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Caring for and Teaching Children of Refugee Parents

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CHAPTER 10

Caring for and Teaching Children of Refugee Families

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Case Study

Amahl and Fatuma were peasant farmers in a country undergoing a ferocious civil war. The grain they grew and animals they raised could at any moment be confiscated by the government or by the insurgents. As well, Amahl and Fatuma could be conscripted to carry supplies for the army troops.

While Amahl was in the fields one day, his village was bombed by the government in reprisal for aiding the insurgents. Fatuma was badly injured with shrapnel wounds, and lay near death on the floor of their home. Their children, Mohamed, age 3, and Saroya, age 1, crept out of hiding and curled up next to their mother's inert body.

Amahl, fleeing, had to leave Fatuma to care for the children in a refugee camp. As an individual, he received permission to settle in British Columbia. Later, he was allowed to bring his family to Canada. At this point, Mohamed was almost 6 and Saroya, who had virtually no recollection of her father by now, was 3.

In Canada, Mohamed was enrolled in the local kindergarten. His teachers soon began reporting his "behavioural problems." Sometimes he hit and bit other children and seemed unwilling to share with them. At other times, when children confronted him, he didn't defend himself and just cried.

Fatuma stayed home with Saroya, who was so withdrawn and obviously unhappy that a volunteer with a local settlement agency suggested Fatuma take Saroya with her to a drop-in centre. Saroya took little interest in the toys and books there. She said very little, often wet herself, and seemed lost in her own world.

Overview

Desperate families who are often fleeing life-threatening violence in their homelands arrive in Canada filled with hope. Prior to their unwilling migration, family members may have been persecuted, tortured, raped, imprisoned, kidnapped, or killed. The families may have spent long periods of time living underground, in refugee camps, or in transition in countries of temporary asylum. Families have often been separated and the family unit fragmented. They have survived because of their courage and hardiness.

Officially, refugees are distinguished from immigrants. Most immigrants to Canada come voluntarily at the time of their own choosing; a few can be better described as involuntary immigrants. Refugees, like involuntary immigrants, are fleeing dangerous or life-threatening situations, but they have had no time to plan their flight by applying through normal immigration channels. In this chapter, we will discuss the involuntary immigrants (de facto refugees) together with the official refugees (Convention and Designated Class). Both will be referred to simply as refugees, for they have many things in common. All flee their countries with a sense of a lack of choice in the matter in response to extreme situations, and involuntarily sever ties with their normal environments. In Canada, most immigrants settle in British Columbia, Ontario, and Quebec. (Further data on immigrants are provided in Tables 10.1–10.3.)

All newcomers have strengths and survival skills. In this chapter, however, we are concerned with learning the special problems faced by refugee families with children, and with acquiring the knowledge and skills that will make us better able to draw upon these strengths. After reading this chapter, you should be able to

- understand the strengths of refugee families as survivors, and understand them as fellow human beings;
- understand the implications of refugees' "low status" for their children and families in Canada;
- distinguish among the effects of trauma upon children in different stages of development;
- recognize traits associated with the impact of trauma upon the socio-emotional and psychological functioning of children;
- deal with the specific effects of the refugee experience upon children in your care, to help develop their social and economic potential.

Refugee Families and Early Childhood Educators

Once they arrive in Canada, refugees face the daunting task of establishing themselves and their children. You will remember from the case study some of the problems faced by Amahl, Fatuma, and their children. If you are in a major Canadian metropolitan centre, you will encounter many refugee children and families in your practice. Refugees are often willing to engage in friendly discussion with caregivers when they perceive your genuine interest in them;

you are therefore in an ideal position to be a positive force in helping these families adjust to life in Canada. By developing a relationship with refugee families, you will also learn how resilient, motivated, and resourceful people can be. Of course, you will sometimes see or hear about problems that are beyond your competence and responsibility. We will outline some of these situations and make suggestions for referral to other professionals.

Definition of the Major Issues

In the last 50 years, about 100 million people have fled their countries due to war and persecution, and Canada has officially accepted over 400 000 of these refugees (Office of the United Nations High Commissioner for Refugees, 1995). There are also many "illegal" refugees. The status of "refugee" is given by host governments based on specific political criteria. The differential labelling reflects political and economic, not humanitarian, considerations (Zolberg, 1981).

Identifying the Stages in Refugee Resettlement

Some researchers have proposed the following identifiable stages in the resettlement process most refugees go through (Berry, 1991; Sluzki, 1979; Stein, 1986). Of course, each individual and family goes through very different experiences at each stage.

