

## **A Refugee Group's Mental Health and Social Care**

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### **Abstract**

Refugee movement has become a massive problem for all developing countries and international organizations. According to The United Nations Human Rights Council (UNHCR, 2010), millions of individuals today are forced to escape their homeland on the score of war, discrimination, conflict or other forms of persecution. For these individuals, fleeing their country can be their only chance to survive, to save their lives and live in better conditions (McKay, 2008). The aim of this study is to examine the basic literature on Kurdish refugees and their specific mental health and social care issues. In this regard, this study will be divided into four parts. The first part will explain the meaning of refugee and also refugees that come to Britain. The second part will give a brief overview of the recent history of Kurdish Refugee migration to Britain. In the third part, the researchers will explore mental health and social care issues of Kurdish refugees. The fourth section will focus on how Kurdish refugees' requests can be addressed by social and medical services.

*Keywords:* Refugee, Kurdish, Social Care, Britain

## Introduction

In the modern world, refugee movement has become a massive problem for all developing countries and international organizations. According to The United Nations Human Rights Council (UNHCR, 2010), millions of individuals today are forced to escape their homeland on the score of war, discrimination, conflict or other forms of persecution. For these individuals, fleeing their country can be their only chance to survive, to save their lives and live in better conditions (McKay, 2008). They want to flee from poverty and fear of persecution (Sales, 2007; Toole & Waldman, 1993). When they claim refugee status in other countries, they come across new difficulties such as unemployment, discrimination, inequality, estrangement, lack of language and poverty. All of these issues can cause mental and health problems (Toole & Waldman, 1993). In the near future, according to a United Nations report on refugees, the worldwide number of asylum-seekers, returnees, internally displaced and stateless persons is estimated at 36.5 million (UNHCR, 2010, p. 4). Most of these people, around 20 million, are refugees (UNHCR, 2010). For today's world, mass migration and individual migration have been a reality.

There are many institutions which make an effort to classify immigrants as refugees (Shah, 2000). These institutions take many different forms, for example, the United Nations High Commissioner for Refugees (UNHCR) created a distinction between refugees and immigrants (Shah, 2000). UNHCR has struggled to solve refugees' problems and support their legal rights. For example, for Palestinian refugees who were forced to flee after 1948, UNHCR and many non-governmental organisations have tried to provide some funding for them to live in better conditions (Shah, 2000).

In recent times, researchers have shown an increased interest in immigrants, refugees and Diasporas in Europe. In this context, during recent decades, the Kurdish population (refugee, Diasporas, migrant labour) have increased, and have continued to increase, not only in Great Britain, but also in other European countries. It has become a focal point for research, where this phenomenon of Kurdish migrants has been studied by D'Angelo, (2008); Griffiths, (2002); Wahlbeck, (1999). For instance, Griffiths (2002); Wahlbeck (1999) mention Kurdish refugees who have lived in harsh conditions in Great Britain. Kurdish people have valid reasons to migrate to Western Europe, such as: political oppression and economic problems, and they face discrimination problems as a refugee (D'Angelo, 2008; Griffiths, 2002; Wahlbeck, 1999). In this regard, Ingleby (2004) stressed that they are commonly challenged by many difficult situations within the U.K. In relation to this, those

studies show that mental health and social care issues are some of the issues faced in the U.K (Griffiths, 2002; Wahlbeck, 1999). According to Palmer and Ward (2007), the pre-flight, migratory and the post-flight experiences of refugees are known to breed a lot of mental health problems. In conjunction to this, Kurdish refugees are no exception to this rule and most of them suffer from post-traumatic stress disorder (PTSD) (Griffiths, 2002; Ingleby, 2004; Wahlbeck, 1999). Consequently, many Kurdish refugees would seek protection from the Western countries (Wahlbeck, 2002).

The aim of this study is to examine the basic literature on Kurdish refugees and their specific mental health and social care issues. In this regard, this study will be divided into four parts. The first part will explain the meaning of refugee and also refugees that come to Britain. The second part will give a brief overview of the recent history of Kurdish Refugee migration to Britain. In the third part, the researchers will explore mental health and social care issues of Kurdish refugees. The fourth section will focus on how Kurdish refugees' requests can be addressed by social and medical services.

