

Children's Experiences of Separation from Parents as a Consequence of Migration

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ABSTRACT

This paper discusses the findings of a study highlighting the impact of parental migration on children in Trinidad and Tobago. Both qualitative and quantitative methods were used to measure depression indicators with a population of 146 children aged 12–16 years. In depth structured interviews were also conducted with 24 children and their caregivers. The study demonstrated that children separated from parents because of migration were more than twice as likely as other children to have emotional problems although their economic status was improved. One-third had serious levels of depression or interpersonal difficulties affecting schooling and leading in some cases to suicidal ideation. Differences were found in relation to gender and ethnicity. In addition to separation through migration, several children had experienced serial losses, e.g. bereavement, parental divorce, parental imprisonment, or change of caregiver. Resiliency factors included school performance and belief in family reunification. This investigation identifies the implications for Social Work Education and Policy-Reform. It points to the discursive possibilities of child-centred approaches to the construction of knowledge and argues for the inclusion of such approaches within a theory and practice framework based on empowerment.

Key Words

Attachment: A close and enduring relationship between a child and another person which meets the child's emotional needs (love, connectedness, sense of belonging, identity) and through which the child receives care and nurture.

Child: In line with the UN Convention on the Rights of the Child the definition used is a person who is under the age of 18 years.

Migration: Indicates movement across geographical borders usually for work. The term suggests impermanence and flow back and forth. While many people who migrate for employment do return to their country of origin, others do not. In actuality the migrant worker often remains in another

country and returns only occasionally or sometimes not at all. The migratory period may span years, the duration of a person's working life or even their lifetime. Nevertheless 'migration' is used rather than 'emigration' which means permanent relocation to another country. This is because 'temporary-ness' is an important and enduring psychological concept among people who migrate.

Parent: Signifies the person or persons the child has a primary attachment to; this may or may not be a biological parent.

Psychosocial: Refers to the interconnections between the psychological aspects of human behaviour and the social context and circumstances.

Surrogate caregiver: The person with whom the child lives and who fulfils the functions of control and care for the child.

BACKGROUND

The Republic of Trinidad and Tobago is a small archipelagic state at the southernmost end of the Lesser Antilles. Colonized by the Spanish, French and British, during which time both slavery and indentureship were used to provide labour for the plantations, Trinidad also saw considerable immigration of other peoples from China, the Middle East and Portugal. The total population of 1,262,366 is thus derived from many ethnic groups. Present day Trinidad and Tobago is a plural society with individuals of African and East Indian descent accounting for 37.5% and 40.0% respectively of the population, and persons of mixed ethnicity 20.5%¹

In Trinidad and Tobago secondary education is free. On completion of primary school at about age eleven, the student writes the Secondary Entrance Assessment [SEA] examination and depending on the score attained, is placed in one of the secondary schools – either a junior secondary school, a five-year secondary school or a seven-year secondary school. The junior secondary schools have a 3-year curriculum and accommodate the largest numbers of children from the primary schools following the SEA.

Understanding the source and nature of emotional problems in children and being able to postulate the relationships between abstract variables such as self-esteem and childhood experience are important though difficult areas for social work research. Research such as this has particular value where it seeks to influence policy concerned with social problems in the Caribbean – for example, the increasing prevalence of behavioural and emotional disorders among school children in Trinidad and Tobago. Typical *externalised* manifestations of behavioural problems in schools include indiscipline, violence, oppositional-defiant behaviours and violations of

adult authority. These problems are widespread in many contemporary societies and are important areas for research; however, they are often symptomatic of underlying social and emotional issues that may receive relatively little attention.

This paper is based on a research project carried out in 2002/2003 by the Social Work Unit, University of the West Indies together with the Child Guidance Clinic, Ministry of Health, Eric Williams Medical Sciences Complex, Trinidad.

The study arose out of a growing recognition that the children of parents who have migrated represented 10 percent of the referrals to the Child Guidance Clinic, Ministry of Health. Indeed, children in this category currently represent a large sub-group of children seen within the clinic. These children referred in the main by schools, present with symptoms of depression, emotional problems and behavioural difficulties such as persistent fighting. It is widely accepted that multiple factors contribute to the development of emotional and behavioural problems among children and isolating parental migration as a specific topic of investigation presents considerable methodological challenges. Furthermore, in delineating contributing factors one runs the risk of underplaying the complex nature of variables involved and of providing incomplete explanations about the combined interactive effects of such factors. Nevertheless, current trends of economic migration, which include the active recruitment of workers from the Caribbean to offset labour shortages in the welfare, health, domestic and service sectors in countries such as England suggest that a study such as this, that examines the implications of parental migration for children, is timely and necessary.