1. **Pre-departure** — During this stage, families may live in constant grave danger, and children witness their parents' mounting anxiety and sense of powerlessness. They may also witness killing and violence, and be separated from parents and community members. Parents may not talk to their children about the generally dangerous situation or of their plans for flight, for fear that the children will be too upset or may give away their plans. In such cases, children may conclude that their own behaviour is causing some of the family's turmoil.
2. **Flight** — This stage is characterized by emotional trauma, separation, and abrupt losses, with insufficient time for preparation. Malnutrition, illness, and injuries are also common outcomes of the period of flight.
3. **First Asylum** — If the family is able to survive, by the time they reach first asylum (often a refugee camp), parents are so overloaded with loss, grief, and attending to physical necessities that they may not be capable of focussing on the emotional needs of their children. Sometimes, as happened in the case of Amahl and Fatuma's family, families are separated in their first asylum. Thus, families who under normal circumstances would laugh and play and spend much time interacting with their young children become focussed only on survival.
4. **Refugee Asylum Status** — Some families flee directly to Canada (or another country), escaping either the place of danger or the refugee camps. After a family has reached Canada, they live in uncertainty as to their eventual status, and in fear of deportation. Prior

to changes in the immigration process in 1989, it was not uncommon for this period of tremendous anxiety and uncertainty to last as long as eight years.

5. **Settlement and Adaptation** — Once the family is granted its official landed refugee status, they are allowed to settle permanently in Canada, itself a stressful process. Families and children face the challenges of language and culture shock. If the family already has links with Canadian people, organizations, and institutions (such as family members who migrated earlier, professional contacts, fellow church members, and their own cultural communities), adaptation will be facilitated. Children in particular, however, may be caught between old and new ways.

Examining the Data

Under the current five-year plan, Canada accepts approximately 250 000 immigrants yearly. In 1991, almost 52 000 entrants were classed as official refugees to Canada, and over 5000 were children under 9 years of age. This does not include the backlog of almost 6000 cases waiting to be settled in the courts.

WHO ARE OUR REFUGEE FAMILIES?

Based on tables of the top ten sources of government-sponsored and asylum refugees, a composite list of the fourteen top refugee-producing countries can be identified (see Table 10.1).

TABLE 10.1 TOP FOURTEEN SOURCE COUNTRIES FOR GOVERNMENT-SPONSORED AND ASYLUM REFUGEES, 1993

COUNTRY	NUMBER OF PERSONS	COUNTRY	NUMBER OF PERSONS
Sri Lanka	3 357	Peru	240
Somalia	2 292	Guatemala	626
Iran	1 031	Vietnam	1 511
Lebanon	497	Iraq	1 255
USSR	489	Former Yugoslavia	1 076
El Salvador	1 186	Pakistan	448
Sudan	387	Ethiopia	420
TOTAL			14 815

Source: Citizenship and Immigration Canada. (1994). *Facts and Figures: Overview of Immigration 1993.* Ottawa: Supply and Services Canada. Reproduced with the permission of the Minister of Supply and Services Canada, 1996.

All of these countries are known to have high levels of civil strife, military violence, and terrorism.

It is reasonable to assume that most immigrants from these refugee-producing countries are involuntary migrants (de facto refugees) fleeing war, terror, and persecution. We can estimate the number of these migrants from refugee-producing countries who come to Ontario. Table 10.2 shows the numbers for 1993; the first column shows the number of official refugees, and the second the other immigrants, most of whom we should probably consider de facto refugees. Approximately one-half of all immigrants and refugees are children. This rate and proportion are expected to continue.

Table 10.2 probably errs on the low side. For example, although not every migrant from

TABLE 10.2 IMMIGRANT LANDINGS TO ONTARIO BY COUNTRY OF LAST PERMANENT RESIDENCE AND IMMIGRANT CLASS, 1993

	Top Refugee-Producing Countries		
Country	Refugee/Designated	Family and Independent (de facto refugees)	Total
Sri Lanka	3 219	4 247	7 466
Somalia	2 111	453	2 564
Iran	1 045	1 427	2 472
Lebanon	233	1 475	1 708
USSR	244	471	715
El Salvador	834	674	1 508
Sudan	335	57	392
Peru	61	400	461
Guatemala	398	326	724
Vietnam	839	3 163	4 002
Former Yugoslavia	171	4 455	4 626
Romania	1 575	451	2 026
Pakistan	304	2 291	2 595
Ethiopia	646	434	1 080
Total	**12 015**	**20 324**	**32 339**

Source: Ministry of Citizenship, Ontario. (1994). *Ethnocultural Database.* Toronto: Publications Ontario. © 1994 Queen's Printer for Ontario. Reproduced with permission.