### **The Meaning of Refugee in Literature**

The meaning of a refugee, as laid down by the 1951 Convention relating to the Status of Refugees, is:

A person who has a well-founded fear of persecution because of his or her nationality, race or ethnic origin, political opinion, religion or social group; is outside the country of his or her nationality and owing to such fear is unable or unwilling to seek the protection of the authorities of his or her own country (McKay, 2008, p. 12).

According to McKay (2008), the expression 'well-founded fear of persecution' is not distinctly clear within the convention, although there is an extensive body of case law which has defined it. In addition, Zetter (1988) stated that this definition is insignificant, because he wishes to exclude refugees from the immigrations which are seen as merely generated by voluntary and self-determining decisions (cited in Shah, 2000). Zetter pointed out that refugees have gradually been abandoned by their countries to live in poor conditions in exile within their own motherland (cited in Shah, 2000). Moreover, the Geneva Convention provides international legal protection for refugees. In favour of this convention, there were specific criteria's, which needed to be met by the refugees to apply for this international legal protection.

According to Feller, Türk, and Nicholson (2003), the definition of refugee requires three necessary elements:

- 1) They are away from their home country or prior to habitual residence,
- 2) They are incapable or reluctant to provide adequate protection for themselves,
- 3) The persecution feared consists of elements such as these: race, religion, nationality, membership of a particular social group, political opinion, and so forth. In this context, these elements make it very clear to tell refugees apart and who can apply for asylum.

In addition, Shah (2000) suggested that the root cause for refugee movements comprises political, economic, environmental, social and psychological issues. This view is supported by Stein (1986) who stated that refugee is defined by “trauma and stress, persecution and danger, losses and isolation, uprooting and change of the refugee experience” (cited in Griffiths, 2002, p. 17).

Many developed countries have refugee policies, where many agencies and institutes support refugees (Bhugra, 2004), and various non-governmental organisations, volunteers, the private sector and refugee community organizations provide support to refugees as well (Sales, 2007). All of these services try to aid refugees and find solutions for their problems which include their mental health and social care issues (Toole & Waldman, 1993). Great Britain is one of those countries that have admitted refugees for a long time; it has many agencies and institutes to support problems refugees face in particular.

### **Refugees in Britain**

Generally, immigration to Britain dates back to the country’s imperial past. Extensive migration occurred in the second half of this century, and much of this concerned inhabitants from the Commonwealth, especially India (Bloch, 2002). Britain also employed cheap labour from the rest of Europe, for the duration of the economic development of the 1950’s (Ingleby, 2004). Today, UK is one of the central countries, which have allowed large immigrants communities to reside here. Around 8.4% of the total population is either foreign born or born in the UK to foreign-born parents (Ingleby, 2004, p. 201). Race Relation Acts have been accepted to control racism and discrimination since 1965 in UK (Ingleby, 2004). The requests for asylum totalled two or three thousand per annum in the 1980’s, but asylum requests increased to nearly fifty thousand in 1991, owing the Balkans conflict; 2001 saw a total of 71,700 applications (Ingleby, 2004). Consequently, UK has come to be one of the main European countries in receipt of asylum seekers.

In general, Britain categorises refugees in two types; ‘quota’ refugees and ‘spontaneous’ refugees (Bloch, 2002, p. 8). Home office take quota refugees in a group under

controlled programme and agree to take refugees to the UK (Bloch, 2002). Furthermore, the purposes of spontaneous refugees find asylum in Britain. There is no enduring central programme in place for reception and settlement for quota refugees (Bloch, 2002).

Summarizing of the process is that refugees were firstly located into reception centres and then relocated in to available housing around the country by an organization of dispersal (Bloch, 2002). Refugees were housed for one time only under this program; there were no expert provision services available in the dispersion regions. Hierarchy of rights are related with different statuses, though only compulsory immigrants, who are accepted, have full citizenship rights (Bloch, 2002). According to Bloch (2002), refugees are at an advantage which provides them with economic and social rights by the government.

Further, refugees accepted under the Geneva Convention are allowed to work legally, where the government asserts that they have the same benefits as those of the citizen in the U.K. and E.U. Burnett and Peel (2001) pointed out that refugees' expectations are not fulfilled and that they have come across a lot of social and mental problems after immigration. Moreover, they are encountering issues such as: poverty, lack of language, education and medical care, lack of cohesive social support in the United Kingdom. All mentioned issues are the reasons of both physical and mental health problems. Refugees' experiences formalize their acceptance and hopes of health care in the United Kingdom (Bloch, 2002). According to Burnett and Peel (2001), previous studies of refugees in Britain discovered that one in six refugees examined come across to have health issues and two thirds experienced anxiety or depression.

