

A study of asylum seekers in Finland

The effect of parents' trauma on their children

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<p>Abstract</p> <p>Every year thousands of people immigrate hoping for a better future for themselves and their families. However, the process of immigration could be very difficult and dangerous especially for the children. It is very likely that the immigrants and their children experience traumatic incidents during immigration. The importance of the study is to investigate trauma among the immigrant children based on what the immigrant families have experienced during their immigration.</p> <p>The aim of the research was to see what traumatic incidents happened to the immigrant entering Finland during the mass wave of immigration of 2015, and what the effects of such incidents are on the children of immigrant families.</p> <p>Content Analysis was performed on the data collected through three structured interviews with three immigrant families in a refugee center in Finland. The result of the analysis showed most of the family members have experienced trauma during their immigration and the trauma has affected the mental and physical health of the immigrant families. The study proposed in deep investigation of the topic and providing more mental health assistance for the immigrant families and their children.</p>		
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1. Introduction

Immigration has become an important aspect of our societies. Many people decide to immigrate for various socioeconomic reasons. However, the immigrants are facing many barriers during their immigration (Segal & Mayadas, 2005). Visa requirements, quota programs and higher required skills and educations make it difficult for many of the less-advantaged groups to immigrate safely and legally. Thus, many people decide to put their own and family lives in danger, and immigrate to the richer and more developed countries. Obviously, such trips causes many problems for the immigrants, their families and especially their children.

The immigrant children are facing many problems (Valdés, 1998). They take the difficult routes of immigration, along with their families and they have to handle many problems, which are way over their capabilities. For those traveling to Finland, upon their arrival and until their asylum applications are decided, they have to live in the camps under the constant fear of rejection and expelling (Reception of asylum seekers in Finland, n.d.). Living in these camps, puts the children in contact and close relationship with their parents' challenges and other adults' distresses and negative impressions (Paardekooper, De Jong, & Hermanns, 1999).

Such condition can lead into both physical and psychological trauma among the children (Perreira & Ornelas, 2011). Children's trauma could grow up with them and develop into much more damaging and dangerous disorders in future. It could also prevent the children to enjoy their normal life, a basic right, or to function properly in future as adult. Therefore, it can lead to huge social and economic costs for our societies (Butler, 1997); and so it is very important to know more about the children trauma and the elements that increase traumatic behaviors among the children, especially those elements that are caused by parents. Analyzing the content of the interviews with immigrant parents, this study is looking to investigate whether, in

their opinion, the problems, inconveniences and difficulties immigrant parents endure while immigrating have caused traumatic reactions in children.

2. Review of the Previous Studies on Trauma among the Immigrant Children

2.1 Trauma

Based on the psychological or physiological approaches, there are different definitions of trauma. However, what most of the definitions have in common is that trauma is an unfavorable state of mind or body with deep and long-term effects, which is the result of an unexpected and distressing event (Jeter & Brannon, 2014). Although trauma affects the physiological, emotional, psychological, and social wellbeing of the individuals, not all the people show traumatic reactions to the same behaviors; what that may cause trauma for someone, may have no effect on another (Trauma Definition, 2012). Generally, trauma is accompanied by a sense of humiliation, betrayal, or silencing which could be linked to cultural beliefs, and personal characteristics or the availability of social support (Trauma Definition, 2012). Trauma in its nutshell is not a disorder, but it is a reaction to a wound, a profound injury, and a hurting event in real world, in which people are usually wounded (Goodman, Vesely, Letiecq, & Cleaveland, 2017).

Physical trauma, as the name implies, physically affects the health of the individuals. Such physical damages include a variety of injuries and impairments such as losing an organ to abnormal heart beat. For example, a study of the facial injury trauma in Brazil revealed that the male and female victimized individuals with facial injuries and injuries in other parts of body are more likely to develop trauma (Sousa et al., 2016). Physical trauma is associated with various illnesses such as Fibromyalgia syndrome (FMS), which is characterized by stiffness, low pain threshold, widespread pain and fatigue due to the traumatic incidents such as motor vehicle accidents

(MVA), work injuries, surgery, and viral illnesses (Aaron et al., 1997). Each year more than a million Americans develop post-traumatic stress disorder (PTSD) or depression as a result of illness or injury, and about 20% of the individuals with a history of hospitalization after an injury developed PTSD (Carlson, Palmieri, & Spain, 2016). An important area of study in relation to physical trauma is 'resilience', which means the ability to recover from a traumatic incidence, despite the physical and psychological suffering endured (Gauvin-Lepage, Lefebvre, & Malo, 2015).

