

# Unaccompanied Child Refugees: a Group Experience

## Author

Nooria Mehraby

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*This is the second of two articles by NOORIA MEHRABY, an Afghan refugee and counsellor with the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors. Here she reports on how a group therapy approach was used with traumatized Afghan child refugees who were unaccompanied by their parents.*

Children account for fifty percent of the world's refugees, and 3-5% of these are unaccompanied minors.(Mehraby, 1999) The United Nations High Commissioner for Refugees (UNHCR) defines an 'unaccompanied. refugee child' as '*any person /less than eighteen years of age who is separated from both parents and is not being cared for by an adult who, by law or custom, has responsibility to do so.*' (cited in Refugee Children Guidelines on Protection and Care, 1994).

According to a UNHCR paper (Williamson and Moser, 1987), children become unaccompanied for various reasons, Some are separated from their families during emergencies such as natural disasters, famine and war. Others are accidentally separated from their families, abducted, abandoned or they run away, Sometimes their parents might have sent them to another country as asylum seekers, while the parents remain behind. At other times the entire family has sought asylum; the children may then be left while the parents return to their country of origin. Children can be left when the parents are forcibly recruited into the army, imprisoned or killed. Sometimes children are removed from their parents because of fears that the parents might be of danger to the children (UNHCR, 1994).

The majority of unaccompanied children are male (Rousseau, 1995). Boys are sent away so they won't be recruited into combat, or they are sent abroad to prepare an economic footing in another country. Unaccompanied refugee children are seen to be at high risk. Children who are not being cared for by their families are unlikely to obtain suitable protection and care. They are often cared for by other refugees who are already highly stressed and unable to meet the physical and developmental needs of the unaccompanied child.

## Afghanistan today

Largely as a result of the devastating wars that have engulfed Afghanistan for the last twenty-four years, the mortality rate for children under five is 257 per 1000. On average, seven children are killed or injured every day by landmines (Mehraby, 1999). Ninety percent of Afghan girls and sixty percent of boys are illiterate. Life expectancy for women is 42, the lowest in the world.

The Western world lost interest in Afghanistan at the end of the Russian occupation. Hospitals and schools for Afghan refugees in Pakistan were closed through lack of funding from aid agencies. Afghans were no longer considered 'refugees', but 'displaced persons'. Despite the worsening internal situation in Afghanistan and in the refugee camps in neighbouring countries, the international intake of Afghan refugees was reduced. Consequently some Afghans came to

Australia illegally, paying considerable amounts of money to smugglers in the hope of saving their lives.

The majority of these 'illegal immigrants' are from the Hazaras ethnic group. Afghanistan's main ethnic groups are the Pashtuns (38%), the Tajiks (25%), the Hazaras (19%), and the Uzbeks (6%). Most Hazaras are Shiite Muslims, whereas 84% of the total population are Sunni Muslims.

The Hazaras have suffered from long-standing discrimination, racism and violation of their human rights by other ethnic groups. Figures from a Human Rights Watch report of August, 1998 OR a massacre of 8000 Hazaras in the city of Mazara-shif, and elsewhere, show that they also suffered enormously under the Taliban regime. ( [www.hazaraonline.f2s.com/massacres.html](http://www.hazaraonline.f2s.com/massacres.html))

The Hazaras come from the working class and the majority of them are illiterate. They were often forced into manual, serving and construction jobs, although their contribution to the construction of Afghanistan is priceless. They were not accepted into the broader Afghan community, and in Australia other Afghan ethnic groups may still reject them.

### **The Psychological Impact of Detention on Children**

Having arrived illegally in Australia, most Afghan refugees - including unaccompanied minors - are placed in immigration detention centres. Detention has extensive longstanding psychological effects on children. Loughry (1993) argues that the nature of the detention means that for a considerable amount of time a child's 'normal' life is suspended and a new lifestyle of adaptation and survival takes place. Many suffer the loss of their way of life, family members and freedom. Some children develop physical symptoms such as bed-wetting, headaches and stomach aches. A child's response is affected by their age and developmental stage. The levels of stress in a detention centre are also influenced by the administration and history of the centre, the political climate and the residents. Rousseau, (1995) states that unaccompanied minors are at greater risk for mental health problems as a consequence of traumatic experiences and multiple separations. The anxiety brought up by trauma might complicate the grief reaction, increasing the possibility of pathological grief. A study of Vietnamese children in Hong Kong detention centres found that 50-55% of children suffered nightmares, 51-73% had recurrent thoughts of their traumatic experiences, 69-85% feared for their safety, 65-81% worried about their families and 86-90% needed affection and reassurance. (McCallin, 1992)

### **Temporary Protection Visas**

The Australian Government introduced Temporary Protection Visas (TPV s) in October 1999 for people who entered Australia illegally and were detained in immigration Detention Centres. This visa is issued for three years and when it expires a refugee may be forced to return to their homeland. CentreLink statistics for May 2002 show that there are more than 3,000 Afghan TPV holders (the largest such ethnic group) in Australia.