### **Background of Kurdish Refugee Migration to Britain**

During the nation-building process in Turkey, in the 1920s, the Kurds had been denied the right to build their own nation-state (Gunter, 1997). They have been subjected to assimilation policies and violence by the government of Turkey (Griffiths, 2002; Wahlbeck, 1999). As a consequence, Kurds have started to migrate to Western European countries including the UK for human rights. Particularly, Ayata (2011) stated that Kurdish migration to the UK dates back to the 1960s, when a substantial amount of young Kurdish students came for their education. Furthermore, according to Ayata (2011), Kurdish refugee migration started between 1980-1990, due to the conflict between the Turkish Government and Kurdish people and has continued for many years (Bruinessen, 2000; Gunter, 2007; Khayati, 2008; Østergaard-Nielsen, 2003; Wahlbeck, 1999). In the last decades, many Kurds coming to the UK are asylum seekers and find employment because of reason mentioned above (D'Angelo, 2008).

According to D'Angelo (2008), most Kurdish people, including refugees, have worked within the textile sector till the beginning of the 1990s. The textile trade collapsed and the number of clothing factories went bankrupt (around 1600). “This dramatic change enforced the Kurdish people to find alternative work and move on to other sectors, such as the food and catering industry (D'Angelo, 2008, p. 13). These inflicted changes affected their life to go downhill dramatically. They attempted to change job roles, however they did not get accustomed to new jobs and so some of them fell into severe depression. The Government of Britain and some non-governmental organizations assisted them to regain financial losses and to find convenient jobs, which they may have been familiar with.

Further Kurdish political refugees from Turkey have migrated to the U.K. and a large part of Kurdish immigrants have become more organized after their migration. So, these political refugees influenced many immigrants for the awareness of Kurdistan as a homeland (D'Angelo, 2008). After this time, many second generation Kurds showed stronger awareness in its origin than their migrant parents: “the desire to discover ‘who I am’ led to a significant surge of interest in political and linguistic identity among younger Kurds during the 1980s and 1990s” (D'Angelo, 2008, p. 12). In addition, the expansions of Kurdish associations were increased with this process. The first European associations were set up in the late 1970s, among highly politicised students (Wahlbeck, 1999).

Many Kurdish organisations provided help, as seeking refuge and asylum was on the increase in the year 1990s and 2000. For example, the first Kurdish association in London was the Kurdish Cultural Centre (KCC) (Griffiths, 2002). KCC provides financial support for Kurdish workers in London and also has highlighted problems within the Kurdish community to the government, such as health, education and housing (D'Angelo, 2008).

They organized many activities and provided useful services, such as one-to-one advice and consultancy, training and social/cultural activities and more. As mentioned above, some organisations act as a generalised, multi-purpose community centre, offering a wide range of services and facilities (D'Angelo, 2008, p. 21).

In the last few decades, according to Yildiz and Fryer (2004); Yüksekler (2006) they estimate the figure people exiled from Turkey to be between 380,000 and one million. Some of these people migrated to the U.K. The British government worked for a resolution for the refugees and granted asylum to those escaping from their home countries (Bloch, 2002) with valid reasons such as the fear of being repressed due to their race, religion, nationality, allegiance to certain social group and their political views (Goodwin-Gill & McAdam, 2007).

Many Kurds were displaced from their home and experienced massive suffering from these circumstances. Besides, a considerable amount of literature (D'Angelo, 2008; Griffiths, 2002; Ingleby, 2004; Wahlbeck, 2002) has emphasised that the psychological situation of the pre-flight experience and following the experiences of Kurdish refugees in exile are very important to live in peacefully and healthily. Both experiences of refugees are linked with their mental health and other social care problems.

### **The Mental Health and Social Care Issues of Kurdish Refugees**

The World Health Organization (WHO) defines mental health as follows: "a state of complete physical, mental and social well-being, and not merely the absence of disease" (WHO, 2012). Mental health problems are important patterns of behaviour or sentiments that are linked with some level of distress and suffering (Miller & Rasco, 2012). Those mental health problems range from anxiety to depressive complaints. There is not one single reason for most mental health problems and illnesses (Rogers & Pilgrim, 2010). These problems are a result of economic, psychological, biological, social care issues and so on (Miller & Rasco, 2012).

