



## Discussion Paper 14

### Trauma in the contexts of War and Relocation - addressing the needs of refugee students



#### Introduction

**This discussion paper is one in a series designed to stimulate discussion, and sharing of experience, amongst staff in educational settings working with children who may have experienced complex relational trauma.**

Living in war-torn areas is a reality many people face throughout the world (Quota & El-Sarraj, 2004); hundreds of thousands are affected every year. Many of these individuals and families are forced to leave, because they have been persecuted, or had left and cannot return to their countries because of the fear that they will be. The 1951 Convention relating to the Status of Refugees (and its 1967 Protocol) gives these people the title of “refugee”. For the purposes of this paper, a refugee is defined as a person who has been forced to leave his or her home due to fear for safety and seek refuge elsewhere.

Since the end of the Second World War Australia’s refugee program has seen around 13,000 refugees settle here annually (Refugee Council of Australia, 2011). A growing proportion of those arriving to Australia as refugees and humanitarian entrants are young people, with 74 per cent of new entrants over the past five years aged under 30 years on arrival (RCOA (2009) Amplifying the voices of young refugees).

In contrast to migrants, it is rare that refugees have the chance to make plans for their departure: to pack their belongings, to say farewell to their friends and families... Some refugees have to flee with no notice, taking with them only the clothes on their backs. Others have to keep their plans a secret from all around them in case they are discovered.

Refugees often have little idea about where they are going. They are running away, not running to. Those who come to Australia often have scant understanding about our country and the nature of society here. They have had no opportunity to prepare themselves physically or psychologically for their new life in Australia.

So when these children and young people arrive in Australian schools, they bring with them a host of traumatic experiences which Teachers and fellow students will now also be exposed to. The aim of this paper (and of the SMART program in general), is to provide educators with an understanding of the effects of the multiple types of trauma these children are exposed to and on how these will impact a child’s life. Underpinned by that understanding, educators will then be able to add a trauma overlay to their current assessments of children, to view their challenging behaviours through a broader lens and consequently, to respond to those children more appropriately and effectively.



## Exposure to Psychological Trauma

A significant proportion of refugees have experienced severe trauma (Refugee Council of Australia, 2011). It is well documented that children living in war zones are at a high risk of developing types of psychopathology, predominantly Post-Traumatic Stress Disorders (Thabet et al. 2004; Husain, 2005; Mohlen et al., 2005). Several studies have found that children and young people who were able to engage in or commit to the ideology of the violence, increased their resilience to PTSD onset (Dawes & DeVilliers, 1987; Protacio-Marcelino, 1989; Punamaki, 1996), thus a belief in the validity of violence to self or others becomes core to children’s survival and world view.



## Exposure to Physical Trauma

Many refugees have also spent years (up to 15) in refugee camps that provide limited protection. For some refugees, particularly children, the refugee camp environment is the only one they have ever known. Children being raised in these settings are at risk of physical danger, limited access to food and water, separation from parents, high levels of violence, substance abuse, illness, rape, prostitution, sexual molestation and mutilation, trafficking and conscription – these risks often increase in areas occupied by peacekeeping troops (Machel,1996). Educational opportunities are often very limited and schooling is frequently interrupted.



## Exposure to Immigration Trauma

Upon arrival in Australia, asylum seekers wait in detention centres while having their refugee claims processed. In 2004, a Human Rights and Equal Opportunity Commission Inquiry has found that children in Australian immigration detention centres suffered numerous and repeated breaches of their human rights, and could remain in these centres for periods up to 3 years. This report titled “A last resort?” was tabled in parliament on May 13, 2004. A child psychiatrist who gave evidence to the inquiry is quoted as saying

*“The traumatic nature of the detention experience (at Woomera) has out-stripped any previous trauma that the children have had. So it has gotten to the point where being in detention is the worst thing that has ever happened to these children.”*

(Human Rights and Equal Opportunity Commission, 2004).

Despite the report’s findings, and a subsequent drop in rates of detained minors, the high numbers of children in detention have returned and as of January 2011, there were 1065 children in the immigration regime, with 25 in community detention, and 1040 children in secure, locked detention facilities (Immigration Detention Statistics Summary, 14 January, 2011).



### Exposure to Resettlement Trauma

Once having their status confirmed, newly arrived refugees have higher unemployment rates than the community average; many adults have unrecognized skills sets or qualifications, and most have significant language, literacy and numeracy difficulties on top their experiences of trauma.

