

# **„Refugee crisis”- refugee experience: towards better understanding**

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# Why me ?

- Since 1989 **field work** and **academic writings** on the topic of refugees
- Since 1990 **diversity trainings** for administration and NGO's pertaining to refugees experience and their adaptation in Poland
- Since 2004 research on **Polish economic migrants** in UK and Ireland
- Since 2014 research on **returnees Poles** and adaptation of their children in Poland

# Sequential process of becoming refugee

- Limited insight during encounter of forced migrant on **specific stage** of the process
- Need to analyse **full process**
- **Myth:** „Refugee Crisis” = New, uninterrupted flow of people

# Timelines of the process of becoming refugee

- T1 \* Pre-departure stage
- T2 \* Flight
- T3 \*\* Country of first asylum/transit country
- T4\*\* Resettlement country
- T5 \*\* Repatriation

\* *primary trauma – **before** reaching to safety*

\*\* *secondary trauma-**after** reaching safe haven*

# **Pre-departure from safety to disruption**

- Ethnic/ religious cleansing
- Reduction of means of livelihood
- Killing, bombing, kidnapping
- Forced conscription to the army ( child soldiers)
- No future

# Flight

- „Official” **Fortress Europe** = no safe and legal routes for protection.
- Human trafficking (***war with smugglers***)
- Self-organized journey to safety ( **family reunion, job visa**)
- (2015)1 death in every 1,063 arrivals (2016)1 death in every 409 arrivals „ it does not make a headlines anymore”

# Process of migration ( children's perspective)

- **Paralell stages** for economic migrants and forced migrants
- Book *Emigracja* by Jose Manuel Mateo and Javier Martinez Pedro ( 2013)

