

Field report

Ghosts in the big city: surviving and adapting to internal displacement in Colombia, South America

Elvia Ramírez, Arely del Pilar Gómez Ramírez, Clara Gesteira Santos, Roberto Chaskel, Zelde Espinel & James M. Shultz

The signing of the truce on 23 June 2016 and the finalisation of peace negotiations on 24 August 2016 marked the end of more than 50 years of continuous armed conflict in Colombia, South America and the transition to 'post conflict' status. According to annual reports from the Internal Displacement Monitoring Centre based in Geneva, Switzerland, Colombia has ranked first or second in numbers of internally displaced persons every year for the past 12 years, making forced migration a defining characteristic of the country. This is based on the personal reflections of a mother and daughter (ER and AdPGR) who were displaced from rural Colombia and resettled in the nation's urban capital of Bogotá. They survived the rigors and hardships of displacement and became capable counsellors on a global mental health project, bringing evidence based interventions to a highly traumatised population of internally displaced women in Bogotá. Their account speaks to the lived experiences of more than six million Colombian internally displaced 'victims of the armed conflict'. Particularly notable is the description of myriad trauma exposures prior to the moment of displacement. This field report demonstrates how personal accounts are a useful tool for educating clinicians working with these populations.

Keywords: armed conflict, counselling, internal displacement, trauma exposure

Introduction

Internal displacement's defining moment: 'la salida' (the departure)

The common element that interconnects the life stories of Colombia's 6.3 million

internally displaced persons (IDPs) is 'the departure' or 'the leaving' ('la salida'). Departure from home and community is a forced choice, an agonising and irreversible decision. The leaving is driven by the dual imperatives of escaping a present horror and searching for future opportunities. There are no guarantees that a better life awaits, but equally, there is no choice to stay. Displacement occurs at a precarious moment in time as the individual's dwelling place and community of origin are abruptly vacated. The person is completely and summarily dispossessed, leaving almost everything behind: home, properties, animals, fields and crops, equipment and personal effects. This is compounded by the less observable, but psychologically more devastating, losses of friendships, lifelong identity, livelihood and community stature.

The moment of leaving is a life defining pivot point. Displacement is an ever stressful process that challenges the individual's mettle, even in the most insignificant details. Most Colombian IDPs migrate to strange and distant urban centres. None are received with open arms. The newly acquired status of 'IDP' often brings stigma, discrimination and deeply felt shame.

Context and internal displacement in Colombia, South America

Conflict induced forced migration is a global phenomenon and internal displacement is its most common expression. Internal displacement due to armed conflict is

characterised by exposure of civilians to a combination of profound losses and multiple traumas. Colombian IDPs are at an elevated risk for common mental disorders (CMDs) associated with the stressors of forced migration (Richards et al., 2011; Londoño, Romero, & Casas, 2012; Shultz et al., 2014a, b). Mental health and psychosocial support (MHPSS) can be beneficial, and effective evidence based interventions are available for IDPs with clinically significant symptom elevations (Bolton et al., 2007).

Forced migrants are primarily comprised of refugees and IDPs. *Refugees* are those that have fled their homelands to seek refuge in another nation. In contrast, as described by the Office of the United Nations High Commissioner for Refugees (UNHCR), *Internally displaced people (IDPs) have not crossed a border to find safety. Unlike refugees, they are on the run at home*; (UNHCR, 2016). Internationally, IDPs outnumber refugees two-to-one (Bilak et al., 2016).

The dynamics of internal displacement differ in terms of peoples, cultures, places and conflicts. Colombia presents a notable case example. Consistently, for 12 consecutive years, Colombia has ranked either first or second globally in number of IDPs (Shultz et al., 2014a,b; Bilak et al., 2016). No other nation has this distinction. In 2015, Colombia's tally of 6.3 million displaced citizens represented almost one-sixth of the estimated 40.8 million IDPs worldwide and 85% of the 7.4 million IDPs in the Western Hemisphere (Bilak et al., 2016).

