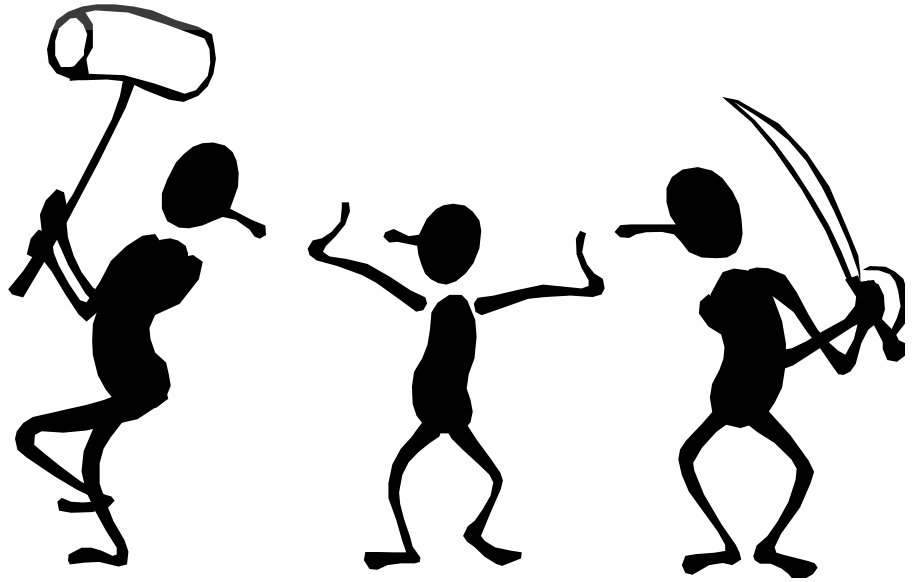


Margaret Sims SIM 01039

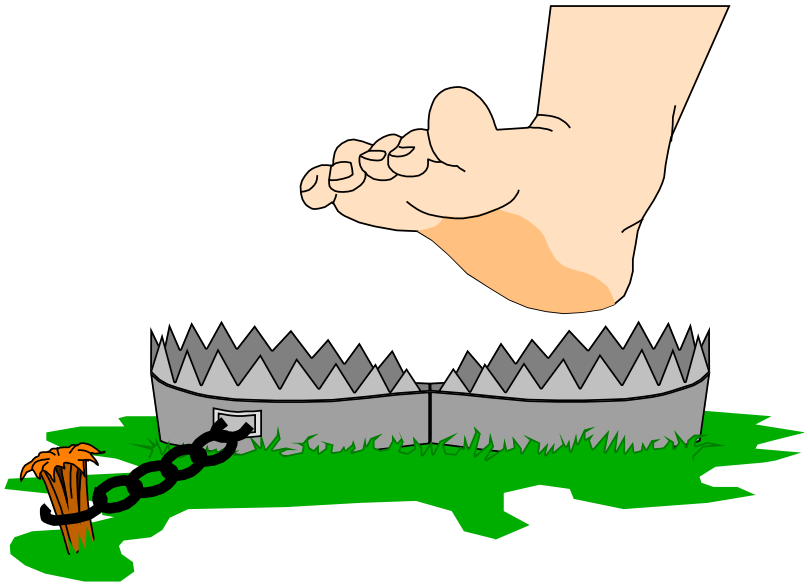
Children in child care who have experienced refugee trauma

An increasing concern with

- violence in the home
- violence in the community
- armed conflicts around the world

Armed conflicts

- 2 million children killed in past 10 years
- 6 million seriously hurt or disabled
- land mines cause damage after the cessation of the conflict



Child soldiers

- Children sought after because they have no fear, nor question orders given to them by adults
- forced to commit atrocities to bind them to their units and break their ties with their communities

