

# **Psychosocial Support for Refugee and other Vulnerable Children and Young People in Transition: Guide for Volunteers**

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World Awareness for Children in Trauma (WACIT)

## Objective and Content of this Guide

Volunteers all over the world provide wonderful help, support and interventions to refugee other vulnerable children, young people and families, often compensating for the lack of mainstream services. They come from different fields of life, with varied experience and skills, all of which add wealth to agencies on the ground. Voluntary placements or posts are usually for a fixed period, often of short duration. This means that new volunteers have to quickly assimilate a large volume of information, understand their agency and own role, and particularly grasp how this can best be tailored to refugee children's and young people's needs.

This matching is exciting but also challenging, because refugee children and young people have high levels of complex and inter-related (developmental, physical, mental health, social, educational, legal) needs. They are also a population in transition, due to their life and legal circumstances.

The objective of this guide is how to equip new volunteers in anticipating some of these key challenges in providing psychosocial support to refugee children and young people, whether they fulfil a specialist or generic support role. This is not an exhaustive list and can be read in conjunction with other free resources on refugee and other vulnerable youth groups, which can be downloaded from the World Awareness for Children in Trauma (WACIT) website ([www.wacit.org](http://www.wacit.org)). They also apply to volunteers working with **other vulnerable groups** in transition such as in care homes or street children.

The term 'refugee' is applied loosely to include children and young people at various stage of migration, and of different types of legal status (usually asylum-seeking or internally displaced). Children generally refer to a chronological (birth) age up to 11 years and young people (or adolescents) up to 18 years, although the term is used loosely in some sections of this guide to also include young adults up to their mid-20s. However, even this demographic information is often not accurate for this vulnerable group. Unaccompanied minors refer to children or young people who are not cared for by their parents or other family members.

### **Additional Resources to Understand Refugee Children's Complex Needs:**

<https://www.unicef.org.uk/child-refugees-europe/>

<https://www.youtube.com/watch?v=ctCaKH-2Wm8>

[https://www.youtube.com/watch?time\\_continue=5&v=zfOVaT6p3Xk](https://www.youtube.com/watch?time_continue=5&v=zfOVaT6p3Xk)

### **WACIT Resources on Refugee Children's Mental Health Needs**

<https://storage.googleapis.com/wzukusers/user-16349011/documents/599fc5f5036feX7XlcbL/WACIT%20Refugee%20Children.pdf>

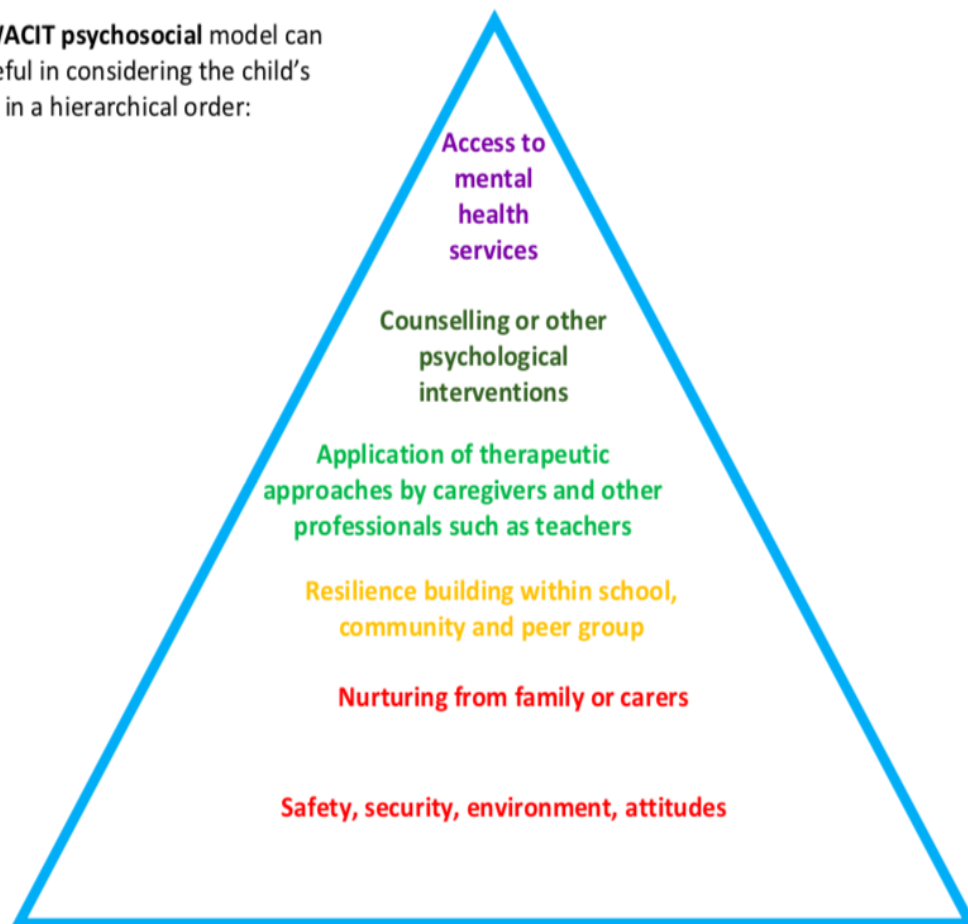
<https://storage.googleapis.com/wzukusers/user-16349011/documents/59cb719a981038K32yE3/WACIT%20Refugee%20Children%20Migration%20Stages.pdf>