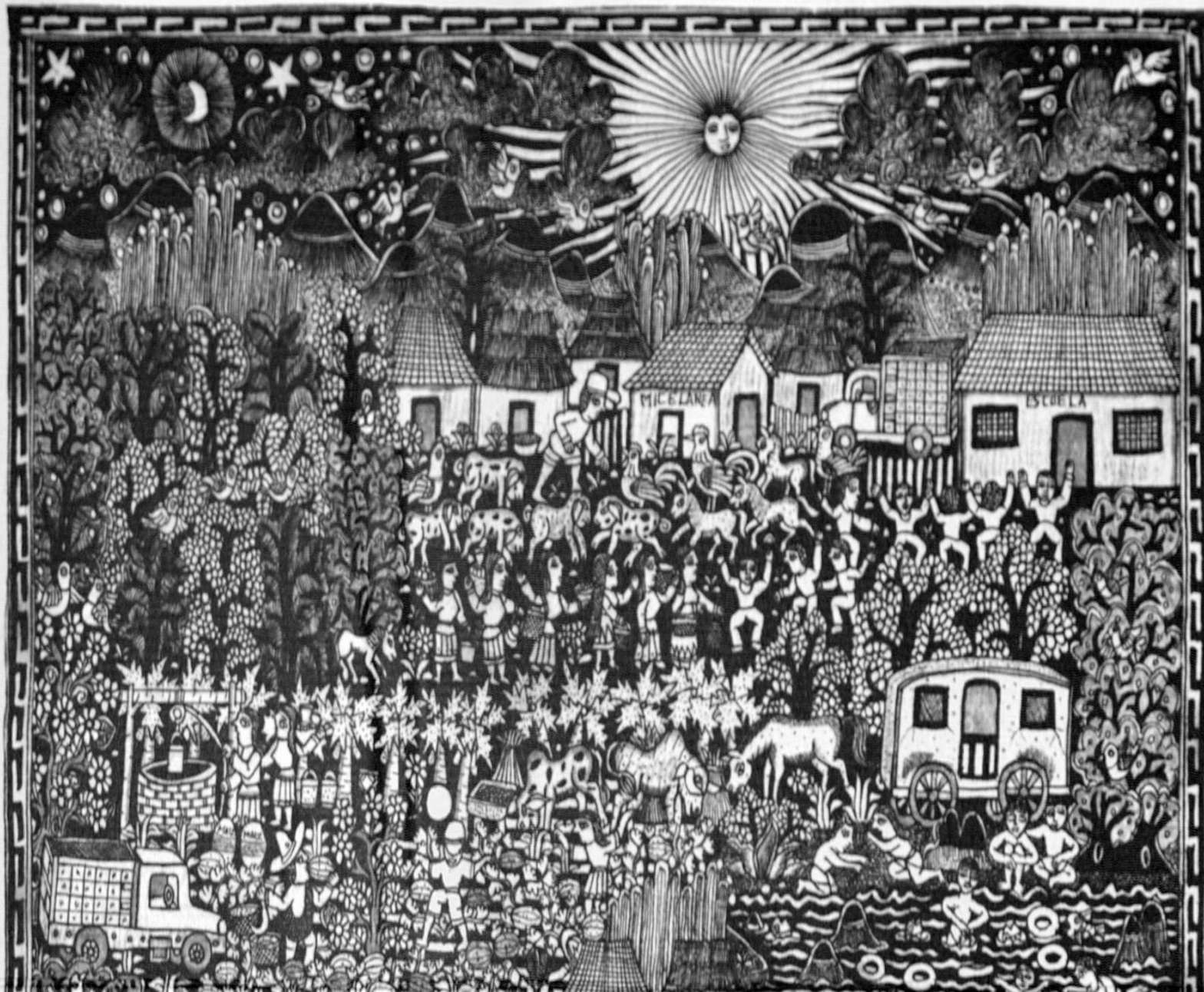


# Emigracja

José Manuel Mateo i Javier Martínez Pedro

Javier Martínez Pedro

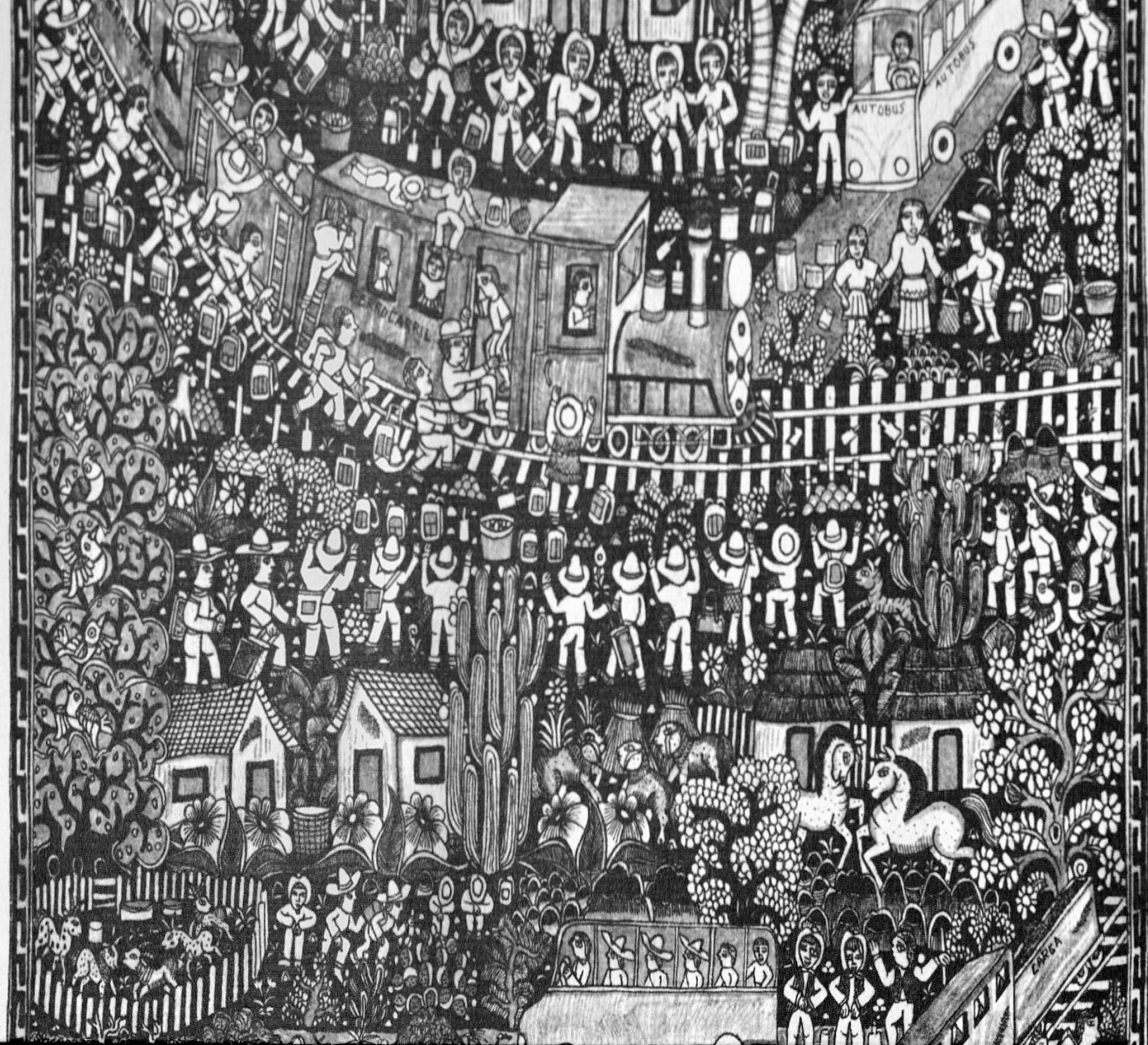










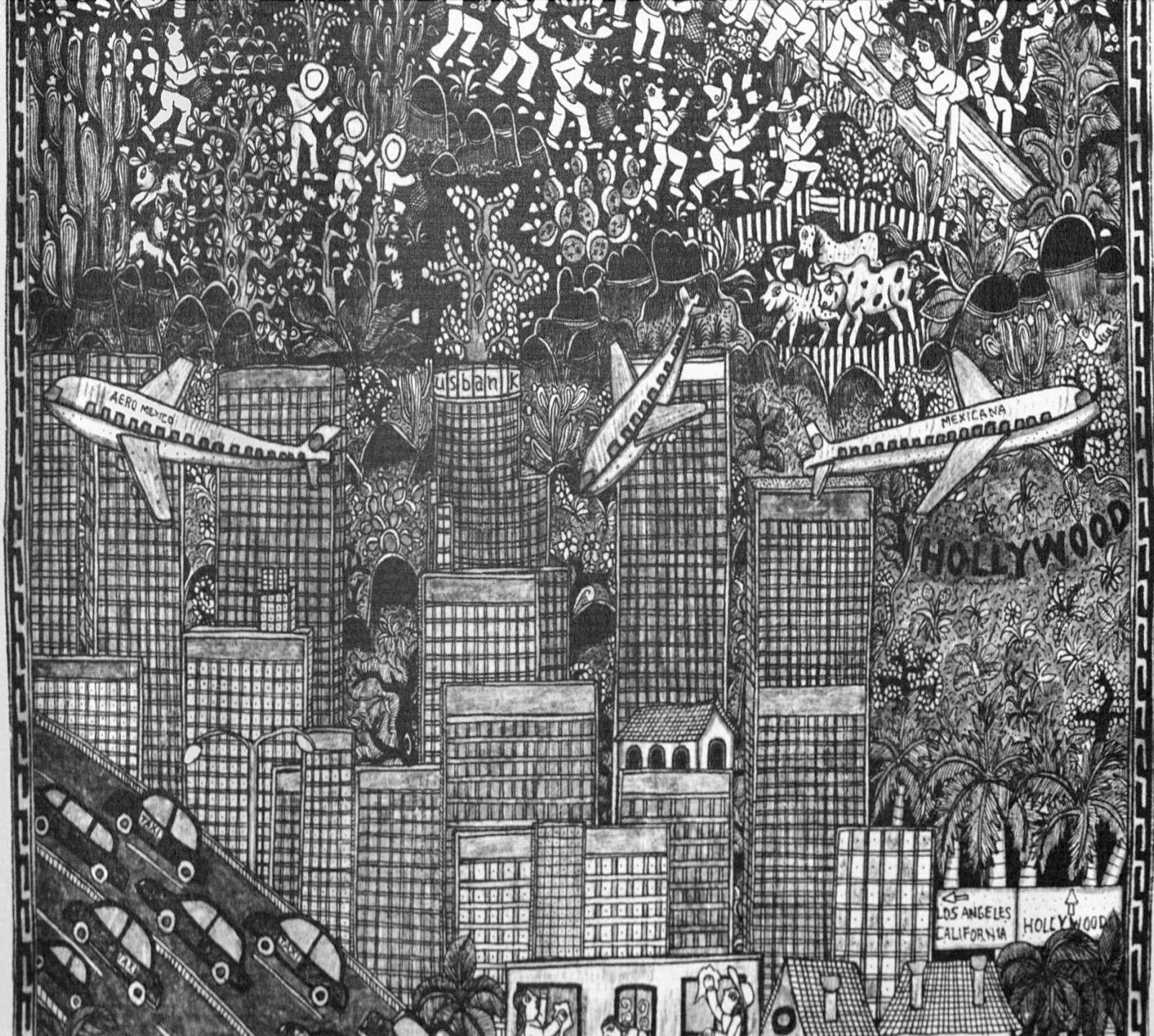
















# First /transit country of asylum

- Independent ( diaspora) vs. refugee centres
- Onset of PTSD/ culture shock
- For both groups of children relocation produces **impactful transition** which produces changes in the fabric of life, requires re-learning routines
- Additional reason for blending analysis of both groups

# PTSD

Trauma can look very different across the developmental stages

# **Up to 5 years symptoms**

Parents often mistakenly assume “the child wasn’t looking when it happened” or “was too little to know”

clinging to mothers, thumb-sucking, nail-biting, bedwetting, fear of sleeping alone

# 6-11 years old symptoms

Critically exposed to PTSD

(3 times more likely to suffer from PTSD than adolescents, because they are at a younger stage of development)

- **Psychological symptoms** (anxious, depressed, angry, unable to concentrate, sleeping difficulties, nightmares)
- **Social symptoms** (difficulties to socialize with peers, refusal to go to school)
- **Physical symptoms** (vomiting, headaches or stomach aches)

# Adolescents

## **Most at risk**

those who have lost family and community connections

- **Psychological symptoms** (feel as frozen in the past, with no prospect of a future, thoughts about suicide)
- **Social symptoms** (school difficulties, eating disorders, alcohol abuse, teenage pregnancy, general „acting out“)

# Gender specifics of PTSD

Findings **inconclusive** regarding gender differences

- Girls **internalize** trauma
- Boys **externalize** trauma  
(inattentive, impulsive and hyperactive, engage in violent activities)

# **Scope and context of the readaptation and reintegration in the safe country**

- school environment
- peer group relations



## **Zozo (2005)**

Director: Josef Fares



# Points of attention

- Resources of the school and of the child
- How Zozo's transition should be supported?

# How to care for refugees

- **Simultaneously** physical and mental support
- **Family balance** needs to be re-established
- **Myths:**
  - *Western therapy* always helpful
  - Only children and women deserve *extra help*