Development and Identity of Guatemalan Refugee Children in Mexico: Conditions and Options for Support Interventions

Inda Sáenz-Romero and Juan José Sánchez-Sosa

Abstract

The study describes current conditions of Guatemalan refugee children living in shelter camps in the Mexican southeastern states of Chiapas, Campeche and Quintana-Roo. Aspects of children’s refugee life in Mexico City are also described. Analysis includes historic and contextual aspects of Guatemalan refuge in Mexico since the eighties: counter-insurgent wars, fleeing, arrival in Mexico, psychosocial and traumatic experiences, problems and expectations emerging from the prospect of returning to Guatemala and consequences of the Chiapas armed conflict. More specifically, the study analyses such issues as health and nutrition, and especially education. Analyses compare the camps’ school systems and additional support actions based on training programs for “community promoters.” Trainees are both adults and children, and program activities include the promotion of cultural identity, therapeutic work on traumatic experiences, coping with the challenge of returning to Guatemala in masse, and treating or preventing other psychological complaints.

Précis


During the period between 1975 and 1985 the counter-insurgent military operations in Guatemala virtually levelled hundreds of villages. Thousands of children became orphans and massive population displacements occurred both within and outside the Guatemalan borders. Numerous accounts, testimonies, sociopolitical studies and doctoral dissertations documented the atmosphere produced by political violence and severe human rights violations and the consequences for the Guatemalan population (Falla 1983; Simon 1987; Zur 1993).

During the worst part of this violent period between 1981 and 1982, estimates suggest that nearly 1.3 million people from El Quiche, Chimaltenango and Alta Verapaz, i.e. 80 percent of the population from the Guatemalan high plateau, were forced to leave their homes temporarily or even permanently (Guatemala Health Rights Support Project 1992). The first wave of refugees crossed the border into Mexico in 1981 only to be immediately deported by the Mexican government. The international protests which followed, led the UNHCR to establish offices in the area after reaching an agreement with the government.

Mexico has a long-lasting tradition of sheltering political exiles. Under the protection of President Cárdenas, thousands of Spanish republicans found asylum in Mexico. In the seventies, after the establishment of dictatorships in South America and their “dirty war” against any opposition, thousands of exiles from Argentina, Chile and Uruguay, arrived in Mexico individually or in small groups.

The characteristics and conditions of Central American refugees are very different from those of previous exile immigrations. Guatemalans arrived in large numbers, most were Indian agricultural workers already living in poverty and had little or no schooling and many of them, especially women, did not speak Spanish.

A large proportion of this population lived in the mountains or in the jungle, awaiting the withdrawal of the army from their communities. Only after this did not happen for a prolonged period of time, did they decide to cross the border into Mexico. This produced an incoming refugee population with particularly poor states of health, nutrition and high levels of psychological trauma.

By the end of 1992, UNHCR recorded 46,000 Guatemalan refugees in 127 camp shelters along the Chiapas border, four camps in Campeche, and three in Quintana Roo. Additional accounts estimate that as many as 150,000 dispersed unidentified Guatemalan exiles were living along the southern border, in other towns and in...
Since then, repatriation initiatives have diminished the refugee population in Mexico. Currently, the number of identified exiles in Mexico’s southeast region is nearly 39,000 of which some 50 percent are children already born in Mexico (Table 1).

The unidentified dispersed exile population is difficult to study due to their illegal status. Some studies are carried out when small groups of this population seek services from the UNHCR or other nongovernmental organizations (NGOs). Such studies usually reveal these individuals’ grueling living conditions and high levels of stress (Botinelli, Maldonado, Troya, Herrera & Rodriguez 1990; O’Dogherty 1991; Sáenz 1992/93; López 1994). In order to conceal their origin and avoid deportation, parents teach their children to adopt customs and accents or even to make up stories in order to appear to be from Oaxaca or Chiapas. Often they change their names depending on who they talk to, and many children do not attend school due to the lack of a birth certificate.

During the last fifteen years, however, many of these dispersed refugees have managed to legalize their status and have participated in educational and cultural programs for women, children and the elderly, organized by several NGOs (Harrington 1994; López 1994; Miller & Billings 1994). The Mexican government, the Mexican Commission for Refugee Assistance (COMAR), the UNHCR and several NGO’s have collaborated in developing and implementing programs for refugee populations. They have been assigned leased land for both housing and agriculture; they have been provided with food quotas, infrastructure support, health and education services, especially in the shelter camps called “safe settlements” in Campeche and Quintana Roo (Didier 1985).