## Matching Volunteers' Strengths with Refugee Children's Needs

It would be useful for volunteers to acquaint themselves with refugee children's needs as early as possible during their induction, in conjunction with their agency and own role. It would also be valuable for them to reflect and discuss with their supervisor or line manager what they bring to their role, and to ideally complement their strengths to their role and children's needs.

The **WACIT psychosocial** model can be useful in considering the child's needs in a hierarchical order:



### **Refugee Children's' Needs can be Defined and Addressed at Six Levels:**

The first level includes **meeting basic needs** (water, food, shelter and sanitation), physical as well as emotional safety, opportunities for engagement, child-centred environments and approaches. All these factors are pre-requisites in meeting their emotional needs.

The second level includes **nurturing** approaches by caregivers (parents, other family members or residential care staff), teachers, social care staff and volunteers. At this level, developing a sense of belonging and security in their relationships are crucial, considering their previous experiences.

The third level includes **building resilience** through school, community and peer relationships. Activities need to take into consideration the impact of trauma on children's emotional and social development. Improving their emotional literacy, ideally a whole-school ethos, and incorporation with community activities are important applications. Besides, teachers and community workers will need training and support in delivering such approaches and in problem recognition.

The next three levels include different levels of mental health interventions. These are usually implemented by professionals, although volunteers and paraprofessionals often operate at level of four, of adapting simple but theory-driven and evidence-based techniques under supervision. They can also play an important role in assessing and formulating children's mental health needs; setting short- and medium-term goals for their interventions; and establishing networks and caring pathways to local services.

These levels are dynamically linked and not mutually exclusive or rigid in their phased response. A common thread across all levels for volunteers consist of empathy and understanding of children's feelings, giving them confidence and love, encouraging and believing in them. These emotional 'blocks' can prove hugely important for children being able to access other kinds of help!





The reasons for facing the challenges to be discussed below can be summarized as:

### **Children**

Uncertainty  
Mistrust  
Legal status  
Pre-migration context  
Adults involved  
Language barriers  
Lack of information  
Developmental capacity  
Cultural concepts  
Attitudes and stigma  
Other supports

### **Volunteers**

Short-term (usually)  
Anxiety  
Background  
Previous experience  
Other staff and agencies  
Communication skills  
State of knowledge  
Learning / professional development  
Fear of crossing boundaries  
Own beliefs and perspectives  
Organizational supports



*It can be tough knowing that children are frightened, sad and rejected...Also, volunteers may feel powerless by the extent of their needs such as loss of loved ones, malnutrition, poor sheltering, no access to education, or discrimination.*



*But, remember, that they are still children. They can smile easily, have fun and feel hope again – you can certainly help them gain those strengths!*

## COMMON CHALLENGES AND DILEMMAS

### Promoting Resilience without Re-Traumatization

*Trauma* refers to a range of events and experiences that happen to children at different stages of their migration. These can range from witnessing war atrocities and their consequences, violence and exploitation during their journey, to discrimination and exclusion on arrival to the host country. All these experiences increase their risk of developing mental health problems, and have a cumulative (additive) effect.

Like other children who experience multiple or complex trauma, for example those who suffer abuse and neglect, refugee children usually 'carry' their memories and emotions without sharing them with others, usually because they do not feel safe enough. Adults often assume that children cope well because they do not talk about their distress or because they exhibit it visually (such as by crying), but the main reason for this is to survive while enduring ongoing exposure to trauma.

Nightmares, disproportionate fears, unusually strong startle reactions, anger, shyness, isolation, being unable to concentrate, and complaining of physical symptoms such as headaches and stomach-aches are common signs of distress following trauma exposure. Children though need to experience a number of these impairing symptoms for several months before concluding that they have developed a mental health problems (often, but not only, post-traumatic stress disorder). Making such judgement requires a skilled assessment and information from different sources. However, you can still help them to cope better with specific symptoms and concerns in their everyday life.