Somalia is a refugee, the migrants from other disrupted countries outside the top fourteen refugee-producing countries are not included in the figures.

It is very difficult to estimate the true numbers of refugee children entering other provinces of Canada, since most settle initially in Toronto, Montreal, or Vancouver and internal migration thereafter is hard to track. A very conservative estimate in Table 10.3 shows that, in 1993, many of the entrants from the main refugee-producing countries were children. Official and de facto refugees from these fifteen countries constituted 5247 children for Ontario in one year. Over 1000 of these were children under 9 years of age.

The majority of the world's refugee population is composed of women and children. It is estimated that there are currently 10 million refugee children worldwide (UNICEF, 1993). Though labelled "at risk," refugee children are also resilient, energetic, and full of dreams and aspirations.

TABLE 10.3 IMMIGRANT LANDINGS TO ONTARIO BY COUNTRY OF LAST PERMANENT RESIDENCE AND AGE (UNDER 20), 1993

COUNTRY	AGE IN YEARS AT TIME OF LANDING				
	UNDER 5	5–9	10–14	15–19	TOTAL
Sri Lanka	8	135	103	646	892
Somalia	1	201	7	303	512
Iran	1	44	82	263	390
Lebanon	8	18	45	145	216
USSR	0	4	32	45	81
El Salvador	10	54	17	198	279
Sudan	0	32	4	26	62
Peru	9	7	20	34	70
Guatemala	38	54	13	113	218
Vietnam	9	84	40	290	423
Iraq	0	125	24	162	311
Former Yugoslavia	64	99	430	428	1 021
Romania	6	23	114	116	259
Pakistan	18	39	108	241	406
Ethiopia	0	27	10	70	107
TOTAL	**172**	**946**	**1 049**	**3 080**	**5 247**

Source: Ministry of Citizenship, Ontario. (1994). *Ethnocultural Database.* Toronto: Publications Ontario. © 1994 Queen's Printer for Ontario. Reproduced with permission.

Cultural Identity

For refugees, going into exile means that they are placing their sense of identity at risk. Ideally, they will, over time, develop a bilingual and bicultural identity with native and Canadian aspects. Some will continue to consider themselves uprooted and will miss their native country as long as they live in exile.

Factors in Success in Forming New, Bicultural Identities

The refugee experience varies according to the community status and level of education attained by the refugees in their home country. Their social class background has been found to be important as well. It is necessary to point out, however, that an essential factor in predicting success in resettlement is the reception offered to refugees by the host country. If education or social class is not appreciated and doors are slammed shut, even the well-qualified refugee may end up in a menial, low-paying job.

Presence of Fellow Countryfolk and Their Cultural Choices

One of the most significant factors in the success of the resettlement process of refugees is the presence of well-organized groups of successfully settled people from the same country.

Voluntary and Involuntary Cultural Minorities

Ogbu (1987, 1991) distinguished between voluntary and involuntary minorities in examining their differential school achievement. Voluntary minorities come to a new country believing they can better themselves. Involuntary minorities are

- indigenous peoples subsequently displaced, such as Aboriginal peoples in Canada;
- conquered peoples and their descendants, such as Mexican Americans, who are originally from areas the United States took over from Spain; or those people and their descendants brought into the country in a subordinate status, the worst case being slavery, such as that of African Americans in the United States;
- people "denied true assimilation into the mainstream society" (Ogbu, 1991, p. 9).

It is clear that not all refugees are members of involuntary minority groups, according to Ogbu's classification, regardless of the dangers that they were fleeing. Many current African and Latino refugees, however, will join the minority groups in Canada that face continuing disadvantages (Brown, 1994).

Disparaged Minorities

Building on Ogbu's distinction, De Vos and Suarez-Orozco (1990) argue that involuntary minorities are also disparaged minorities because they suffer occupational and social dis-

crimination. Disparaged minorities experience stereotyping and are perceived as having undesirable characteristics and practices. Disparaged and involuntary minorities adopt a number of courses of action to resist and oppose the discrimination they encounter.

TRAUMA

Trauma — exposure to pain, death, torture, overwhelming fear, and loss — has a wide-ranging impact on refugee parents and children. Some of the psycho-emotional consequences are labelled by psychiatrists as Post-Traumatic Stress Disorder, which is discussed in a later section. Here, however, we will consider some of the effects of trauma on families and children in their everyday lives.

The Effects of Trauma on Daily Life and Expectations

As we go about our day, we have basic assumptions about our world. For example, we assume that at the end of a working day, our family home will still be there, and friends and relatives will not have been killed for no apparent reason.