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TPV holders are entitled to basic financial support and Medicare benefits, however they cannot benefit from the family reunion scheme whereby they are able to apply to bring their immediate family to Australia. They are able to work but do not benefit from free English classes, nor do they have access to settlement services or Job Network Intensive Employment Assistance. (The Acting Federal Race Discrimination Commissioner, 2001) At the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTIS) in Sydney, over 1200 TPV holders have

received service, and of those about half are Afghan.

### **Life in Australia for the Hazaras**

Australians are increasingly polarized about asylum seekers. Whereas some are sympathetic, nevertheless racism towards Afghans has increased since the terrorist attacks on New York and Washington. While the majority of Afghan refugees consider Australia their home and enjoy peace and freedom in a multicultural society, the Hazaras on TPV s live in limbo, uncertain of the future and coping with the guilt and grief of separation from their family. Many have had no contact with family members since they left Afghanistan. The controversy of the debate around Australia's treatment of asylum seekers, the nightmare of the prospect of future rejection of protection applications when the temporary and subsequent visas expire, and deportation to a land that has never been safe for them, is an ongoing source of stress. These factors often interact with and intensify - symptoms of depression, anxiety and posttraumatic stress disorder.

### **Group intervention with traumatized children**

Short to medium term group interventions have been widely utilized with traumatized children in services for torture and trauma survivors throughout Australia. The *Guide To Working With Young People Who Are Refugees*, a publication of Victorian Foundation for Survivors of Torture (1996), emphasizes group work as a powerful intervention strategy for helping young refugees to cope with their transition to a new culture. Groups can provide opportunities for participants to disclose personal material in a safe environment; symptoms can be normalised and the children can build trust and develop new relationships.

Towards the end of 2001, STARTTS arranged to provide such a group in response to a request from Jan Harrison, a school counsellor from Chester Hills High School in Western Sydney, for counselling support for the Afghan students who attended the school. Harrison was aware that the nightly news reports of the American retaliation for the September 11 terrorist attacks were having an impact on the students, so she asked them if they would like to discuss their concerns with someone of their own nationality. They unanimously accepted.

The group consisted of fourteen children aged between 12 and 21, (although 21 years of age is not included in the United Nations definition of unaccompanied minors, culturally an unmarried 21-year-old Afghan girl is considered unaccompanied). The group included three girls and eleven boys. Three children (siblings) had permanent visas and were living with their parents, and the rest were unaccompanied minors who had arrived in Australia by boat. They had been detained in detention centres for between two to eight months before being granted three-year TPV s and then released from detention. All had been severely traumatized in their country of origin and in their efforts to become residents of Australia. Most of the children belonged to the Hazaras ethnic group and were Shiite Muslims, however two participants (siblings) were Tajik. The spoken languages of the group were Dari and Hazaragi; the children could only speak limited English.

When the approach was made to STARTTS there were only eight weeks left till the end of the school year. Given this, it was decided to utilize a short-term group intervention consisting of five two-hour weekly sessions. There was also a follow up session after the school holidays. STARTTS also agreed to provide individual therapy if this was needed. Given the intensity of the trauma suffered by the children, and that only a short-term intervention would be possible, it was decided that emotional exploration would be limited.

In thinking about the groups we were guided by Judith Herman's (1992) model of trauma and recovery. According to Herman the first stage is the creation of a safe and trusting environment, the second stage is the exploration of the traumatic experiences, and the third stage is social reconnection. Since this workshop was conceived of as a time limited intervention with the specific goal to explore the impact and flow-on of the terrorist attacks, only restricted exploratory work was possible. The participants would have the opportunity to ventilate their feelings, express their thoughts, share their experiences and normalize their symptoms. We also aimed to strengthen relationships and to develop a support network. The therapeutic interventions would consist of expressive techniques such as art therapy, story writing and some music therapy.