These programs, however, are of little help to cope with the sense of vulnerability and defencelessness of these populations (Manz 1987; Salvador 1988, Aguayo et al. 1989; Farias & Billings 1993; Farias 1994; Sáenz 1994). Many refugees suffered one or more traumatic events either as personal victims or as witnesses of severe human rights violations (Melville & Lykes 1992; Botinelli, et al. 1990; Del Huerto 1986). Post-Traumatic Stress Disorder (PTSD), psychosomatic complaints, depression and anxiety, are common among these individuals. Some symptoms keep affecting the victims long after the traumatic episodes and massive losses occurred (Sáenz 1994). A high prevalence of these disorders has also been found in refugee populations and torture victims elsewhere in the world (Deutsch, Hoffnung, Speyer, Varela & Viñar 1991; Summerfield 1991).

The perspective of returning en masse to their land of origin in the next two years poses new organizational challenges. It produces conflicts inside families and communities which are separated or divided over the issue of whether to return to Guatemala or to assimilate to the host country. The most significant problems in this respect occur within the adolescent group. Many youngsters choose to marry Mexicans to avoid returning to their homeland; others simply abandon the camps and seek a job elsewhere. Adolescents reminisce about episodes of terror which occurred during their flight and often reject the option of returning home. Children must adapt to an unknown country which, depending on their parents’ account, is perceived as either hell or paradise.

The Zapatista uprising in January of 1994 resulted in the deterioration the already precarious situation in the Chipas refugee camps. Land which was lent to the refugees for settlement and cultivation by the Catholic church was invaded by other groups and the refugees mobility inside the state was further restricted. The potential for subsistence decreased making them more dependent on international assistance (European Commission 1995).

### Table 1: Number of Guatemalan Refugees Living in Mexico

<table>
<thead>
<tr>
<th>Settling site</th>
<th>Number of camps</th>
<th>Number of persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiapas</td>
<td>113</td>
<td>18,118</td>
</tr>
<tr>
<td>Campeche</td>
<td>4</td>
<td>9,846</td>
</tr>
<tr>
<td>Quintana Roo</td>
<td>3</td>
<td>3,962*</td>
</tr>
<tr>
<td>Dispersed</td>
<td></td>
<td>6,711</td>
</tr>
<tr>
<td>Total identified Guatemalan refugees in Mexico</td>
<td></td>
<td>38,637</td>
</tr>
</tbody>
</table>

* 0-17 year old children.

Source: UNHCR, April, 1996.

The health status of refugee children and their potential for development is mediated by their parents’ health and psychosocial conditions (Farias & Arana 1991; MacCallin 1991). A study analyzed data collected by refugee women of the Mama Maquin organization in Chipas. The survey involved a sample of 867 refugee women of different ethnic backgrounds: Kanjobal, Mam, Chuj, Jalalteco and Castellano and revealed that 33 percent of the women spoke Mayan only; only 34 percent could read and write; and 66 percent had no schooling at all. 33 percent of the husbands abused alcohol and it was estimated that 12–23 percent of them were physically abusive towards their wives and 7–18 percent practiced polygamy. The average woman had four children and 60 percent of the children were already born among these individuals. Some symptoms keep affecting the victims long after the traumatic episodes and massive losses occurred (Sáenz 1994). A high prevalence of these disorders has also been found in refugee populations and torture victims elsewhere in the world (Deutsch, Hoffnung, Speyer, Varela & Viñar 1991; Summerfield 1991).

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### Psychosocial Status and Life Conditions of Refugee Children

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in exile. Seventy-eight percent of the children were malnourished and the child mortality rate was 1.36 percent. Only 36 percent of the women had access to health services and only 13.5 percent had access to community activities (Farias & Billings 1993).

After more than a decade of exile, Guatemalan refugees still live in extreme poverty and life is particularly hard for women and their children. The high rates of both fertility and child mortality are related to poor health services, poor schooling and the monolingualism of mothers, which further restrains access to existing resources and services. Although women have better access to educational programs in Mexico than they had in their Guatemalan communities, basic literacy programs and those teaching Spanish still have limited coverage. Educated women who can read and speak Spanish seem more able to access health resources and help restore health or prevent diseases in their children.