Children who suffer trauma may share some of these experiences when they feel relatively safe and/or in the presence of someone they like and whom they are beginning to trust. This process is often unconscious, triggered by a new event such as noises or fireworks reminding them of shooting or bombing, or a boat reminding them of crossing the Mediterranean or seeing people being drowned. This may be because they can no longer hold on to this terror inside them, which they wish to offload to that new 'nice' person, thus get help and somehow feel better. When children, or indeed adults, open up and share horrific memories, they leave themselves vulnerable to becoming conscious of their experiences, thus feeling increasingly distressed and pained.

The aim of different therapeutic approaches is to provide a skilled and safe space over a period of time for children to re-process (reframe) their traumatic narrative (story); make links between their experiences, feelings, thoughts and behaviours; thus develop more adaptive functioning (rather than forget what happened). In the absence of formal therapy by an adequately trained professional and in a safe space for as long as this process requires, opening such a flood of uncontained and not 'held' emotions can do harm rather than good.

This does not mean that there are no other ways of helping refugee children. Far from it, many psychosocial interventions are available these days, which do not need to 'go into areas of trauma'. Their goal is instead to strengthen children's coping strategies and overall resilience, so that they can cope with the above mentioned symptoms (for example, nightmares) or triggers (such as witnessing an argument or fight). These adaptive strategies can also equip children in facing new stressors during their migration and resettlement. It is inevitable that such a vulnerable group will sometimes express traumatic experiences during such activities, or spontaneously, often when least expected (during a quiet walk or in the kitchen). The skill is in remaining sensitive and mindful of such responses and interactions, and in closing them gently without either ignoring or encouraging them to continue (see below).





The next table lists what can be achieved through brief psychosocial activities and what to avoid through trauma exposure that may lead to re-traumatization rather than relief:

<b>Strengthening</b>	<b>vs</b>	<b>Re-traumatizing</b>
Resilience-building (feeling stronger)		Re-experiencing trauma (left feeling weaker)
Coping strategies (mainly problem-solving)		Unable to reprocess trauma
Managing symptoms (fears, bad dreams)		More distress, reinforcement of symptoms
Capacity to deal with future stressors		Breaking down of defences, becoming more vulnerable to future stressors
Modelling on the volunteer		Child feeling rejected when the volunteer leaves
Positive experience (encouragement, interaction)		Negative experience
Feeling safer		Feeling even more unsafe
Social / peer learning		Introspective, avoiding social contact



## Examples of Disclosure by Refugee Children

As already discussed, children can express, describe or share past experiences because of facing triggers that remind them of adverse events, or spontaneously because they may have been processing them in their mind for some time and they are feeling a little safer to do so now. On other occasions, they may be prompted by adults while caring for them or facilitating activities. Such prompting is usually well-meaning, but is either through an unconscious process or by the adult being unaware of the potential consequences. Here are some common examples, which can be useful in anticipating or quickly noticing such mechanisms:

### Unprompted (by child)

Feeling relatively safe

Liking and/or beginning to trust the volunteer

Desperate to offload (get off their chest or ventilate)

Feelings becoming unbearable (like a boiling kettle)

First ever opportunity to share

Gaining or hoping to gain relief

Because of trigger

In the course of usual activities

In the course of superficially safe conversation

### Prompted (by adult)

Sensing relative safety and wishing to help the child move to the next stage by getting rid of some trauma

Wishing to save or at least help child feel better

Belief that “getting it off their chest will be therapeutic”

Overwhelmed by the child’s distress

First ever experience of sharing a vulnerable child’s trauma

Wishing to help the child gain relief

Either unaware of trigger or initiating trigger

Directing activities to trauma-related issues

Directing conversation to trauma-related issues

## Dos and Don'ts in Preventing and Dealing with Children's Disclosure

- Remain emotionally in touch with the child.
- Observe, watch for verbal and non-verbal clues of distress.
- Reflect on own responses, thoughts and feelings.
- Share with supervisor and peers.
- Remain clear of boundaries and limitations of role and time involvement.
- Do not ignore or avoid a child's disclosure, as this maybe their first opportunity to share; this can encourage more denial and distress spiralling out of control.
- If the child feels the need to get some experiences off their chest (ventilate feelings), you can use empathic listening and reassurance, and offer comfort by 'staying' with them, without interpreting their experiences.
- For this reason, do not encourage further disclosure that is unsafe for both the child and the volunteer.
- Instead, acknowledge, feedback and bring the child back to the 'here and now', for example "This sounds really/so sad...thank you for sharing...this is really brave...although we are not able to change (bad) things that happened, we can help you have some fun and get stronger for the future".
- Never promise beyond your control such as speeding up the asylum process or that they will move to their country of choice, just because you are desperate to help the child feel better in the short-term. When this promise does not materialize, they will feel even more dejected and mistrustful.
- Do not be scared of telling them that you don't know yourself and that you share their frustration.
- Do not patronize, even young children, but especially adolescents and young adults; they will see through it, no matter how much well intended.