Three workers were involved in facilitating this group. I was selected as the active facilitator; being Afghan I understood the clients' culture, history and language, and I had trained in facilitating groups. Jan Harrison, the school counsellor was included. It was hoped that this would facilitate her future counselling relationship with the students and role of case Co-coordinator in making referrals and planning educational pathways. Fatana Rahimi, an Afghan STARTTS bicultural counsellor, was the third member. Her role was as a support counsellor in the group, and she could be available if a participant needed individual attention over and above what was possible in the group. For example if a participant became so overwhelmed and chose to leave the room, Fatana could attend to them. Since she was not running the group yet spoke the language, her capacity to observe the process was enhanced.

Although I was the main group facilitator, the participation of the other two workers and their contribution and support to parts of the group process was essential. The debriefing after each session was helpful in sharing our feelings and thoughts and enabled us to maintain our roles in the group.

### **The first session**

I began the group by talking about my experience as a refugee from Afghanistan. I decided I would share some of my personal experiences in an effort to encourage the children to talk about themselves. I also thought it might help them to see that I was with them, not against them. Because of their low level of literacy I used very simple Dari in speaking to them. I talked about how I escaped from Afghanistan and paid a smuggler to get me out of the country. (escaping to neighbouring countries is often the only option for the majority of Afghans; smugglers are chosen for their knowledge of travelling routes and their ability to interact between the government and opposition groups.)

The two other workers also introduced themselves, and then each of the participants briefly introduced themselves. They stated which part of Afghanistan they came from, their age, their lengths of time in Australia and the length of time each had spent in the Intensive English Centre. With the exception of two brothers from the city of Herat, everyone referred to themselves as Hazaras. I saw this as reflecting their loss of identity as Afghans; members of this ethnic group always identify themselves primarily as Hazaras rather than as of Afghan nationality.

Participants and facilitators were asked to sit around the table. Each child was asked to throw a small ball to another participant and ask them a general interest question such as what was a favourite hobby. I started the game by throwing the ball to one of the participants and asking him about his interests. He responded that he was interested in playing cricket and threw the ball to the next person. Each participant spoke about different things such as music and sports. When the ball

was thrown to a seventeen-year-old girl she said, '*like my mother more than any thing else in the world,*' then burst into tears, prompting her twenty one-year-old sister to also start crying. In order to validate their feelings and give them time to process them, I remained silent for a while. There is a fine balance between enabling the participants to express their feelings, and retraumatizing them by giving those painful feelings too much space. As well, prolonged silence might disturb the continuation of the session. Soon I tapped the girls on their shoulders and the game was continued. The ball was thrown again and this time one of the boys said, '*like the food that my mum cooks the most*'. Another said, '*like the fruit of Afghanistan, here in Australia fruit doesn't have the same taste.*'

Despite the sadness and pain in the group, it was inappropriate to explore the trauma too deeply so we kept the group moving with supportive statements and humour.

[In the second part of the game I asked them what they didn't like. Not wanting to directly name a serious topic like war so soon, I started by saying that I didn't like cloudy weather. Despite this, all the participants responded that they hated war and they hated the Taliban. This was a dear indication of both their suffering and of the rapid development of trust amongst themselves and the facilitators.

An interesting issue arose with regard to the establishment of group rules. It soon became evident that the children had little experience of how rules could be empowering for them rather than destructive. When they were asked what kind of reactions, behaviour and attitudes they would not like during and after the sessions they looked confused. Initially they found it difficult to believe this empowerment. [I had to give them an example by using the issue of group confidentiality. For instance, if I cry during the session I would like this to be kept within the group and I don't like people from outside to know about this. This was also an indirect way of saying that it was okay to cry. After this example, the children spontaneously brain-stormed several issues such as confidentiality, listening to each other, speaking up, respecting feelings, no put-downs, no blaming, being polite and the right to pass. It was also discussed that we had to respect differences among us.

Before the group, the facilitators had developed a number of group processes aimed at developing trust and exploring feelings, but our planned ice-breaking artwork was not needed as the young people responded positively to the opportunity to tell their stories and to share their fears, concerns and hopes.

## **Exploration**

Given the fact that the group was very open and the sense of trust was high, I decided to move into talking about the war in Afghanistan. I was mindful of several concerns. Many of the children may not have had access to television or radio and may not have a full picture of what was going on in their country of origin. I also told them that if they did want to share their feelings and thoughts it was okay. I used the word 'we' to give them the sense of us all belonging to the Afghan community, rather than they just belonging to the alienated Hazaras minority.