Another study, conducted at “La Gloria” the largest camp in Chiapas, compared a group of severely malnourished children with a control group from the same camp. Emotional distress was significantly higher in mothers of children with second and third degree malnutrition. Symptoms associated with PTSD were reported by 71 percent of mothers of malnourished children as compared to 38 percent of mothers in the control group (Farias & Arana 1991; Farias & Billings 1993). The same study revealed that mothers’ interpretation of symptoms or health problems of children was markedly determined by the belief system of their indigenous culture. The community did not have a concept of malnutrition and its definition as a health problem was only later introduced by physicians, nurses, volunteers, etc., as part of their services to prevent nutrition-related health problems. In addition, help-seeking patterns were different for the two groups. Mothers of children in the control group utilized medical services more frequently than mothers of the malnourished children. However, even mothers of children in the control group used traditional means such as spiritual cleansing, praying and herbal medicine, especially in severe cases.

The School System in Chiapas, Campeche and Quintana Roo Camps

During the first years of refuge along the Guatemalan border, emergency conditions and the need to satisfy basic requirements pushed educational and health services, poor schooling and the monolingualism of mothers, which further restrains access to existing resources and services. Although women have better access to educational programs in Mexico than they had in their Guatemalan communities, basic literacy programs and those teaching Spanish still have limited coverage. Educated women who can read and speak Spanish seem more able to access health resources and help restore health or prevent diseases in their children.

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The School System in Chiapas, Campeche and Quintana Roo Camps

During the first years of refuge along the Guatemalan border, emergency conditions and the need to satisfy basic requirements pushed educational and mental health priorities aside (Santiago 1992). As conditions in the camps improved, most communities appointed educational promoters in order to teach children reading and writing skills. These educational promoters work on a volunteer basis and are often young and have not completed high school themselves. In 1985, the promoter with the highest degree of schooling was a fourth grader. Promoters started their work from scratch, surrounded by small groups of children under the shade of trees. They later received teaching materials and some training provided by UNHCR, COMAR, the Chiapas Catholic Church, the Basque government and such NGO’s as the Meso-American Consultanship for Assistance and Development (COMADEP).

Nowadays, all elementary level children obtain free textbooks from the Mexican Ministry of Education. Guatemalan promoters receive periodical training by Mexican school teachers. The Mexican Institute for Adult Education (INEA) offers high school courses on television and provides information on teaching skills (COMADEP 1996). Despite scarce resources, children’s education and promoters training have turned out to be well-established and stable projects in refugee camps. Table 2 shows the promoter and user population in the three states.

Due to the large size of single settlement populations in Quintana Roo and Campeche, it is relatively easy to sustain continued efforts and conduct follow-up studies on outcomes. Chiapas, in contrast, with a refugee population dispersed in 113 camps along mountainous areas makes such efforts extremely difficult.

The fact that most are boys, suggests that many girls drop out of school as schooling progresses. There is a culturally accepted discrimination against female education. Girls have to care for younger siblings, are given household responsibilities, become pregnant at a young age and have few personal expectancies or prospects beyond marriage and reproduction (UNHCR, May 1996).

Promoter training courses are not given credit within the Mexican educational system. Under the perspective of returning home, this makes the official recognition process of these experiences by the Guatemalan system a priority, especially on the basis of 12 years of refuge experience. During 1991, COMADEP started courses on basic teaching skills for educational promoters designed as a two-year program. The project included support by teachers of public schools from the city of Toluca, Mexico State. In 1994, the same organization started an intensive professionalization program by which 132 promoters, including 32 who by now have returned to Guatemala, were to obtain an official certification as rural school teachers from the Guatemalan Ministry of Education. The program has been supported by OXFAM-Belgium and the European Commission.

Some pioneering aspects of these programs include combining such methods as personal tutoring, distance education, group sessions and
advisory seminars. The basic program includes teaching of mathematics, language, history, human rights, gender relations, cultural identity, community development, environmental conservation, mental health and peace education.

Teams of Guatemalan teachers have developed study materials and in each of the three southwestern Mexican states there are small libraries and resident advisors. All promoters participating in this program have high school diplomas and forty new promoters are soon to enter the project. Since the 32 promoters who returned to Guatemala are pursuing further education, the program has become a bi-national effort.