LITERATURE REVIEW

Global and intra-regional migration from and within the Caribbean dates back to 1791 when political exiles from Haiti resettled in Cuba (Duany, 2001) and the study of this social phenomenon is well documented. In fact, the literature is replete with discourse and discussion on the many facets of migration: the causes and sources of migrant streams; the socio-economic effects; the impact on culture, identity, ethnicity, language, the arts and religion; the effects on age and skill distribution within societies; the ways that migration patterns have shaped and been influenced by gender roles, the impact on political and social institutions and the significance of these issues both for host countries and countries of origin. The literature on migration – both in the social sciences and in psychiatry has focused on the migrants and their move to new countries and occasionally on those who return home. There are a small number of studies on children's experiences

of migration. For example, there is some work on the phenomenon of re-union (Granville da Costa, 1985; Elaine Arnold, 1997) describing how the children and parents re-unite and re-establish affectional bonds. However, little is written about the children who are left behind, how they fare during the time of separation, or indeed about the persons who take on the surrogate parent role. Furthermore, we have not been able to find any published studies on issues of separation and loss as a consequence of parental migration from the perspective of children themselves.

Immigration is only one of the issues that will contribute to separation of parent, particularly mother, from child. The socio-cultural context of many Caribbean families suggests that separation of father from child is also a significant issue for many of our children. In the Caribbean families of the African Diaspora, family life is characterised by diffuse mating and child rearing patterns. There is a considerable body of research work on the issue of family formation and what the sociological literature calls "child-shifting". The early anthropological work of Clarke (1966) speaks of frequently terminated common-law unions, absent fathers, grand-mother dominated households and situations in which children are placed in the care of relatives because of parental migration or entry into a new union. Later Chevannes (1993) has suggested the Afro-Caribbean family relationships move from structurally unstable to the structurally stable over the life course, and that the concept of family is neither residence nor domestic economy but rather consanguinity – or as they say, "blood". The psychological and mental health implications of complex family structures are even more difficult to evaluate when we examine child rearing, attachment and separation issues. One pertinent way of examining the issue of family structure is to ask the question "with whom does the child live?" It places the view of the family structure in the context of the child's relationship with the adults and other household members.

The East Indian families in Trinidad came through indentureship. The majority were Hindu and unlike the enslaved Africans before them, their traditions and religious practices were not denied them. The traditional Hindu family was a joint family consisting of an aged couple, their sons and the sons' wives and children as well as perhaps, the unmarried children of the couple (Gore 1978; Roopnarine et al., 1997) At marriage the young Indo-Trinidadian woman would leave her father's family and become a part of her husband's joint family. These traditional patterns of family formation are however changing with couples establishing nuclear family households either at the time of their marriage or shortly after. In addition some couples are living in common-law unions. A demographic and health study by Heath et al. (1988) demonstrates that women of East Indian descent are

the most rapidly changing group in the population, and there is an increase in divorce rate and the number of female-headed households.

The mental health of children and adolescents and indeed of adults as well is impacted negatively by separation from and loss of a person one loves. The association between loss and depression is well known. In the Caribbean issues around separation and loss seem central to much of child and adolescent psychopathology and a related array of psychosocial conditions that present for clinical intervention. The mental health issues related to attachment, separation and loss are central to much of the psychopathology that may be associated with the specifics of Caribbean family forms. The enduring early emotional bonds have a significant impact on adjustment later on. Rutter & Rutter (1992) write: "It seems quite clear that attachment qualities in relationships are evident throughout life. This is shown by the consistent evidence that close relationships are psychologically supportive to all ages and that these losses constitute a severe stressor from infancy onward". The structural instability alluded to frequently places children in situations in which they may experience serial losses of attachment figures. In these situations that one might call 'serial parenting' the children are sad, at risk of depression, may succumb to aggressive impulses and have low self-esteem. These clinical manifestations are affected by the child's age, gender, temperament, personality and the influence of other psychosocial events. Children moved from one caregiver to another are at great risk of impaired mental health. Their basis for forming relationships with others is patterned on the experience in the parent-child dyad "this person will leave me and not come back".

The treatment of children as communal "property" perhaps originated under the conditions of slavery as an adaptation to coping with deliberate separation of family members. Family members were separated from one another – parent from child, siblings from each other. This experience may continue as a psychological remnant from that time. Significantly, several Caribbean sociologists including Russell-Brown (1997) and Massiah (1982) note that Afro-Caribbean family forms, particularly in the lower social classes, have been remarkably unchanged in the 150 years since emancipation, unlike other areas of the society which have been clearly influenced and transformed by the economic, social and political changes of the passing years. On average, 35% of the households in the Caribbean region are female-headed; in some individual countries it may approach 50%. There may be powerful reasons why the status quo has been maintained, over the years. Women of the Diaspora have used kinship networks in their survival strategies and in their struggle for autonomy and financial independence. Informal fostering or adoption of children by members of the kinship

network is one of the strategies used by women, often women in poverty. Russell-Brown (1997) in her study of "child shifting" in teenage Barbadian mothers writes: "It is an option that provides the necessary breathing space for a teen mother who has been prematurely thrust into the parenting role." Senior in her study of women's lives in the Caribbean (Senior, 1991: 13) writes of some of the reasons for children being "shifted":

A childless woman might wish to mother a child and 'borrows' one from someone else. Children are sent off to be 'company' to ageing grandparents.... Children unwanted in a home because of a new 'stepfather' might be sent away to live with a grandmother, an aunt or the father's relatives.