A secure and healthy psychological condition is one of the most important promises of the life, and it is a universal need for the humankind to form close emotional relationships to have a healthy development (Bowlby, 1980). Traumatic incidences affect the emotional and cognitive functions of the individuals and expose their psychological health to major risks. For example, a study confirmed that there is an established relationship between psychological trauma and Medically Unexplained Symptoms (MUS), although this relationship is understudied, especially in relation to functional neurological disorders (Karatzias et al., 2017).

A major consequence of trauma is the danger of developing PTSD (Alisic et al., 2014). Blanchard and his colleagues mentioned 17 parameters to diagnose PTDS, such as intrusive recollect, flashbacks, being upset by reminders, distressing dreams, physical reaction to reminders, avoid thoughts, avoid reminders, psychological amnesia, anhedonia, estrangement from others, psychic numbing, foreshortened future, sleep difficulty, irritability/anger, concentration impaired, hypervigilant, exaggerated startle (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996).

2.2 Trauma and the Immigrants

Due to the different problems the immigrants and especially the asylum seekers face prior, during and after their immigration, traumatic incidences are so common among this group of individuals. Trauma is an important issue in the mental health care of the immigrants and asylum seekers (Foster, 2001). As study of the Syrian

refugees in Turkey showed that the refugees are more affected by trauma, compared to the local Turkish population in term of referral to emergency department (Duzkoylu, Basceken, & Kesilmez, 2017). Some groups among the immigrants are more vulnerable to the traumatic incidences. For example, a study of immigrants and asylum seekers in the US showed that the challenges of the female and undocumented immigrants, facing the traumatic events related to immigration is more complicated compared to the male and registered immigrants (Goodman et al., 2017). The study showed that immigrant women mentioned 3 themes of traumas: 1) sociopolitical-based trauma (related to their immediate sociopolitical context), 2) status-based trauma (related to their status as immigrant), and 3) postmigration trauma (related to what happened to them after immigration). A meta-study showed that the Latino refugees, currently settled in Western countries, are 10 times more in the risk of PTSD comparing to the native individuals of those countries (Fazel, Wheeler, & Danesh, 2005).

Coping with trauma and resilience are important issues in immigration trauma research (Goodman et al., 2017). A study of single refugee women with children showed that the marginalized female refugees find multiple ways to cope on daily-bases with their social environment (Lenette, Brough, & Cox, 2013). Actually, the immigrants must cope with the incidents such as family separation, employment and financial stresses, adaptation to a new culture, learning a new language, and the mental and emotional difficulties caused by being away from their homeland (Goodman et al., 2017). The immigrant pre-immigration trauma is related to the stressors they endure after migration. A study of Latino and Asian immigrants to the US showed that pre-migration trauma is related to social isolation, difficulty in communication, discrimination based on race in both groups (Li, 2016).

2.3 Trauma among the Children

Due to their lack of physical and psychological stamina, children are more at risk of being affected by a traumatic incident. Actually, a study reported that due to

pressure and pain the children bear during the birth time, it is possible they experience birth as traumatic (Appleton, 2017). The result of a study showed that 36% of children exposed to trauma went on to develop PTSD (Alisic et al., 2014). Previous studies have found an association between the trauma in childhood and the risk of violence and engagement in therapy, and psychological distress, moreover childhood trauma can lead to psychological distress and increases risk of violence (Macinnes, Macpherson, Austin, & Schwannauer, 2016). Exposure to childhood traumatic life events is significantly associated with membership of the MUS (Karatzias et al., 2017).