School Status of Guatemalan Refugee Children in Mexico City

Recent reports by UNHCR reveal that 134 refugee children in Mexico’s Federal District attend school, thirty at the preschool level, 65 at the elementary level and 39 are in high schools or technical education programs. The main obstacles to being admitted to or regularly attending school are: the lack of a birth certificate, overcrowded schools, long distances between home and school, and extreme poverty. In addition the dropout rate of girls is higher than that of boys with early pregnancy being an important factor.

Alternative Psychosocial Programs

There is an organizational network among the refugees in all camps which allows them to negotiate with governmental and international agencies. The refugee community in Mexico’s southeast includes groups of organized women and young people including health promoters, educational and human rights promoters, religious counsellors, and “Permanent Committees” in charge of negotiating terms for returning to Guatemala.

Individuals working in any of these capacities are designated by their own communities. Promoters periodically attend group meetings to share information, make decisions, and organize courses and workshops. Since these groups are able to reach the whole refugee population, they are the best potential way to develop programs and implement actions.

The Federal District Committee for Assistance to Guatemalan Refugees (CDF) implemented a program named “Children and Parents” aimed at supporting development and cultural identity. Another program called “Mental Health” seeks to provide attention to, and prevention of psychological dysfunction. Both programs are based on a training model for promoters in the community (Alcón 1993; López 1994; Sáenz 1991, 1994b). They were first started and pilot tested in Mexico City and later adopted the camps in the southeastern region. Common elements of both programs include:

1. the population’s psychosocial background serves as the basic context for intervention;
2. cultural features and ethnolinguistic differences are program scope modulators;
3. teaching methods are designed to fulfill two objectives: a) training promoters assess and intervene in community problems, and b) training promoters to multiply the programs effects;
4. written materials are developed to support training.

Materials involved were i.e.: a translated version of the “South African Manual” and creating books like “From Child to Child,” “From Refuge to Return,” “My Homeland Book,” as well as the leaflets: “Children’s Feelings,” and “The Parents Leaflet.” Additional materials included work books for workshop replication.

The Children’s Program in Mexico City

Compared with refugee adults who know why they left their country, most refugee children have been deprived of this information in order to spare them suffering, to prevent reminiscing about relatives or to avoid being discovered as illegal immigrants (López 1994). A major challenge consists in helping children to recognize their identity and to recover the thread of history that belongs to them.

In 1987, a Guatemalan teacher started the Children’s Program in Mexico City and organized monthly meetings that were attended by some 30 to 40 children on a regular basis. The goal of supporting personal development and cultural identity was pursued through such recreational activities as play, drawing, gignol puppets, and show and tell conversations on Guatemalan history, geography, customs and traditions. In 1989, a psychologist joined the project as a consultant and new activities aimed at psycho-affective elaboration were added to the program.

Supporting cultural identity involves learning through active participation about Guatemalan history and ethnic diversity, geography, customs, traditions, celebrations, patriotic symbols, history of the refugee and information on returning “home.”

Activities concerning the elaboration of affects include encouraging and aiding children to reconstruct their family history, to symbolically rescue their extended family, to provide new meaning to exile life, to express their fantasies about returning to Guatemala and to acknowledge their new bicultural identity. Sessions also address problems common to all children such as interaction with parents, sibling rivalry and interpersonal relations in school.

The activities concerning the elaboration of affects always involved encouraging the children’s verbal expression of feelings, opinions, experiences, fantasies, complaints, etc., in a play atmosphere of complete trust and confidence. The main procedures used to conduct these sessions included expressive arts such as drawing, painting, play, dramatization of everyday situations and experiences, and pupperty.

The cumulative experience from the program allowed this group to develop the book My Homeland Book, designed as support material for elementary and high school classes. The book features games, stories and
activities for children to actively become familiar with Guatemalan culture, history, geography and traditions. My Homeland Book has been widely distributed, i.e. in 1994, workshops on the use of My Homeland Book included 156 educational promoters who later conducted courses including over 5,200 children.

**Expressive Arts**

Expressive art programs have shown to be appropriate ways to identify, analyze, communicate and effectively elaborate emotionally loaded experiences, concepts and feelings. Play and dramatization provide the individual with an opportunity to test the social perception of his/her reactions to life events, and try out different behaviours without having any negative consequences. As teaching tools, play and dramatization allow the child (or adult promoter) to listen and observe non-obtrusively at the time he/she learns and practices interactive skills (Marans, Mayes, Cicchetti & Dahl 1991; Weschler 1987).

