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# Children of Iraqi Refugees: Risk Profile for Substance Abuse

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**Presenter Information**

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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)



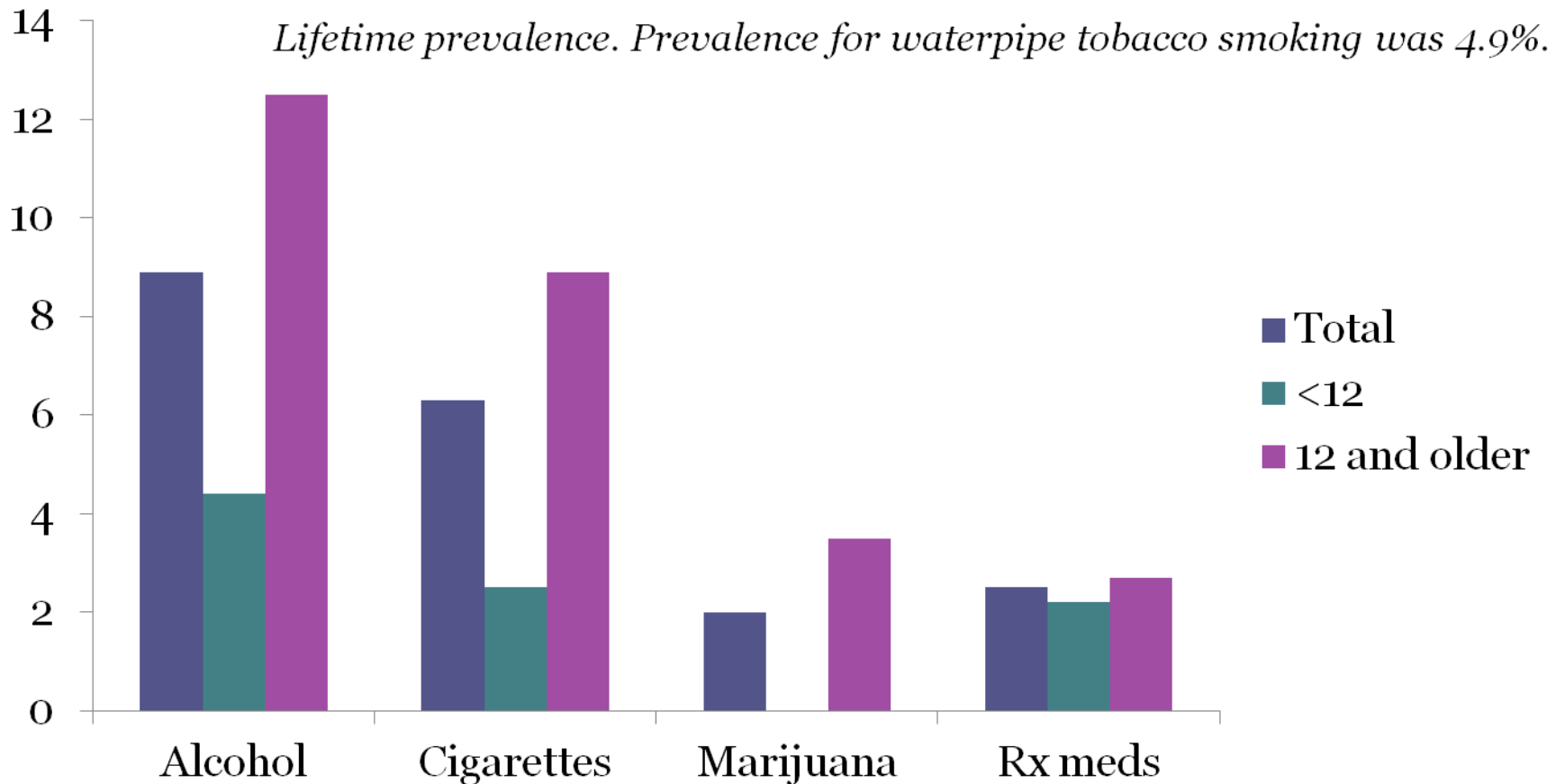
# Who are the children who participated?