The most common traumatic incidence the children are facing are physical, emotional and sexual abuses, and physical neglect (Macinnes et al., 2016). However, the list is not limited. Immigration in childhood can also be a traumatic situation (Kelley-Lainé, 2016). Within both the immigrants pursuing a better socioeconomic situation, and asylum seekers displaced by war-related issues and those, children could easily end up stacking in traumatic situation (Betancourt et al., 2017). In the case of the illegal immigrants, the children also could be affected by their family residence status and the possibility of parents being arrested or expelled (Meir, Slone, & Lavi, 2012). A study of the children of the illegal immigrants in Israel showed that they are significantly lower affiliated to an Israeli identity compared to the children of the legal immigrants (Meir et al., 2012). The study showed that the children of the illegal immigrants are more exposed to the incidents such as parent arrest, separation of family, being forced to live with non-family members, and absence of parent from home during the day. It concluded that there is a strong association between negative life incidents and levels of psychological emotional and behavioral difficulties of children (Meir et al., 2012).

Aside for the different problems, which the immigrant children face prior and during the immigration process, identity question, adaptation to the new society, and how the host society perceives the immigrant children at places such as schools and public sphere could challenge the immigrant children psychological health being.

Another major question for this group of immigrants is the discrepancy between the cultural values of their immediate family and those of the host culture. As the children are more flexible toward acquiring the cultural norms of their new societies, they may face challenge by their parents who are more rigid toward such changes (Kelley-Lainé, 2016).

3. Aim and Purpose

To gather information from this study provides more information about the immigrant children's traumatic behaviors observed by the parents, and the healthcare needs of this group from the nursing to develop nursing care/health care.

To this end, this study is looking to answer the following questions

RQ1: How do parents describe the trip to Finland (and time in Finland)?

RQ2: How do the parents see the effect of immigration process on their children?.

4. Method

4.1 Participants

To investigate the research question some interviews were done in an asylum seeker center in Finland during the July 2017. The participants were 3 Afghan women who agreed to share their experiences.. However to ease the implications across the study, they are introduced by their pseudonyms namely Ameneh, Leila and Afsaneh. Ameneh has 6 children aging from 10 to 18 years old. Leila is an Afghan woman and a mother of 2 children who are one and half years and 7 years old. Afsaneh has 3 children who are 8, 13, and 15 years old. All the participants were born in Afghanistan and they had a difficult trip through Iran and Turkey to Europe. After arriving at Finland, they have been relocated to the asylum seeker center, where along with some other immigrant families, they are waiting for the decision on their asylum seeking applications. If their application is approved they will be moved to

outside accommodations to begin their integration program. In case their applications are rejected, they will eventually be forced to leave Finland and return their homelands; thus, the asylum seeker center is temporary home for these individuals. They families have been living in the center between 1 to 2 years. Within the camp, they have private rooms and restrooms, but they share yard, playground and kitchen, where they take turn to cook their daily meals. They access health care and basic psychiatric assistance and they enjoy high social involvement among the different families. Along the Afghan families, some other Kurdish and Arab families live in the asylum seeker center.

4.2 Data Collection

To investigate the question of this qualitative study, a thematic content analysis of in-depth structured interviews with the immigrants were performed. Qualitative research is an exploratory approach that focuses on close and in depth investigation of phenomena to induce conclusions, and broaden the existing knowledge in a specific field of research (Croucher & Cronn-Mills, 2015). As qualitative method provides various utilities to collect, analyze and interpret the data from interview, it is counted as proper approach to do the present study (What is Qualitative Research, n.d.). As due to the ethical issues and homogeneity of acquired data from each participant, it is important that the same questions to be asked in all the interviews, structured interview is used in this study. In structured interviews, the interviewer prepares all the questions ahead of time, asks the interviewees the exact questions, has few if any open-ended questions, and does not insert any personal opinion using agreeing or disagreeing with what the interviewees utter (Croucher & Cronn-Mills, 2015). According to Burnard (1991), several stages should be followed in interview such as 1) taking notes about the discussed topic, 2) data transcription, 3) reading transcripts and extracting the categories, 4) determining higher order categories, 5) reducing the categories to a final revised list, and 6) analyzing the data based on the categories.

The interviews took place in a private room provided by the camp authorities and they took between 20 to 30 minutes. Although both fathers and mothers of the children were invited for interview, only the mothers accepted to participate. The interviews were recorded using the default recording application of a cellphone. After the interviews were accumulated, they were transcribed word by word by the investigator. This is in line with the recommendation from previous research on interviewing for qualitative studies.

