Antisocial personality disorder in children and adolescents with refugee/forcible displacement backgrounds

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Abstract.
The problematic of integration and social inclusion appears to be highly crucial issue under the prism of societal introduction of children and adolescents possessing refugee/forcibly displacement backgrounds. Besides acute accompanying depression, PTSD, other psycho-emotional disorders related directly to previous traumatic experiences (war, armed conflicts, political, economical insecurity/instability, persecution of an individual, discrimination, degrading treatment etc). The necessity to distinguish specific factors of integration/social inclusion of minors with refugee/forcible displacement backgrounds was posed drastically, once the Russian full-scale invasion on the territory of Ukraine took place on February 24, 2022. The war caused a massive influx of Ukrainian refugees/forcibly displaced persons to the territory of particularly European Union. Among newcomers, there is more than 50% of children/adolescents of different age groups. Under the prism of understanding specific features of going through transitional age in case of all ordinary minors, we have decided to lead a research on development of the antisocial personality disorder in case of minor refuge seekers on the territory of the EU, by bringing as an example actually Ukrainian youth. On the basis of our current research, we have distinguished main differences between ordinary transitional period and IDP in children/adolescents with refugee/forcible displacement backgrounds), as well as provided main reasons, which may cause the development of the analyzed disorder in minors in general.

Keywords:
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Research results and its discussion. Integration and social inclusion is definitely an “integral part” of introduction of any person to the accepting society. According to various specific characteristic feature of individuals, who are supposed to be introduced, the aforementioned process may become either more optimized or more complicated. Besides various statuses that newcomers may possess after arriving to a new country, which we have discussed in our previous article [17]; such categories as age, gender and level of completed/uncompleted education play a significant role in the analyzed processes.

In the frame of our current research we are going to discuss practical conditions, which appear to be important under the prism of integration and social inclusion of children/adolescents, who possess status of refugees, forcibly displaced persons, persons under international protection. Territorially, we are going to consider actual state of being in the European Union.

We shall additionally emphasize on the very beginning that the practical trigger of our research is the outbreak of full-scale invasion due to Russian aggression on the territory of Ukraine, which took place on February 24, 2022. Then, as a result of constant bombing, permanent threat to life and health, there were around 8 millions of Ukrainians, who became forcibly displaced abroad (to the territory of the EU, as well as to the USA, Canada and other countries); as well as there was a high percentage of people becoming internally displaced due to the bombing of their home cities, therefore, who still remain on the territory of Ukraine, but in a different region.

Our current research, in a meanwhile, takes into consideration a situation of children and adolescents, who were externally forcibly displaced to the territory of the EU due to the war in Ukraine. The basis of our research is anonymous survey of 250 representatives of Ukrainian community based temporarily on the territory of Germany, Poland, Italy, Spain, Slovakia, Czech Republic, Estonia, Hungary and Portugal. The age gap of persons was 10-17 years old. The appropriate relevant data was collected according to the General Law on Data Protection, and by collecting an appropriate consent from children’s/adolescents’ parents[15].
The practical consequence of our research, may be applied for optimization of processes of integration and social inclusion not just Ukrainian children and adolescents possessing the status of refugee/forcibly displaced person/person under international protection, but also of one relatively to children and adolescents with other national, religious, cultural backgrounds.

As we have emphasized in our previous research, as a specific feature, which may aggravate significantly process of social introduction of newcomers possessing specific accompanying feature of arriving abroad (like PTSD, anxiety, depression, panic attacks - as a result of permanent fear and health/life risk, which is related to armed conflict, war, political and economical instability, persecution, of certain groups of people on the territory of the individual’s homeland), we can name a development of antisocial personality disorder on a certain stage of integration/social inclusion of this individual. Traditionally, this kind of disorder appears on the second level of introduction of the person to the specific accepting society, namely on the stage of “complete negation/profound depression”. As we are going to underline in our future scientific research, the second stage of integration, thus, the complete negation of the accepting society may both appear and not appear in the newcomer. Basically, it depends on personal psycho-emotional features, circumstances that may accompany the process of departure from the homeland (presence or lack of permanent risk for health/life and dignity etc), and a personal starting point (therefore, the summation of economical, professional, educational, personal (under the prism of presence or lack of family/relatives and the starting point), psychological attitude towards living in a different country). During this stage of social inclusion, person experiences total anxiety, chronic depression/acute depression, apathy and various level of aggressive acts towards people around. The accepting society may “bother” and “disturb” the newcomer by every its manifestation. It is exactly the period of time, when “nothing is properly good” in a new country, but “everything is brilliant in the homeland/in the past life”. This phenomenon is mainly explained by a decrease of psycho-emotional pain and suffering, which is traditionally being experienced by an individual up to the second year of
permanently living on the territory of an accepting country. This phenomenon also definitely explains the difference between “migrants” and refugees/forcibly displaced persons, as the second ones experience the analyzed period in a more suffering way, because of lack of so-called “desire and will” to depart, as well as because of necessity to “pack the whole life in a one luggage in an hour”/therefore lack of an appropriate period of self-preparation for departure. Therefore, the aforementioned stage of integration/social inclusion may be recognized as a complete or partial “mental separation” from the receiving society.