The majority of the studies on family formation and structure and on the reasons for separation of child from parent have focused on the parental reasons and choices and on the sociological correlates. Little has been written about the children in these contexts. In the main, the studies have not explored the psychological issues of the parent or the child.

THE STUDY

Aims

The aims of the study were two-fold. First, the study aimed to investigate the psychosocial status of children whose parents had migrated and, secondly, to explore the surrogate care arrangements for these children.

Methods

Research Framework – In designing the study, the authors sought to advance child-centred research methodologies, which they define as research that:

- utilises methods that are easy for children to understand and meaningfully participate in
- acknowledges that children's insights are important in generating knowledge
- recognises the importance of children's rights of expression (Article 12, UN Convention on the Rights of the Child)
- represents a shift *away* from the objectification of children and regards them as active subjects within the research process
- utilizes research findings to address children's voicelessness

This approach (or collection of approaches, since the term does not refer to a single method) is one that has increasing currency both regionally and internationally for studies that seek to enhance understanding of children's experiences. The International Labour Organisation (2002: 63) in its

report on research into the worst forms of child labour states that such approaches are based on the recognition that "although adults' perceptions are not devalued, the adults themselves are no longer considered to be the sole authorities on children's lives.

This was primarily a qualitative study to investigate the meanings that children attributed to their experience of separation from parents. Within the study quantitative methods were also used – to determine the existence and extent of depression indicators among children and these issues were further explored through interviews. Three methods were employed:

1. A research and clinical assessment tool, the 'Children's Depression Inventory' (CDI), which is a self-rated symptom orientated scale designed for children and adolescents
2. Structured in-depth interviews with children
3. Structured in-depth interviews with caregivers

The CDI was developed in 1977 by Dr Maria Kovacs, a clinician with extensive experience of working with children with depressive disorders. The instrument has been utilized extensively in published research studies; literally hundreds of published research studies have used the CDI to evaluate some facet of child problem behaviour (Kovacs, 1992). The CDI has been shown to provide high internal consistency (e.g. Cronbach's alpha 0.80) and moderate test-retest from one week to six months. It distinguishes well between clinical and non-clinical groups of children and correlates in the expected direction with related constructs like self-esteem and hopelessness (Kazdin, 1990). There are normative data available on gender and age differences. The CDI represents a downward extension of the Beck Depression Inventory correlates (Kovacs, 1992). Although this instrument has not been standardized for the Trinidad and Tobago population, it has tested positively for cultural relevance and reliability within a Caribbean population. It has also been widely used with many nationalities and translated into many languages. It is the most widely used and best studied scale for juvenile depression, its correlates and associated factors; its psychometric properties are strong (Myers and Winters, 2002). The CDI quantifies five sets (factor scales) of depressive symptoms: negative mood, interpersonal problems, ineffectiveness, anhedonia and negative self-esteem; it is sensitive to severity and chronological change; and its ease of use by children is reflected in its simplicity, the use of language and the low reading level required for its completion (Multi-Health Systems Inc., 2001).

The study was sited in a secondary school considered representative in terms of the socioeconomic and ethnic make-up of the general population. Two groups of children aged 13-16 years were selected for the study: The

index sample was comprised of children who had a parent/s living abroad purposively selected, and the control group were children selected randomly (using the random numbers table), who did not have any parent living abroad. Out of the initial sample size of 400, that is, 200 from each sample group, 74 children (index) and 72 (control) and their caregivers responded positively to the invitation to participate. A total of 146 children took part. The 'Children's Depression Inventory' was administered across this population, the children were not separated for the CDI tests; as a result they were not aware of the different groupings.

The data were analysed using the SPSS programme for Windows 9.0 (SPSS, Inc., Chicago, IL, USA). ANOVA was used to examine within and between group variables and to investigate differences in relation to age, gender and ethnicity. Further purposive sampling from the index sample identified 24 children with CDI *T* scores of 60 indicating the definite presence of depressive symptoms. Further investigation of these children's problems took the form of in-depth structured interviews and their caregivers were also interviewed. Interviews typically lasted 1 to 1.5 hours and were based on a questionnaire, designed and piloted by the authors to elicit conceptual and perceptual data as well as feelings and factual information. The questionnaire further required the children to compose genograms to chart their understanding of the historical and generational patterns of family relationships and explore the meanings these relationships held for them. The children were also asked specific open-ended questions about their thoughts and feelings about the interview process. The interviews required the researchers to immerse themselves in the process. This speaks not only to reflexivity in research but also to an important ethical consideration – that children with signs of distress or presenting symptoms of depressive disorders should receive professional help. The interviewers were practitioners with skills in communication, observation, assessment and counselling. One of the authors is a Consultant Child Psychiatrist in a Child Guidance Clinic and arrangements were made for the follow up by the clinic of any children in need of professional help. It should be noted that within the control sample, only three children presented with CDI scores that suggested the presence of symptoms. These children were offered appointments at the Child Guidance Clinic. The interview results were subject to thematic analysis involving open coding and axial coding enabling deeper probing into meanings, significance, consequences, patterns and differences.