However, Palmer and Ward (2007) stressed that some societies have a different understanding of mental health. For example, anguish from madness is not defined as a "medical sane or mad" (p. 205). These issues are mostly recognized as mystical by people of Somalia and the approach to mental health problems as a stigma for their families and groups. Traditional understandings of mental distress is not seen as a significant mental disease by Somalia people (Palmer & Ward, 2007). In this context, mental health and mental illnesses may vary from culture to culture. Nonetheless, every individual is faced with mental illness, particularly refugee people. For this reason the mental health services is one kind of obligatory service for every country, especially for more developed ones. In this respect, many Kurdish refugees are suffering from mental health issues as are other refugee groups.

### **Mental Health Issues**

A recent study by Griffiths (2002); Wahlbeck (1999) involved many mental health and social care issues of Kurdish refugees in the United Kingdom. The experiences of Kurdish refugees were *surrounded by* loss of friends, family, society, home, security and social status and consequently all of those were found to be a major factor in the mental health problems within the Kurdish refugee community (Griffiths, 2002). Most Kurdish refugees have Post-Traumatic Stress Disorder (PTSD) and depression (D'Angelo, 2008). PTSD consists of anxiety, sleeping problems, stress, negative feeling, chronic fatigue

syndrome, failing/short term memory, amnesia, nightmares and more (Rogers & Pilgrim, 2010). Almost all participants examined had traumatic experiences in their homeland.

Another experience of Kurdish immigrants is that when they are traumatized because of political reasons, they often feel as doubted and mistrustful (Wahlbeck, 1999). It is a kind of psychosocial pain, where they may not have the motivation to join general society and cannot adapt to the received country (Wahlbeck, 1999). Once and for all, the psychological situation of the pre-migration experience and also the following experience of existing in exile have a massive negative influence and effect on their mental health (Palmer & Ward, 2007).

A brief story of a Kurdish refugee family in Green (2003) might clarify this situation; this family migrated first from Turkey to Germany, then to the U.K. because of the conflict in Turkey amongst the Kurdish people and the Turkish government. They endured a difficult situation before flight and after flight; when they migrated to the U.K. the government did not accept their application and the Home Office has incarcerated them for 12 months. After this the whole family collapsed psychologically by reason to appear guilty and the government tried to send them back to Germany, and then back to Turkey. One of the family members pointed out that “we can’t go back to Germany because they will send us to Turkey. We can’t go to Turkey. We’d have to change our names because they are Kurdish names, there’s no education, there’s persecution... We can’t go back” (Green, 2003). As far as I understood from literature, there are many sad stories and difficulties, which the Kurdish refugees face, such as the one pointed out above.

In addition, when a Kurdish refugees family faces a rather difficult situation, the children also suffer and become psychologically influenced or damaged, a lot more than the adults would suffer within the family, according to D’Angelo, (2008). Social factors such as the one stated above have made it tough for the younger Kurdish generation and the situations that they face. Some organisations of the Kurdish community pointed out that the young Kurds are often unsuccessful in their studies at school due to their mental illnesses, and they usually require a special supporter (D’Angelo, 2008). Particularly, some of younger Kurdish generation may come at risk of committing crimes and becoming involved or taking drugs. Understandably, the health requirements of young Kurdish refugees are facing massive issues (D’Angelo, 2008). Additionally, the lack of social care and the issues being



experienced by Kurdish refugees is undoubtedly very important to live a healthy lifestyle and with good mental well-being.

In general, a social care issue is a problem that is affiliated with the society and daily life of people (Ingleby, 2004). There are many social care issues such as unemployment, housing, racial and ethnic conflict, education, disenfranchisement (Heller & Gitterman, 2011). All these problems influence life quality of refugees. The quality of an individual's life is affected by their thoughts, feelings and behaviours. In this context, there is a published study (D'Angelo, 2008; Griffiths, 2002; Wahlbeck, 1999) describing that financial difficulties, communicational barriers, unemployment mostly affect the Kurdish refugees, and housing problems.

