

ADVERSE CHILDHOOD EXPERIENCES AND SOCIAL WORK CONDUCTED WITH AZERBAIJANI REPATRIATED CHILDREN

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Abstract

Children's encountering neglect, violence, poverty, natural disasters, war, etc. situations cause them to experience adverse childhood experiences. Statistically, approximately 2 of 3 children in every country have at least one adverse childhood experience, and 1 of 5 children have 3 such experiences. Adverse childhood experiences (ACE) include both negative situations directly experienced by the child (for example, direct violence against child) and negative experiences encountered in the environment surrounding child (for example: violence against the mother). Researches shows that ACE not only negatively affects a child's overall development, but also increases the risk of health and social problems later in life. Looking at the context of Azerbaijan, adverse childhood experiences the children who have faced war in Syria and Iraq and are currently being repatriated to Azerbaijan were exposed (loss of family members, exposure to continuous violence, detention in prison, etc.) are the reasons of their being in current moderate condition. Sleep problems, overthinking, aggressiveness, avoiding questions, shyness, anxiety, fear, hyperactivity, flashbacks (reliving the event) have been recorded, especially in teenagers and young children. It was found that abused children and adolescents are more prone to dissociation than adult ones during the psychological assistance.

Keywords

ACE, adverse childhood experiences, repatriation, violence.

1. Introduction

Currently, the socio-economic and political problems occurring in the world and in our country are leaving irreversible marks in the lives of the young generation, especially children. It is known that, apart from the well-being of children, they cause problems in their development and negatively affect their future lives. Of course, it is inevitable that children face various adverse childhood experiences for various reasons. But the lack of timely provision of social services in this direction (for various reasons), the low level of awareness of ACE, the existence of "social and cultural norms" that support violence in society increases the cases and effects on children (Reimer, 2013; Zeanah *et al.*, 2018; Mooney *et al.*, 2020; Lester *et al.*, 2020; Frederick *et al.*, 2021).

The purpose of the article is to investigate adverse childhood experiences in general and to investigate what social services they need and are provided in the example of repatriates, who are a group that has often encountered ACE in Azerbaijan.

What is ACE and why is it so important?

ACEs are potential traumatic events such as violence, abuse or neglect, witnessing violence in the home, having a family member attempt or die by suicide in childhood (0-

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18 years). Along such traumatic events in childhood can be emotionally painful or distressing and can have lasting effects for years.

Negative experiences include different types of violence (abuse) (violence between partners, violence against child, neglect etc.), drug abuse, having mental patients in the home, parental separation/divorce, having a family member in prison, poverty, institutionalization, natural disasters. Peer, community, or collective violence, as well as experiencing war, are also attributed to Adverse Childhood Experiences.

Adverse Childhood Experiences can manifest and be categorized in different forms:

- **Violence against children** (emotional, physical and/or sexual);
- **Neglect** (emotional and/or physical)
- **Household challengers** (family violence, drug abuse, mental diseases, divorce or detention of a family member);
- **Environmental, cultural and community challenges detention, institutionalization, poverty, war, natural disaster).**

The studies show that the vast majority of people are exposed to multiple ACEs in one form or another during childhood. About 62% of adults participated in the survey conducted in 23 states in America reported having experienced one ACE during childhood, and about one fourth reported having experienced three or more ACEs.

In the research conducted in Serbia, it was found that 70 of 100 people experienced lasting ACE in childhood and 20% of them experienced it more than 4 times.

Statistically, 2 of 3 children in each country had at least one adverse childhood experience, and 1 of 5 children had three (3) such experiences.

Why is ACE important and in the center of attention?

Because existence of the long-term health and social risks associated with ACE are undeniable.

The consequence of long-time research has shown that: "The more negative experiences a person reports, the more likely that person has a chance to have a serious mental illness as an adult."

ACE is closely associated with the development and prevalence of a wide variety of health problems, including drug abuse, during the lifetime of the person who suffer these experiences.

These exposures can negatively affect brain health, impair its development, and lead to unhealthy habits such as drug abuse.

