SURVIVING WAR, SURVIVING PEACE SESSION 4

IMPACT OF REFUGEE TRAUMA ON CHILDREN AND YOUNG PEOPLE

Suggested time – 120 minutes

Session content

Children's reaction to the refugee experience The impact of family stress and poor parental mental health Identifying post traumatic stress symptoms

Session outcomes

At the end of this session, participants will:

- Be able to recognise children's reactions to the refugee experience
- understand that these reactions are normal in the face of very abnormal situations and that they can be best addressed through holistic settlement support
- understand the impact of violence and armed conflict on refugee children
- understand the significance of parental mental health and family stability on the mental health of refugee children
- be able to identify post traumatic stress symptoms in refugee children.



Refugee Children, Shekole, Ethiopia

Participant handouts

- Copies of PowerPoint slides for Session 1, printed as handouts
- Copies of background readings for Session 1

Materials needed

- DVD Surviving War, Surviving Peace
- PowerPoint presentation for Session 1
- Data projector and laptop with external speakers or DVD player, TV monitor and OHP
- Plain flipchart and marker pens

Session structure

Display slide 1 – Impact of refugee trauma on children and young people

Use the following information to introduce the session.

- The experiences refugee students have lived through in their home countries, during flight, and in resettlement - are very traumatising for them.
- When working with refugee students it is best to assume that they have all suffered some degree of trauma.
- Many of them will have suffered from extreme forms of torture and trauma.
- The trauma that refugees students experience will not always be obvious. They may appear to be coping with resettlement.
- School personnel need to have background knowledge and understanding of students who are finding it difficult to adjust to school, or who are experiencing obvious problems and distress in settlement.
- Refugee students will react differently to trauma depending on the level of trauma experienced, their relative vulnerability, their culture, and the degree of support they receive in resettlement.
- Some will exhibit symptoms of poor mental health. However, these symptoms are usually reactions to the very extreme and traumatic experiences they have survived. They are normal reactions to very abnormal situations.
- Some refugee students will develop mental illness and psychiatric conditions such as post traumatic stress disorder (PTSD).
- It is important that teachers and counsellors are able to identify the warning signs, while remembering that reactions to trauma are a normal part of the recovery of refugee children and young people.

Play Surviving War, Surviving Peace Session 4

• Discuss what the young people have said and ask the participants for examples of similar cases they have worked with.

Display slide 2 – Understanding refugee students' reactions

Use the following notes to talk about refugee students' reactions to their experiences:

Refugees are people, too

- Refugees experience all of the normal and varied dynamics of family and social interactions
- Adolescent refugees experience all the dramas of other teenagers

The refugee experience

When they come to Australia they also bring with them some additional baggage.
 This is their experience as refugees, and the ways in which it has affected their lives.

Refugee student behaviour

- Refugee students sometimes exhibit challenging behaviours
- If people working with them do not understand what they have lived through, it can be hard to understand some of their reactions to everyday events in Australia.
- It is very important that those working with refugee children understand that these are *normal* reactions to *abnormal* situations.

Display slide 3 – Working with refugee students

Use the following notes to present this slide:

- When working with refugee children:
 - Don't underestimate their strength, nor dismiss the weight of their experience
 - The impact of refugee trauma on children should not be underestimated.
- They are resilient, but in need of support
 - We need to address the emotional, social and physical needs of the child and their family holistically.
 - Refugee children and young people are amazingly resilient but they will still need significant support to come to terms with their experiences.
 - Treating their reactions to trauma as medical problems or 'pathologies' is often not the best way to help.
- The importance of school
 - The school environment is an important part of this process.
 - It is a place of security and order for newly arrived refugee students.
 - It can also be a conduit to the families of the students.
 - The school environment is an important part of this process.

Display slide 4 - Some indicators of refugee trauma

- Reveal each of the indicators of trauma listed on this slide, expanding or exemplifying where appropriate.
 - For example, the indicator 'thinking about violence' might be revealed through images produced as part of an art lesson.
- Comment about which indicators might be common to all students, others which may be common to children who have experienced domestic, child or sexual abuse, and those particular to refugees.
- Remind participants that refugees might be experiencing all of the above.

Display slide 5 - Some indicators of refugee trauma

- Reveal each of the indicators of trauma listed on this slide, expanding or exemplifying where appropriate.
- Comment about which indicators might be common to all students, others which
 may be common to children who have experienced domestic, child or sexual
 abuse, and those particular to refugees.
- Remind participants that refugees might be experiencing all of the above.
- Reiterate any of these symptoms could be felt by non-refugees students who are experiencing or have experienced problems during childhood.
- It is important to learn how to identify those additional symptoms which can alert us to the possibility of refugee trauma.