Colombian internal displacement has occurred within the context of one of the world's most enduring armed conflicts, extending for almost 60 years, a conflict that has just transitioned to post conflict status in mid 2016. This protracted insurgency pitted left wing guerrilla and right wing paramilitary factions against the Colombian armed forces and National Police. In 2011, Colombia passed the landmark *Law of the Victims and the Restitution of the Lands*, (Republica de Colombia, 2012). As a direct outcome of

this legislation (Law 1448), almost eight million Colombian citizens are now officially designated as *victims of armed conflict*. Collectively, *victims* represent a protected class of persons eligible to receive a variety of services, and IDPs comprise the largest subcategory.

Giving voice to the IDP experience

Offering a unique perspective on the psychological trajectory of IDPs in Colombia, this paper presents the narrative of two women (a mother and her adult daughter) who were forcibly displaced from their rural lands. They resettled in the high urban altitudes of Bogotá, the nation's capital city. What makes their account especially compelling is that these women served with distinction as outreach staff for a global mental health (GMH) project for women IDPs.

These female storytellers and survivors of displacement (Reed, 2015), were employed as community workers and interventionists for a pilot study to examine the feasibility of a stepped care approach to enrolling female IDPs, screening them for CMDs and providing interpersonal counselling (the brief version of interpersonal psychotherapy) for those with clinically significant symptom elevations. Not only were these women effective in participant recruitment and screening, but they also gained proficiency in the delivery of the IPC intervention, to the point of assisting in the training of other counsellors who were academically advanced.

They agreed to participate in an interview with one of Colombia's leading psychiatrists (RC) and a clinical psychologist from Spain (CGS) who are both contributors to this paper, with mother and daughter listed as first authors. Below are their observations regarding the lived experiences of Colombian IDPs across the phases of displacement, blended with commentary from the interviewers. Importantly, the interview was

conducted independently and separately from the GMH intervention study in which the women participated.

Narrative part 1: the time before ‘*la salida*’

Colombia is geographically expansive and ecologically diverse. The Andes mountain chain splits into three separate ranges intersected by deep river valleys; the verticality of the mountain terrain is a daunting topographic feature that impedes travel and protects guerrilla. Elsewhere, in startling contrast, the Eastern Plains are as flat as they are vast. Colombia has extended coastlines along both the Atlantic and Pacific Oceans and the southernmost tip of Colombia touches the Amazon River. Rural Colombia is comprised of many disparate cultures including Afro-Colombian and indigenous peoples. Displacing rural peasants to urban centres always involves drastic change, but change that is experienced very differently depending on the IDPs’ geographic and cultural points of origin. The progressive urbanisation of this multiracial and multicultural country, partially accelerated by mass influx of IDPs, has concentrated persons from different backgrounds in close proximity, often generating conflict and sometimes inciting violence. Also among the relocated IDPs are former guerrilla and paramilitary who maintain their allegiances and animosities.

Forced migration is not an event, but a process and an ordeal. Internal displacement is a very individualised experience. In Colombia, the antecedents of displacement may be subtle and insidious at first. Initially, there may be no obvious signs of ‘force’ in what will eventually evolve into ‘forced displacement.’

One armed group in control

Displacement may begin in a stealthy manner, for example, with the unheralded arrival of several individuals moving into a rural village. In the early months, these newest community members assume the roles of active, involved neighbours, marrying locally, raising families and sending their children to the local schools. As these individuals gradually accrue influence, they begin insinuating themselves

into the lives of the citizens. The process occurs imperceptibly, without raising the suspicions of the locals as to what is really happening. Only later does their affiliation with an armed guerrilla group become known. No invasion is necessary. Transition of power occurs through a process of infiltration.

As more members of the armed group buy homes and land in the region, they collectively develop critical mass. Gradually, progressively, insidiously, they begin to assert their power more boldly. They exploit legal loopholes, expropriating properties that lack the proper legal safeguards. They engage in fraudulent practices or bully judges in order to acquire lands and expand their holdings. Later, they incorporate threats into their bartering, so they are able to negotiate the price of land for less than its real value. Many Colombian IDPs have lost their homes and lands through such ‘forced negotiations’, rather than overt acts of violence.