One recent Australian study found that it is now “difficult to distinguish the effects of past sufferings from the effects of forced migration itself and the challenges of readjustment in a new country” (Burgoyne, Hull. 2007).

It is clear that when thinking about the needs of refugee children and young people we must bear in mind the experiences of their country of origin, of the journey of forced migration – including any time spent in detentions centres, as well as that of readjusting and assimilating to their new country once ‘settled’.



### Protective Factors

In addition to children and young people’s ideological commitment to the cause, there are three other areas that have been shown as protective factors (Everett & Jeyaseelan, 2008);

The first of these is Parents – for those refugee children who arrive with one or both parents, the extent to which these parents have done and are able to cope, to maintain a sense of calm and order, to avoid dangerous situations and to respond in an attuned way to the needs of their children is protective. Secondly these relationships aid the child in the development of neuronal networks for self-regulation, survival, and assist in the development of multiple coping strategies. These relational templates will assist them to look to and engage others for support, building their capacity to utilise the coping strategies modelled and taught to them.

The third protective factor Everett and Jeyasseelan also highlight is access to other social supports – especially those with connections to culture of origin is protective.

It should be noted that not all child refugees arrive with parents, and the numbers of unaccompanied refugee minors have been consistently rising since 2000. In June 2010, there were 744 unaccompanied humanitarian minors in the UHM program.

Having limited positive relational attachment experiences and models has been consistently shown to impact negatively on child development and capacity to recover from trauma. (Shore 1997; Schore 1994, 2000; Perry, 2001; Siegel 1999; Everett & Jeyaseelan 2008).



### What does the research show are the impacts and needs of refugee children in an education environment, and how do these map against SMART Practice?

The extreme nature of the experiences these children have been exposed to can result in adjustments that are developmentally dangerous (Marans & Andelman, 1997). The behaviours that these children develop in order to survive (i.e. acting out scenes of violence, becoming aggressive, hypervigilant, withdrawn or unresponsive) are commonly seen to be maladaptive or inappropriate in Australian educations settings. These children can be labelled as aggressive or withdrawn/shy by both staff and other children (Sims et al. 2000).

Bloom (1995) argues that usual adult responses to the range of maladaptive behaviours displayed by traumatised children result in the reinforcement of the trauma and its key messages of powerlessness and hopelessness for change.

It is recommended that educational staff think of these children as injured rather than ‘sick’ and in need of a healthy environment and relationships through which to recover. Repetitive re-enactments of trauma, aggressive behaviours, hypervigilance and withdrawal are all triggered by external stimuli which are not easily controlled by children. As staff, through attuned and connected relationships we must learn to set aside our own frustrations and look for the meanings behind the behaviour. We have to ensure that children know it is safe for them to change their coping strategies.



## The SMART PRACTICE model

SMART PRACTICE is an 8 point framework of intervention which was originally tailored for use in the school environment. The intervention provides school staff with a range of strategies which aim to support the transformation of trauma impacts for children and young people.

This paper provides an adapted SMART PRACTICE framework, specifically designed to support refugee children.



### Predictable

- Traumatized children and young people perceive any change as potential threat.
- Because continuity of care and regular routines are likely to have been disrupted, initial experiences of predictability, may be experienced as threatening due to their lack of familiarity with them.
- Such support is however, particularly important. It is recommended that staff reinforce and remind children of the predictability of time tables and assist them with extra support through transitional times.



### Responsive

- Some refugee children and young people may not be used to adults asking for their opinion on issues, and due to the war context may not have experienced adults who respond contingently to their needs. These children need adults who can offer them reparative experiences where relationship is separated from behaviour.
- Staff should also be aware that in addition to learning English and school work they may sharing these educational commitments with those of settling in a new country and family responsibilities (including caring for siblings), preparing meals, interpreting and generating income.
- It is recommended that where possible, the family unit be involved in conversations regarding education and support for study.



### Attuned

- Traumatized children have not experienced sensitive attunement to their needs from significant caregivers. Misreading of non-verbal cues brings significant stress for a child and it influences the development of a poor sense of self.
- These children need adults who sensitively read their cues and respond accordingly in understanding the child's needs and providing an experience of relationship that meets those needs. This is of course further complicated by language barriers and culture. Experiences of attunement with these children will likely take longer, and require a greater degree of focused effort to secure.



