

Initial Assessment of a Refugee Child: Coping with Loss

Author

Nooria Mehraby
(MD.Kabul, M.M Kabul, M.Counsel UWS)
Counsellor Project Officer Middle Eastern Communities)

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Introduction

The United Nations High Commissioner for Refugees defines a child as, any person under the age of eighteen. Women and their dependent children account for eighty-five percent of the world's refugees (<http://www.unhcr.org>). It is estimated that over the last decade two million children have been traumatized by the effects of war, six million have been disabled, maimed or brain damaged. A further two million children died in armed conflicts (Bowpitt, 1997). Refugee children who survive usually encounter multiple traumatic experiences. These include being caught in combat; imprisonment and persecution; witnessing violence, massacres and the deaths of their own parents; separation from their family and traditional support systems; rape and sexual abuse; dangerous escapes and living for a long time in refugee camps. Struggling for basic survival, they often face starvation and death, or are forced into violent gangs and active combat (Mehraby, 1999). One of the most painful and traumatic experiences for a refugee child is losing one or both parents. These children are not only coping with the more common refugee experiences but are also dealing with grief for their parent or parents and the destruction of the family system. These problems are often overlooked by adults because of their own traumatic experiences and settlement problems. This paper illustrates the first assessment session with a ten year-old refugee child from Iran whom I will call Massood (the factual information in this article has been changed to protect confidentiality). I came into contact with Massood through my work as a counsellor for the Middle Eastern Communities at the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (S.T.A.R.T.T.S).

Massood lost his father at the age of one and experienced multiple displacements both within Iran and beyond its borders. In addition he experienced a lack of adequate nutrition and which was revealed clearly in the first session. In this paper I will give brief information on the reason for the referral, the trauma history and presenting problems, however, I will focus mainly on my first assessment interview. Finally I will analyse and discuss the impressions and observations I gained during that interview.

This assessment took place at a public primary school. The time for the assessment was two hours and was undertaken using a structured interview. The interview was conducted in Farsi and English. The family history included in the paper is based on a two-hour semi-structured interview conducted with Mrs X, Massood's mother.

Referral Information

Massood was a refugee from Iran who arrived in Australia in June 2000 with his mother, his sister,

Maryem, aged fifteen years old, and his brother, Frihad, aged thirteen years. Massood, at ten years of age, is the youngest child in the family.

Massood and his family were referred for counselling soon after their arrival in Australia. They were assessed and received support from S.T.A.R.T.T.S.'s Early Intervention Program (EIP), however, the family was not ready to deal with their traumatic experiences at that stage. Therefore, they were given information and encouraged to re-refer when they felt ready.

Massood was re-referred to S.T.A.R.T.T.s a few months later when problems arose at school. I conducted the initial assessment soon after he was referred and offered weekly therapy.

Trauma history

Massood and his family have encountered many traumatic experiences throughout their lives. A hostile group killed Massood's father when Massood was one year old. He was lying in the bed with his father when this tragedy took place. His mother was devastated by the horror and shock of the death of her husband and was unable to attend to Massood even to breast-feed him. Ten days later, due to lack of safety and security, the family had to escape to Turkey. They stayed there for three months where they continued to face starvation and insecurity so they fled again, this time to Pakistan. They stayed there under miserable conditions for four years. It is obvious that this child's life has been severely disrupted by his traumatic experiences.

Presenting problems

Massood was referred to S.T.A.R.T.T.s because he was suffering from psychological and physical problems including lack of concentration and poor memory, learning difficulties (reading and writing), anger and irritability, and behavioural problems (getting into fights but generally not aggressive). He would disobey adults both at school and at home. In addition, he presented with chronic stomach aches for which he had been hospitalized three times in the past.

Developmental factors

Massood was born into a middle class family. He has no history of childhood diseases or any other illness; however, his physical and psychological development had been severely affected by trauma, multiple migrations and food deprivation. For example, after the death of his father, his mother was unable to feed him for three days, on the journey to Turkey they ran out of food and water and in Pakistan, the family was struggling again with the basic tasks of survival, including lack of adequate food and periodic starvation.

Settlement problems

After arriving in Australia the family faced a multiplicity of settlement problems. These included adapting to a new culture, learning a new language, as well as financial difficulties and finding accommodation. In addition, his mother, as a single parent carried the burden of raising her children by herself. Massood had never before had the opportunity of attending formal schooling. Therefore he and his family were unfamiliar with the formal education system. These settlement problems have also seriously impacted upon his learning and academic achievement.

Family history

Massood has no family history of mental disorder, substance abuse, violence, or sexual assault. Both parents were qualified professionals. His extended family had been scattered around the world. Culturally, this was a huge 1055 and his family felt a great lack of support in Australia.

Medical background

Massood was burnt with boiling water (two percent of his body) in 2000 soon after arrival in Australia. He had pulled the cord of a kettle filled with boiling water and spilt the water over his body. He was burnt from his umbilical area towards his genitals, and on his left leg and knee. Consequently he was hospitalized for a month and underwent treatment for a year. He still suffers from itching and aches in those areas of his body.