Additionally, we shall emphasize the fact that the proper “acts” of the accepting community do not always play a crucial or anyhow “necessary” role in the development of the analyzed processes. Therefore, even the most “acceptive” society may not protect newcomers from experiencing a period of separation. At the same time, even the most anti-migrant society may constitute a “comfort zone” for an individual, who will never experience the symptoms, which we have named before.

Significantly, in case of children and/or adolescents, there is a visible difference in the process of development of APD compared to the adults’ case. Thus, if we analyze the characteristic features of development of the APD in children/adolescents, who possess the refugee/forcibly displaced persons status, in particular, on the territory of the EU countries, we shall emphasize, that the case appears to be zero-one: therefore, the aforementioned condition either appears or does not in such minors. At the same time, it is important to postulate that we still need an additional research on the relative situation of migrants’ children, as after disclosing results of our current scientific analysis we have led to the conclusion, that sometimes, the symptoms of APD (even in case of children/adolescents — migrants/forcibly displaced persons) may be recognized as a transitional period, which is more typical and less “noticeable” during the analyzed age period in any individual. However, it is exactly the necessity to distinguish differences between transitional “crisis” and APD, may lead us to appropriate optimization of processes of migration and social inclusion.

Antisocial personality disorder (APD), therefore, is a
mental health condition in which a person consistently shows no regard for right and wrong and ignores the rights and feelings of others. [13].

The main feature, which may be distinguished in individuals while diagnosing them of APD, are:
- Telling lies to take advantage of others.
- Not being sensitive to or respectful of others.
- Using charm or wit to manipulate others for personal gain or pleasure.
- Having a sense of superiority and being extremely opinionated.
- Having problems with the law, including criminal behavior.
- Being hostile, aggressive, violent or threatening to others.
- Feeling no guilt about harming others.
- Doing dangerous things with no regard for the safety of self or others.
- Being irresponsible and failing to fulfill work or financial responsibilities.

According to our anonymous survey, which we have led among children/adolescents with refugee/forcibly displacement backgrounds, the statistic data, which disclose the predominance of one kind of behavior relatively to another ones, appears to be as follows (Diagram 1).

Thus, as we can clearly see on the diagram, children and adolescents from the analyzed groups are less likely to break financial responsibilities, commit dangerous acts respectively to others and/or having problems with law. At the same time, the predominant percent of minors appears not to be sensitive to or respectful to others (as their personal emotions and suffering subconsciously prevail compared to emotional condition of other representatives of the community), telling lies to take advantage of others (it is ordinarily being noticed in case of ignoring and escaping school lesson in the individual’s country of a refuge: they may invent stories based on non-existing diseases, illnesses etc to justify their absence at school, however, this exact absence is their basic desire in the aim of excluding themselves from the “new life”); they may use charm of wit to manipulate others (to obtain the same as postulated above personal goals), as well as they may
be recognized as individuals having a sense of superiority or being extremely opinionated (it is basically a protective mechanism of one’s subconsciousness: newcomers, are ordinarily becoming the “center of the school’s/class’ attention for a certain period of time. The attention, however, is drastically unwilled by children/adolescents experiencing minor age under the prism of their refugee/forcible displacement background. At the same time, generally, in every social group the arrival of the analyzed group of newcomers is accompanied by previously existed prejudices, biases, fears and expectations, based either on lack of knowledge or previous encounters with child’s/adolescent’s compatriots, who had a specific way of behaving. Therefore, the social opinion may aggravate the symptoms of APD in analyzed minors, and even cause their social separation).

Diagram 1

The correlation between different behavioral patterns in children/adolescents with refugee/forcibly displacement backgrounds under the prism of development of antisocial personality disorder
If we analyze a territorial aspect of APD manifestations across countries of the European Union, we could admit the following tendency (Diagram 2).