Once settled and established in the area, members of the armed group proceed to seize control and create a new order. They impose a code of conduct that is completely foreign to the traditional way of life for the community they have commandeered bloodlessly – to this point. Rules of sanctioned and forbidden behaviour are invoked in a manner that is clear and unwavering:

- ‘You cannot go out after 6:00 PM.’*
- ‘You cannot wear shorts. Your legs cannot be seen.’*
- ‘Your hair must be combed back.’*
- ‘You cannot use the phone after dusk.’*
- ‘You must pay ‘fees’ to us, just as you pay taxes to the government.’*
- ‘You may not vote during the next election.’*

These codes are severely enforced. Failure to obey a rule sometimes results in a gruesome atrocity, perpetrated as an object lesson for the community. For example, the mutilated body of a girl who rebelliously disobeyed the dress code might appear in the central plaza the following morning. Alternatively, a man’s severed arm, an amputated leg and/or a disembodied head might be displayed grotesquely along the fence posts of neighbouring houses.

The community is kept under increasingly tight surveillance. Phones are tapped. Communications are

monitored. Just the belief that citizens are being watched, whether fact or rumour, is sufficient to create widespread unease. Growing anxiety leads citizens to refuse to lend their cell phones to anyone. For members of a traditionally close knit, open door community, this loss of trust in old neighbours transforms the 'atmosphere,' pushing citizens toward isolation and a sense of helplessness.

The guerrillas, aided by their sympathisers and informants, as well as allies in crime or narco-trafficking, maintain a watchful eye on citizens' behaviours. To assert control, armed actors institute a system of brutal punishments for transgressions. Infractions or insubordination carries harsh consequences.

First warning: 'Do not do it again.'

Second warning: 'You must leave your home and property by tomorrow.'

Third warning: There is no third notice.

Armed guerrillas arrive at the home and the 'wrong doer' is marched out the door. This individual will be put to death. Realising their loved one's inevitable deadly fate, the grieving begins immediately for the remaining family members. Sometimes the killing is secretive and clandestine. At others times, the death is orchestrated as a horrifying spectacle, such as a public decapitation. In these cases, the perpetrators use the execution, and the family's suffering and loss, as object lessons for the entire community.

While one group holds power, tension and anxiety are ever present and palpable. Yet, fear is partially held in check because relative equilibrium is maintained under a one-party rule. Despite the forfeiture of freedoms that this new authoritarian order entails, the guidelines are clearly specified. For a period of time, citizens can adapt to a highly regimented 'new normal,' remain in place and survive adequately if they obey the rules.

Competing armed groups vying for control

Everything changes, however, when a second armed group arrives on the scene. The newcomers could be paramilitary, a rival guerrilla faction, narco-traffickers or even the Colombian Army. The presence

of two competing groups gives rise to a conflict that fundamentally transforms the lives of local citizens. All citizens are forced to choose sides. Remaining neutral is not an option.

Everyday activities become infused with danger and each decision carries a mortal threat. Life becomes a series of treacherous choices. Fear and stress are constants. Anxiety becomes symptomatic, manifesting as sleep disturbances, irritability and diminished concentration.

In this suspicious churning world of competing allegiances, something as simple as a request from a labourer for a glass of water may be a loaded question: 'Ma'am, could you please give me a glass of water? I'm thirsty?' Is this a test? Is it a trap? Will the act of giving a glass of water mark the citizen as the ally of one side and, automatically, the enemy of the other? Will refusing to offer a glass of water carry the opposite connotation? Will someone witness this interaction? If so, how will this be interpreted? Daily actions suddenly carry an overlay of threat – real or perceived – not only for the adults, but also for their family members, especially the children. A norm of paranoia pervades the community.