Persons whose assumptions have been shattered, by contrast, show a number of typical reactions: withdrawal and depression, lack of hope and unwillingness to plan for the future, and a pervasive mistrust in interpersonal relations. It would be incorrect to label all such reactions as maladaptive.

Reactions to trauma may extend to an inability of parents to form attachments to their own children, placing family relationships at risk. Fortunately for Mohamed and Saroya in our

BOX 10.1 BECOMING A DISPARAGED MINORITY IN CANADA

Because of racial and ethnic tensions, a significant proportion of immigrants become disparaged minorities once they arrive in Canada. That is, a group new to Canada is looked down upon and assigned only the most menial positions. The last century saw help-wanted signs in shop windows that read, "No Irish need apply." Perhaps the Portuguese people are in a similar position in Canada today. We note with dismay that average personal incomes and attainments of Portuguese-Canadian families, even in the second generation, are far below those comparable for other groups (Li, 1988). At this point, you are invited to consider your own experience with the school performance of those from disparaged groups. Have you considered the social factors, in addition to the individual ones, that might help account for such poor results in the school system?

opening case study, the trauma experienced by their parents in no way lessened their attachment to their children; if anything, it strengthened it. Studies of children like Mohamed and Saroya who have been in refugee and concentration camps show that when separated from their families, they are much more in danger of psychological and emotional problems than children who stay with their families throughout the ordeal.

As we've already said, catastrophic events affect child-rearing practices. Besides damaged attachments between parents and children, there are other outcomes that need to be mentioned. Parents may be so extensively traumatized that their parenting capacity is temporarily impaired. Many refugee parents are caught up in their own emotional disorganization and cannot objectively evaluate what is happening to their children. Their own stresses may make it difficult for them to provide the safe environment needed for the children's normal development.

Children who are extensively traumatized may sense the difficult situation of their parents and may endeavour to minimize demands on them. Or children may try to pretend that they are coping well in school, for instance. They may also try to comfort and offer "parenting" to their parents. They draw on their strengths; they are growing up too quickly, we might say, for their own comfort.

Refugee children, like their parents, often experience dramatic changes in their roles. They may be expected to take on adult responsibilities at a young age and to quickly learn the everyday language and customs of Canada. The situation frequently results in "status inconsistency"; the children occupy two or more social statuses with incompatible social expectations, which leads to chronic stress (Canino, Earley, & Rogler, 1980).

BOX 10.2 THE IMPORTANCE OF THE ROLE OF THE EDUCATOR

Providing a normal environment at school can help a refugee child compensate for the temporary difficulties at home. A perceptive early childhood educator will see beyond the difficulties the child may be having to the enormous stress inside the family, and get involved in the healing process. What we have said earlier about partnerships with families is even more important in such cases, and your skills and insights will be even more valuable. It is important for children to feel strong linkages to school and their community, and if you can build the bridge of connectedness for the whole family, you will have done truly magnificent work.

The difficulties of early childhood educators in providing effective services to families and children of diverse backgrounds have been investigated in detail. Results have been reported in *Paths to Equity* (Bernhard et al., 1995). Taking the opening case study as an example, can you imagine how Mohamed's behaviour would likely be described by his caregivers and teachers and the school psychologist?

Educators can support the natural resiliency of refugee families. The case of the Vietnamese boat people, as investigated by Beiser, Cargo, & Woodbury (1994), documents their extraordinary resilience in getting established in Canada. Families, in fact, have incredible, often unrecognized human resources.

Families and their children with shattered assumptions about the world go through an extended time rebuilding a new picture of the world. It takes time to build up trust and confidence in everyday processes. In any case, the new world may never feel as safe and secure as the original.

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Refugee Children and Maltreatment*

Child abuse and neglect have been defined in various forms (e.g., physical, psychological, sexual, neglect), and there is a lack of agreement on what exactly should be deemed abuse. In North America, some investigators define abuse as "identifiable harm to a child which can be attributed to caretaker acts of commission and omission" (Korbin, 1993, p. 40). Others tend to consider any form of physical and emotional harm as abuse.

Culture and Treatment of Children

Definitional issues of abuse are complicated. First of all, the meaning of parental behaviour has to be interpreted in its cultural context: "Child outcomes may have different meanings. It does not make sense to equate bruises inflicted by an angry parent with a child who is bruised through the Vietnamese curing practice of *cao gio* (coin rubbing)" (Korbin, 1993, p. 40). Although Canadian laws may not be disregarded, the cultural context of parents' actions must be considered.