In the use of the CDI it was recognized that false positives as well as false negatives could be reported, however clinical experience of the instrument suggests that false negatives are more likely than false positives. These

problems were minimized by using a methodology that combined the information from the CDI with that from the interview.

RESULTS AND DISCUSSION

Statistics detailing specific characteristics of migrant populations are scarce. However, the United Nations Population Fund indicates a growing trend towards the feminization of migration with increasing numbers of women emigrating for employment in the health and service sectors. In earlier historical periods migration patterns were characterized by the departure of the father who would later send for his wife and children. With the large demand for service workers, it is now mothers who often initiate the migration process. This pattern was reflected in the study. Of the children interviewed, in 75% of cases it was the mother who was living abroad and in a small number of cases both father and mother were abroad. Where children had been left in the care of a father, in all except one case they were subsequently moved to other relatives (sometimes more than once) as the father had not been able to sustain caring for the child. In two of these cases children experienced very traumatic periods of care from their fathers. There were a number of children whose mothers had migrated and who had had little or no contact with their fathers. These children expressed their feelings about the migration of their mothers as a form of rejection and abandonment and both fantasized about and mourned their fathers.

The results of the study provide strong evidence that separation and loss among adolescents have detrimental effects on their psychological states. While there were financial benefits of parental migration in terms of improved material conditions, there were costs to family life; the emotional health and well-being of the children were not sufficiently accounted for. Migration forces families to undergo profound transformations that are often complicated by extended periods of separation between children and parents. The results also indicate that changes in the family structure may make it more difficult for parents to arrange satisfactory surrogate care for their children.

The study revealed that 200 children (or 10.5%) out of a school population of 1,900 were known to have a parent or parents who had migrated. The real figures are likely to be higher as parents do not always inform the school when they go abroad and the information sometimes only comes to light when a particular problem emerges. The results below are based on data produced by analysis of the responses to the Children's Depression Inventory completed by 146 children, in-depth interviews with 24 children whose parents had migrated and whose CDI scores indicated serious or severe concerns, and interviews with the caregivers of these children.

Depression, Emotional and Behavioural Problems

Children separated from parents because of migration scored significantly higher on the CDI across all factors and across the categories of age, ethnicity and gender than those from the control sample and a greater number suggested the presence of emotional or behavioural problems. There was a greater prevalence within the index sample of depression indicators and this pattern was reflected over the spread of scores. For example, at the higher end of the scale in which more serious levels of depression are indicated (e.g. interpersonal difficulties affecting schooling and expressions of suicidal ideation) children in the index group outnumbered the control group 3.3 to 1.

Gender and ethnicity

The charts below show the gender distribution, and the ethnicity of the index and control groups.

CHART 1: Gender Distribution of Index and Control Groups

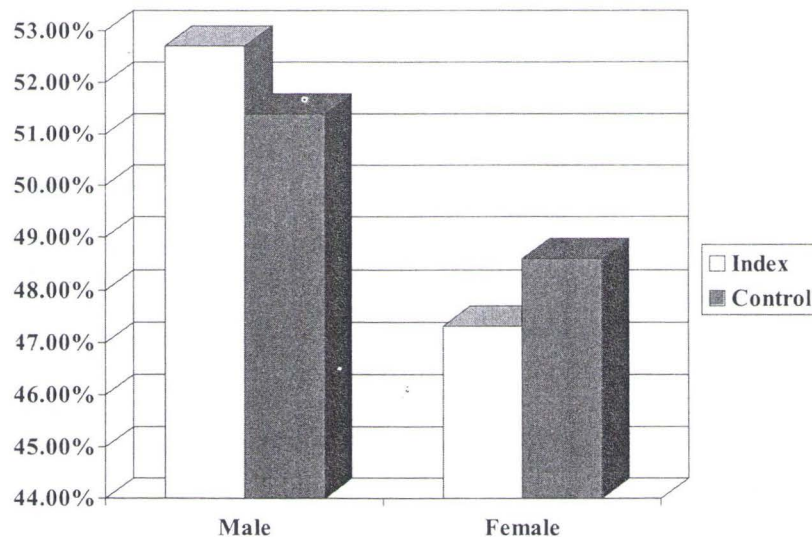
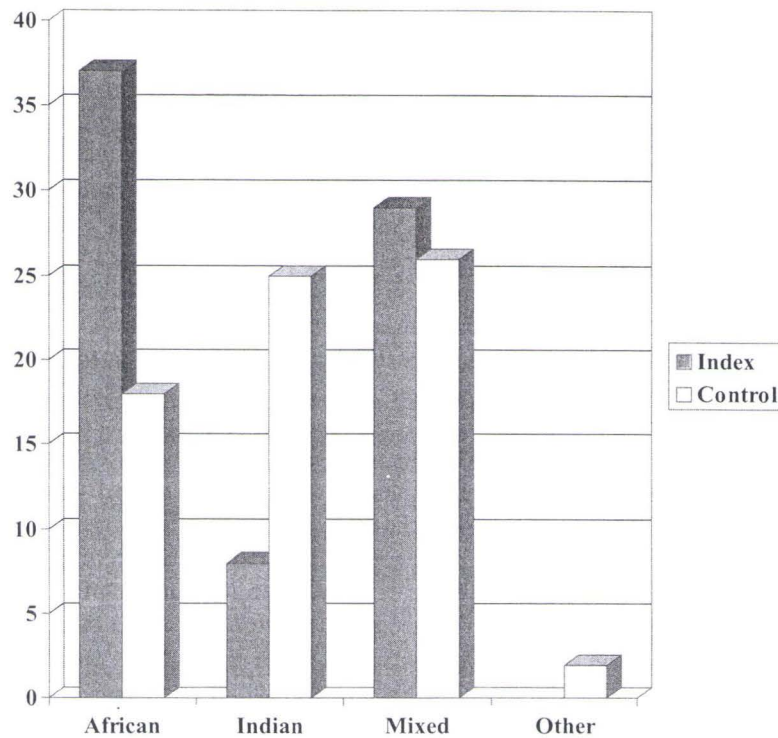