Freedoms may be lost when a single armed group takes control, but survival is possible within the constraints of a dictated code of conduct. Now, with multiple actors in the region, stability is shattered and fear becomes the ever present reality. The single oppressor phase, when threats to life – and to physical and moral wellbeing – could be managed by observing the rules, is supplanted by extraordinary, swift and unpredictable brutality: murder, rape, mutilation, kidnapping and torture. The violence is intended to create unrelenting fear and obedient submission. Only now, the rules keep changing. These harsh and unpredictable tactics have succeeded very well in producing malleable and subservient populations in rural communities throughout Colombia. Neighbours do not dare to speak among themselves for fear of betrayal. Conversations are limited to superficial themes: the weather, food, crops. It is not even safe to speak about how to stay safe.

Living under such oppressive control, citizens understandably contemplate leaving the community and seeking safety. However, for many months or even years, the impetus to escape is outweighed by a

paralysing fear of the unknown. Residents may remain suspended in danger, living cautiously and terrified, trying not to make the same mistakes that led to a neighbour being seized and taken away, never to be seen again.

This is a particularly anxious, ominous phase. The 'departure' is a future uncertainty. As harbingers of what is about to come, those who will soon become displaced witness the expulsions of their neighbours occurring with increasing frequency. Adding to the distress of the stay-or-leave limbo, there are no guiding voices from the 'after departure life,' once people leave, contact terminates abruptly. IDPs do not want to be traced or tracked.

Notes for clinicians and caregivers regarding the pre displacement phase

This description of the pre displacement environment is not restricted to the personal experience of the storytellers of this narrative. Large portions of rural Colombia have been outside government control for years. Living in a Colombian conflict zone, which has included most of the nation's expansive and diverse rural landscape, meant that the checkerboard of power continuously shifted. Control of a single small town has changed hands multiple times within a single decade. With each shift in command, more freedoms are lost, more sanctions are applied and more citizens are harmed.

GMH professionals may have underestimated the importance of pre departure experiences as risks for psychological distress and for development of psychopathology in populations of IDPs. This is understandable, given that the departure itself is the moment when severe losses are actually sustained and the immediate post displacement aftermath requires massive adaptation to a new environment and lifestyle. However, the data tell a more nuanced story.

Exposure to trauma before displacement

At the time of the interview, the storytellers were participating as counsellors on a

GMH feasibility study. Study investigators are currently analysing the data and reporting the results. At the same screening session, the IDP women participants were asked about exposures to trauma and loss experiences before, during and following the point of displacement. These exposures were then related to their scores on the clinical assessment measures for the three CMDs. One of the strongest predictors of current symptom elevations – at the time of enrolment – was the composite of pre displacement stressors. In the realm of pre displacement exposures, more than half of these IDP women had directly witnessed active armed conflict, murders and assassinations, massacres, seizures of neighbours' properties, forced disappearances or forced recruitment of youth from the community to serve as child soldiers (Denov & Marchand, 2014; Reed, 2015). At least one-third had observed or knew victims of physical beatings, torture, kidnapping or gender based violence. These exposures all took place during the years when the women remained in their communities of origin – widely distributed throughout Colombia – prior to being displaced. Collectively, these women represented a highly traumatised population, even before 'la salida', and the psychological effects were enduring.

Narrative part 2: 'la salida' and life after departing the home community

Leaving *The departure ('la salida') may be sudden, forced and abrupt, but not always. As hardships and exposures to atrocities accumulate, a single event may become the 'drop that overflows the glass' and leads to a family packing up and leaving. Certainly many departures have occurred within the context and aftermath of violence: killings, massacres, conflict or following direct threats to the family from armed actors. For other families, the leaving may be planned in silence over a period that can extend for years. Some families vacillate agonisingly in a back-and-forth, stay-or-go, seesaw process before the decision is finalised.*

For many IDPs, the ‘trigger’, the impetus to leave, is regime change brought about by the arrival of a new group. Some families opt to leave pre-emptively because remaining in the community means starting over from scratch with armed actors who may be more violent than their predecessors. The new power brokers set about ‘recruiting good citizens for the cause’ and rewarding those who have managed to stay clean from the ‘dirt’ of the previous group in power. The reality is one of submission to yet another group. While actors change, characteristics of the lifestyle of conflict affected residents remains constant: deprivation of liberties, subjugation to a cause not freely chosen, and the inability of Colombian forces to liberate and/or defend local citizens.

