

SURVIVING WAR, SURVIVING PEACE SESSION 4

IMPACT OF REFUGEE TRAUMA ON CHILDREN AND YOUNG PEOPLE

Suggested time – 120 minutes

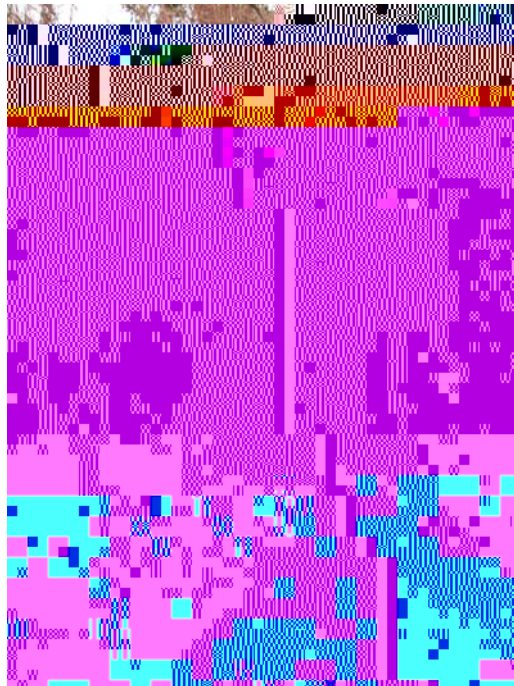
Session content

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

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

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

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 refu

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:

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