Chart 2: Ethnicity of Index and Control Groups



Differences were found in relation to gender and ethnicity in both samples. A significantly higher number of females (19%) than males (7%) rated themselves more depressed in the index sample. This pattern was repeated in the control sample, where the figures were 7% and 2% respectively (this despite the fact that the numbers of boys participating were slightly greater than the numbers of girls in each group). Boys were more likely to have problems with interpersonal relationships and effectiveness while girls were more likely to experience negative mood and low self-esteem.

More children of African descent had a parent or parents who had migrated than children of Indian descent. Overall children of African descent with a parent abroad outnumbered children of Indian descent by 4.6:1 and consequently this affected the results in terms of the relationship of ethnicity to other CDI scores. Notwithstanding this, children of African origin

scored more highly across all factors and across both samples than other children.

These data must be interpreted with caution. The ethnic descriptors used for analysis tended to reduce a complex concept to a functional level. Children often presented contradictory and yet, complete understandings of their ethnic identity based on a range of factors. For instance one child of 12 identified himself as African although clearly from his name, his physical characteristics and the ethnicity of his birth mother, this was a child of East Indian descent. The researchers accepted his self-classification uncritically. Brought up from the age of 6 months with an African Trinidadian family, this child regarded ethnicity as constructed out of his social reality as much as from inherited characteristics or societal mores and expectations. Another reason that the data must be viewed with caution is that children seemed to be able to shift with ease between, and in and out of different ethnic groupings. The terms "African", "East Indian" or "Mixed" Trinidadian seemed to have differing significance and meanings depending upon context. Nevertheless ethnicity seems to be important, not as a means of labelling children but in that it may speak to differences in family structure, lifestyles and patterns of migration that require further exploration. For example, the finding that fewer children of East Indian descent presented with high CDI scores may be because of caregiving arrangements, the type of support networks available, the geographic catchment area of the school or, it may be that the ethnic composition of some professions make it more or less likely for particular women to seek employment overseas at different periods.

Surrogate Care

In the absence of parents, children lived in families that varied in their composition. The most common family forms were grandparent-headed households, followed by single parent families and stepparent families. These were changes to the original family structure consequent on the migration of parents – changes that were often characterized by further separation, serial losses and serial parenting for the children. More than half of the children had experienced separation from a parent prior to subsequent separation because of migration. This was largely as a consequence of parental separation or divorce. Five children had several different relatives as surrogate parents because of the imprisonment, hospitalization, death of or neglect by the parent or guardian with whom the children had been left originally. These phenomena assumed particular significance for two sibling families. In particular, one of these families experienced an extended history of multiple parenting, abuse and neglect, which had profound

effects on all of the siblings. Parents had usually made caregiving arrangements for their children with relatives, and largely, these caregivers seemed to have provided adequate care to the children. As noted previously a number of the children were parented by several different relatives and experienced the additional trauma of repeated separations and losses.

A view that was common among caregivers and parents was that long-distance parenting was an acceptable way of meeting the child's emotional needs, while surrogate caregivers met the child's daily physical needs. Nevertheless, none of the adults interviewed thought this was best for the child. Not only were there often extreme pressures on the surrogate families in caring for the child (this was most evident in families headed by an older sibling), in response to the question "what advice would you give to parent who was leaving to work abroad" all respondents reported that they would tell them not to go. Children themselves perceived the migration of their parent as abandonment and rejection and sometimes resented their parents' attempts to exercise authority from a distance.

Parental Support

In most cases (87.5%) regular and frequent contact was maintained between the parents and the children, as was the supply of financial and material support. Telephone calls and letter-writing were the most popular media of contact. Of significance, two children were contacted twice in ten and sixteen years, respectively, and one child was not contacted in thirteen years. These children also received no financial support from their parents. The study suggested that in these cases, the limited contact with their children in Trinidad and Tobago was related to the fact that these parents had remarried and started new families.