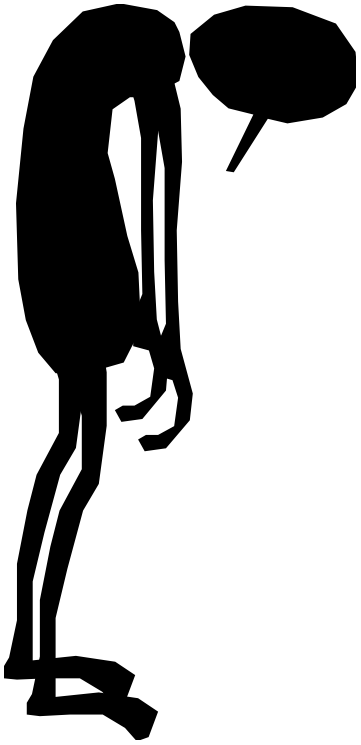
Child refugees

Displacement increases risks children will be

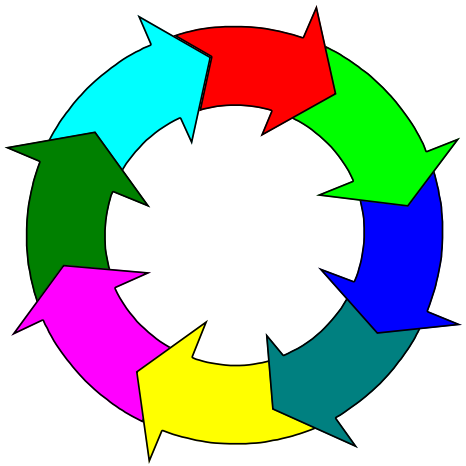
- separated from families
- receive inadequate nutrition
- receive inadequate hygiene
- more in danger from community violence, rape, abuse, domestic violence, sexual humiliation and mutilation

Also at risk from peacekeepers

- rise in child prostitution



Risk factors in children's reaction to violence

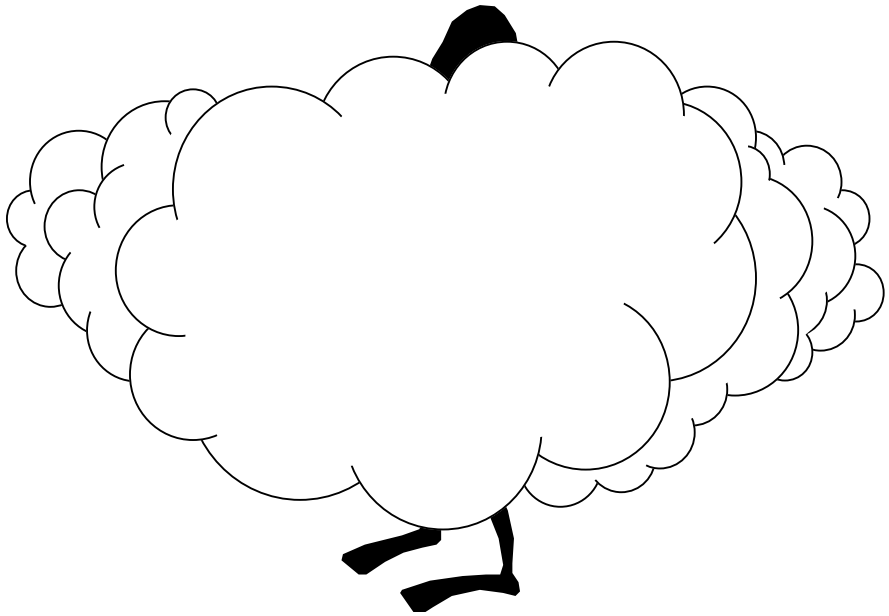


- More complex the stressors, increased severity of symptoms
- more risk factors, more likely long term damage
- younger children more likely long term damage - under 11 3x more likely to develop PTSD

Children's responses to trauma

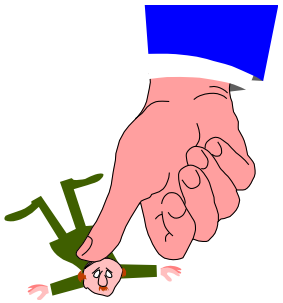
- Attention problems
- anxiety
- mood disorders
- hyper and hypovigilence
- behavioural difficulties
- sleep disorders
- suicide ideation
- Post Traumatic Stress Disorder

Adjustment to trauma



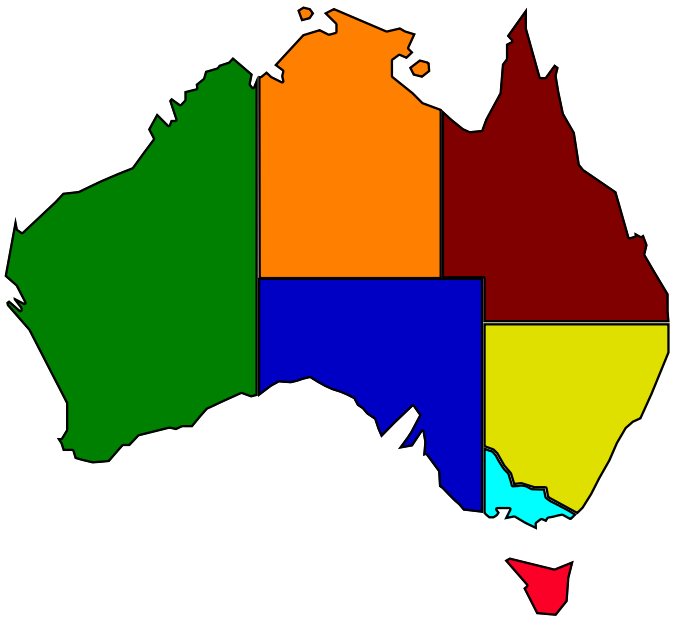
- Coping mechanisms eg hypervigilence, or withdrawal, exceptionally durable
- used in response to any stress
- when used in new home judged as inappropriate