In addition he has presented with chronic stomach aches for which he was hospitalized on three occasions. The cause had not been specifically diagnosed, however, one of the possible diagnoses was a viral gastroenteritis

Treatment plan

A holistic rehabilitation program has been offered to Massood and his family including individual therapy, recreational youth camps and assistance in settlement problems. Individual treatment was based on art therapy, 'story telling and play therapy. Individual therapy has been also offered to Mrs. X Massood' s mother.

Description and impression of the initial interview

When I entered the waiting area Massood was sitting close to Mum waiting anxiously. He appeared to be small for his age. After greeting the child and introducing myself I invited him to come with me into the room provided by the school for our interview. Although he looked anxious when separating from Mum he came with me without clinging to her or displaying emotional upset. When we were entering the room I greeted him again and said to him "after you". As he accepted my offer a trusting smile covered his anxious face. He spoke to me in English interspersed with a few Farsi words. I asked him what was his preferred language, English or Farsi and his response was English. I asked him whether he was aware of the purpose of our meeting. He said Mrs. Z, the school counsellor had told him that I might be able to help him with some of his problems and Mum had said I might help him in reading and writing. I asked him what his worries and concerns were. He responded automatically by saying: "I don't know", followed by, "I cannot read and write and I hate reading and writing". I then explained to him the purpose of our interview. I told him that children who had undergone traumatic experiences in their lives often have same problems that can be helped by talking. I also told him, "I need to ask you some questions and ask you to do some drawings for me so I can get to know how you think and feel about things".

Since the interview was held at school I did not have a variety of materials and toys, however, I offered him a pencil, a rubber, different colour pencils, textas and various coloured papers. I started the interview by using the 'funnel' technique starting from general non-threatening questions, shifting gradually and gently to some more specific questions. It struck me that he could communicate and speak very clearly in English and follow the instructions precisely. He responded to my questions in an interactive and articulate way. This was in contrast to his poor reading and writing identified by the school counsellor and his mother as their main concern. During the interview I asked him to do some reading and writing and I was also able to observe his

difficulties.

During the interview he spoke about movies and television shows he has watched. He referred to 'Malcolm in the Middle', 'Spiderman', 'Batman', 'Superman' and 'Street Fighter' as his favourite movies. Blue was his favourite colour and his least favorite was brown. He told me that he was interested in cricket but also liked international soccer matches and his favorite player was Ronaldo (during this time the World Cup Soccer was on television). He liked playing with his brother and cousin and described 'happiness' as being when they win a game but that he hated it when they lose a game.

Hot chips, boiled eggs, ice cream and toast were his ideal food. What he did not like at home was when Mum was upset: "I get upset when my mum is upset, it is too much for her to do all this work by her self". In contrast, he liked it when his older sister made him breakfast. "I love when my sister makes me breakfast, she is very kind, but I do not like my brother; instead of looking after me he always argues with me." He identified art and sports as his favourite subjects but he disliked English, especially reading and writing. He also did not like maths; in particular he did not like subtraction. What he disliked about school was getting in trouble ("level two"). I asked him what level two trouble was. He explained that it was the greatest level of trouble, which results in not being allowed to participate in school excursions. He told me that he had gotten into level two trouble three times so far. He also told me that he hated homework because it made him tired. He very much liked the school carnival.

His favourite animal was a cat because they are soft and gentle but he did not like it when they ran away. He said he did not like dogs and referred to them as violent animals. When I asked him what his three wishes were he responded promptly with no hesitation "I wish I could wish anything I want to wish, I wish my dad was alive and my mum had a driving license." He referred to Mum as the one that he loved the most. The best thing about Mum was that she was kind. What he disliked about her was when she blamed him when things went wrong.

Then I asked him if he could draw something for me. He picked up a yellow A4 sheet and a pencil and a rubber. Although he had the option of colour pencils and textas he decided to use lead pencil. Massood drew a large basket filled with a variety of fruits. The basket was placed on a table decorated with different flowers and a pitcher of drinking water. Next he drew a 'muscleman' with very strong arms in contrast to tiny legs, and he named him Massood. I then asked him if he could draw a family picture. He started drawing a strong man in the middle of the page and named him 'Dad' followed by drawing a woman on the left side of Dad with no legs or hands and named her 'Mum'. He drew his brother, Frihad as a strong muscleman standing between Mum and Dad with half of his face coloured in black. Maryem his sister was drawn a bit distant from the rest of the family. He drew himself as smaller than the rest of the family and hiding behind Dad's legs. The family picture was covered by clouds. The entire family was floating at different levels in the air with none of them on solid ground.

While Massood was drawing, background noise and scenes would often distract him. During the assessment he kept scratching himself. Despite being a deeply troubled little boy, during the session he was responsive, trying to be polite and on his best behaviour. At the end I asked him if

he had any questions. His answer was no.