*Be yourself, children will sense your genuine qualities!*



## **Step-by-Step Examples of Responding to a Disclosure**

One can never be rigid or prescriptive, as each child and situation will probably vary. However, some practical examples and tips, are:

- Jamila (child, aged 8 years) drawing with Katie (volunteer), apparently looking calm.
- Suddenly, Jamila starts drawing a boat and talks about seeing people drown during their journey; she often wakes up scared and cries during the night.
- Jamila continues to draw without looking at Katie; her voice is factual and rather lacks an emotional tone.
- Katie listens and observes the child without changing her own posture or behaviour.
- Deep down Katie feels upset, but controls it without looking shocked or showing it to Jamila.
- Katie, however, acknowledges Jamila's feelings and memories when she is given the space: "thank you for sharing such difficulties memories, it is really brave of you to do so".
- Katie also acknowledges her own sadness: "I feel so sad to hear what you went through and I could not help you".
- Katie stays in silence for a while, holding both hers and Jamila's feelings, without asking further questions.
- Katie then gently moves Jamila back to her activity, without dismissing or ignoring her previous drawing and feelings, instead acknowledging why she is doing it: "it means a lot to me that you shared your sad feelings; you should not forget them and talk about them at another time; but we can still do some fun work together, to make you feel stronger for the future".
- "Would you like to keep your (boat) drawing? Or would you prefer me to keep it?"
- When Jamila looks relatively settled again, Katie gives a more prescriptive task for another drawing: "now Jamila, how about drawing....you are so good at it!"
- Katie keeps observing Jamila unobtrusively until the end of the activity.
- Katie is feeling sad but also guilty that she could not do more, but rather let Jamila walk away. She talks to her supervisor about both her own feelings and whether more help could be arranged for Jamila in a different context.

## **Providing Brief Secure Experiences without becoming Over-Attached to Refugee Children**

### **Why is Attachment Theory important?**

Humans, as indeed animals, have basic physical needs such as sheltering and nutrition in order to survive before they can maximize their growth. Besides feeling physically safe, love, warmth and belonging are also essential emotional needs for a child to lead a healthy and happy life. Adults can satisfy some of these needs themselves, but babies and children require another person. Mothers or other caregivers supply these basic emotional needs during the first years of childhood by forming a 'secure base' with them. From birth and throughout childhood, a secure relationship with the primary and other caregivers is central to children's healthy development. This allows them to explore and learn within a nurturing environment. In most situations, a child will thus develop a positive early experience of safe, trusting and nurturing relationships, which they can then generate in their social interactions with their peers and other adults throughout their life. We also now know that children can form multiple attachments with other important adults such as extended family, teachers, mentors or sports coaches.

In contrast, children who suffer multiple traumas such as abuse and neglect do not have this blue print of secure attachment. Instead they are at risk of developing maladaptive attachment styles such as avoidant (not able to interact socially), disinhibited (misinterpreting social clues and going to strangers), or disorganized (mixed and unpredictable behaviours ranging from avoidance to aggression). This is likely to apply to unaccompanied minors who have lost all important carers, and to a proportion of refugee children living with their parents, as family exposure to ongoing adversity may have disrupted this bond, at least temporarily. Features of disrupted attachment can be present well into adolescence and young adult life, indeed throughout adulthood. Children with disrupted attachment relationships are at high risk of developing mental health problems. All these patterns can be reversed, depending on future experiences these children will have with other caregivers and adults such as teachers. Nevertheless, they are not likely to trust them and feel safe for some time.

Refugee children are at high risk of having maladaptive attachment relationships. They may have lost their parents, have been cared for by multiple and rejecting adults, be on their own (unaccompanied minors), or been abused during the conflict or their migration journey. In many cases, their parents may be caring but have suffered trauma themselves, which temporarily affected their parenting capacity. Such children may crave for love, attention and approval from volunteers; be frightened thus avoid them; or become aggressive for trivial reasons.

In the context of transitional NGO settings, this can pose the following **risks** to their interactions with volunteers:

- Both child and volunteer may start attaching to each other (the child because of craving for love and the volunteer because of craving to provide that love), which can end in disappointment when either or both soon move on.
- It can reinforce the child's sense of rejection and make the next social interaction (e.g. with the next volunteer) even more mistrusting.
- It can leave the volunteer dejected and demoralized too.
- Children with disrupted attachments are often not gratifying in their emotional responses, which mirror past experiences (e.g. "I hate you!"); this can be hurtful and rejecting to a volunteer who tries their best to nurture the child.
- For this reason, volunteers may collude with some maladaptive behaviours without setting boundaries, thus make behavioural patterns difficult to break.
- Not seeing enough change, or even seeing deterioration in some behaviours, may leave a volunteer feeling that they have failed, and that they have let their agency and child down.