According to the study by Oladeji et al. (2010) such as parental crime reflecting family violence, parental mental illness, parental drug addiction negative experiences during childhood are more likely to lead to mental health problems in adulthood of these children. Almost half of the respondents suffered a adverse childhood experience in the family context before the age of 16. (<https://pubmed.ncbi.nlm.nih.gov/20194539/2010>)

Also, these exposures themselves include injury, sexually transmitted infections, including HIV, mental health problems, maternal and child health problems, teenage pregnancy, early sexual relations, human trafficking, a wide range of chronic diseases and the main causes of death such as cancer, diabetes, heart disease, and can lead to various problems such as suicide

(<https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf> pp.7-8).

According to an assessment of Harvard University, “ACE may have a crucial impact on future learning, attitudes and mental/physical health”. ACEs are also a factor that negatively affects education, employment and earning potential.

Every negative experience occurring in childhood experience increases a child's risk of future health and social problems. Two categories of immediate damage in early childhood are:

1. Perceptual skills;
2. Achievements in the academic sphere.

These two major categories of damage create many obstacles in life that need to be overcome in order to achieve expected, healthy development goals.

ACE has a dose-effect relationship with many health problems.

In research conducted in this direction, as researchers have followed the participants in the study for a long time, it has emerged that the amount of adverse childhood experiences that each person has had is closely related to a number of health, social and behavioral problems, including the use of drugs throughout their lives.

In addition, most problems associated with ACEs usually appear in conjunction with other problems. Because ACEs are taken as a cluster, many studies currently look at the aggregated effects of such experiences rather than looking at the effects of each negative experience individually.

Table 1. Health, social and behavioral effects of ACE

<p>CHRONICAL DISEASES COPD Autoimmune disease Cancer Headaches Ischemic heart diseases Liver diseases</p>	<p>HEALTH RISK BEHAVIORS Drug abuse Alcohol abuse Obesity Sexual risk behavior Smoking Perverse sex life Sexually transmitted diseases Adolescent pregnancy Unintended pregnancy</p>
<p>MENTAL HEALTH Autobiographical memory disturbance Depression/depression effect Hallucinations Self-assassination Frequent absence from work</p>	<p>VICTIM CHOICE Interpartner violence Sexual violence</p>

Poverty and ACE

Poverty is the most important public health problem that contemporary world encounters today: it is a factor affecting almost every indicator of child health. 1 billion children live in poverty in the world. According to UNICEF, 22,000 children die every day due to poverty.

Poverty is a factor in the accumulation of negative experiences in childhood, as well as base for the toxic stress associated with poor health in adulthood. Being poor is associated with so many negative experiences that poverty itself can be considered a more contagious and more dangerous ACE than others.

Growing evidence shows that poverty often co-exists with other ACEs and:

Children living in poverty are exposed to more frequent and serious negative experiences than their peers are.

Many of these childhood experiences are rooted in poverty. This means that poverty is probably the first negative experience most children encounter.

Poverty has been proven to have a devastating impact on child development, and childhood poverty is strongly associated with negative outcomes later in life, such as poor academic achievement, tendency to violence, hunger, parental incarceration, abuse and neglect.

Poorer families have limited access to medical care and are unable to provide good nutrition for their children. Conclusion: 10% of babies are underweight at birth. And this is considered the first ACE they encounter in life

2. ACE in the context of war. Child victims of armed conflict

Among the factors causing ACE, the war is very important for Azerbaijan today. In addition to the 1st and 2nd Karabakh war the fate of the children of a large number of citizens who left Azerbaijan for various conflict countries in recent years and were subjected to severe ACEs there is in the special focus of our State. Therefore, since 2018, the repatriation of these citizens and their children has been started.

According to the information provided by the Ministry of Internal Affairs (MIA) of Azerbaijan, during the meeting with representatives of the International Organization for Migration (IOM), 1477 people (1136 men and 341 women) from Azerbaijan went to Syria and Iraq to join terrorist organizations, 903 people (749 men and 154 women) are presumed dead or missing. (<https://www.amerikaninsesi.org/a/suriyadan-20-az%C9%99rbaycan-v%C9%99t%C9%99nda%C5%9F%C4%B1-repatriasiya-olunub/5906835.html>)

Repatriation of Azerbaijani citizens is carried out with the joint cooperation of several state institutions. Social reintegration and social rehabilitation of repatriated persons in the country is carried out by the Social Services Agency (SSA) under the Ministry of Labor and Social Protection. Since 2018 up today, 424 citizens of the Republic of Azerbaijan have been repatriated to the country.