Living without Parents

The study reported mixed emotional responses to parents' migration, including sadness, anger, loss, fear, anxiety, loneliness, rejection, abandonment and hurt. Largely though, there was overt evidence of intense sadness and depression noted even in cases where parents maintained frequent contact with their children. A significant number (37.5%) of the children interviewed were identified as experiencing major emotional difficulties and had in fact totalled consistently high scores on the Negative Mood Scale of the CDI. Some of these children had also given positive responses to the statements "I think about killing myself but I would not do it" and "I want to kill myself". While one must exercise caution in interpreting too much from a single response in the CDI, clinicians have suggested that a positive

response to this last statement is indicative of an urgent need for further clinical assessment (Stark, 1990).

In one case suicide risk was a real concern. This child had a history of suicidal attempts and persistent suicidal ideation and was an active client of the Child Guidance Clinic. Of the five children who reported having "no feelings" about their parents being abroad, the content of their interviews suggested that these children existed in a largely defensive, ambivalent and parentified mode. Of note, these children also obtained high scores on the Negative Mood Scale of the CDI. For the children whose parents had separated or divorced before the migration, their emotional responses were compounded by their unresolved emotions and feelings of instability consequent on the dissolution of the birth family.

Preparation and Perceptions

While migration was always considered to be short term and children anticipated the early return of their parents, only in one case was a child aware when her parent was actually returning. The periods of migration ranged from two to fifteen years. One child was left with unrelated guardians at age six months. Of note, this child's surrogate father had also recently migrated. A seasonal migratory pattern was established in a small number of families and these children appeared to experience fewer problems adjusting to separation.

More than half of the children in this study had no prior knowledge that their parents were leaving and for at least two, the knowledge came when they awakened from sleep and their parents were gone. For those who had some forewarning the specifics were vague, veiled and limited. Even with the seasonal migrants, the children by and large had little information about the duration of parents' stay abroad or the expected dates of their return. Their perceptions of their parents leaving Trinidad and Tobago, albeit to "make a better life for the family," were in the main typified by lingering doubts, and questions about the decisions of their parents. With two exceptions, all the children directly expressed the view that family life had deteriorated since the migration of the parents, even in cases where the migration occurred subsequent to parental separation or divorce. The children clearly had the intellectual and conceptual tools to understand parental migration, to rationalize separation and even to envision reunification. However, this did not mean that they were emotionally inured to separation and the study found a dissonance between intellectual acceptance and emotional adjustment.

Impact on Well-Being (Stressors)

The data overwhelmingly revealed that family functioning was greatly impacted by the absence of one or both parents and was the source of major stressors for the children. Interpersonal relationships fraught with difficulties, intense rivalry among siblings, stepsiblings and cousins, "parentified" responsibilities, inadequate supervision and irrational over-protection were the most frequently reported negative conditions under which the children existed. At the psychological level, there were significant reports of excessive anxiety about the safety of the parent abroad, and the domicile parent or guardian, family's finances and family's stability. Of note, the females in this study reported being cast into stereotypical gender roles with little acknowledgment or appreciation and with predictable "dents" to their self-esteem and self-worth. Five of these females described themselves as being "full of rage, alone and always worried".

The males, on the other hand, identified as stressors peer pressure to engage in delinquent and criminal activities, fighting and worrying about the family. Interestingly, only one child reported deterioration in her academic performance and linked this directly to her mother being abroad and diminished support and supervision. One of the silent challenges to the emotional well-being of these children was the limited acknowledgment by caregivers of the psychological effects on the children of living without a parent. This is compounded further by their inadequate responses to the children's manifestation of distress. In almost every case there was either direct expression of or indirect reference to these critical gaps and the need for follow-up or counselling sessions.

Resiliency Factors (Sources of Support)

In general, the data suggested that the children had developed a variety of coping strategies – with school, school life and positive elements of the home being central to their resiliency. With one exception, the children reported being treated well by their caregivers, particularly in relation to their lower order needs. The data further revealed that for most of the children in the study, there were available and adequate networks of support among their caregivers and other relatives, and for three of the children, the mothers abroad were identified as their "closest" source of support. Significant in the data is that all of the children possessed readily identifiable strengths and coping strategies with academic achievement being the most frequently listed.

Risk and Vulnerability – Predicting Difficulties for the Future

In addition to the concerns about negative mood and the small number of cases in which children expressed suicidal ideation, of equal significance was that many children were reported to have behaviour difficulties in school, interpersonal problems and low self-esteem. The separation from the person they were most attached to raises some important questions about the risks to children and the protective role played by mothers in their lives. There is some evidence that an increasing number of children appearing before the courts report that their “mother in foreign” (meaning that their mother is overseas). This is also the case among children living on the streets and is reportedly a factor in the prevalence of AIDS among teenagers in Tobago (unofficial source). These comments do not seek to place the burden of addressing these social problems on mothers. On the contrary, what is suggested is the need for programmes that support women (and fathers) in the care of their children. However, when parents migrate – and mothers in particular, given that fathers do not, in many cases sustain the care of the child – the child may be left without effective guidance and support, which may lead to problems in the future. There were indications in the study that children left behind were more vulnerable in terms of exposure to both risk of abuse and criminal activities but also in seeking inappropriate ways to meet their emotional needs. Children who were separated from their parents because of migration were significantly more likely to report depressive symptoms than those who were not separated from their parents – a situation that increases risks of alcohol and other drug use as well as, later, mental illness.