The departure is often done as quietly as possible. Leaving carries the realisation that there will never be a return. The gravity of the decision is suffocating. The magnitude of what is lost; friends, neighbours, farm animals, pets, schools, church, will be experienced many times over in many ways. Those who leave carry the intense pain that the life they have known since childhood is now irrecoverably gone forever. Everything known and familiar is left behind. The psychological manifestations include acute anxiety, deep sadness and an overwhelming sense of helplessness. Many Colombian IDPs also bear the guilt of not having taken actions to leave before their families were subjected to a range of atrocities. These guilt feelings closely mimic those described by Holocaust survivors who lost family members because they delayed their departures in the face of danger and persecution.

Initial transition Most displacement in Colombia involves rural to urban relocation. ‘Receptor’ cities tend to be urban centres with populations exceeding 250,000 residents, including many of the larger capital cities among Colombia’s 32 departments. Bogotá, the nation’s capital and the most populous city (population: 8 million residents in the capital district), has received the largest number of forced migrants.

The most pronounced reaction for IDPs arriving in the ‘big city’ is that the experience seems like a moon landing. Compared to their rural environs, being transplanted to urban centres is like waking up on another planet. IDPs describe severe, vertigo like

‘disorientation’ during the first days and weeks. Nothing of what IDPs know, or what they have done in their pre displacement lives, serves to address survival or livelihood needs in this ‘new world’.

Simple acts of urban life are foreign to previous rural experiences: taking a bus, crossing a street while dodging traffic, inhaling polluted air. Even for native Spanish speakers, the urban dialects and word usages sound foreign. Contrasting sharply with their relatively homogeneous rural existence, IDPs have startling reactions to their initial encounters with teaming urban settings. One common observation is that they have never seen so many people congregating together without a common purpose.

During this transition period, everything is a challenge and uncertainty abounds. In tandem with the stark and sudden changes in lifestyle, the full weight of loss becomes a crushing reality. Yes, the urban setting is new, disturbing, and threatening; but adaptation to this strange environment is complicated by the fact that arriving IDPs initially have no home, no necessities for subsistence and no money. Upon arrival, they possess no urban survival or job skills, no understanding of how to access health care or enrol their children in school and no knowledge of how to create opportunities. For many IDPs, this stage is the harshest and most stressful. Indeed, the initial relocation may be so difficult that some have attempted to do an about face and return to the known, certain dangers of their home villages.

Long-term resettlement Along with the loss of home, land holdings and community ties, gone too are the rural livelihood, the tools of the trade and the occupational stature. To assimilate to urban culture, IDPs essentially undergo an identity shift. For some this process involves nothing short of a complete conversion to a new life.

Regardless, over time, propelled by the imperative for survival, most IDPs progressively adapt to resettlement within urban settings. There is no specific marker nor time sequence, but there is a gradual transformation from active coping with change to achieving some semblance of stability, however precarious. The majority find employment in the ‘informal sector’, working with no job security and no benefits. Many families ultimately achieve what is termed ‘durable solutions’ through an imperfect

process of trial and error. For example, former rural peasants ('campesinos') become windshield washers and later advance to become street vendors, then domestic labourers, and so on.

Even in long-term resettlement, however, IDPs retain the labels of 'victims of the armed conflict' and 'internally displaced persons.' These official governmental designations recognise IDPs as members of a 'protected class' of persons who are eligible for health and supportive programmes, reparations, and possibly 'restitution' of seized properties. The downside is that these labels are also stigmatising and prompt xenophobic reactions directed against IDPs. IDPs have been denounced as narco-traffickers or accused of collaborating with the guerrillas, the paramilitary, or even the Colombian Army.