The number of families where people from this category live is 159.

Distribution by years and countries:

	Iraq	Syria	Total
2018			
Child	19	7	26
Mother	0	2	2
TOTAL	19	9	28
2019			
Child	37	10	47
Mother	2	2	4
TOTAL	39	12	51
2020			
Child	194	9	203
Mother	0	2	2

Total	194	11	205
2021			
Child	38	26	64
Mother	0	10	10
TOTAL	38	36	74
2022			
Child	2	48	50
Mother	3	13	16
TOTAL	5	61	66
Total number of children	290	100	390
Total number of mothers	5	29	34
Total	295	129	424

- The number of the people repatriated from the Republic of Iraq - 295 people (290 children, 5 mothers)
- The number of the people repatriated from Syrian Arab Republic - 129 people (100 children, 29 women)

Note: The number of the people returned on their own from Syrian Arab Republic – 12 people (10 children, 2 women).

As can be seen from the tables, 395 of those repatriated are children of different age groups.

- 202 children on 5-9 years old age group
- 113 children on 10-14 years old age group
- 37 children on 15-17 years old age group
- 11 persons on 18 years old age group

As it seems, the main victims here are also children as in all conflicts.

These children, whose right to safety is not guaranteed, lived under the influence of serious ACEs in the conflict zone. Due to the conflict, the sudden changes in the family and living conditions have upset the situation of children, and their rights have been severely violated:

1. Children are not involved in any education and their educational rights have been grossly violated;
2. Children were forced to live in unsatisfactory, in many cases, conditions that did not meet any minimum medical hygiene and sanitary epidemiological requirements;
3. The involvement of children in early marriages is widespread.

The Civil Code of Azerbaijan defines the age of marriage for girls as 17. In that environment, marriages at the age of 13 and 14 are widespread due to the social stigma arising from the single status of girls.

Azerbaijan has ratified the UN Convention on the Rights of the Child, and for this reason, various social measures are taken to ensure the rights of those 390 children (0-18 years old). These measures are as follows:

1. Placement of children in families:

In Iraq and the Syrian Arab Republic, the majority of children have parents who:

- fathers - most of them are dead or missing, very few are in prison;
- mothers - most of them are in prison, and very few are dead;

Children returned home without their families. These children were placed in their own families and relatives' families. Most of the children live in 159 guardian families (1st and 2nd degree families of origin), and 101 children (who returned with their mothers) live in their biological families. Total number of these families is 34.

3. Rehabilitation of the impact of ACE and adaptation of children to families

During the rehabilitation of the effects of ACE suffered in their countries of residence, it was determined that children suffered ACE (loss or disappearance of family members, victims of maltreatment, exposure to repeated violence, somatic problems, imprisonment, congenital and acquired health problems) caused their current psychological condition to be moderate to moderately severe. Especially sleep problems (staying awake until the morning hours and watching TV), overthinking, irritability, aggressiveness, avoiding questions, shyness, anxiety, sad mood, fear response (increased heart rate, overexcitement), hyperactivity, urinary incontinence (enuresis), flashbacks (reliving the event), non-communicative speech, verbal expression of changes were recorded in teenagers and young people. Thus, people who have been repeatedly traumatized for a certain period of time or in special conditions (prisons and camps where repatriates are held in Iraq and Syria) are vulnerable to most of the emotional struggles. It was discovered that, abused children and adolescents are more prone to dissociation than adults are during the psychological assistance service. In addition, many psychological, maladaptation and deprivation problems emerged during children's adaptation to a new situation and adaptation to new families.