### **Communication Barriers**

Below is a recent study on the severity of suffering by Kurdish women refugees in the U.K. Hardi (2005) involved striking experiences for the period of the migration. A participant story from this study as follows;

Salma is a woman in her mid-thirties who arrived in London in 1998. She suffered from depression on and off for the first three years until her husband was able to join her in London. She spoke about her loss of a support network and how it has affected her. She was a housewife back home, living close to her family, and was very well supported by her sister, mother and husband. Her husband did the shopping for her and her sister and mother helped her raising her sons, so that she "never felt she had two young kids". (p.151)

As this simple example explains, many Kurdish refugees encounter other difficulties and often have a language barrier, which has an immense effect in their daily life.

Communication barriers is a huge issue, linked amongst other issues within the community, but when it is linked with other issues such as the lack of information, lack of knowledge, lack of understanding a new country's protocols and the system, it will consequently mean they may not know where and how to get help. This is an important issue as they may not be able to or know where they can get in touch with health services, or emergency services or any other vital services or support if they were in serious trouble or not. Besides, they are feeling depressed as the example of Selma mentioned above. Moreover, Ingleby (2004) pointed out that on arrival, some Kurdish refugees can find that their previous education and experience are unnecessary in the new country and they have to start everything from the beginning (Ingleby, 2004). In this situation, the instant sentiment of an individual's

experiences is being confused. The issues that contribute to this feeling are ambiguity and vagueness about their destiny within the new country.

### **Unemployment**

Comprehensive enquiry of issue of refugee unemployment in London, according to Archer, Hollingworth, Maylor, Sheibani, and Kowarzik (2005), refugees come across massive problems in terms of employment. Almost all refugee groups are influenced by this issue and it is not limited to the one country - indeed it has been noted across host European countries (Archer et al., 2005). As all refugees, Kurdish refugees are under pressure of acute unemployment. According to Wahlbeck (2002), unemployment is a serious issue for Kurdish immigrant in the UK. From time to time convinced workings exist and some refugees may find a job directly upon coming to Britain, but wages are the lowly and poorest. D'Angelo (2008) stated that many Kurdish refugees encounter unemployment, so they are excluded and have no language ability and no idea about the trade system. They suffer from depression, so they need money to sustain their life. For all refugees, one major stress condition in most stories in host country is unemployment.

### **Housing**

Housing is an important indicator in refugees' long-standing immigration. Without adequate housing, or in any case a roof over their heads and food upon the table, refugees set up to work particularly hard to rebuild their lives to live comfortably (Carey-Wood, Nee, & Marshall, 1997). A house is a place, which provides protection, a place of safety and constancy to individuals who have lost everything after migrating to a new country. Constant issues with housing can lead to unexpected changes, anxiety and even cause bad health, which may be a lot more severe. Furthermore, many refugees who have fled their countries including Kurdish people, have housing issues within U.K. Previous research found by D'Angelo (2008); Griffiths (2002); Wahlbeck (1999) and looking into the Kurdish immigrant's living conditions in the U.K. have been inconsistent with their wish to migrate here. Kurdish refugees mention problems with housing which produced some mental health problems. As Palmer and Ward (2007) stated, the housing problem for refugees is one of the main reasons of mental health problems.

Almost every country has agreed to the right to stand in a housing queue but everybody is not acting correspondingly. According to Khayati (2008), many countries have not solved housing problems for refugees and immigrant groups. For instance, many Kurds have migrated to France and they are forced to settle down in suburban areas. Environmental

and housing conditions in the suburbs and outskirt areas are behind the times in France. In the same manner, according to D'Angelo (2008), Kurdish immigrants were settled north of London, in a kind of suburb. Thus, people are not able to make an adequate use of the existing hospitals and health care services. Current housing conditions are not well adequate for residences. Poor housing conditions have had an effect on the mental health including the physical illness of Kurdish refugees in the suburb (D'Angelo, 2008; Wahlbeck, 1999).