Despite these vulnerabilities, caring for and working with refugee children also offers great opportunities for them to obtain positive experiences, which can be gratifying too for the volunteer. Remember, this maybe the child's first, and/or only chance, so far! By coming into contact, albeit short-term, with a nurturing, empathic and interested volunteer, a refugee child begins to challenge their life script of violence and rejection. Here are some examples on how this might be achieved:

- Be open and clear on the short-term nature of your involvement from the outset, without being defensive or apologetic. Frame this within your agency role. This may be more difficult for you to accept than the child!
- Because of such short-term involvement, it is meaningless to try to become friends with them. Instead, you can share a positive time, but on the understanding that your relationship will end after a short period, without the opportunity to see the outcomes of your work. This uncertainty can be disappointing for a motivated and altruistic volunteer.
- Relate on joint interests, but remain genuine, without patronizing or trying too hard to please the child – simply enjoy your time together too and let it show!
- Structured activities can be useful for children living in chaotic circumstances and disrupted relationships, while they can still be fun and promote learning.
- Show warmth and interest without going 'deep' by asking personal questions, particularly about their past. If such issues inevitably come up, see the previous section on disclosures on how to deal with them, by closing them gently and attentively.
- Similarly, gently discourage disinhibited behaviours such as a child running to hug you or sitting on your lap when you first meet them. Instead of telling them not to do it, show them an alternative and adaptive way of relating to you.



- Do not favour or differentiate between children, but also remain aware that each child is an individual with their specific characteristics and needs. For example, some can be more sensitive while others more forthcoming when you first meet them. Ideally, you want both these children with different styles to mix and interact together.
- Therefore, remain mindful of 'quiet' children who do not cause problems or attract attention. These may need individual prompting, invitations and tasks to bring closer to the group.
- Generally avoid physical contact, which maybe threatening or culturally unusual for a child or family; but it might occasionally feel appropriate during play, e.g. to pat a child encouragingly on the head.
- Give children and parents control, by asking for their permission if activities involve physical contact.
- Do not expect quick changes, as these are longstanding patterns, so do not become disappointed if patterns have not visibly changed during your short placement – you may have sewn some really important seeds!
- Do not avoid saying 'goodbyes' just because they are difficult for you! Otherwise, the child gets used to adults 'disappearing' without notice, thus becomes even more insecure and mistrusting. Dealing with positive goodbyes is part of learning and life.
- Try to fit in the ethos of your team by providing continuity, thus 'service attachment' to children and families.

### **Additional Resource on Supporting Caregivers of Vulnerable Children**

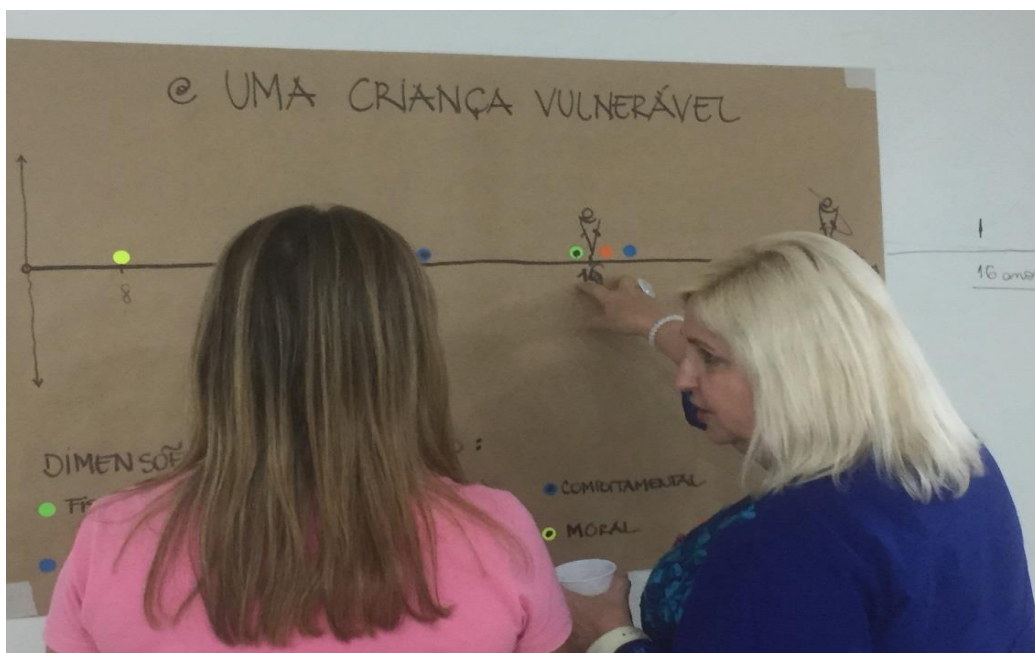
<https://storage.googleapis.com/wzukusers/user-16349011/documents/59c62608e97adEb0bTD4/WACIT%20Supporting%20Caregivers.pdf>