Discussion

The interview (informed by my interview with Massood's mother) left me thinking about the themes of loss and grief, early deprivation of food, depression and anxiety. I felt these themes were reflected in his presenting materials as follows:

Themes of loss:

The theme of loss could be found in several parts of his interview. The use of the word 'hate' when he loses a game expressed his sense of loss of the winner's pride. Similarly the cat's running away expressed his anxiety about losing something he cared for. Even his difficulty with subtraction can be linked to his anxiety about loss, and the taking away of something or someone from his life. Being left out of excursions was another unpleasant experience of being excluded from joy and happiness, similar to his past experiences when his traumas and multiple losses shattered all of his normal childhood happiness. His answer to the three wishes questions, and the wish to wish any thing he wished, indicated that even a wish was a 'wish' for him contrasting with his feelings of emptiness without Dad and of Mum not being able to respond to all his needs. I felt his family picture strongly indicated the impact of the loss of his father. It also showed a need for Dad to be there in strength as a shield so Massood could protect himself behind him. Mum having no legs could be related to not being strong enough to stand (on her own two feet). She has no hands to do things for him.

The clouds above the family picture might be a reflection of the sadness and lack of sunshine in the family. The whole family floating above the ground could be because of the lack of stability and their need to be held or contained. The black colouring over the half of his brother's face that was closest to Massood could be related to his dislike of his brother's harsh manner. His drawing of himself as a muscleman with strong arms but small legs could be a symbol of a strong person trying to cope with his enormous losses; his small legs being his vulnerable side almost overwhelmed by the enormity of the task. Lastly, his interest in violent and adventure movies could also be a coping strategy for loss, showing a fantasy of being strong to protect his sense of safety and guard against further loss.

Themes of early oral deprivation:

I thought his ideal food; hot chips, boiled eggs, ice cream and toast were a result of previous food deprivation, things that he might not have had much access to prior to his arrival in Australia. The large basket filled with a variety of fruit could also be related to his experiences of lack of food. In the same way the pitcher of drinking water can be linked to his oral deprivation when Mum could not breast-feed him properly. In addition, his enjoyment and satisfaction when his sister makes breakfast for him reflected his need not to be ignored but to be looked after and cared for, a compensation for his early oral deprivation.

Themes of depression and anxiety:

I felt his difficulty in accomplishing his schoolwork, and getting tired quickly was related to his poor concentration and a symptom of his underlying depression. He found it hard to focus on a set task. His statement about his dislike of "when mum is upset" was also associated with his depression and fear of another loss.

The use of a pencil in drawing symbolizes his anxiety about making mess. Drawing with a pencil is very common amongst refugee children as it is softer work, and they can erase any mess easily. This is because their lives have already contained so much "mess" and they are often terrified of making any more mess or mistakes. They are very anxious about losing control. Pencils are less permanent than textas or pens and are more commonly used by refugee children reflecting the lack of stability in their lives.

His constant scratching may have related to his high levels of anxiety or could have just been his burn scars. His reference to dogs as violent animals was a reflection of his fear about not wanting to be hurt and his dislike of violence. The use of the word "hate" on a few occasions during the interview left me wondering whether he understood the word "hate" or if it really was an expression of extreme dislike.

Massood presented with emotional difficulties attached to coping with the loss stemming from his exposure to extremely traumatic events and prolonged stress. His poor academic performance was related to his traumatic experiences in that one of the common repercussions is an inability to focus. The material he presented during the assessment both in drawing and in his answers to my questions was identified as consequential to his traumatic experiences and grief. He was worried about losing someone he loved as had happened to him in the past. The drawing of his family demonstrated the profound impact of the loss of his father. Themes of early oral deprivation, anxiety and depression could also be concluded from analysis of much of his work.

Based on this initial assessment I felt Massood would benefit from medium to long-term trauma counselling. Massood's case is typical of refugee children who commonly present at STARTTS. A safe and trusting therapeutic environment would hold and contain him and allow him to explore his traumatic experiences, thereby facilitating his recovery and allowing him to grow into a mature and psychologically healthy adult. The enormous capacity of refugee children for survival and adaptation ensures they grow to become valuable contributors to Australian society.

References

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Author notes

Nooria Mehraby graduated as a medical doctor from Kabul University, Afghanistan in 1983. She worked as a lecturer at Kabul University and as a general practitioner until 1987 when she and her family were forced to flee to Pakistan. A refugee herself, Nooria worked as a doctor in various refugee camps and taught medicine at a Women's University in Peshawar for five years. In 1993 she and her family arrived in Australia where she obtained employment as a Health Educator Officer with South Western Sydney Area Health Service. Since 1995 she has been a bicultural counsellor with the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (S.T.A.R.T.T.S). In addition to individual therapy she facilitates therapeutic and self support groups for Middle Eastern women, men and children. She also provides continuous community consultation and training to other service providers. She is the author of several articles on cross-cultural counselling. She gained a Masters Degree in Counselling with Distinction from the University of Western Sydney in October 2002.