### **How Can They Be Addressed By Services**

The social care and mental health problems can be realized by the local governmental services that should be recognizing as every stage of the immigration process is a risky factor and can cause for mental illness and stresses. Some public institutions can treat mental suffering and physical illnesses of refugees and immigrants (Palmer & Ward, 2007). According to a recent study by Burnett and Gebremikael (2005), there are some useful services for refugees in the United Kingdom such as The Newton Medical Centre and Harrow Health Centre in Westminster. They offer a specific interpreter health worker for different languages on different days of the week. Refugees may get an appointment by administrators, and the interpreter helps them through the appointment with better working relationship (Burnett & Gebremikael, 2005). In addition, The Bayswater Families Centre is a kind of providing broad family and promotes facility to displace and refugee families in London. In addition, refugees are limited by lack of language: when they try to access healthcare services, they may encounter language barriers. They are using their friends, relatives or children to help them carry out the simplest of tasks. However, the function of this facility should need to be accessible, flexible and suitable for refugees (Burnett & Gebremikael, 2005). According to Burnett and Gebremikael (2005), these kind of public institutions should provide translators for refugees who are from different countries for negotiating provision letters when required and acting as a cultural consultant and ensuring the barrier of language does not affect their understanding of their current situation.

Moreover, National Asylum Support Service (NASS) supported asylum seekers, whilst the application is being processed. NASS provide housing and support from the local council to refugees (Burnett & Peel, 2001). The U.K. Home Office and other local agencies supported by government, provide some services for refugees (Burnett & Peel, 2001). For example, they arrange English language classes to help eliminate the language barrier and also providing mental health services (for more information; <http://www.refugeecouncil.org.uk/>). According to D'Angelo (2008), Kurdish refugees are in

need of public institutions for their mental health and social care issues to help solve their problems.

On the other hand, for many refugees including the Kurdish, mental illness gives them the sense of stigma and great shame. For this reason, people feel discouraged to access these public mental health services (Burnett & Peel, 2001). In this context, they prefer mental health services within their community, as they feel more comfortable. Therefore, they can find several community mental health teams and they find help from the voluntary sector, as well as the refugee community organizations such as the Medical Foundation for the Care of Victims of Torture and Kurdish Association for Refugees (Burnett & Gebremikael, 2005). However, most communities and/or organizations cannot find solutions to help these people, for this reason, in order to reduce stigma surrounding the psychological disease of refugees, governmental organizations can compromise with refugee communities on training programmes to educate people about ‘beliefs within the community which stigmatise’ (Palmer & Ward, 2007, p. 210).

Many immigrant communities, including the refugee community, have found organisations with the aim of providing the support for people of their own community. For instance, there are many Kurdish organisations, which are dispersed all across Europe as well as in the U.K. These organisations attempt to provide help, support and information needed within Europe. In addition, immigrants who have migrated for political reasons have created some of their own organisations in an attempt to support and protect the Kurdish community and their culture. Moreover, Kurdish Refugee Housing Association tries to provide help and housing support for refugees to rebuild their own lives (Carey-Wood et al., 1997).

### **Conclusion**

The issues that have been discussed above have shown a strong correlation to the Kurdish refugee community and the conditions in which they are living in. In addition to this, the emotions that are involved whilst being in exile or having to flee from their homeland act as a predictor of the overall well-being of a person including their health and mental well-being. The mental health of the Kurdish people has been discussed, especially the Post-Traumatic Stress Disorder and the way it affects the person within the Kurdish community. As mentioned afore, social care is also an impacting issue. Social care issues such as unemployment, communication barriers and housing are a concerning matter within the refugee community.

Whilst discussing the social problems, the researchers have been connecting the dots

between experiences, feelings and behaviours. Other problems such as the experience of the pre-flight, migratory, and the post-flight experiences were discussed at great length as a pivotal cross road between the received country, in this case mainland Europe and the U.K. and their psychological conditions which almost comes with it each time.

The problems with being unemployed, finding housing and communication barriers led to the second way of describing the influences caused by the post-traumatic stress disorder. The behavioural factors linked with this kind of disorder and the type of mental illness are in the notion of a converse relationship which was also highlighted between each of these types of stress of being in exile. Lastly, the subject of how public organisations and institutions (such as The Newton Medical centre and Harrow Health centre in Westminster, London) and the community focused organisations (such as the Kurdish Refugees Housing Association) can help in addressing mental health issues and also social care issues for Kurdish refugees were also discussed as part of this study.

One of the other subject matters discussed in this paper was how the mental illnesses, which affect the adults, also have some adverse effect on their children and the younger Kurdish generation. This also covered the topic of the younger generation struggling to do well in school and also the risks of them getting involved with things such as drugs or committing crimes.

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