education and employment. Frank Faulkner in his article Kindergarten Killers: Morality, Murder and the Child Soldier, agrees that priorities for programs in countries of origin should include family reunification, education, health, psychological recovery and family and community mediation.

Also helpful were strategies to discourage violence that included communication skills, non-violent conflict-resolution and teamwork skills, which promoted safe codes of conduct, self-regulation and security seeking behaviour, using positive role models. Activities that promoted the establishment of good relationships were also crucial, as former child soldiers have a fundamental loss of trust in others.

Numerous authors point at alternative means of expression to counselling. Testimonials, drama, dance, music, storytelling and art have all been successfully used. Such activities help children to express and engage with their feelings. Sports also help to aid social integration and build skills of communication and constructive conflict-management. Involvement in cultural and recreational activities can help to improve self-esteem.

Machel stresses the importance of developing knowledge and respect for young people’s cultures, and Bolen et al in their article ‘Trauma of Children of Sudan: A constructivist Exploration’ write: “Results point to the importance of placing the children’s trauma in the context of their own cultures.”

Indeed, programs need to be “holistic, community based and ‘culturally grounded’”, Wessells says. “This could involve the use of culturally relevant healing practices such as those found in Mozambique. Traditional ceremonies helped repair social ills, cleansing those that came home ‘contaminated’ from the atrocities of the war, and resolving social conflict in cases where normal social roles had been perverted. Not only were these ceremonies important for these former child soldiers as individuals, but they were also reported to be vital for rebuilding community trust and cohesion,” he says.

This highlights the importance of working with communities. Wessells states that the most appropriate programs are those that empower communities, provide multiple layers of support, avoid an exclusive focus on individual rehabilitation and use cultural resources.

Interventions outside a traditional counselling setting may be preferable as they can facilitate access to services for refugee children and ‘help reduce stigma’ and ‘reduce power disparities’, The Review of Child and Adolescent Refugee Mental Health suggests running programs in schools and community settings.

Wessells says that counselling can assist many former child soldiers in the healing process. He notes that group counselling is more congruent with many cultures than individual counselling. According to McCloskey and Southwick, some young people have benefited from behavioural therapy programs, which combine relaxation therapy with thoughts of traumatic events. Testimonial psychotherapy has also been beneficial for older youth. This approach borrows from previously tested treatments for traumatic stress, such as exposure and desensitisation, relaxation training, and cognitive restructuring. However, testimonial psychotherapy does not require child soldiers to take on the role of patient or victim. Testimonials have the dual purpose of healing through both story-telling and transcending one’s persecution by using one’s testimonial for political purposes, enabling the survivor to become an educator or advocate.

Longitudinal research with former child soldiers in Mozambique found that the strengthening of former child soldiers’ coping skills for anticipated trauma and grief was also important. However, counselling is not always viewed as culturally appropriate. In Angola and southern Mozambique, talking about the past is viewed as an invitation for the return of bad spirits.

Summary

While research has been limited, it is evident that the experiences and understandings of child soldiers are varied. Experiences impact on child soldiers’ physical, emotional, cognitive, social and spiritual well-being. Child soldiers often adopt a military identity and use violence to solve conflict and obtain a sense of power. They may have difficulty thinking of the future. Various researchers agree they display symptoms of post-traumatic stress. However, they warn against simply understanding the impact of soldiering in terms of clinical syndromes. They recognize that the psychosocial damage is long term and can affect families and communities.

Programs must be holistic. They must address the physical, emotional, cognitive, social, spiritual and economic well-being of former child soldiers. Young people must be involved in designing programs, which may include strategies to discourage violence and enable former child soldiers to develop relationships with positive role models. Expressive activities, such as drama, dance and storytelling, and recreational activities, such as sports, have been effective. Testimonial psychotherapy has also been useful. Programs must also be culturally relevant. Conducting them in schools and community venues may be more suitable for young people.

Healing the Wounds

Working with asylum seekers has been a great experience for me. I have now gained a much deeper understanding of their lives, their pain and suffering, their resilience, and the constant struggle to find a place to settle down.

Four years ago I embarked with them on what I would call “a therapeutic journey”. This journey has not ended yet as pain and suffering still haunt them.

Initially, I worked with the asylum seekers individually, and after a while in group-therapy. I found that they felt relieved from trauma and torture issues in their country of origin, which they had fled to stay alive.
During their journey they tried very hard to make the most of their lives but experienced all sorts of deprivations. Feeling vulnerable and rejected by unjust laws, some had tried to commit self-harm and had often thought of suicide. This came to be my biggest challenge: I had to think of sustainable solutions, like teaching them coping strategies and finding additional resources.

This “therapeutic journey” had two dimensions: The first one was the asylum seekers’ own experiences in understanding the process they were going through. The second had to do with my own ability to provide them with hope in uncertain times by using holistic techniques and a psychosocial approach.

Towards the end I felt the clients still needed the group sessions, however I also knew when it was time for them to continue this journey alone, so I decided to bring the group sessions to an end, allowing participants to face their own difficulties. At least they were equipped with the new learning experience and with a better understanding of the new system.