## Making a Judgement on a Child's Developmental Capacity

Children continuously evolve in their development. Sometimes they lag behind to what one might expect from their chronological age, and sometimes they pleasantly surprise us. For this reason, it is important to tailor activities to what they are able to do, while providing them with a challenge to move up to the next level. This can be particularly hard for children who suffer trauma and who have language barriers.

Children develop along several domains, i.e. physical growth, language and communication (expression and understanding), cognitive and learning, emotional, social, behavioural, moral (sense of right and wrong), and personal skills. There are rough milestones for each domain at each chronological age, i.e. what one would crudely expect the child to achieve. Most domains will cluster around those expected 'norms', while all children will have strengths in some and weaknesses in others. It is thus essential to identify such strengths to boost their confidence, while trying to improve in parallel their delayed functions (also see Child Development booklet on [www.wacit.org](http://www.wacit.org)).

This developmental picture is often patchy and confusing for children who suffer multiple traumas. More commonly, they are delayed in their emotional and social development, because of exposure to violence and lack of nurturing (secure attachment). Their developmental snapshot can thus remind us of a puzzle or a fragile block of bricks with many holes. The photo below shows an example of developmental milestones that are fairly widely spread out, from a WACIT workshop in Rio de Janeiro, Brazil.



The key practical implication is that carers (and volunteers) need to address children at their functional (real) and not at their chronological level. For refugee children, this may mean that some activities could be pitched at their chronological level (for example, a child of 8 years from birth), while some emotional and social activities need to consider a younger child (in this case, a child of 5-6 years or even younger such as playing with toys and simpler games). Some children will have learning difficulties, thus function at a younger cognitive and learning level, but maybe more emotionally or socially advanced. These children will require the opposite approach.

It is, of course, difficult to make an accurate judgement in a short period and without much previous experience. Overall, try to avoid making assumptions on children's abilities, but you can develop working hypotheses instead. It is useful to gather targeted information from staff, other volunteers, parents, relatives and community. You can then corroborate this information with your observations in natural situations (such as free play), structured activities and conversations with the child or young person, and adjust your tasks accordingly. Don't hesitate to ask children for their opinions and ideas, so that you can co-produce activities, games and tasks – they will love it!



## **Dealing with Aggression: Unaccompanied Minors**

There is no single cause for aggressive behaviour, as often a number of reasons are involved. However, these may require different responses. Challenging behaviours can be learned within the home and/or community, usually the peer group; or can be an expression of distress following repeated trauma exposure such as abuse, domestic violence or war conflict. Children and young people who suffer multiple trauma cannot easily regulate their emotions (emotional dysregulation), may thus misinterpret minor stressors (such as a volunteer raising their voice or walking towards them) as threatening. This may result in a disproportionately aggressive outburst.

- Where possible, observe for patterns of the young person's behaviour and gather information from staff, other volunteers and peers on possible triggers, patterns and what has worked before.
- The priority is the safety of the young person, the volunteer and others, especially younger children. Take all precautions in maintaining distance and de-escalating the incident.
- Do not discuss or try to find out the reasons behind the outburst while it happens.
- Instead, contain the incident and help the young person settle first. Using alternative positive or distracting strategies can work, but needs to be sensitive and subtle with adolescents and young adults.
- If you have further contact with the young person (without leaving it too late), and they look settled and comfortable, help them reflect on what happened, how they dealt with the anger, and how they might have managed it differently in the future. Ask for their own ideas.
- In doing so, you can talk to them calmly, without passing judgment, and encourage them to understand and express their underlying feelings. You can prompt them with words such as "I see you are sad, disappointed or angry...it is really hard to have to live with...but there are a lot of people who are happy to be with you and want to help."
- Choose your battles carefully, i.e. decide in advance, usually with a senior member of staff, which behaviours are not negotiable; for example, if there is physical risk to yourself or others, or breaching important rules of your agency. For lesser behaviours that are unlikely to change soon but do not have serious consequences (e.g. swearing, no matter how undesirable), it may not be tactically worth tackling as a priority while the young person exhibits more serious physical behaviours.