I began by saying that I was upset when I heard the news about the war in Afghanistan, and the two other workers also said that they too were sad about what was happening in Afghanistan. A sixteen-year-old boy responded by saying '*hate war and am very worried about my family. do not know if they are dead or alive. am very sad and upset.*' He looked like he was very upset but

trying very hard to control his emotions. Culturally, males are expected to be tough and it is inappropriate for them to express their emotions.

Then a fourteen-year-old boy said, '*I am very sad I am very worried about my family...*' He could not complete his sentence and started to cry. He left the circle and went to the window, too embarrassed to stay in the group. I had to decide whether to leave him for a while or to encourage him back to the group. I also wondered whether I should leave the decision to the group members about how to support their friend. I now understand this to be my counter transference; we were entering the area where family members have had to make horrible decisions about whether to stay with their family or whether to leave alone.

At this moment another 13-year-old boy started crying. I went to the first boy and tapped him on his shoulder and told him it is okay to cry, and asked if he would like to join the group or whether he would like to go out for a while. The boy decided to rejoin the group. By the time he sat back down nearly everyone was in tears. This was an extremely sad and powerful moment. It was difficult for me to separate my professional role as a counsellor and my personal feelings of sadness of being a part of a traumatized community. I am also a mother of three children of similar ages to the participants. However, I managed to contain the session, control my own emotions, and remain attentive to the participants.

With the exception of a 14-year-old boy, everybody spoke about their feelings and expressed their emotions. He, however, did not want to share his feelings and said that he was strong enough not to cry. This could have reflected his feeling of responsibility for his two older sisters who were in the group. He might also have been ashamed that his sisters were among the first to break into tears. The main concern the participants raised was whether their parents were being caught between the 'war against terrorism' alliance and the Taliban regime. They said they hated the war and the Taliban and were extremely worried about whether their families were alive or dead. They had had no contact with them since they had left home. Although they did not speak directly about feelings of survivor guilt, it could be read into some of their statements. One said, '*My parents sold all of their belongings to save my life. [ am wondering who would have helped them to get out of the war zone.]*'

### **The ending phase**

To conclude the session we had brought a number of scarves and I asked each of the participants to pick a scarf and say how it related to their feelings. I started by picking a blue scarf and I said, '*I have chosen this scarf because it is blue and blue stands for peace and I like peace*'. One child picked a green scarf and said he chose it because it represented Islam. A 13-year-old boy chose a red scarf and said '*I have chosen this scarf because it is red and red represents blood and I have not seen anything else but blood during my life.*' A 16-year-old boy picked up a scarf that had a design on it that looked like a chain and said, '*I have chosen this scarf because it is like a chain and I feel have been tied with a chain during all of my life.*' An 17-year-old girl chose a flowery scarf and said, '*I have chosen this scarf because it reminds me of my mother w/w was wearing a scarf like this*'. A 14-year-old boy picked up a colourful scarf and said, '*I like this scarf because it looks like the colour of trees in my country*'.

At the end the participants were asked to hold hands with the people on either side of them and make a chain. I said that this circle indicated the strength and unity of the group and that though some chains may hold them down others can help make them strong.

Because of the intensity of the session and the level of emotion involved, I suggested that the group might like to finish the session by singing a song. They said they would, but it was not an enthusiastic reply. During an earlier exercise two brothers had said that they liked singing songs. I asked if they would like to sing a song and the rest of the group said they would like to hear them sing. It took them a while to decide but eventually the older brother started singing. They sang a most powerful song about being away from one's homeland.

At the end of the session the participants thanked me very politely, saying that they felt relieved that even in a strange country there were people who care. I was painfully aware of my own feelings of loss, sadness, anger and resentment I could sense the fresh smell of my homeland from this group who had arrived more recently. I also had feelings of guilt as I am from an ethnic group that has perpetrated human rights violations on the Hazaras. My feelings of mothering them were bounded by professional boundaries. It was an extremely emotional session, which reached an intensity that I had not experienced before in my counselling career. As soon as the participants left the room, the other two facilitators and I burst into tears. I believe this was a normal human response. I felt that I had traveled with this group on a journey of years within two hours, and felt exhausted. I felt the exhaustion on my shoulders and tiredness in my feet. What astonished me were the strengths of these children and their ability to survive. Walking side by side with them on their journey enabled me to learn so much from their strength and I was left to wonder how much I had helped

### **Subsequent sessions**

The subsequent sessions were similarly characterised by a high level of participation and emotional expression. The second session followed the children's journeys from their homes in Afghanistan through intermediate countries of asylum, boat trips and detention centres to their current destination in Sydney. The stories described treacherous journeys with people smugglers from opposing ethnic groups often linked to the Taliban. Ninety percent of group members said that at some point they had thought that they would die. The next two sessions aimed at normalizing their symptoms, helping them to understand the process of dealing with loss and grief, making new connections and creating a new identity. At the closure of both these sessions the children said that by sharing their experiences they felt that they were not alone in trauma. In addition, since this was a religious group they all asserted that Allah would help them and gained strength from this belief. Having a belief in some omnipotent being appears to be helpful when so much of their life has been full of hopefulness and despair.