Second, refugee children may have been abused or mistreated by various people, including military personnel and others supposedly offering assistance or shelter. Statistically, we don't know if refugee children have a higher prevalence of maltreatment than children who are not refugees. There are, however, certain factors that make refugee children especially liable to be treated poorly. These children may suffer from the parent's unemployment, and the increased chance of family violence that seems to occur in situations of familial stress. Research indicates that children are particularly vulnerable to maltreatment when community social support networks are absent. Your work in integrating their families into such networks is critical.

The Impact of Trauma According to Developmental Level

Refugee children's situations are easy to misdiagnose. It is important for you as a teacher to recognize the signs of special needs, and to know that certain behaviours are normal reactions to extreme traumatic situations. Some problems that look ordinary are just that. In other cases, ordinary-looking difficulties, such as a difficulty in concentrating and an increase in motor activity, may be linked with trauma, losses, or environmental stress.

*This section is based mainly on the work of Korbin (1993).

TRAUMA AND YOUNG CHILDREN

Young children demonstrate stress by symptoms associated with body functions: sleep and eating disorders, colic, diarrhea, temper tantrums, nightmares. Children recovering from traumatic situations will frequently revert to earlier developmental levels. For example, they may start wetting or soiling again. They may become aggressive or manipulative with peers. Many refugee children go through stages in which they are passive and withdrawn. There is a tendency for them to become anxious when separated from their parents. We need to be very careful not to label these essentially normal children as "clinging," "immature," "hyperactive," or "dysfunctional," or to misinterpret the meaning of their behaviour (see Bernhard & Freire, 1994).

Infants and Toddlers

The refugee experience often interferes with critically important early attachment relationships, as happened to Saroya in our opening case study. Lack of a healthy attachment with a significant caregiver can have lifelong implications for the child.

Specific reactions to trauma among very young children include disruption of sleep and toileting, loss of recently acquired skills, great anxiety when separated from primary caregivers, unusual crying and neediness, and general withdrawal, including sudden "freezing" or startling reactions. Memory of trauma may remain even in very young children, and may be verbalized later on by some children.

Preschoolers

Children between 2½ and 6 years of age will often repeatedly relive traumatic events either verbally or through their play. They often show mood and behavioural changes. They may exhibit anxiety, fearfulness, and mistrust of others. Reactions to trauma in this age group also include sleep disturbances, such as nightmares, sleepwalking, and fear of falling asleep and being alone. The most common complaints are of physical aches and pains without apparent medical cause. These children may regress to the behaviours of younger children, and become extremely anxious when separated from primary caregivers. They may also appear tired, low in energy, and withdrawn.

Even young preschool children will have some memories of a traumatic event. Older preschoolers often have lasting, accurate memories of such events.

School-Aged Children

Children between the ages of 6 and 11 are more likely to express clearly their post-traumatic fears. They may engage in repeated retelling and re-enactment of the traumatic events. On the other hand, the same children may deny their fears and engage in uncharacteristically risky behaviours. Intrusions of unwanted memories are frequent.

School-age refugee children also exhibit behaviour and mood changes, and may often regress to earlier stages of behaviour. They may be withdrawn or violent. Sleep disturbances include nightmares, sleeplessness, difficulty falling asleep, and frequent waking in the night. They often have difficulties learning in school. Frequently, there are physical complaints, such as bodily

aches and pains, that have no apparent medical cause. School-age children are likely to have very specific, though sometimes distorted, memories of the traumatic events. These memories are often distorted by feelings of fear or guilt. Also, the timing or duration of events may be distorted.

The capacity of traumatized children of all ages to evaluate or account for reality is also at risk. Because of the above factors, their personality development may be affected.

Socio-emotional and Psychological Functioning

Refugee families have many strengths. They have survived great tragedies, were able to mobilize their resources to leave their country of origin, and are usually functioning adequately to re-establish themselves in a new country. Nonetheless, they do have many problems and difficulties that are not hard for us to understand when we learn about the violent experiences that led to their seeking refuge.

UNDERSTANDING VARIOUS SIGNS OF STRESS

Our purpose in this section is not to discuss the signs of stress in medical terms, but rather to acquaint you with the types of terms you will encounter as you seek help for refugee children and their families.

BOX 10.3 UNDERSTANDING THE SITUATION OF REFUGEE FAMILIES

We cannot speak of working effectively with children unless we address the needs and issues that are so vital to their families. A review of 52 families who had been subjected to violent events in their countries of origin and subsequently used the services of psychiatrist Marlinda Freire indicates the severe needs of many refugee families. Before exile, these particular families had not suffered family violence and had not received psychiatric services. Once in Canada, almost a quarter of the parents suffered psychiatric admissions, many made attempts at suicide, and there were three homicidal attacks by family members. In another study, Dr. Freire found that most of 33 women subjected to torture had been separated from their children and received threats that their children would be harmed. One mother reported feeling a lack of attachment and bonding with her 9-year-old child who had been born in prison. Three women had become pregnant as a result of sexual torture. Can you imagine the challenges these mothers would have faced in bonding with their children?