### Connecting

- Traumatized children and young people have not had opportunities to experience trust of adults. Without these opportunities, children lack the necessary input to build an understanding of their own emotions and emotional responses.
- Newly arrived young people are often unfamiliar with Australian and Western social systems, institutions, structures and assumptions, and may hold values that differ from commonly assumed concepts such as democracy, adolescence and individualism.
- They may also have had poor prior experiences of consultation, where no change was apparent post consultation, and this may discourage young people from future involvement, sceptical about the process and believing that no change will occur.
- Refugee children need repeated experiences of positive engagement with adults that incorporates a reflection of their emotions, physiology and self-regulation strategies modelled for them.



### Translating

- Traumatized children and young people have limited capacity to 'story' their experience – and need help to give narrative to their everyday experiences. This can of course be difficult when working with those who also have low levels of written and spoken English, and may not be literate in their first language due to limited/interrupted/no schooling in their country of origin. This is especially true of Sudanese learners who come from a highly 'oral' culture as opposed to a highly print-based culture which we have in Australia. This difference presents a great challenge in learning to read and write (Burgoyne and Hull, 2007).
- Staff are encouraged to explore creative mediums such as oral story books, life story work, television or cartoons in the child's preferred sensory modality to build sequencing of experiences.



### Involving

- Traumatized children have difficulty forming friendships with peers.
- These children need extra support to relate appropriately with other children.
- Many migrant and refugee families are also under enormous financial pressure as they may be rebuilding finances, looking for work, sending money to relatives overseas, have a large family, or be reliant on Centrelink. The costs associated with participation in extra-curricular school activities, sports and clubs (e.g. Transportation costs) may be prohibitive or may clash with work commitments.
- Schools are encouraged to explore funding or no/low cost options such as onsite and in school hour connection programs and clubs.
- It should also be noted that cultural norms for young women and men may impact on their availability for involvement. For example, mixed gender activities may not be seen to be culturally appropriate.



### Calming

- Traumatized children live in a constant state of elevated stress, and may have been exposed to unhelpful coping mechanisms to manage this distress such as self-harm, substance abuse and suicidal behaviours – especially those who have spent time in detention centres.
- Migrant and refugee children and young people may also lack confidence in saying what they need and have difficulty understanding the education process which will elevate their distress.
- These children and young people need to be cared for by adults who are able to maintain a calm state themselves, and who can provide repeated experiences of activities which are rhythmical and synchronous with others.



### Engaging

- Traumatized children have limited experience of healthy, attuned relationships with adults, and need repeated experience of one-to-one interaction with trusted adults, who can engage in, and model, healthier and safer ways of relating.
- In addition, the parents/guardians of migrant and refugee children frequently fear for the safety of their young people (consent for young women in particular may be limited by considerations of time of day and safety concerns) and may feel concern or suspicion about consultation processes.
- Again, engage and involve the family in school community life wherever possible to promote understanding and connection.

Working with traumatized children is always challenging, and when that trauma is experienced in a war context and involves forced migration it brings with it a host of further difficulties for staff to consider. These are children who have had extremely limited experiences with safety – both environmental and relational, who have little reason to trust adults in the learning environment, and who also face barriers to learning in language, literacy and numeracy.

Whilst understanding their stories may be difficult and in some cases impossible, we can increase our knowledge and understanding of the meanings behind their behaviours in the education context. Responding to children and young people in the manner outlined above supports what we know about the effects of trauma on the developing brain.



## Questions for reflection or discussion

You may like to use the following questions as meeting topics, discussion starters, prompts for sharing of ideas/resources, or reflections, for staff working with children & young people.

1. Take a moment to write down how the reading has impacted you. What did it make you think about? How did it make you feel? Did anything surprise you?
2. What are the critical considerations which would need to be made at your site/organization, to ensure effective implementation of PRACTICE strategies for refugee children and young people in your care?
3. Share with your workplace colleagues, a strategy/technique which you have used with refugee children and young people in your classroom, and which relates to one of the PRACTICE principles.
4. How might you share knowledge of the SMART PRACTICE strategies with parents/caregivers? Can you think of a new project you could implement to better engage these families?
5. As a staff, how could your knowledge regarding refugee children and young people be incorporated or better reflected into the policy of your organization/site?
6. Is there a specific change you will look to implement when working with refugee children and young people?