Adult response to coping behaviours



Children who have responded to injury by engaging in bad behaviour are re-enacting their traumatic relationships with caregivers. For them, their behaviour is what is expected and is normative at an unconscious level, even if they consciously know that they are behaving wrongly and like to change. Often, being bad has been the only escape from unendurable helplessness, the only way they could exert any control in their environment. In their abnormal environments, their behaviour was adaptive. (Bloom, 1995, p408).

Australian scene



- Small number of Humanitarian refugees
- 35,000 between 1992 and 1997
- over one third of these were children
- English classes for parents
- child care for children
- special worker in child care
- no exposure to trauma in preservice training

The research - what are caregivers doing?

Questionnaire to trained caregiver in services which

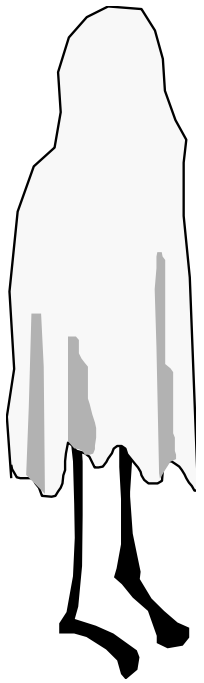
- were attached to English classes for refugees
- located in areas with high proportion of refugees
- New South Wales 12 centres around Sydney
- Queensland 12 centres from Brisbane, 4 Gold Coast, 4 Townsville
- Western Australia 15 centres around Perth

Withdrawn behaviour

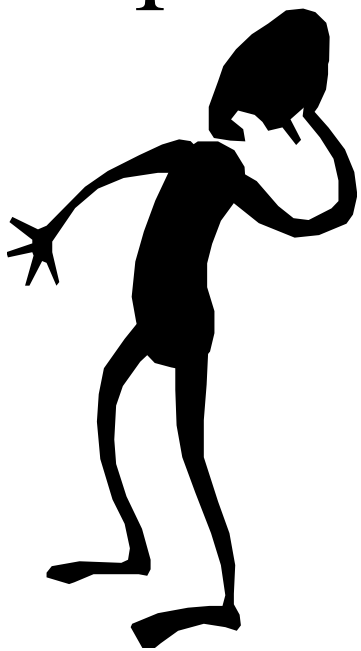
- In many cases interpreted as onlooker behaviour
- encourage parallel play
- develop attachment between caregiver and child
- cuddle and read story, encouraging peers to join as child settled, then eased out when children interacting

Extreme withdrawn behaviour

- First 3 months in a corner with bag on back
- no tolerance of touch
- Mardell - *handles for attachment* - used toy & played near child, encouraged child to play with toy and her, gradually developed interaction then attachment
- hiding - brought toys nearby, played, chatted to child, used funny voices to make child laugh



Fear of benign items or people



Fear of uniforms - policeman

- friendly interactions with caregiver (social referencing),
- played with peers
- talked about, told stories, sang songs about role of police in Australia

Other fears - gradual desensitisation

- sudden loud noises - toilet flushing, cars passing, sirens

Sleep time

Fear of going to sleep in a strange environment

- comfort object from home
- sleeping near sibling, relative or other familiar person
- quiet time as an alternative to sleep

Not force children to sleep. One child has a cushion and despite not wanting to go to sleep, nearly always falls asleep after I read some books

Gun and knife play

- Many saw as normal part of childhood, influenced by TV
- redirect - turned gun into helicopter
- gun-free environment
- build self esteem

This child was very rough, playing with sticks and kicking others…. Talked to the child a lot and praised him for appropriate behaviour and tried to make him feel good.