Post-Traumatic Stress Disorder

This is a psychiatric label that is often applied to people in distress following trauma that is beyond the realm of normal experience. It is usually more helpful to have a broader conception of stress-related conditions. We believe it is not generally helpful for educators to medicalize emotional reactions of refugees by using this psychiatric label. Rather, an individual child's or parent's behaviours and emotions need to be considered as part of a range of possible normal reactions to extreme situations.

Depression

The term "depression" can be used in a psychiatric sense as a diagnosis or as a symptom, like sadness or withdrawal. Signs of depression vary greatly among individuals and cultures. For example, depression may be manifested through physical complaints like headaches and backaches. In our example, it may be seen in the lack of interest Saroya took in the dolls and toys in the drop-in centre in our opening case study. Even very young children can become depressed.

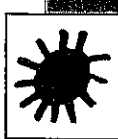
Agitation

Agitation is another symptom of stress that refugee children often present. It is often mistaken for hyperactivity and, in extreme cases, for psychosis.

Educational Performance

Many refugee children show high school performance after their initial adjustment. Others may exhibit continuing problems. For example, labels such as "immature," "reading disabled," and "developmentally delayed" are commonly used by educators. While these labels may have some usefulness in terms of mobilizing resources for the children, they tend to mask the real problems that can be properly understood only in context.

BOX 10.4 THE DANGER OF MEDICALIZING BEHAVIOUR



A school principal consulted the school board psychiatrist concerning the possible "psychotic and animal-like behaviour" of an 11-year-old child. Teachers were concerned that the child could not sit still, wiped his nose on his sleeve, and urinated in the schoolyard. It turned out that the child had been a shepherd in an isolated area of Greece and had never before attended school. Rather than psychotic, the behaviour was entirely normal for this child if it was considered in the context of his prior life. A few months later, without any intervention, the child was reported to be doing very well. Do you know of any such cases from your own experience?

Working with Refugee Families

We should discover the ways to help parents feel comfortable in telling us about their desires and concerns. On the other hand, we should not assume that parents understand our goals for their children. So we also need to find ways of explaining some of our practices to them. For example, parents may want very young children to engage in an academic curriculum, and may not believe in the value of play or a child-centred program. We must not simply impose our views on them.

COMMUNICATING WITH REFUGEE PARENTS

Attaining meaningful communication with parents is a challenge, since many refugees speak neither of Canada's official languages. Furthermore, in our experience, we have found that many caregivers misjudge the parents' level of fluency in English, as parents try to conceal their lack of English skills.

In one case, the teacher told us a mother was not responsive when told of how her child had bitten another child. When we spoke to the mother, it turned out that she did not under-

BOX 10.5 PROBLEMS WITH WRITTEN COMMUNICATION TO PARENTS

Mary Blakely (1983) conducted a survey of Southeast Asian refugee parents and found that they made extensive efforts to find someone (usually a neighbour or child) to translate the memos sent home by the school. Nonetheless, they did not respond to the correspondence, since they believed they were being informed of decisions already made that required no further action. The school personnel became annoyed that parents were apparently not taking responsibility to keep themselves informed about important things like bus schedules, immunization practices, and winter weather conditions. When some parents did not keep parent–teacher conference appointments, this was used to support teachers' beliefs that "these people just don't care about their children's school progress." Yet parents assumed that if they needed to know something about the school, someone would tell them. They felt that they needed to go to the school only if there was a problem with their child.

The situation improved somewhat when the letters sent home were translated into parents' native languages, and oral communication of important events was ensured. We cannot assume that parents understand how the Canadian educational system works or that parental participation is always seen as a welcome sign of interest in their children.

Have you ever concluded that certain parents were not interested in their child's progress? What alternative conclusions might you have come to?

stand much of what was said to her in English. The first thing one should determine, then, is the parents' level of proficiency in English and not simply assume that they understand what we are saying.

When parents and teachers do not share the same language, the use of skilled and sensitive interpreters is necessary. It is important to use interpreters who can convey meaning within the cultural context as opposed to translators who simply translate utterances word for word. When the interpreters are children, they can suffer severe anxiety when faced with multiple, often conflicting role expectations. Children are often called upon to translate a variety of confidential information (e.g., medical and financial information they would normally not see or hear); to screen phone calls, letters, and visitors; and to talk to landlords and school officials. Special care must be taken not to revictimize the child by using practices that result in stress and role confusion.