- Although it is beyond the scope of this booklet, as not within a volunteer's remit to offer anger management (which is also not as simple as sometimes perceived), some simple techniques can include encouragement for the young person to 'stop and think', use relaxation techniques such as deep breathing, mentalizing a positive response, or using simple positive cognitions. A good starting point is to understand and accept their anger expression style, before they begin to tackle it.
- If this is relevant, acknowledge the link between past trauma and the behaviour (e.g. being startled by noise, frightened, thus likely to attack); but stick to coping strategies rather than going into a trauma narrative, for the reasons discussed earlier.

### **Additional Resources**

#### **How to Help Kids Control Their Anger | Anger Management:**

<https://www.youtube.com/watch?v=ZKoT2SCbKmc>

#### **Anger Management Techniques for Children - Parenting Tips:**

<https://www.youtube.com/watch?v=8TclU9cDLWw>

#### **7 Anger Management Tips for Youth:**

<https://www.youtube.com/watch?v=YCCxLvkgIME>

#### **Additional WACIT Resource: Aggression in Trauma Context**

<https://storage.googleapis.com/wzukusers/user-16349011/documents/599fc54044db3WqzX4VX/WACIT%20Aggression%20in%20Trauma%20Context.pdf>

## **Dealing with Aggression by Younger Children Living with their Parents, and Considering Child Protection Concerns**

The same general principles as with adolescents and younger people apply in the causes, patterns, and principles behind response strategies. However, these are largely applied by working through parents or other carers, and are adapted to the child's developmental capacity, while the volunteer is usually not faced with acutely risky behaviours. In those cases:

- Empower and co-work with the mother or other caregiver, rather than demean them by providing direct advice on what to do, or telling the child off in their presence.
- Judge as much as possible the parents' nurturing and warmth, ability to set boundaries, reflection and readiness to accept help.
- Ask parents which strategies have worked before, if not why they have not worked.
- Avoid general and judgemental terms such as "be good", which the child does not understand; instead use specific descriptions and tasks such as "not hitting other children during the game, because they can be hurt".
- Model nurturing through joint activities and encourage / reinforce parents to do the same.
- Rely on long-term staff or volunteers to form a relationship with the parents, while short-term volunteers can slot in through targeted and time-limited activities.
- Consider cultural perspectives on parenting without making assumptions; you could check which practices are considered culturally with the parents, as well as with interpreters and other community members.
- Engaging fathers can also be difficult (actually in all cultures to some extent!), so special attention and energy may need to be devoted in explaining why a child is much more likely to change their behaviours if all adults respond consistently.
- Ultimately the child's rights and protection cannot be compromised in any society or context. The steps to follow will rely on the legislation of the host country.
- The procedure of establishing abuse is always complex and difficult. It is based on a combination of observations, colleagues' reports, involving the appropriate agency, and following a number of steps.
- This is emotionally difficult even for experienced social workers, therefore it is essential for volunteers to have access to supervision and support; and to share their concerns, no matter how trivial they might believe them to be.
- This can be a difficult combination, but co-working with parents on developing positive strategies and shifting attitudes is always preferable, and likely to sustain change.
- Even in such difficult situations, try to make joint activities with families, fun!



## **Planning Psychosocial Interventions**

Detailed interventions will vary according to each agency and context. These may range from assisting in children's activities, to speaking to a child's family about their behaviour, to taking an unaccompanied minor into accommodation. However, some overarching principles in involving volunteers can be universal:

- Discuss extensively at the beginning of the placement and keep revisiting throughout.
- Clarify the objectives of the intervention.
- Provide the rationale and theory for the intervention, with evidence as much as possible.
- Show curiosity, ask, challenge, and bring your own ideas!
- Do not withhold any anxieties or fears; these are normal when working with vulnerable children, even for the most experienced practitioners.
- Ask other volunteers for scenarios, examples of good practice, and previous lessons learned.
- Practice such scenarios and activities.
- Consider with your supervisor whether a particular role and/or intervention suits your style? Some volunteers may be more suited to emotion-focused interventions, others to problem-solving, and others to learning activities.
- Do you feel comfortable with your role in the intervention?
- Both children and volunteers will be introduced to new cultures. This is an opportunity to approach inquisitively and to share, for example, through music, games or food from their respective countries; these can give strong messages of tolerance to diversity, and learning from each other.
- Co-working can be a positive experience, where possible.
- Reading this booklet can take one so far! So, ongoing enquiry, learning and available supports are really important.
- Ask children, young people and parents for their opinions and ideas, but review the intervention with senior staff (i.e. if you think it is not working well), rather than keep changing it as you go along.