The sentiments and “fall out” for children in the study are captured in the following excerpts:

I have not come to terms with their separation.

I think dad feels guilty about leaving me.

I miss the stability of a family. My family has disintegrated.

I have to take care of myself now.

I am sorry for you; your own child does not love you.

I wonder if I am adopted.

Mummy do you still want me, do you still love me?

Good material benefits but life is worse.

Things real bad just now.

I worry about mom's safety.

I understand why she is away, but emotionally it is hard.

I get more money and I have more freedom, but I get into more fights and no one supervises me.

I want mummy and dad to give love another chance.

I live all the time wishing to see my parents.

Nobody to hug and kiss me and tell me that they love me.

CHILDREN'S INVOLVEMENT IN THE STUDY AS A FUNCTION OF CHILD-CENTRED RESEARCH

In addition to the being primary respondents, the children were offered two other avenues for direct involvement in the study. In the first instance, at the conclusion of the structured interviews, the children were invited to evaluate and the share their insights about the entire process, their reactions and impression about the interview, the information requested and the information they offered. Among their responses were the following:

This is the first time that an adult has listened to me.

This is the first time that an adult has asked about my feelings and suggestions about the whole thing.

Is a good thing you all came here; now something will happen.

My parents (abroad) should know about the results of this study.

It feels good to talk girl talk with you.

I did not know that adults really wanted to listen to me.

The dissemination event, which was held at the secondary school used in the study, was yet another forum designed to facilitate the children's active participation. The major findings of the study were presented through the medium of drama, specifically "Theatre in Education" which allowed for the children's interacting with the professional actors and for their assuming some of the roles as the issues were explored.

It is the view of the authors that this formula of "interacting" and "acting" afforded the children the sanctity and authority to articulate their interpretations of and responses to the findings and their opinions about the solutions.

The value of this level of involvement of children in research and the dissemination of findings is supported by Jones (2004) who wrote: "Research findings increase knowledge about the scale and complexity of the problem, however children can identify what the findings mean to them and their perceptions are important in planning corrective measures."

RECOMMENDATIONS

The study highlighted the need for urgent and focused policy reformulation to acknowledge and manage the “hidden” social costs consequent to parental migration. Linked to this is the need for further research to establish the extent to which children are separated from parents because of parental migration for employment. Should the statistics emerging from this study, namely that upwards of 10 percent of a school population are children whose parents have migrated, be reflected across the country more widely then this would signify a problem of considerable proportions. Specifically the study indicated the need for structured support systems for the children and their caregivers. It is the recommendation that there should be a co-ordinated and collaborative approach to the policy planning for these families, one that would address directly the educational, health and psychosocial needs.

The following are recommended:

- Establishment of a structured systematic process for the early identification of these children, e.g. during the school registration process;
- Acknowledgement of the “hidden” costs, the attendant risks to and vulnerability of the children;
- Strengthening the teacher training curriculum to provide greater emphasis on the impact of psycho-social trauma on children’s learning;
- Expanding the school’s curriculum to include direct focus on the issues of parental migration;
- Establishment of School-based Child-centred Responsive Support Teams for children in distress or who have emotional problems. These should be available to all children, not only those who are separated from parents, and should include children trained as peer counsellors, nominated teachers and have links to school social workers. The system would offer:
 - i. Confidentiality
 - ii. Availability/accessibility
 - iii. Competence in advice-giving and advocacy
 - iv. Support
 - v. Safety
 - vi. Networks and links to specialized services
- Development of specialized services and/or inclusion of specialized units in existing service agencies to provide focused intervention services such as:
 - vii. Direct counselling and requisite clinical services
 - viii. Support and training for caregivers
 - ix. Pre-reunification counselling

- x. Nationwide education programmes about the correlation between consistent parenting and the psychological well-being of children
- Development of a policy of "managed migration" to:
 - xi. "Fast track" the legal immigration processes and requirements for the reunification of these families;
 - xii. Ensure the availability of orientation and settlement programmes and specialized services for these reconstituted families.

CONCLUSION

The children in this study reported high emotional costs related to their parents' living abroad this, notwithstanding the marked improvements in their material/financial conditions.