Another difficulty in establishing meaningful communication with refugee parents is the fact that they often move frequently, usually for financial reasons. Many refugee families travel long distances to reach the child care centre and are still changing homes often in the initial settlement period. The child care centre therefore can act as a grounding for the families.

Refugee parents are often worried that the school or child care centre is in a position to affect their refugee status. They may think that what they say to teachers will help determine whether or not they are deported. Similarly, they may believe that if their children misbehave at school, this will affect the determination of refugee status or effect their eventual deportation (Yau, 1994). You need to know that these may be part of parental fears so you can clarify the situation.

THE CONTENT OF COMMUNICATION

Great tact is required to inquire about a family's background. You must try to obtain this critical information without intruding on a family's privacy. When you talk to parents, emphasize that the information you seek is necessary if you are to help their child adjust to the new circumstances. By visiting families in their homes, you can gain an appreciation of the emotional atmosphere of the home, the affective interactions, the values of the home, and effective child-rearing practices of which you may not have been aware.

DISCONTINUITIES AND STRESS

By finding out information, we can find areas of discontinuity between the home and the child care centre or school. For example, we may assign great value to independence and leadership, while the parents are concerned about obedience, manners, and academic skills. When homes and educational settings operate under different cultural assumptions, children are likely to face conflict and to be inaccurately labelled by educators as "immature," "below average," "disruptive," or "dependent." In fact, a discontinuity does not mean something is wrong with the family.

As educators, we are in an ideal position to serve as advocates for the family. For instance, we can help with translation, answer questions, provide links with the community, and have available lists of services for newcomers as well as more specific places for referral. An important list of services will be of those available in the families' own languages.

Strategies for Working with Refugee Children

Generally, be empathetic in your interactions with refugee children, and try to engage them in friendly conversations (see Coles, 1986). It will take time to develop an extensive foundation based on contact and trust. Whenever possible, use the child's first language. Your interactions with such children may be very rewarding; at the same time, let's consider some specific problems you may encounter.

Most children exhibit anxiety and fearfulness following a traumatic experience. You can help by acknowledging a child's feelings and offering support. For example, you may say, "I understand you are frightened of _____ right now. Let's figure out how we can make this less scary for you."

Try to maintain consistency and predictability in the daily schedule, and avoid introducing changes that are stressful. Children should not be told to be "brave," "tough," or "manly," since this will only make them more anxious. Rather, try to make the environment safe, and provide reassurance that children will not have to face their fears alone.

All young children experience some anxiety upon separation from their parents or caregivers, which is a normal developmental response. Traumatized children of all ages experience even more fear of separation; some children cry when the parent is even momentarily out of sight. Children may be so upset at being separated from their parents that they may gag, vomit, scream, become stiff, or tremble uncontrollably.

Our suggestion is to request that the parent stay at the centre or school for as long as the child wishes. At Ontario Welcome House (Dotsch, 1992) the following sequence of events is followed. Parents are requested to attend the centre with the child for a one-week period. Children can join in group activities while the parent is present. As the child becomes confident, some eye contact with the caregiver is established, and the child is able to play and accept some friendly gestures from him or her. Gradually, the amount of time the parent spends in the room is reduced until the child is able to stay alone. Toward the end of the week, the parent begins to leave the room for short periods of time. These brief absences are always with the child's consent and awareness, initially for ten minutes at a time. Children are told when they can expect the parent back.

Following trauma, it is normal for children to experience toileting disorders. Nonetheless, prolonged wetting or continued deliberate urination in odd places may be a sign that the child is overwhelmed by intense feelings. Try to comfort the child; do not punish him or her, and do not get angry. Reassure the child that wetting happens to many children.

It is our impression that instances of aggression in refugee children are not very common, but when they do occur, they are significant enough that they cannot be ignored. Your approach should be based on guidance and encouragement rather than on punishment. Disciplinary approaches should directly indicate to the child how to improve behaviour and what is expected in school. Punitive approaches simply inflict embarrassment or pain on the child, and generally their consequence and effectiveness have been questioned by most modern child

educators. You should talk with parents and assume that they, like yourself, wish to have peace in their homes and to have their children behave well with their peers. Find out from the parents how they deal with their children's aggressive behaviour at home.

In general, withdrawing attention or rewards from the child helps to curb aggression. The child usually wants to be receiving your praise and attention, and even temporary withdrawal of these can bring about a change of behaviour. It is best, of course, to reward alternative, peaceful forms of behaviour. If you praise a child for verbalizing disagreement with another child instead of hitting, you help the child to learn peaceful conflict resolution. Keep in mind, however, that what constitutes a reward is culturally determined — individual praise before a large group may be embarrassing to some children.