For example, children were asked to agree on how to represent a family and then asked to actually play the scene. If, during a particular play, a mother appeared angry and her children fought constantly, the psychologist would briefly interrupt the play and ask the children why the mother could possibly be so angry. Spontaneous responses from the children were usually along the line of the son's misbehaving. After subsequent questioning, children would provide such responses as: "she cannot make ends meet with so little money," "she is mad at her husband," "she is not living in Guatemala," "she cannot visit my grandparents," or "she ruined dinner."

At the end of a dramatization session, a period is set aside to deal with such issues as what struck the audience as relevant, how they felt about it, and how they would help those who expressed having problems. Children, for instance, were usually surprised by the fact that a mother could be angry for so many reasons not related to her children. Another verbal reaction, from one sibling to another went: "we better stop fighting because mother is in a bad mood and she might end up hitting us." This exchange denotes a change in perception and the assignment of new meaning. Children frequently learn to comprehend several alternative explanations to people's emotions and reactions and learn not to feel guilty.

Dramatization has turned out to be a particularly useful tool for persons with little or no schooling. Also, since theatre and oral history has long been a natural asset of pre-Hispanic American cultures, it was readily accepted as a way to communicate concepts and attitudes.

As a side effect the program seems to have led to a greater tolerance of parents in the sense of talking about issues previously considered as "taboo." When parents were added to the sessions children had a chance to ask them questions as well as to be questioned themselves on a number of delicate issues. This, in turn, resolved some myths such as "they came here because his father could not find a job in Guatemala," or "they came on vacations and they liked it here so much they decided to stay," or "their father came here to study," or even "their father died in a car crash and their mother decided to move the family to Mexico." Children started talking about the war; having to escape suddenly and frequently; the family's order not to get out on the streets or to tell anyone their real names; long nights spent in fear and confusion and the permanent anxiety they and their parents experienced. Through sharing true stories children acknowledged their parents' sadness and their motivation to protect their children from painful experiences. Children started filling up cracks in their past with true stories instead of lies. This allowed them to feel better and to increase their confidence in themselves and in their parents.

Drawing is another well established means to express and communicate ideas, feelings and emotions (Davis 1989; Shelby & Tredinnick 1995). In the refugee context, drawing may serve to facilitate reminiscence and document traumatic experiences such as those included in the program's leaflets and handbooks.

This material may evoke memories, images and experiences in other individuals and may also help to elicit cognitive restructuring and emotional elaboration (Hernández-Guzmán & Sánchez 1988). In Mexico training support materials that contained many children's drawings and a minimum of text were designed, developed and distributed together with a manual containing suggestions on how to use

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The experiences from the Children's Program led to the conviction that it was necessary to work with the parents as well. As a first consideration a space was provided to come together as a group so parents could discuss their children's education. This was to support the children's development, to facilitate better family interaction, and to strengthen the parent's cultural identity through participating with their children in cultural activities. Two mental health promoters conducted this program under the supervision of a psychologist.

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The program started with group discussions on such issues as: aggressiveness in children, punishing children, normal stages in child development, how to play with children, the refugee and its implications for children, how to handle loss, the identity of the refugee child, single parent families, widowhood, and returning to Guatemala.

Sessions usually started with the promoters proposing an issue or agenda and activities such as drawing a scene and commenting the drawing or telling an anecdote. The promoters then attempted to carefully lead the discussion toward sharing experiences and exchanging opinions concerning child rearing and child development to promote reflecting on these issues.

Other activities involved recreational and cultural activities, especially by taking advantage of holidays and anniversaries such as the "Day of the Dead." This holiday, for example, was used as an opportunity to have children and parents build toys and relive regional traditions. These experiences led to the development of a booklet describing the proceedings of the sessions and contained parents' reflections on the sessions. The booklet also includes information on child development and nutrition and has become part of the materials used in the parents workshops along the southeastern region of Mexico.

Mental Health Project for Child Promoters

In 1992 a Guatemalan mental health promoter and some NGO-volunteers started an additional program for refugee children in fifteen Chiapas and three Quintana Roo camps. Objectives, methods and support materials were essentially the same as those described above, however, a novel feature of this program involved the training of 89 child promoters. These children participated in monthly workshops conducted by adult educational promoters and later, with the support of a local promoter in the camp, children promoters taught other children the

workshop's contents. So far, the method of child-to-child instruction has allowed for the multiplication of the program's objectives to 500 children in Chiapas and 200 children in Quintana Roo.