### Case Scenario 1 and Reflective Exercise

You can explore the following questions to understand refugee children's needs and maximize your input to them during your placement. Please:

1. Ask these questions to yourself (reflective exercise)
  2. Discuss with trainers and other volunteers
  3. Discuss day-to-day with other volunteers, staffs and supervisors
- *What do refugee children need? Priorities? What can you do for them realistically?*
  - *A child isolates himself/herself and does not join exercises/games. What should you do when you realize?*
  - *A child always wants to be with you and get a hug. What would you do in that situation?*
  - *Some children keep waiting for rewards or privileges, usually additional materials. How would you handle that situation?*
  - *What should you do when children disclose distressing feelings?*
  - *You realized that a young boy/girl bullies another. What would you do in that situation?*
  - *A child asks, "do you love me?" How should you respond?*
  - *A boy/girl who has problems in controlling their anger, asks for your help. What do you suggest to him/her in understanding and managing his/her anger?*
  - *A child wants to know when you will come back. How do you answer?*



## **Case Scenario 2**

(by Frances Timberlake, Refugee Women's Centre)

One girl aged four years ('X') arrived accompanied by her father and pregnant mother. She showed severe signs of trauma, manifested in lack of ability to engage with people around her, frequent crying at random moments, and no talking. Her parents, under great stress due to the pregnancy, were often aggressive towards her. Volunteers suspected a learning disability either underlying her behaviour or brought about by trauma.

Over the following months, volunteers made concerted efforts to include her in activities; one volunteer would lead, whilst others would be in charge of monitoring and helping children left out or left behind, such as X. We focused on praise as a source of motivation, and would ensure that she was able to learn or achieve something tangible in each activity. This was not only for her sake but also to bring back to the parents, so that they could gain visible signs of their daughter's capabilities, which had been obscured by the difficulties of the journey. We also realised that the main way to help X would be by working closely with the parents, especially the mother, to build their confidence and ability to manage stress. We tried to spend individual time talking with the mother, and worked on parent-child bonding activities, mainly focused around crafts and other creative modalities. As X's parents were able to spend more time with her in safe and non-stressful settings, and X gained confidence and practice in interacting with those around her, her ability to engage strengthened. She started talking to others, being able to share with other children, and actively participating in activities.

### **Case Scenario 3**

(by Frances Timberlake, Refugee Women's Centre )

One young girl aged six years arrived in the camp, shy at first. As she became accustomed to other young children giving and receiving hugs and physical contact from volunteers, she too began to see this as the most widely accepted form of interaction with volunteers. When volunteers arrived she, along with several other young children, would run up and hug them and not let go. This became a source of difficulty for volunteers, who needed to quickly set up activities or speak to adults about serious issues, and also meant that children who were not able to receive hugs felt excluded and became upset. We began to notice that, when entirely new volunteers arrived in the team, the children would still run up to them and hug them/hold onto them, despite not knowing who they were or what they were doing in the camp. Volunteers, as figures of authority and providers of material goods, were in positions of power. Physical contact and friendship, therefore, became uncomfortably mixed with material gain for the children.

We gradually noticed that this normalization of physical contact was leading the young girl, who was travelling without a father, to not being able to distinguish between 'safe' and 'unsafe' figures in the camp, but rather see physical contact as the only mode of interaction, and indeed of protection and attention. Many of the young men would pick her up and walk away with her, often kissing her on the cheek. As she had got used to physical contact as a means of obtaining something and bettering her circumstances, she learnt not object to this. Occasionally she was found having been led away by men who volunteers knew were dangerous or ill-intentioned.

## Concluding Remarks

Volunteering to help the most vulnerable children is a wonderful and brave opportunity to both contribute and learn. This can be a life-changing opportunity, hence it is important to put as many parameters in place to make it enjoyable for yourself and the children!

To that effect, remember to:

- Clarify the remit of your agency and your own role from the outset.
  - However, keep revisiting and adapt if appropriate, in negotiation with your seniors, during the period of the placement.
  - Work to the strengths of your personality, experience and aspirations.
  - But also reflect and remain mindful of your limitations, as children often unconsciously press sensitive buttons, for example by making you angry so that you reject them like others previously in their life.
  - Observe across different spontaneous and planned situations.
  - Share concerns and seek support.
  - Focus on your tasks, without being overwhelmed by the extent of children's unmet needs.
  - Be honest on your own uncertainty and even helplessness.
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- ❖ *Above all though, follow your heart and passion that led you here in the first instance.*
  - ❖ *Do not harness your warmth and creativity, as these will be transmitted to and felt by children and young people.*
  - ❖ *But channel enthusiasm appropriately and harness where necessary, so that the experience is positive for child and volunteer alike.*
  - ❖ *Enjoy and feel proud!*







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