

# How to support refugee children

*Protocols for the first talk with a child or groups of children*

## General

Presently, refugee children mostly arrive with their mothers or other female relatives. They either get shelter in reception centres or similar facilities or in private homes. The following recommendations should offer protocols for talks individually with the child and parents, or in a group setting. The talks can be facilitated in a reception centre, a kindergarten, a school, or by appointment by any other agency. It can be used shortly after their arrival in a host country or later when they start joining the educational system. Some may have experienced violence recently, shocking events and/or situations on their way to the host country. Some may have been traumatized and need immediate assistance.

**The first purpose** of the suggested talks is to help child/parent to adjust to the new situation, inform them about the situation in the new country, and how they can best adjust to it.

**The second purpose** is to identify those who might be more deeply traumatized and make sure that they get professional assistance as soon as it becomes clear that they need it.

**The third purpose** is to stabilize their parents as they are the main stabilizing factor for children in such a situation.

These talks can deal with the following **topics**:

- Living situation in the country of origin
- The flight history (if the parents are willing and able to talk about it)
- The current living situation
- How are they doing? How can they use their coping resources?
- Information about places where they are received now
- What are their present uncertainties? What are their hopes?
- How can they deal with the challenges?
- How can they integrate with children from the host country?
- What will help them to learn a new language?

**For parents:**

- What can they do to make their children feel safe?
- What do they themselves need in order to feel as safe as possible?

**The protocol below can be used for individuals and for groups:**

It is recommended to talk to deeply traumatized children or parents individually before they take part in a group meeting. If the facilitator of the talk does not know which children should be taken apart for individual interviews, the facilitator should not dive into too much detail during the (first) group sessions, in order to avoid children/parents speaking about situations that made them panic that might affect the other participants of the talk.

Be cautious not to go too deep into their emotions. The aim of the talk is to describe the feelings or name them so that they can distance themselves from their feelings in order for them to deal with their reactions.

*European*

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**SCHOOL PSYCHOLOGY CENTRE FOR TRAINING**

*Affiliated with the International School Psychology Association (ISPA)*

Above all it is important to actively listen to the parents in the talks in order to understand them well. Always react in an appreciative way to any of the (sensitive and personal) information you are receiving from the child/parent. It is important to give correct information about your availability in the following weeks, and do not promise what you cannot surely realize.

### **Phases in the talks**

#### *1. Give information and ask for information*

Introduce yourself, say you are sorry for what happened to the student (and their family) and welcome them.

The aim of the talk is to help them feeling better in a new and unknown situation.

Give information about the place where they live.

#### *2. Experiences and reactions*

What did the refugee experience? What made them leave their homes? How did they react to these experiences?

Stop when someone describes situations which might make listeners feel unsafe or fearful. Offer that they might talk about it afterwards individually with the facilitator.

Normalizing: Fears, anger, feeling of helplessness, confusion, shame, guilt feelings may occur and are natural under threatening circumstances. These emotions can be very strong after the event but usually gradually pass away when we are in safety.

#### *3. Activate copings*

What has happened since they started to flee?

Could they talk about the difficult situation or events and with someone? Did it help?

How have they dealt with difficult situations in the past?

What else did they do to make themselves feel better? What else could they do now?

With whom could they do something to feel a bit relieved?

Encourage: When experiencing something that you never imagined could happen to yourself, we do not believe the usual things that help us feel good will help this time. But this believe is wrong - they do help.

#### *4. Cope with the future*

What do they expect in the following days/weeks. Let them find themselves, what they expect. Make suggestions what could happen where they live, what they will do there.

Do kids expect their parents be rather concerned? What can they do?

When certain situations are mentioned which are challenging for them, work on options that they have in order to manage these situations.

#### *5. Closing / Appointments*

Summarize briefly the important results.

If they do not feel better after some days: Where can they get more support?

When will be the next meeting to see how things develop?

## **Parents/guardians of refugee children**

To help parents of children is of great importance. When children feel that their parents are anxious and feel helpless, they feel the same. Therefore helpers should offer to go through the same protocol with the parents.

Contacts should be kept continuously.

See as well:

Helping children through parents

Helping children through teachers

Helping students themselves and each other

## **Common reactions after potentially traumatizing events**

Refugee children may exhibit all kinds of reactions that result from shocking events that they have experienced and the precarious situation they are in now:

- bad sleep, nightmares, bedwetting
- hypersensitivity, irritability
- anger against perpetrators
- fear (especially fear of events repeating themselves)
- concern about family, friends
- uncontrolled, hot-tempered behaviour
- guilt (did something or could I have done something)
- sad and withdrawn behaviour
- feelings of revenge
- feelings of still being threatened
- learning difficulties, concentration inability
- aggressive and challenging behaviour
- cannot stop thinking about fearful events
- disorientation, being very confused

When the strong feelings do not fade away slowly, first aid may not be enough and they may need more continuous support by professionals.

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