4.3 Data Analysis

Content analysis has been used to analysis the data accumulated from the interviews. Content analysis, as a research technique or objective can provide researchers with a reliable and replicable pattern of inference from data, and it can systematically categorize communication messages across from various theoretical questions (Croucher & Cronn-Mills, 2015). Data categorization is an important aspect of content analysis and it forms the categories of data (themes) based on codes, which either the researchers have collected from the previous research (deductive content analysis), or they create for their study (inductive content analysis) (Croucher & Cronn-Mills, 2015). The current study uses the premises of inductive content analysis to investigate the patterns of the possible traumatic reaction among the refugee children, associated with the harsh physical and emotional condition they or their parents have endured or are enduring during their process of immigration. To this end, the interviews were transcribed and the similar patterns and categories of the data were induced. These patterns were fallen into two major groups of the severe incidents the parents and the children have faced, and the traumatic reactions that the children show. The first group represented the problems that whole immigrant families including the children had gone through during their trip to Finland. As mentioned before, such incidents could cause traumatic behaviors. The second group are the behaviors, which have already been mentioned in previous research as traumatic behaviors. Such thematic pattern could be a helpful instrument to see the relationship between the causes of traumatic

behaviors and the traumatic behaviors of the immigrant children. Other resources have proposed this method to analysis the findings from interviews (Burnard, 1991). A summary of the themes and topics could be seen in Table 1.

Table 1: Summary of the Themes and Coding Sheet*

Theme 1: Problems	Theme 2: Traumatic Behaviors
<p>Difficult Border Crossing Ameneh: I was about to be killed in Iran-Turkey border Leila: It took us 50 days to get to Europe from Iran. Afsaneh: We had to walk for 14 hours nonstop to cross the border between Iran and Turkey</p>	<p>Losing Appetite Leila: When we receive something from posti my son loses his appetite. Afsaneh: My kids eat much less compared to when we were in Iran.</p>
<p>Trouble on the Sea Ameneh had to stay 4 nights by the sea before they finally have a change to get on a boat. Leila: Sea boats were the worst part of the trip Afsaneh: We had a difficult time on the sea</p>	<p>Nightmares Ameneh: Kids dream about sea and sound of sea at nights Afsaneh: My older daughter has constant nightmares. Afsaneh: My daughter has nightmares.</p>
<p>Problems with Smugglers Ameneh: There were 65 people on a small boat Leila: The smugglers said in case your newborn cries, you should make him silent at any cost</p>	<p>Extreme Fear Ameneh: One of my children is under supervision of psychiatrist because he is extremely scared. Leila: When we get something from posti, my son become very scared. Afsaneh: My daughter is that much anxious that she keep the door of the bath open while taking shower.</p>
<p>Losing Belongings and Status in Original Countries Ameneh: Smuggler only care about their own interest, your lives do not matter at all. Leila: we lost some of the luggage in Turkey on our way to Europe</p>	<p>Aggressiveness Ameneh: I can see how vigorous my youngest one has become comparing to before immigration. Leila: You can't talk with my son nowadays. He is always angry. Afsaneh: Compared to before immigration my children are much more restless and verbally aggressive.</p>
<p>Instability in Finland Ameneh: Nobody knows what will happen in future. Leila: We are so worried about being expelled to Afghanistan.</p>	

Afsaneh: We are always waiting for a response to our application and we are so nervous because of it	
<p>Lack of Privacy</p> <p>Leila: When I need to talk with my husband, I ask my son to leave for a while, but it does not help (to keep him away from hearing unnecessary information).</p> <p>Afsaneh: we have nowhere to keep our kids away from what is not related to them</p>	
<p>Getting Unnecessary stressful information</p> <p>Ameneh: Kids here thing from other adults in the center</p> <p>Liela: When my kid plays with other children, he becomes sad when he hears about other families being expelled.</p> <p>Afsaneh: despite what we want the children finally find out about what is going on.</p>	

* To save space the interviewees' original words are paraphrased.