According to the data, which is presented in the diagram 2, we can conclude that the percentage of cases distinguishing APD manifestations in the analyzed groups of minors is noticeable in such countries as Germany, Hungary, Poland. At the same time, almost lack of negative APD symptoms (or, probably, an ordinarily transitional period instead) are indicated in such countries as: Estonia, Portugal, Spain and Italy.
At the same time, we shall distinguish development of APD and/or transitional period in children/adolescents, who possess refugee/forcible displacement backgrounds, as they are based on different origins. Thus, children/adolescents may experience APD, as a part of the second stage of integration, therefore, as a part of “period of complete negation and separation from the receiving society”, as we have underlined before, therefore, the symptoms, which appear in every single case may become manifestations of desire “to be alone”, “to be actually separated”, “to confirm to oneself that the accepting society is bad and brutal, while the homeland one is nice and cozy”. Therefore, in case of minors possessing refugee/forcible displacement background, all negative manifestations of their behavior appear as a result of will “to push the whole accepting society away from her-/himself”, and it actually becomes a complete confirmation of antisocial personality disorder.

Oppositely to APD, however, the transitional age provides for the presence of almost similar behavioral attitudes, because of the desire to be “recognized among peers”. The level of this desire is the same both for girls and boys, and appears to be relatively similar between 11-17 years, according to our introductory research. Additionally, the medical data in an appropriate sphere postulates as follows: “if previously approved or reinforced activities by parents or teachers, are not reinforced by peers then these behaviors may be extinguished. New activities shared with peers or which gain peer approval or reinforcement may then be the new activities that the adolescent will seek. This later interpretation of adolescent behavior based on learning theory would not be consistent with a reward or dopamine deficient hypothesis of adolescence” [18]. Therefore, children/adolescents, who suffer from the APD desires to act negatively in the aim of being disapproved and “exterminated” from the accepting society, while individuals, who are going through transitional age desire to be “recognized and included”, however, both groups of minors may act in a similar way.

Thus, in the frame of transitional age we DO can notice specific features similar to ones, which appear in case of
APD, but the understanding of reasons as well as backgrounds of appearance of those features appears to be crucial under the prism of integration and social inclusion processes.

On the current stage of our research, we shall distinguish the main reasons and backgrounds of development of the antisocial personality disorder in minor, who have refugee/forcible displacement backgrounds. The following conclusions have become a rational consequence of the aforementioned statistic data, as well as written “open responses” given to our anonymous survey. Thus, among main reasons of the APD manifestations in the analyzed social group we name as follows (the important thing to emphasize beforehand is that we have analyzed exceptionally Ukrainian minors possessing refugee/forcible displacement backgrounds under the prism of Russian military aggression on the territory of Ukraine, especially after February 24, 2022. Therefore, in case of newcomers of 11-17 years old age group, but who represent other national, cultural, traditional and other backgrounds, the reasons as well as consequences of APD manifestations may differ either slightly or significantly. However, we are going to disclose this issue in our following research):

1) Previous experiences of accepting society in communication with minors compatriots: this situation is highly visible in such countries as Poland, Italy, Germany, where Ukrainians before the full-scale invasion were tended to come either for short-time cultural/touristic visits or for a low-quality job. As we shall additionally postulate (we emphasize it numerous times throughout our research articles), Ukrainians, who possessed stable financial, economical, professional and/or education backgrounds in Ukraine were not tended to change their place of a permanent residence, as they were “satisfied” with everything they had in a homeland. Alternatively, (in about 17% of cases), if professional decided to change his/her place of a permanent living, it would rather not be for the EU countries, but for Australia, the USA, Canada, Japan, Korea and/or Singapore. The influx of refugees/forcibly displaced persons from absolutely different quintile [10,11], caused, on one hand, a drastic necessity to change one’s opinion on some nation
(in our case on Ukrainians), therefore, to accept the prosperity of a dominant percentage of population, to accept a “professional competition” for working places and, what is the most important, to change personal opinion on them. Subconsciously, individuals would rather not change stabilized opinions, prejudices, fears, expectations on other people, especially, from the negative (or underestimating one) to a positive one. The other significant fact is a process of crush of expectations of the representatives of the accepting society towards refugees/forcibly displaced persons. While, refugee seekers not always (especially, in case of ones from Ukraine) appear to look like/behave/talk/work/relax as a “typical refugee/forcibly displaced person”. The process of “not fulfilling social and societal expectations of the receiving community” may cause different alterations on the integration and/or social inclusion of a newcomer;