While the negative effects of parent/child separation as a consequence of economic migration from the Caribbean have been little reported previously, this does not mean the *absence* of negative effects. This aspect of economic migration may have received little attention for a number of reasons. First, attention to children's emotional needs may have been subsumed as a consequence of poverty and the pressure on parents to attend to material needs. Secondly, children have historically occupied a subjugated position and little status has previously been accorded to their views. If it is the case that children may always have been negatively affected by separation because of migration, as is argued by the researchers, it is also clear that this phenomenon is experienced differentially in present times because of the interplay of additional factors. For instance, changes to the family structure and the *rate* of change within families may contribute to reducing the 'cushioning' and protective function for children of extended family life. Another factor relates to current immigration legislation and policy, which may make parent-child contact and reunification more difficult than in previous times. A third factor may be that children in society are generally experiencing increased levels of stress/distress. Although this may be a contributing factor, it does not provide a complete explanation as the study found higher indicators of depression in the group with a parent living abroad than in the general population of children tested.

The observation that children are experiencing greater problems adjusting to separation may be merely a reflection of increased recognition of children's rights. However, despite societal shifts in acknowledging children's rights, it is the case that at the micro level, powerful familial, cultural and traditional values continue to make it difficult for children to be heard. This study provides an opportunity not only for children to be heard but also for their voices to raise questions about assumptions that are often held. For example, discourses on family have been dominated by hegemonic and

oppositional claims that have variously positioned the "non-intact" Caribbean family either as deviant or have claimed as healthy and culturally/historically situated, lifestyles that support "child-shifting". Children's perspectives arising out of *this* study yield a different discourse, one which neither accepts pathological representations of the Caribbean family nor holds that notions such as "absentee" or "long-distance" parenting are problem-free.

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NOTE

- 1 From preliminary 2000 Census Data, Trinidad and Tobago Central Statistical Office.

WORKS CITED

- Arnold, Elaine. 1997. Issues of re-unification of migrant West Indian children in the United Kingdom. In J. Roopnarine, & J. Brown (eds.), *Caribbean families: Diversity among ethnic groups: Advances in applied developmental psychology*. Ablex Publishing Corp.
- Chevannes, B. 1993. Stresses and strains: Situation analysis of the Caribbean family. Regional Preparatory Meeting to International Year of the Family, United Nations Economic Commission for Latin America and the Caribbean. Cartagena: Colombia.
- Clarke, E. 1966. *My mother who fathered me: A study of the family in three selected communities in Jamaica*. 2d ed. London: Allen and Unwin.
- da Costa, G. 1985. *Reunion after long-term disruption of the parent-child bond in older children: Clinical features and psychodynamic issues*. Toronto: Clark Institute of Psychiatry.
- Gore, M.S. 1978. Changes in the family and the process of socialization in India. In E.J. Anthony, & C. Chiland (eds.), *The child and his family*. New York: Wiley.
- Heath, K., D. Da Costa Martinez, & A. Sheon. 1988. Trinidad and Tobago demographic and health survey (1987). The Family Planning Association of Trinidad and Tobago and the Institute for Resource Development. Westinghouse, USA.
- Jones, A. 2004. *Involving children and young people as researchers*. In S. Fraser, V. Lewis, S. Ding, M. Kellet, & C. Robinson (eds.). London: SAGE Publications.
- International Labour Organisation. 2002. *A Future without child labour: Global report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work*. Geneva ILO.

- Kazdin, A.E. 1990. Childhood depression. *Journal of Child Psychology and Psychiatry and Allied Disciplines* 31 (1): 121-60.
- Kellman, S.G., M.E. Ensminger, & R.J. Turner. 1977. Family structure and the mental health of children. *Archives of General Psychiatry* 34: 1012-1022.
- Kovacs, M., 1992. *Children's depression inventory manual*. Published by Multi-health Systems Inc.
- Massiah, J. 1982. Women who head households. In J. Massiah (ed.), *Women in the Caribbean Project*. Vol.2. *Women and the family*. UWI. Cave Hill Barbados: Institute of Social and Economic Research.
- Myers, K.M., & N.C. Winters. 2002. Ten-Year review of rating scales. II: Scales for internalising disorders. *Journal of American Academy of Child and Adolescent Psychiatry* 41 (6): 634-59.
- Roopnarine, J.L., P. Snell-White, N.B. Riegraf, J. Wolfsenberger, Z. Hossain, & S. Mathur, 1997. Family socialization in an East Indian village in Guyana: A focus on fathers. In J. Roopnarine & J. Brown (eds.), *Caribbean families: Diversity among ethnic groups*. Advances in Applied Developmental Psychology. Ablex Publishing Corp.
- Russell-Brown, P., B. Norville, & C. Griffith. 1997. Child shifting: A survival strategy for teenage mothers. In J. Roopnarine & J. Brown (eds.), *Caribbean families: Diversity among ethnic groups*. Advances in Applied Developmental Psychology. Ablex Publishing Corp.
- Rutter, M., & M. Rutter. 1992. *Developing Minds: Challenge and Continuity across the Life Span*. London: Penguin Books
- Senior, O. 1991. *Working miracles: Women's lives in the English-speaking Caribbean*. London: James Currey; Bloomington, Indiana: Indiana University Press.
- Stark, K.D. 1990. *Childhood depression: School-based intervention*. New York: Guilford.