5. Results

5.1 Parents' Description of Their Trip to Finland

The first important theme in the content of the interviews is the physical problems and difficulties that the interviewees and their families have faced during their immigration. They have mostly walked through the border of Iran and Turkey, and then continued their ways to Europe through a sea trip between Turkey and Greece. These people have experienced horrific incidents during these trips. For example, Afsaneh mentioned that

“We had to walk for 14 hours nonstop to cross the border between Iran and Turkey, and it was all in high mountains and at night. We did not have any lights or guides or help. I mean real high mountains and not hills. If I would slip once, it would be the end for both me and my kids”

Crossing the sea between Turkey and Greece has been another major source of danger for the interviewees and their families. Leila said

“The smuggler, taking us to Greece said your kid should not cry, he should remain silent, if the border guards are around and your kid cries, you should throw it in the sea or give it medicine to keep him asleep. On the way, we realized that our small inflatable boat is punctured. There were 36 of us and we all would die if would arrive a little bit later”

In the same way, Ameneh’s family had to try the Aegean Sea 4 times before they succeed to cross it. They had to stay 4 night on the seaside in addition to many other nights in the woods or walking from a country to another. They have been carrying their children all the way with them, thus their children have experienced most of such incidents.

Along with the physical difficulties and problems the interviewees have experienced during their immigration to Finland, they had and have to overcome many emotional and psychological problems and barriers. The tension and restlessness caused by such problems could be much more difficult than the physical problems of the route, much beyond the capability of the children to understand and bear them. For example, Leila had to give birth to her young child on her way in Turkey. Leila and her husband had already missed some of the luggage on the way and it caused a lot of problem for them. She mentioned that she was bleeding badly when they had to take the boat and her older child (then 5 years old) had a clear vision of all these problems. Even her newborn was badly affected as she could not breastfeed him in front of the many other immigrants.

Another major source of psychological problem for the interviewees is their vague future in Finland. These families are all waiting for the result of their asylum applications. A rejection (or as the interviewees put it “a negative”) will result in deportation of the family to Afghanistan and this is a nightmare for this people. In

the meantime, a rejection response for other families in the camp deeply affects the other families and causes emotional tensions among both the adults, and the children who can realize the regulations and the meaning of such responses. Afsaneh says

“When a family gets a rejection everyone is upset and my kids are affected, they become so nervous, lose their appetite, stop eating and get scared. One of my daughters (15 years old) says even I will never ever go back to Afghanistan”

When Afsaneh was asked if her daughter has ever been to Afghanistan, she responded

“She has never been there, she was born in Iran, but she has heard a lot about it. She knows how insecure and dangerous it can be and compared to Finland, there are much less freedom especially for the women”

Each one of the families in the camp have made great effort and financial and emotional sacrifices to be able to get to Europe, hoping for a new and better life. The Prospect of being expelled from Finland not only makes all such efforts worthless, but also results in them being returned to a country which they in general, and their children in particular are unfamiliar with. Most of the Afghan families in the asylum seeking center have been living in Iran and Pakistan before their immigration to Europe, and their children are born outside of Afghanistan, therefore the idea of their return to Afghanistan after being in Finland for a while, is drastically unpleasant and fearsome for them.

Such physiological and psychological problems could affect the families and their children, as they cause high amount of stress and anxiety among the individuals. It is likely that the children are even more vulnerable toward such problems. The examples of such traumatic behaviors could be seen in the second theme of the

study, where the children of the immigrant families show similar reactions to the tensions they have faced in their families.

5.2 Parent's Perception of the effect of their trip on Children

The second major theme of the interviews is the traumatic behavior of the children. The interviewees have mentioned more or less similar traumatic behaviors among their kids. As they stated, most of these behaviors emerged after their immigration to Finland and they represent some aspects of the incidents happened to them during their immigration to Europe and Finland.

One of the most common behaviors these children show are losing appetite and avoiding eating. Ameneh indicated that

“One of the biggest problems is eating. My children had normal eating habits before we come to Finland. There were struggles sometime over not eating enough or eating much junk food, but here they are totally out of control. Each meal is a big conflict. They do not eat properly and I know this will hurt them, but I am fed up with it. I do not know what to do”

Leila also mentioned some problems with eating habits of his older son. She said that her son did not have a problem with eating when they were living in Iran prior to leaving for Europe. However, her younger son (one and a half years old) has no problem with eating. As mentioned before, Afsaneh said that her children totally lose their appetite when they hear about a family in the camp been rejected.