Provide children with clear and consistent guidelines, logical consequences to their actions, and choices that enable them to "save face" or manage their own behaviour safely and with dignity. As a last resort, the "time-out" method needs special consideration in relation to refugee children. With this method, the child may be sent just outside the main area of activity where the educator can keep an eye on him or her until calmness returns. If the method is ever used with refugee children, you will need to monitor each child's reaction carefully and consider past traumatic events and cultural factors to prevent the recurrence of trauma. It is important that the child receive the message that the *behaviour* is inappropriate, but the child is still respected and cared about.

Summary

The enormous variety in the histories of refugee families, coupled with the depth and range of traumas they have endured, should make us careful in assessing their strengths as well as their special needs. We should examine our own biases and stereotypes about refugees, and learn something about migration patterns to Canada.

We should not only recognize refugees' experiences as a devalued people, but also recognize their hardiness as survivors. By linking families with local communities, we encourage the strengths of their children, who have survived suffering that is beyond ordinary comprehension.

DISCUSSION QUESTIONS

1. Many refugee families have such serious problems that early childhood educators should leave them alone. Unless there are disruptions in the room or on the playground, refugee issues should be left to social service and psychiatric personnel. Do you agree or disagree with this viewpoint? Give your reasons.
2. Refugees are often afraid of authorities and have a strong desire for privacy. Therefore, an educator's best course is to ask as few questions as possible of the child or parents. Probing is always unwise. Do you agree or disagree with this viewpoint? Give your reasons.

❸ The authors of this chapter propose that it is useful to consider some refugees as "disparaged minorities" subject to barriers within the Canadian social system. A contrasting position is that the economic problems of refugees are due simply to the lack of education and opportunity in their native country. In this second view, given hard work, refugees should be expected to catch up with the mainstream in one or two generations. What do you think?

ACTIVITIES

❶ Divide into small groups and discuss how to handle one of the following situations when they arise in a newcomer child:
   a) The child misses many days of school for unknown reasons.
   b) The child misses many days of school due to vague physical complaints.
   c) The child clings to the parents and does not want to be left at the centre or school.
   d) The child hits others if they ask to play with her or his toys.

❷ As a group, develop a protocol for a detailed step-by-step plan for a home visit to a refugee family. The subject of the visit is the child's social withdrawal at school. What would you look for? What would you ask the parent?

❸ As a group, make a list of some assumptions you have about the everyday world. Discuss instances or cases that have made you question these assumptions (e.g., being assaulted, having your house burn down). Discuss if and how you or people you know rebuilt these assumptions.

❹ What kinds of things can happen to you that set you apart or cause you to set yourself apart from others (e.g., abuse survivor, not being able to speak the everyday language of the people around you, being the only person of a different race)? Discuss how the "mainstream" and the labelled (stigmatized) people maintain the discomfort, and what both sides can do to reduce the suspicions and ill feelings.

FURTHER READING

Bernhard, J.K., M.L. Lefebvre, G. Chud, and R. Lange. (1995). *Paths to Equity.* Toronto: York Lanes Press.

A unique study based on a national survey of 77 randomly selected child care centres, 78 schools of early childhood education, and 14 family focus groups. Although the focus is on cultural, racial, and linguistic diversity, it is safe to say that a good many of the children and families discussed were in fact refugees.

Kaprielian-Churchill, I., and S. Churchill. (1994). *The Pulse of the World: Refugees in Our Schools.* Toronto: OISE Press.

A good resource for teachers working with refugee children. A description of the author's experience in a refugee camp gives a good sense of the living conditions and educational implications.

Macksoud, M. (1993). *Helping Children Cope with the Stresses of War.* New York: United Nations Children's Fund.

A very useful, easy-to-read manual with specific advice on a number of problems found in children who are involved in war.

Monahon, C. (1993) *Children and Trauma: A Parent's Guide to Helping Children Heal.* New York: Lexington Books.

A very well worked out discussion of how trauma affects children and families and how they can heal themselves. Although this book is designed for parents and focuses on everyday trauma, the strategies offered are useful for parents and caregivers of refugee children.

Richman, N. (1991). *Helping Children in Difficult Circumstances.* Save the Children Development, Manual #1.

This manual was written to help those working with children who have experienced violence to recognize and understand the effects of war and social conflict on children's feelings and development. This is a step-by-step guide on how to support children who have been affected by violence, with a special emphasis on the role of teachers.

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