Children of Iraqi Refugees: Risk Profile for Substance Abuse

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Children of Iraqi refugees: Risk Profile for Substance Abuse

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Wayne State University and Arab-American Chaldean Council
Background

- Over 64,000 Iraqi refugees officially entered the U.S. between 2007 and March 2012.
- Children from war-torn areas ("refugees") have been found to be at high risk for mental distress (a risk factor for future substance abuse).
- They also may be less likely to achieve in school and engage in community activities than other children (protective factors against future substance abuse).
- Other general protective factors include religiosity and sense of community cohesion.
Objective

- What is the risk profile of children of Iraqi refugees?
Hypothesis

• Among adult refugees, higher prevalence of mental disorders has been associated with shorter time since resettlement and exposure to more potential traumatic events (PTE). We hypothesized that similar associations would hold in the children of Iraqi refugees.
Methods

- Survey of children (aged 7 – 20) of Iraqi refugees
- Recruited from 3 distinct sites
  - Adult Survivors of Torture clinic (WSU & ACC)
  - Refugee Resettlement Agency (LSS)
  - Community
Measures

- **Impact of Events Scale-Revised** (Weiss & Marmar, 1996) Both 30 and 40 have been used to classify elevated problems.
- **Modified Harvard Trauma Scale**
- **Depression Self-Rating Scale for Children** (Birleson, 1978) 18 items (0-2) with 15 to classify possible depression
- **Children’s Somatization Inventory** (Walker & Gerber, 1992)
Who are the children who participated?

<table>
<thead>
<tr>
<th></th>
<th>N=299</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>52.5%</td>
</tr>
<tr>
<td>Immigrant</td>
<td>67.9%</td>
</tr>
<tr>
<td>Christian</td>
<td>81.7%</td>
</tr>
<tr>
<td>12 or older</td>
<td>59.5%</td>
</tr>
<tr>
<td>Recruited from Victims of Torture clinic</td>
<td>20.4%</td>
</tr>
<tr>
<td>Completed survey in English</td>
<td>63.2%</td>
</tr>
<tr>
<td>Self reported English “very good” or “good”</td>
<td>83.6%</td>
</tr>
</tbody>
</table>
Are the responses valid?

- IES and PTSD symptoms were correlated ($r=.28$)
  - PTE and somatic symptoms were correlated ($r=.26$).
- PTE was higher among immigrants compared to native born ($M=3.9 \nu M=.8$)
- Experimentation with substances increased with age
Experimentation with substances was low but increased with age

*Lifetime prevalence. Prevalence for waterpipe tobacco smoking was 4.9%.*
Prevalence of Risk factors by site

Only depression scores did not vary by site.
Hypothesis not supported

• Higher symptoms were associated with longer resettlement time among immigrants.
  • Linear regression with IES-R as outcome, controlling for recruitment source

  Years in the U.S. $\beta = .90 \ (0.39 - 1.44)$  $p = .001$
  PTE $\beta = .59 \ (0.11 - 1.07)$  $p = .02$
## Protective Factors for group and all subgroups

<table>
<thead>
<tr>
<th>Factor</th>
<th>%</th>
<th>Subgroup differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>School achievement (A’s versus B’s or lower)</td>
<td>47.8</td>
<td>Resettlement (79.5%) &gt; others (42.0%)</td>
</tr>
<tr>
<td>Community activities (either religious or after-school)</td>
<td>64.5%</td>
<td>Survivors of Torture (45.6%) &lt; others (69.4%)</td>
</tr>
<tr>
<td>Religiosity</td>
<td>53.1%</td>
<td>Girls (58.8%) &gt; Boys (46.7%)</td>
</tr>
<tr>
<td>Community cohesion (3 adults in Michigan who know your name and compliment you)</td>
<td>64.0%</td>
<td>None identified</td>
</tr>
</tbody>
</table>

*Subgroups examined were site of recruitment and all characteristics included in the preceding table*
Limitations

- Not a probability sample
- Self-reports
- No information from parents
- Cross-sectional
- Risk and protective factors for substance abuse from general U.S. population may not apply to children of Iraqi refugees.
  - However, we have conducted prior work on alcohol and drug abuse in this community and collaborated with community substance abuse treatment and prevention officials. The research was a collaboration.
Discussion

• The findings emphasize the diversity and resilience of children of Iraqi refugees.
• They highlight the potential for elevated IES symptoms to emerge in immigrants with greater time in the U.S.
• The findings underscore caution that parents’ torture experiences may impact children’s substance abuse risk profile.
Conclusions

• Substance abuse prevention programs should be tailored to reflect diversity of children of Iraqi refugees
  ▫ Exposure to potential traumatic events
  ▫ Sense of community cohesion
  ▫ Religiosity
Acknowledgements

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