2) Adults as representatives of the accepting society, influence significantly the level of empathy and acceptance of their children/adolescents. Therefore, the minors, while being “proper reflections” of political, societal, economical and cultural points of views of their parents, may disrupt an appropriate process of integration and social inclusion of refugee/forcibly displaced minor studying in their school/class, just because of long-lasting prejudices, fears, biases on “this specific nationality/nation/or a vision of a refugee seeker in general”, which prosper in their families. Under the prism of analyzed phenomena refugee seeking minors may face bullying, harassment, social persecution, discrimination, which may consequently cause a development of an acute APD as a protective psycho-emotional mechanism, processed after experiencing life/health/dignity threatening situations in the past;

3) In countries like Poland, Slovakia, Czech Republic, the linguistic issue is recognized as one postulating lesser difficulty in comparison with Italy, Spain and/or Germany. Therefore, teachers in local school, by explaining the “same slavic origin of aforementioned languages”, literally require linguistic proficiency in 6-8 month of minor’s staying on the territory of the analyzed countries. On the basis of an acute
PTSD developed on the backgrounds of traumatic experience of the past; usual harassment, bullying and discrimination from peers and sometimes even teachers, the antisocial personality disorder and “societal separation” ordinarily becomes one and only “emotional refuge from sufferings, which minor/adolescent may experience under the prism of his/her experience as a newcomer”. The APD may be aggravated in cases of traditional “A-grade students”, who were tended to get only best notes and qualifications for every single test/exam, but on the basis of low level of linguistic skills the previous results cannot be obtained as soon, as the minor desires. It may lead consequently to development of an acute depression in addition to societal separation in the frame of the APD;

4) “Excessive tolerance to low-level of linguistic skills”, which we may observe on the territory of Spain, Italy and Germany causes different consequences in minors and adults. Therefore, if in case of adults the prolonged term of “expectation” until the newcomer will obtain a high level of proficiency in a local language will almost probably lead to a so-called “painless integration/social inclusion”; in case of minors, who are traditionally being asked to attend integration classes, to follow the “special study program” etc., it may lead to a complete and long-term separation of a minor with refugee/forcible displacement backgrounds from peers of a local society. Therefore, neither “fast track” language proficiency, nor appropriate integration/social inclusion will be possible, as the child will be predominantly separated from the local in his/her age;

5) The issue of either proper or improper integration/social inclusion of refugee/forcibly displaced minors discloses a direct correlation with data on political attitude of the accepting country. Thus, radically pro-Russian states, like Hungary (in the frame of our research) with a predominant pro-Russian societal point of view, decreases a possibility of a proper integration/social inclusion of Ukrainian minors (who, according to their age group, specifically depend on a social opinion and acceptance). At the same time, highly pro-Ukrainian Estonia (even despite high percentage of Estonians speaking Russian
as their second mother tongue), due to supportive and emphatic attitude towards Ukrainians and, in particular, children and adolescents, increase a possibility of a painless integration/social inclusion, as well as almost eliminates possibility of experiencing APD by refugee/forcibly displaced minors from Ukraine.

**Conclusions.**

1. The process of integration and social inclusion of various social groups differs according to national, cultural, religious, economical, personal, psycho-emotional backgrounds, and the age group.

2. As we have underlined on the basis of our previous research, refugees/forcibly displaced persons, oppositely to ordinary migrants, usually suffer from antisocial personality disorder, especially, on the second stage of their integration/social inclusion. At the same time, similar behavioral alterations in children/adolescents with refugee/forcible displacement backgrounds are traditionally explained as a result of transitional age in minors, rather than the result of traumatic departure from the homeland.

3. However, there is a significant difference between reasons and causes of negative behavior of minors, who possess different backgrounds (ones from local society and other ones with refugee/forcible displacement origins). Thus, local minors traditionally experience a “pure” transitional age period, while the refugees/forcibly displaced peers face challenges because of an acute pattern of APD symptoms. At the same time, by the similar behavior, APD distinguishes “a desire to exclude an individual from the outer world” while the transitional age “requires ones to be oppositely more visible”.

4. The presence or lack of APD symptoms, especially, in minors with refugee/forcibly displacement backgrounds possess a direct correlation with numerous social, political, economical, cultural and national aspects of the accepting society, which influence significantly the whole period of an individual’s integration/social inclusion.

5. Thus, the APD symptoms may be aggravated according to social prejudices, biases, fears, expectations, as well as emphatic or negational political attitude of the accepting society.
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6. There is a direct correlation between countries, their policies, social, societal, economical and national attitudes, which influence directly the process of integration/social inclusion of minors with refugee/forcible displacement backgrounds.

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