During the period of adaptation to the new environment, repatriated children do not recognize their families of origin, where they were first placed under guardianship or placement. The psychological issues that are often encountered in an unfamiliar environment - insecurity, fear of being abandoned again, night fears, nightmares and restless dreams are more common, and they are considered a part of post-traumatic stress disorder. According to observations and evaluations, nightmares in repatriate children contain very vivid and terrifying scenes, but the dream description lacks narrative features such as scenes, characters, emotions, and messages. Current understanding of repatriate children's responses to trauma mainly emphasizes the pathological elements of play and daydreaming in traumatic settings. Emotion regulation is an important task for children. The mentioned psychological symptoms usually decrease during middle childhood, but in life-threatening environments, such as in war, children may experience difficulties in controlling their aggressive impulses. In order to correct the symptoms caused by complex trauma on children, during psychological group and individual consultations held by psychologists throughout the year, regulation of impulsivity in children and adolescents, teaching familiarity with feelings and emotional regulation, minimization of anxiety and fear, and correction of aggressive behavior in order to establish healthy social relationships work is in progress. In adaptation and deprivation, i.e. during social exclusion and social deprivation, the repatriated persons and their families of origin receive different services. The provided services are given below:

- Social counseling - referral to another institution, empowering the family and thus restoring the family's own functionality;
- Socio-pedagogical service - support for resolving issues related to ensuring the right to education of repatriated persons;
- Socio-legal service - support for the resolution of personal identification documents (birth certificates and identity cards, death certificates and other legally regulated issues) of repatriated persons;
- Socio-economic service - support aimed at improving the financial conditions of repatriated persons and their families of origin (benefits for loss of the head of the family and disability, unemployment insurance, employment and self-employment, other charitable assistance provided by power of attorney);
- Social-medical service - support for the solution of problems related to healthcare and health (medical intervention, examination and treatment, determination of disability);
- Socio-psychological service - involves the joint activity of a social worker and a psychologist aimed at eliminating the psychological consequences of In adaptation and deprivation of repatriated persons and their family members of origin in relation to different communities.

A total of 26 social workers monitors 153 cases under the supervision of 2 social workers at the Social Services Agency under the Ministry of Labor and Social Protection of the Population. 7 trained psychologists of the Social Services Agency provide social-psychological assistance services for repatriated persons in 11 districts.

The problems identified during the assessment of repatriated families by the employees of the Social Services Agency under the Ministry of Labor and Social Protection of the Population (social workers) can be classified as follows:

- The problem of assigning benefits
- TSA assignment problem
- Employment problem
- Problem with determining disability
- Education problem (since 2018, school-age children repatriated to our country from Iraq and Syrian Arab Republic have been involved in education. In the years after repatriation, support for education continued even after they reached the age of education. The problem of education for children of school age over 15 has not been solved.)
- Document problem (the state fee of 100 manats (2400 manats) for the 24 court proceedings needed to obtain a birth certificate for repatriated children born in Iraq and the Syrian Arab Republic was paid by the Social Services Agency.)
- Disputed land and settlement problem
- Health care problem
- Problem with rehabilitation services

Giving these children to families rather than to institutions is done from the point of view that the welfare of the child is better met in the family rather than in the institution.

4. Conclusion

The availability of social workers that work with families focused on children and social service in our country can be a step forward in the direction of eliminating many of the adverse childhood experiences explained above or the effects of these experiences.

Because although there is some availability of various services in urban areas, this availability is not available in the regions. A second issue is how much the population is aware of ACE and its effects, and how they themselves try to take advantage of it. It is very important to carry out various educational activities

- Reconstructing the libraries left over from the former Soviet system in the regions and turning them into an educational center and opening them to the population
- Establishment of various educational advertisements about what ACE is and its effects, preparation of commercials
- Implementation of awareness campaigns by social workers for families, learning about ACE, prevention and explaining how to behave in cases of exposure.

The education system should be strengthened for more successful results.

Generally, intersectorial collaboration is essential to achieve full effect.

ACE prevention strategies should be focused to all directions of prevention - the general population, targeting the population at risk before ACEs occur; as well as the prevention shown after the occurrence of negative experiences, that is, the participation of social workers in the process (prevention of the continuation and consequences of ACE).

Indirectly, considering the 2014 WHO Global Status Report on Violence Prevention (Tošković *et al.*, 2019) it suggests the following ways to prevent violence:

- development of safe, stable and nurturing relationships between children, their parents and caregivers;
- development of life skills in children and adolescents;
- promoting gender equality to prevent violence against women
- changing cultural and social norms that support violence
- victim identification, care and support programs.

We consider that the above-mentioned goals are on the agenda for Azerbaijan. We would like to emphasize the importance of involving different sectors or stakeholders to achieve this.

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