The fifth session coincided with the Eid celebration, which marks the end of Ramadan. This party ends the thirty day fast that celebrates atonement and re-connection with Allah and one's fellows. This seemed a fitting end to the group. There was singing and dancing, small presents were given to each child through donations given to STARTTS, addresses and contact numbers were exchanged and free activities circulated for the holidays.

This was a new experience for them - that an ending can be happy rather than sad.

### **Concluding remarks**

Since the groups Jan Harrison has reported:

*'I have assessed the success of the intervention by several indicators. The group participants regularly checked with me when and where the next session*

would be. They clearly valued the opportunity to share and to be heard safely in what must have seemed a somewhat hostile environment given the media coverage and debate at the time. Additionally, students have self-referred to me when needing assistance with settlement and some personal issues as well as accepting referral to STAR1TS when recommended.'

Although some of these children might need medium to long-term in-depth exploratory therapy, much was achieved in a relatively short time. A trusting and safe environment was created which enabled the participants to share their experiences and normalize their symptoms. They had an experience of good authority figures and of rules that were empowering rather than destructive. The work also had a profound effect on me. Clearly I needed support for myself so that I was not 'unaccompanied' also. My co-workers, and the case discussions we had, were essential in helping me to deal with this traumatising work.

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final version of this paper.

*Nooria Mehraby graduated as a medical doctor from Kabul University 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. She 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 and since 1995 she has been a bicultural counsellor with the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors. She recently completed a Master of Counselling from the University of Western Sydney.*

## Letters

Peter Coghlan, a Victorian Clinical Member has written in response to the May 2002 Editorial and letter from Jenny Scott published in the August 2002 Edition:

The time is overdue for us as professional counsellors and for our Association to publicly express our concerns about the disregard shown by the Commonwealth Government towards the plight of refugees and the detention of asylum seekers. Nooria Mehraby's article *'Unaccompanied Child Refugees: a Group Experience'* August 2002 PIA is one of the most moving accounts of suffering and striving to survive that I have ever read. This article should be compulsory reading for our profession and more importantly for our elected political representatives. The Australian Government shows contempt for refugees fleeing their country of origin, when surely this flight would only be attempted in dire circumstances. It is seeking public support through the rhetoric of the 'Border Protection Bill and Security Against Terrorism'.

Nooria Mehraby highlights Afghanistan today: Mortality rate for children under 5 is 257 per 1,000; 7 children are killed or injured every day by landmines; 90% of girls and 60% of boys are illiterate; life expectancy for women is 42 years, the lowest in the world.

The motivation, energy and risks involved for individuals and families fleeing Afghanistan is enormous. And what awaits them? An unwelcoming, security-conscious bureaucracy who imprisons them behind locked doors and razor wire fences for sometimes years, whilst officialdom pulls out all stops to investigate their 'genuineness'.

This 'Un-Australian' approach to a world problem is happening because we allow it! A humane approach and real leadership is required now, as it was in past decades when refugees from Europe and Asia sought our help and were willingly assisted. Real leadership does not always take account of the racist and narrow-minded element in our country. Had a referendum been held in Victoria in the 1950's that asked *'Do you agree with Greek migration increasing to a point where Melbourne will house the highest Greek population outside Athens?'* the majority of voters at the time would probably have said 'NO!' However, that Government, ironically and similarly a Liberal Government, showed real leadership and initiative with their migration program and Australia became a world model for multiculturalism.

As professionals we work towards reconciliation, promote individual potential and treat our clients with the highest regard. Let us stand up and be counted on injustice to refugees! Let us do this by contacting our local Members of Parliament - use Nooria's article fax the entire article. Challenge

our friends and colleagues who have formed opinions based on misinformation and propaganda. Become political. Ask the AAMFC to represent our views in the public domain and directly to Government.

It is time to take a stand and ensure that Australia remains the Lucky Country for All, not a selfish country for a few.

**Peter Coghlan, Boronia, Victoria.**