Nightmares are another major issue with the children of these participants. It seems that most of the children are suffering from sleeping disorders. All three interviewees reported frequent cases of nightmare, among the children after their immigration to Finland. They all mentioned that their children not used to see nightmare before or

the cases were so rare. On the other side, the content of the nightmares is so related to what happened to them during their trip to Finland. For example, Leila said

“Sometime at midnight, my older son wakes up with a loud scream and he bursts into tears, mumbling about boats, sea and strangers.”

Afsaneh, whose daughters are struggling with constant nightmares, said

“I had no hope to get Turkey alive, when we were crossing Iran and Turkey border and in the same way, the children were so tired and scared and lost their stamina. My husband encouraged them to continue and not to give up. However, the girls were so so scared.”

Closely related to the children’s nightmares is their fear. Generally, the parents reported that their children are struggling with fear, which is related to their immigration trip and their experience as asylum seekers in Finland. What has happened on their way to Finland, has scared the children and deeply affected them. One of Ameneh’s Children is under the supervision of a psychiatrist and uses medicine, as he often hear the sound of the waves and sea when he is alone, and he gets scared very much. Afsaneh’s older daughter (15 years old) is also scared too much. She said

“She is always scared, all the time. Even for an ordinary shower, we need to be with her or she keeps the door of the bathroom open.

Along the with the effect of the trip the immigrant have taken to get to Finland, living in the camp, lack of enough private time and space, and especially the emotional suspension resulting from waiting for the result of asylum applications could be other sources of fear among the children. As mentioned before, Afsaneh said that when the children happen to hear about a negative result for the other families (when they are rejected), they become so anxious and stop eating. She also added

“My children are so nervous about everything coming from Posti (the post company in Finland). They know the results will be announced in a mail sent to the camp. As soon as we get something from Posti, they rush to ask about it and they always expect the worst. It takes me a long time to convince them that there is nothing related to immigration office in the letter”

It seems that it is difficult for the parents to hide stressful incidents from their children. All the interviewees mentioned that they want to hide from their children the issues not related to them, but the lack of privacy and the information their children get from others make it impossible. For instance, Leila said

“We usually try to hide that kind of information from the children but they are grown up and they understand eventually. There is not much room to hide things from the children and they hear things from other children and adults in the camp.”

Aggressiveness is another sign of traumatic behaviors. All the three interviewees admitted that their children are becoming more and more aggressive in their relationship with their family and other people around them. Although different reasons could be responsible for such aggressive behaviors, the interviewees related such behaviors to the pressure their children are enduring after their immigration to Finland. Afsaneh said that her kids were so normal in their relationship with other people in Iran (before they immigrate) but now they are so aggressive and totally changed. She mentioned that it is very difficult to talk to them without making them angry or aggressive. Leila said

“The kids were so good before we immigrate, but now if you want to talk to them they cry and run away, they cannot behave themselves”

6. Discussion

6.1 Discussion of the Findings

The result from this study, generally, showed that parent feel that the tough incidents that happens to the families and the parent could affect the children and causes traumatic behaviors among them. The traumatic behaviors of the children seem to be the result of their personal engagement with severe condition of the immigration to seek asylum, and at the same time, their perception of the behaviors and reactions of the adults to the same issues.

The children in the current study represented the cases of the traumatic behaviors. The reactions such as aggression, having nightmares and losing appetite could represent deeper emotional depression resulting from their experiences. Hartmann (1998) believes that nightmares are the actual reactions of the traumatized person to the occurred trauma, during which the person first dreams about the actual trauma and then the dream shifts to the dominant emotion. According to Hartmann (1998), having dreams about the tidal waves are so common among these group of people. Fear is also related to trauma. The dominant emotion after trauma is fear and horror (Hartmann, 1998). Also, previous research showed that aggression is related with childhood trauma (Cuomo, Sarchiapone, Di Giannantonio, Mancini, & Roy, 2008). Thus, it is possible to conclude that the behavior of the children in this research could be linked to the trauma they or their family have be enduring.

