of war and who are experiencing trauma and to improve their quality of life with psychotherapy. The public policy makers in Turkey should aim to raise child welfare to higher levels by establishing specialized centers for war-victim children, who are the adults of the future, and by employing professionals in these centers.

Competing interests
The authors declare that they have no competing interest.

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Ethical approval
This study was approved by the Institutional Ethics Committee and conducted in compliance with the ethical principles according to the Declaration of Helsinki.

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