Group discussions focused on the emotional processing of the refugee experience and dealt with the following issues:

**Leaving Guatemala:** Each child is helped to re-establish his or her own history, reconstructing his/her experience in Mexico as well as what they know or remember from Guatemala. Children are encouraged to express their feelings, to acknowledge the value of doing so and to learn im-

**Psychosocial programs that are used to support cultural identity and enhance the development of refugee children through promoters who also act as multiplicators, are adequate and effective means to reach most refugee children.**

As an approach to outcome evaluation, promoters frequently report observable changes in children throughout the workshops. At the beginning children looked shy and withdrawn. Drawings included almost exclusively helicopters and massacres. As the workshops progressed, children became more confident and outgoing, participated more actively in camp life, knew more about themselves individually and as a community, regained self-esteem and helped others to regain theirs. Other effects included increased knowledge about Guatemala and their own ethnic, cultural and geographical background.

**Conclusions**

Psychosocial programs that are used to support cultural identity and enhance the development of refugee children through promoters who also act as multiplicators, are adequate and effective means to reach most refugee children. Programs going beyond mere therapeutic assistance and attention to symptomatic "cases" are required in order to reach community goals related to prevention and health promotion. This is especially true and

Psychological problems and dreaming: Since much of what we feel gets expressed through physical discomfort and symptoms, children learn to discover this link and to use verbal expression as one way to reduce anxiety and help solve problems. When children talk about their dreams and nightmares they frequently find some relation between these and their lives, desires, concerns and discomforts. Since alcohol abuse is a severe problem in the camps, emphasis is placed on children talking about the way it affects them and their families, and reflecting on what they might reasonably do to help avoid its effects in terms of individual and family interaction.

Refuge, Vol. 15, No. 5 (1996)
important under conditions of poverty and lack of resources.

Developing culturally adequate teaching support materials is a major necessity. They secure almost instant dissemination reaching illiterate populations, especially girls and women, who often have very little access to education. The promotion of literacy and second language learning helps to improve women and children’s access to further resources and services.

Increasing the educational level of women and children, strengthening their mental health, self esteem and emotional aplomb directly contributes to improved health, nutrition, psychological wellbeing and development, and functions as a preventive intervention.

Since children of unidentified refugees have much less access to opportunities and resources than those living in camps or cities, they are especially vulnerable. Thus NGO programs that help modify these conditions are especially important.

Returning home in itself is a fear-generating perspective especially for adolescents. The development of specific programs to cope with this problem is highly needed.

Finally, since war and human rights violations cause enormous suffering and misery for refugees and especially for their children, any sensible action aimed at achieving peace and supporting human rights is bound to promote their development as human beings and dignified citizens.

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Notes

1. The preparation of the final version of the present manuscript was supported, in part, by grants 4679-H9406 by the Mexican National Council for Science and Technology (CONACYT), and INO4494 by UNAM’s Research Support Program (PAPIIT). The authors are grateful indebted to professors Laura Hernández-Guzmán and Lucy Reid, for their comments and feedback to the manuscript. Correspondence should be addressed to either author at: johannes @servidor.unam.mx or indas@servidor.unam.mx

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• Nation States and Refugees • Social Demography of Refugee Movements • Role of the UNHCR • Law and Refugee Status • Gender Issues in Refugee Affairs • Development, Displacement and Repatriation

MODULE 2: SPECIAL TOPICS
• Internally Displaced—Some Emerging Issues • Asylum Sharing Agreements • Changes in the Inter-American Human Rights System and the Rights of Refugees, Migrants and Displaced Peoples • The 1951 Convention and Current Human Rights Law • Property Rights and Other Legal Problems in Refugee Return • The Quest for Prevention—The State of the Early Warning System • Getting Refugee Women Protected—the Story so Far • Making Resettlement “International” and Making It Work

Fees for Full Course, inclusive of materials: $700; Subsidised to $400 for non-governmental participants. (Full course fees are $750 and $450 respectively for late registration after April 30, 1997)

Fees for Half Course, inclusive of materials: $350; Subsidised to $250 for non-governmental participants. (Half course fees are $400 and $325 respectively for late registration after April 30, 1997)

Participants are encouraged to take the full eight-day program, however, it is possible to take only Module 1. Food and accommodation are extra. Reasonably priced accommodation and food are available on campus.

For further information and registration, please contact:

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