The parents' decision to immigrate and taking the dangerous routes to reach a European country has faced the children to traumatic conditions and incidents. All of the interviewees in this study have immigrated through Iran, Turkey, Greece and some other European countries to get to the Northern and Western European countries. They have experienced many dangerous situations that could be beyond the imagination, patience and understanding of a child. These immigration routes are extremely dangerous. During the first five months of the 2016, more than 2500

immigrant and asylum seekers lost their lives in the Mediterranean and Aegean Seas while trying to reach Europe (Squires, 2016). The scene of crossing a wavy sea on an overcrowded boat along with many anxious adults who are mostly strangers could be very fearsome and could have deep effect on the mind of the immigrant children. Long hours of nightly walking in the mountains and woods while trying to keep hiding from the border patrols and guards is another experience, which the immigrants recall. These experiences could lead in both emotional and physical trauma among the children (Goodman et al., 2017). One of the interviewees explained that they had to walk for 14 hours nonstop at one night and another one mentioned that crossing a mountain was that much dangerous that she practically lost her hope to reach the other side alive.

Along with the personal experiences that the children have had during their trip, the impression they get from their parents and other adults around could be a source of traumatic behaviors. The difficulties and the problems, the parent face in their way to Europe could easily scare their children. Previous studies showed that the children are affected by the stress and restlessness of their parents (Hassall, Rose, & McDonald, 2005). During the immigration process, the parents have always been under a heavy emotional and physical problem. Some extreme examples are giving birth to a child and being threatened by the smugglers. Such high levels of tensions could have two effects on the children. First, it can distract the parents to care enough to their children. Lack of physical and emotional attention is one of the reasons for trauma (Macinnes et al., 2016). Second, the higher levels of stress among the adults makes the children anxious and apprehensive too.

The impression the children perceive while they are in the camp, could also be another source of trauma. Previous research showed that losing their status of residence and being expelled from country could result in traumatic behaviors among the children (Meir et al., 2012). This is a case of everyday life in the camp. Although some families are accepted as asylum seekers and could find a stable situation in Finland, some other's applications are rejected and they have to return

to their countries, in the case of these families, to Afghanistan. Despite the fact that the parents tried to prevent disclosing such disturbing news to their children, they are not always successful. The private time and place in the camp is limited and the conversation between the parents is closely monitored by the children. In addition, the other adults and children distribute the apprehensive information. As most of these families have spent most of their assets on this trip and they have no financial, social or security prospect in their countries, a rejection could be a big catastrophe. In this way, the trauma of parents could deeply affect the children. In addition, most of the children in this study have been born and brought up in Iran; and they have no whatsoever perception of living in Afghanistan. For them, a negative response means not only to lose Finland but also to lose their first homeland, Iran.

6.2 Ethical Considerations

Ethical issues are important parts of every study and it is even more important in the nursing as a profession. In their daily duties, nurses face many ethical challenges (Berger, Seversen, & Chvatal, 1991) and the same consideration could be applied to nursing research. Doing the present research special attention was paid to following such codes. The list of the question of the interview question was approved by both the thesis supervisor and the refugee center authorities, to make sure it follows the ethical principles of both organizations and it does not violate any moral right of the interviewees. The interview process was coordinated with the asylum seeker refugee center authorities and it was in line with the requirements set by both JAMK and refugee center. Participation in the interviews was totally voluntarily, the consent form was presented and explained to the interviewees in their mother tongue, and they knew that they could abandon the interview at any point if they concluded they did not want to continue the conversation. The recorded files of the interviews were distracted as it was indicated in the consent form after the transcription. Whatsoever indication of personal information were removed from the transcript to make sure they participants would not be identified.

The process of interview raised emotional reactions among the interviewees at times, as they remember the events affecting them and their family. Such events were mostly tough and bothering. However, it seems that most important question for the people in the refugee center is their future. In general, as the interviewees already were informed about the theme of the interview, they were emotionally ready to talk about their journey to Finland and the situation of their children. At the same time, the shared linguistic and cultural identity between the interviewer and interviewees facilitated building trust and the mutual flow and perception of information.