Notes for clinicians and caregivers regarding the post displacement phase

Based on findings from the GMH project, in which the lead authors participated, psychological distress and psychiatric disorders are prevalent in the population of victims of the Colombian armed conflict. Exposures to trauma and loss are hallmarks of all phases of the Colombian internal displacement process (Richards et al., 2011; Shultz et al., 2014a,b). The Colombian Ministry of Health and health departments in large municipalities have prioritised 'psychosocial' interventions that have a strong human rights perspective. However, these programmes have not been systematically using and evaluating evidence based MHPSS interventions. Additionally, this well funded and energised approach may be limited in its efficacy due to differences in skills, training, supervision and techniques applied by governmental and contracted nongovernmental organisation (NGO) staff who are involved.

Given the strong motivation to provide urgently needed psychological services, particularly now in the immediate post conflict period, the government of Colombia could benefit from increased willingness to

implement systematic outreach approaches for hard-to-reach urban IDP populations. As well as validate screening measures for comparability across victim groups within Colombia and recipients of MHPSS services across the globe, and utilise internationally recognised interventions that are supported by a strong scientific evidence base, with appropriate adaptation to Colombian IDPs and other designated victims.

Narrative part 3:

For the millions of Colombian IDPs, displacement was never part of their life plans, departure from home communities was a forced decision. Nevertheless, being an IDP feels horribly 'shameful' to many IDPs themselves. These self-disparaging perceptions of shame are precursors to low self-esteem and to documented high rates of depression.

IDPs frequently find it difficult to talk about their experiences, although many have tried. In part, IDPs are reticent to talk for fear of generating distress in listeners who may have only heard about the 'phenomenon' of displacement in the newspapers. There is also the concern that recounting the stories will be met with incredulity. IDPs fear that the response will be one of: 'You say this happened to you? You're lying. You're exaggerating. This cannot be true!' Factual life circumstances that lead to displacement are sometimes so cruel that they are hard to believe.

Some IDPs who have tried to tell their stories to outsiders and have not encountered receptivity, have turned instead to silence. In fact, failed attempts to connect with caring helpers willing to hear their stories has only served to reinforce the shame and the profound lack of trust that is a holdover from earlier phases of displacement. Moreover, because the life stories of IDPs are so difficult to hear, some volunteers and professionals who have worked with IDPs have experienced burnout. Some IDPs who made a supportive connection with a compassionate listener have been abandoned when their distressed helper or therapist disappeared. By default, the reprocessing of trauma tends to take place within the family or household unit. 'En familia' may be the only safe and available option.

Additionally, when it comes to talking about what happened, IDPs may remain vigilant and fearful.

They are afraid of betrayal. Although IDPs have been transplanted far away from their rural homes, they have not been able to fully distance themselves from those who once threatened and harmed them. Among their urban neighbours are confederates of the various armed groups, potentially with direct ties back to their communities of expulsion. IDPs may have migrated far from their roots, but may never fully achieve safety.

Some Colombian IDPs self-describe as existing as 'ghosts' moving through the city, belonging to another world, but trying to pretend to fit into their urban environs. These ghosts carry their 'chains,' their traumas, but they cannot tell anyone what has happened. Such depictions tell the story and vividly reveal the underlying psychiatric symptomatology so prevalent among three generations of Colombian IDPs, and their children born into displacement.

The capacity for resilience *Despite the traumas and hardships, for many IDPs, coming to the city is construed as a challenge to be confronted and overcome. Their demonstrated ability to recreate a life in an urban centre is viewed positively, as a form of personal growth in the face of adversity. There is demonstrable satisfaction in being able to survive.*

In hindsight, some IDPs actually reframe the displacement experience as a 'gift,' 'blessing,' or 'stroke of good luck,' in a relative sense. This is underscored when comparing their transplanted city lives to those of their former neighbours who remained behind. IDPs who have successfully transitioned relate tales of their war-torn former villages, full of people with deep traumas, repeatedly punctuated by fresh episodes of violence (robbery, mugging, rape) that were previously unknown. They know of former neighbours and friends who have resorted to anesthetising their fear, sadness and loss with alcohol and other drugs. Urban IDPs often reflect on their earlier life in conflict zones as a 'sorrowful painting' that will remain long after combat ceases.