Facilitating group sessions

I had no awareness of the difficulties I would face when I first initiated the group sessions. I facilitated a group from Iraq and another from Latin America. Being a Latin American myself meant we could all speak our own language. This made everything easier. I am familiar with the Latin American culture so I was able to identify the barriers immediately.

By working within groups, my clients had the group provided a space for them to reflect in a philosophical and existential way about their own religious beliefs. By facilitating this process, I tried to enable them to maintain an emphasis on their faith and ensure they kept it always present, as it provided relief from pain and suffering and helped them explore the role of God in their lives.

One of the main factors that made me end this group was Department of Immigration Multicultural and Indigenous Affairs’ refusal to grant one of the families a protection visa. After waiting for four years, they were told the bad news, and had to face the prospect of embarking on another journey. This had an impact on the other families as it triggered the trauma of their own experiences as survivors and the fact that they could perhaps face the same fate. We were able to address these feelings as a group.

I was committed to working with the Iraqi men’s group, especially knowing the issues they faced were very unique. These men had lost their family members in the boating tragedy known as the SIEVX. I was very saddled by this event. While facilitating this group I would sometimes wake up in the middle of the night wondering about how I could possibly best use my skills to help them.

I felt their pain was so intense. They were not only trying to recover from their trauma and torture experiences, but also from the loss of their families, so they were experiencing a higher degree of grief and anger than usual. Counselling was my way of providing relief to their pain, but religion became a great source of support. We explored Islam together, and in doing so they taught me a lot about their faith, which at times they seemed to have temporarily lost sight of.

The group provided a space for them to reflect in a philosophical and existential way about their own religious beliefs. By facilitating this process, I tried to enable them to maintain an emphasis on their faith and ensure they kept it always present, as it provided relief from pain and suffering and helped them explore the role of God in their lives.

This group worked through the different stages of grief and loss. We reviewed the shock phase and the different experiences they had encountered. During the second phase, I raised awareness of loss and separation anxiety, the emotional conflicts they were experiencing and the effects their hypersensitivity had on them and others. I was able to use some professional tools such as drawings, poetry and visualization. At the end, they planted trees to symbolize their losses.

They went through a withdrawal period as a third phase came to an end. They had not completed the healing process as they were still struggling to get their protection visas, and their lives and they found that the effort they had never been suffering was never acknowledged or validated by the Australian society.

The Latin American group consisted of three families. They met for one year. In most cases all participants attended with great enthusiasm and were always looking forward to the next session.

They also had the opportunity to express their thoughts and work through their anger. I created a special space for anger management and they projected their feelings on me. This enabled me to provide the appropriate therapeutic interventions. They also expressed feelings through drawing, story-writing and other creative exercises.

In both groups, I was able to address cultural and religious issues. I do believe spirituality helps asylum seekers in most cases. The counsellor needs to build on this faith to enable them to find a meaning to so much pain.

I focused on transfereence issues. It was interesting to explore the different interactions and dynamics created by the men and women.

There were times when I played the role of a support person, a facilitator and at other times a rescuer. In other cases the transfereence was directed towards me as “the one who knows best and can provide an answer to their existential dilemmas.”

In our first session the group worked on understanding what it meant to them to be called “asylum seekers”. We explored the impact these words had on them individually and as a shared experience. In some cases, they acknowledged discrimination issues. Although this group had not arrived in Australia by boat, they were pregnant and people”. As a result, they could identify the barriers and issues that underpinned prejudice.

We revised anger management, grief and loss, and all symptoms related to post traumatic stress disorder. They produced drawings to illustrate coping strategies and the way they saw themselves, and established goals for the future.

In some sessions some childhood issues emerged connected with the fears of the present, and I was very cautious about exploring these further as I wanted to maintain safety within the group where projections were strongly interacting. They worked through their self-esteem and their potential, and their skills were validated.

Trust was also established by my work with both the asylum seekers and the lawyers on the legal issues, which were often overwhelming the asylum seekers. Sometimes lawyers and members of the Refugee Review Tribunal may be perceived as playing the role of persecutors rather than helpers. It is important for the counsellor to be present during those sessions to acknowledge and manage the huge emotional impact the telling of life stories can have on asylum seekers.

The greatest satisfaction was to see that in spite of the adversity they remained positive, creating projects for the future in a collective way and supporting each other.

When I decided to end the sessions many questions raced through my mind for which I had no specific answers: Will they be able to stay in the country? Why should they have to go through these terrible experiences? What makes them different from other people? I offered members of the group the option to continue to work individually with me until a decision from the government would be made in relation to their visa status.

We celebrated the end of this journey together, coinciding with the end of the year and the forced departure of one of the families from Australia. It was a very emotional experience for the group and for myself.

At the end I experienced a sense of loss but also a great sense of satisfaction, which came from my strong belief in the group participants, in their future recovery, and my belief in human rights.

The group thanked the association and me for our efforts. I was happy to see them for the reflections and the resilience they demonstrated throughout their healing process.