6.2 Reliability of the Study

Reliability of a research indicates the authenticity of the data and research methods applied to the study to ensure the findings of research are reliable and trustworthy (Field, 2009). In the present study there were two main issue of reliability namely reliability of coding and translation and reliability of sources.

Reliability of the coding and translation represent the resemblance of translation of the data to the original data, and a justified and representative categorization of the translated data (Jensen & Jankowski, 2002). This reliability ensures the data used for analysis is a representation of the original data and it is very important in the case of interviewing individuals in a language different than the publication language of studies. To make sure the translation is authentic, the transcribed texts in Farsi (the language of the participants) and translated text in English were double checked by a Farsi native speaker who is totally familiar with English language and the principles of university level research. The same Persian speaking coder also double-checked the coding sheet of the data to make sure the coding of data is truly a representation of the data.

The reliability of the sources was also taken into consideration. The participants of the research have been registered as refugees in an asylum seeker center in Finland and they are officially recognized as asylum seekers by the Finnish government.

However, there is always a chance that due to the psychological, cultural, economic and social initiatives individuals represent a different version of their experience. Another issue about the reliability of the sources is their perception of the questions. It is likely that due to cultural characteristics of the participants, they had a different perception of the presented questions and provided answers which are in case too long or not totally relevant to the questions. However, it could be accepted, as this study is looking at the perception of these individuals about the effect of their immigration on traumatic behaviors of their children.

7. Conclusion and further research

Based on the finding of this study, it is important to pay attention to the following points

1. Parent education: One of the most important steps in dealing with this problem is to educate parents how to cope with the traumatic behaviors of their children. Such behaviors should not be taken for the normal disorders of the children, they are serious and in need of immediate attention. Parents should be taught to keep a distance between their children and the problems, which are not related to them. They should create their private space and time to discuss specific family issues and keep them away from the children. This could be partly done by nurses in their interaction with the family who have the potential of being affected by immigration traumas.
2. There should be much more emphasis on the role of psychiatric assistance in the refugee camps to help the children overcome their problems. Such assistance should take into consideration the special condition of the children and their history. It should also focus on teaching life skills to the children and prepare them to deal with the difficult conditions they may face. One of the biggest issue of these children is the negative response and being expelled from Finland. Although, it is not recommended to talk to the children about such an incident, they should be given

the chance to learn the skills to deal with such problems and difficulties. While dealing with the immigrant children and their families, nurses (especially those working in asylum seeking centers) could help the children increase their self-esteem and psychological ability.

3. Further research should target the critical issue of physical trauma among these children. Physical trauma is also an important aspect of the damage the children may have to face, as a result of their anxious history and background.

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Appendices

Appendix 1. The Interview questions

Questions

1. Elaborate on your background: ethnicity, country, how long being to Finland, the number of the family members, and age.
2. How did you come to Finland?
3. What kind of specific problems, if any, did you face after they begin your trip to Finland?
4. How do you think these problems are related to your children?
5. How do you think these problems have affected your children?
6. What kind of changes in behavior do you notice in your children compared to before coming to Finland?
7. Do your children have normal sleeping, eating, playing and communication habits?
8. How is the relationship of your children with other people and children at school, play grounds, etc.?
9. Do your children know about any serious problem you may have?

Appendix 2. The consent form

Consent form

This is an interview related to a bachelor degree thesis at the University of Applied Science in Jyväskylä titled "A study of asylum seekers in Finland: The effect of parents' trauma on their children". The aim of this research is to investigate the effect of immigration and the possible problems related to it on the asylum seekers' children. Therefore, you are invited to answer the following questions. Your participation in this interview is voluntary and you can decide to abandon responding the questions at any time you want. Your responses to these questions are totally private and except for the interviewee and the interviewer, no one else will be able to know the identity of the participants, or hear the content of the recorded contents. The answers are merely used for the purpose of academic analysis and they will not be handed to any other organizations or authorities either in Finland or abroad. The anonymous data will be destroyed after the research is accomplished. The result of this research will be published in possible academic formats, but the identity of the participants will be strictly reserved. I wish to thank you in advance to participate in this research.