Results: research lessons learned

As a counter to the complicated life stories of Colombian IDPs, preliminary findings from

the GMH project offer considerable hope and encouragement. The research provides convincing documentation that IDPs experience a multiplicity of exposures to losses and trauma throughout all phases of displacement. High proportions of Colombian IDPs currently experience clinically significant symptom elevations for depression, generalised anxiety and PTSD. Many also experience thought or intent to self-harm. These findings derive from using internationally recognised screening measures that were validated for use in Colombia.

Even more important than confirming that Colombian IDPs have experienced lifelong trauma that corresponds to current high rates of psychopathology is the ability to offer evidence based interventions. Data analyses are underway to document the efficacy of interpersonal counselling for use with IDPs. Also, based on the experience of the two lead authors of this paper (ER and AdPGR), it is apparent that some IDPs can be trained to become highly effective counsellors (in this case, delivering the IPC intervention). All counsellors require oversight and supervision of their work by certified and credentialed professionals. However, carefully selected and trained IDPs offer the advantage of their first-hand understanding of the forced migration experience useful for creating rapport. This 'task-shifting' approach has proven to be highly effective for applications of evidence based therapies for a variety of conflict exposed populations worldwide (Legha et al., 2015).

Concluding comments

The novel structure of this Field report has provided a forum for two courageous women who personally experienced internal displacement in Colombia to speak on behalf of the life experiences of IDPs in their country. Their story continues in a remarkable way because they later became effective counsellors who honed their abilities to recruit, screen and apply evidence based

interventions for their IDP counterparts. Their personal observations dovetail with the realities and psychological consequences of forced migration and offer precious and rare insights.

Their messages are clear. First, Colombian IDPs are exposed to multiple traumas for years prior to the departure (*'la salida'*), and that these pre displacement exposures are powerful risk factors for current psychopathology. Second, the departure itself is the moment when all possessions and all elements of the rural lifestyle are summarily lost. Third, the period of relocation and transition to the new urban world requires IDPs to forge a new identity, while enduring a crucible of hardships and challenges to survival. Fourth, most IDPs survive the displacement experience and demonstrate varying degrees of resilience. Fifth, a high proportion of IDPs (based on the GMH study) currently have clinically significant symptom elevations for one or more CMDs. Sixth, evidence based interventions such as IPC show promise for decreasing symptoms to sub-syndrome levels. Seventh, IDPs themselves can be trained to be among the most effective counsellors for delivering these interventions. Eighth, the personal account is a useful tool for educating clinicians about the realities of forced migration in a manner that supplements and expands upon research findings.

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Elvia Ramírez, Bogotá, Colombia

Arely del Pilar Gómez Ramírez, Bogotá, Colombia

Clara Gesteira Santos, M.S., Ph.D. Departamento de Personalidad, Evaluación y Tratamientos Psicológicos (Psicología Clínica), Universidad Complutense de Madrid, Madrid, Spain

Roberto Chaskel, MD. Head of Child and Adolescent Psychiatry, Fundación Santa Fe de Bogotá, Hospital Militar Central, Universidad El Bosque, Universidad de Los Andes, Bogota, Colombia

Zelde Espinel., MD, M.A., M.P.H. at the Department of Psychiatry and Behavioral Health, University of Miami Miller School of Medicine and Jackson Memorial Hospital, Miami, USA

*James M. Shultz, M.S., Ph.D. is Director at the Center for Disaster & Extreme Event Preparedness (DEEP Center), University of Miami Miller School of Medicine, Miami, USA
email: jamesmichaelshultz@gmail.com*