Extremes of aggression

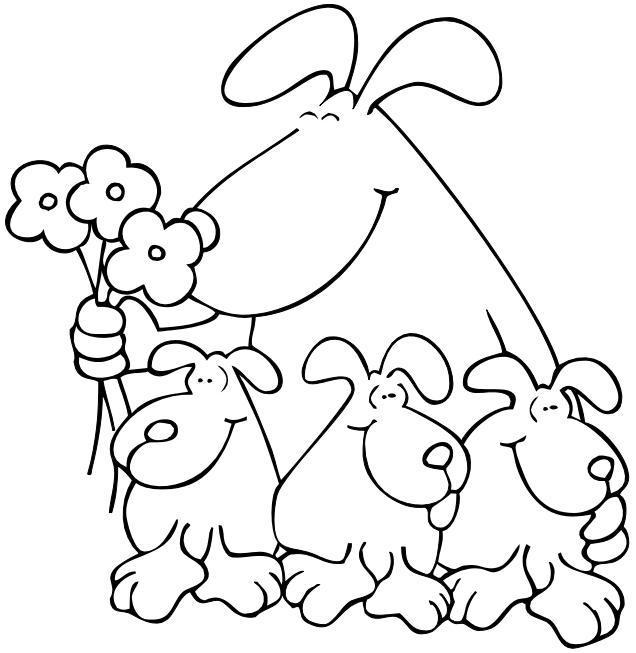
- Out of control - gentle holding
- separate from others and provide toys for solitary play
- conflict between need to re-enact trauma and appropriateness of this in group care

Expression of negative emotions

Difficult inside with a group - danger to others and selves. Went outside used calming strategies. Difficult to allow in front of group - sets up behaviour as being okay for everyone else.

- Music, games, blocks and puppets to express feelings
- painting by slapping thick string
- punching a pillow
- pinata

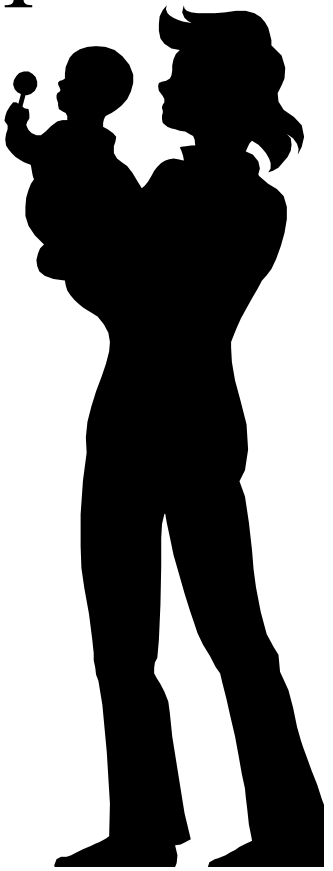
Organisational adaptations and policies - consistency in care



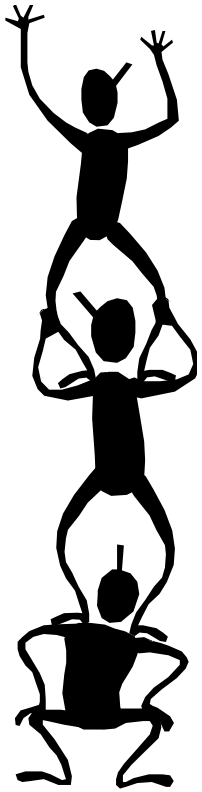
- Calm, predictable environment
- basic routine structuring the day
- introduce changes slowly
- warn before transitions
- continuity with home - using Bilingual Support Workers

Anchor or key person

- One initial attachment figure - easier in smaller centre
- same person on in the mornings when child arrives
- same relief staff
- some centres 2 key staff so always one available
- Bilingual support Worker as a bridge



Support for staff



- Staff support each other
- withdraw time and place for staff - linked to resourcing
- unusual level of support in one situation
- We have lots of children with special needs - the committee gave a special day off for staff to recognise extra effort put in. Staff work very well together as they have all been here for a long time. Meet with staff to discuss concerns and share information about particular children. Agencies - people come out and work in room with staff. We try to squeeze in extra non-contact time for the caregiver if she has a lot of children with special needs.

Staff training and support

Additional training useful

- current affairs - where conflicts are and what are likely experiences of refugees
- customised, in centre training vs outside training vs preservice
- bilingual support - key words, bilingual support staff

Priorities in working with families

- Establish communication

being able to communicate - first thing is to help with interpreters … Can't do anything if can't communicate

- developing partnerships
- male member of staff
- reassure parents children are safe and cared for
- establish trust

no effort is too great in the first few weeks. Some families have little reason to trust any other human being

Conclusion

Often without realising the special needs of refugee children, caregivers instinctively are doing the 'right things'. The findings confirm that for the most part, staff in child care centres are committed to the notion of individualisied instruction. Best practice in this area seems to be identical to best practice for dealing with all young children in group situations. This involves having a range of options from which to choose. Caregivers try the strategy they believe, using their best judgement, will work in any individual situation. If that strategy does not work, then they attempt another.