N=299	
Female	52.5%
Immigrant	67.9%
Christian	81.7%
12 or older	59.5%
Recruited from Victims of Torture clinic	20.4%
Completed survey in English	63.2%
Self reported English “very good” or “good”	83.6%

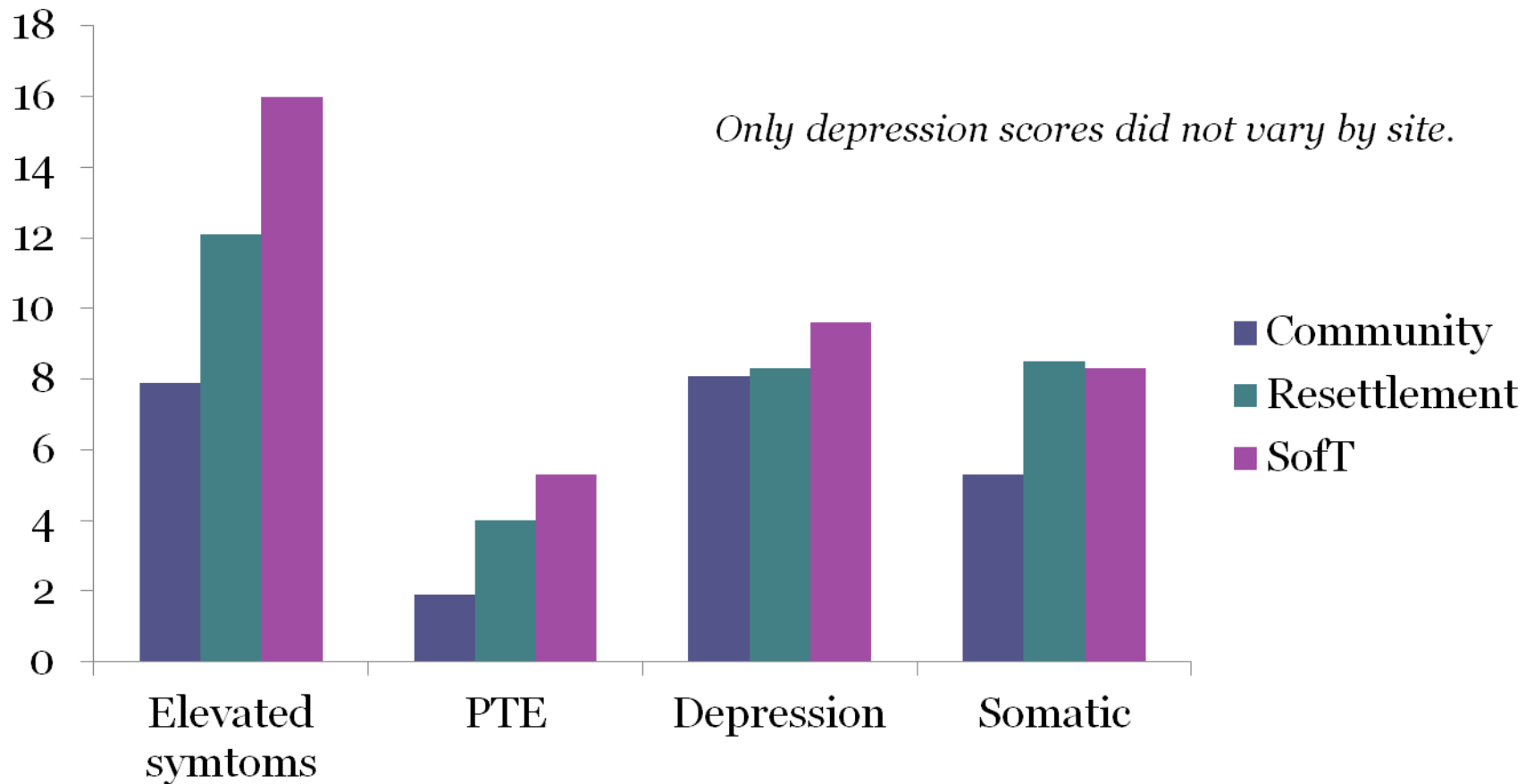
# Are the responses valid?

- 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 ( $M=3.9$  *v*  $M=.8$ )
- Experimentation with substances increased with age

# Experimentation with substances was low but increased with age



# Prevalence of Risk factors 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.	$\beta = .90$ (.39 – 1.44)	$p = .001$
PTE	$\beta = .59$ (.11 – 1.07)	$p = .02$

# Protective Factors for group and all subgroups

Factor	%	Subgroup differences
School achievement (A's versus B's or lower)	47.8	Resettlement (79.5%) > others (42.0%)
Community activities (either religious or after-school)	64.5%	Survivors of Torture (45.6%) < others (69.4%)
Religiosity (“strongly agree” that <i>religious beliefs are very important part of life</i> )	53.1%	Girls (58.8%) > Boys (46.7%)
Community cohesion (3 adults in Michigan who know your name and compliment you)	64.0%	None identified

\*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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