Display slide 6 – Post Traumatic Stress Disorder

Use the following notes to describe symptoms of PTSD in preschool age children:

Anxious attachment

- attachment to security objects
- · attachment to certain carers
- clinging, whining, tantrums

Regression

- reverting to early childhood behaviour patterns.
- taking a long time to settle into new routines and establish patterns

Thematic play

recreating struggle, trauma and abuse with dolls, toy guns and playmates.

Traumatic dreams and nightmares

waking up weepy, clinging and disoriented after naps.

Obsessive telling of story

 Small children need to have the opportunity to retell their refugee story for as long as they need to before they can begin to overcome parts of their traumatic experiences.

Withdrawn

- avoiding playmates and adults.
- Young girls avoiding male care givers

Mutism

refusal to talk.

Illness or tiredness

repetitive bouts of symptoms and/or illnesses.

Display slide 7 – Post Traumatic Stress Disorder

Use the following notes to describe symptoms of PTSD in school-aged children:

Elaborate re-enactments of trauma

Moodiness

as they attempt to deal with feelings of inadequacy and attempt to establish control

Aggressive and bossy behaviour

in order to establish control

Decline in school or work tasks

as academic requirements increase, students slowly become disengaged

Perfectionism in tasks and performance

setting unrealistically high expectations

Continual and/or obsessive talking

about their feelings and the traumatic events they survived

Psychosomatic complaints

such as headaches, stomach aches, etc

Display slide 8 – Post Traumatic Stress Disorder

Use the following notes to describe symptoms of PTSD in adolescents:

withdrawn

remaining withdrawn and isolating themselves

compliance

always trying to please

anger and rebellion

 as a result of not being able to complete tasks, control situations or understand complex directions

acting out behaviours

acting out behaviours by arguing with adults or people in authority

disobeying rules

• coming to terms with a high number of rules over a short period of time drug taking

• desire to be accepted by peers and particular groups

inappropriate sexual activity

- seeking close emotional ties
- inability to understand acceptable social situations
- losing control of self

vandalism

- desire to be accepted by peers and particular groups
- frustration

extremes in risk taking behaviour

• seeking attention by avoiding 'sensible and acceptable' behaviour as a way of being 'noticed'.

pre-occupation with self

- limiting responsibilities
- trying to cope with fewer demands.

Display slide 9 - Supporting refugee students and their families

Use the following notes to present this slide:

The importance of family well-being

• The single most important factor in refugee children's mental health is the emotional well-being of their parents and families.

Supporting parents and families

• Supporting parents and families in the resettlement process is one of the most important things we can do to help.

The importance of school

- School is often the most stable place during the early phases of resettlement.
- There are high expectations placed on teachers, counsellors and bi-cultural workers to respond to the needs of refugee children.

Discussion

Reiterate to participants:

- Parents of children suffering from the effects of torture and trauma are also very likely to be traumatised themselves, and unable to respond adequately to the needs of their children.
- Refugee parents will probably experience all of the same problems in accessing the school as other parents from a CALD background.
- In addition they may also be suffering from the effects of torture and trauma themselves, and have a genuine fear of people in authority, such as teachers and counsellors.
- Some parents from refugee backgrounds depend heavily on their older children to shield them from a world of which they are still very afraid.
- Most adolescents need strong and supportive parents to get them through this
 very vulnerable period of their lives. Refugee parents are often unable to
 provide this strength and support.

Discussion Question

What are the implications of these issues for refugee children and young people – how might these manifest themselves in their interaction with the school?

Point out to participants:

 One problem with the Western psychiatric framework is that by focusing on 'mental illness' we may neglect other aspects of a child's experience that need support.

Discussion question

Can the group give examples of when a child's mental health may improve if assistance is provided to them in other areas of their life?

Activity

In small groups, draw up a checklist of specific behaviors or signs to look for that might indicate that a child who is behaving badly, or who is obviously unhappy at school might be experiencing a reaction to their refugee experience. (Describe the sort of things you would observe as teachers and counsellors)

Draw up a combined list on butchers paper in the following format and keep it for use in Session 5.

Session 4 – Behaviour and signs of refugee based trauma	Session 5 Appropriate responses

Display slide 10

Conclude the session by pointing out:

- Many of the symptoms listed above are similar to those experienced by Australian children who are sexually abused, or have experienced violence in the home. There is overlap between the problems experienced by some young people from CALD backgrounds and some refugees. Refugees can be cases of 'compounded risk', of children who are vulnerable for a range of different reasons and each additional risk compounds their vulnerability and lessens their resilience.
- The challenge for professionals working with refugee students is to learn to identify the symptoms which indicate that they are more than just "naughty children" or "difficult adolescents". Many of them are vulnerable and have very few support networks. The final session will explore how school can be an ideal place for early intervention.