

# THE IMPORTANCE OF COUNSELLING SUPPORT FOR REFUGEE CHILDREN

## ABSTRACT

***Children represent the most vulnerable population affected by war: confronted with the adverse effects of war and refugee experience, they manifest an exceptional need for counselling support. The professionals providing counselling services carefully consider the entire cultural context and pursue an individualised approach in treatment for each child. The personal traits and competences of professionals who work with children bear particular importance in the light of the complexity of the counselling process, as well as the extremity of the refugee experience. The counselling treatment significantly contributes to the future prospects of the child in the face of the challenges of life in exile that limit the opportunities for the children's future, and equally impair the activities of daily living and healthy development of children in the present. The need for professional service has been continuously increasing in recent years as observed by the leading global stakeholders who now include a growing number of psychosocial interventions in all of their activities. As a treatment method, the co-***

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***unselling of refugee children and their families represents the initial step in the process of the overall social integration of children, as well as in their empowerment for life in a new environment.***

## **INTRODUCTION**

According to the UNHCR report, in mid-2015, the total number of refugees worldwide broke the threshold of 20 million people for the first time since 1992. In 2015, 14 million children were affected by the adversities and the trauma of war in Syria and Iraq. The forced migrations compelled the children to live in refugee camps, where they were deprived of many rights and services (UNICEF, 2015a). As many as 34,300 applications for asylum were lodged on behalf of children unaccompanied by parents or guardians, the highest number in the history of the UNHCR records (UNHCR, 2014). The total number of Syrian refugees in Turkey, Lebanon, Jordan, Iraq and Egypt was estimated to reach 4,270,000 by the end of 2015 (UNDP & UNHCR, 2014). In 2016, Amnesty International confirmed the accuracy of the UNDP and the UNHCR estimates on the number of refugees at the end of 2015. Namely, in 2016, Amnesty International reported that as many as 4.5 million refugees were located in these five countries (Amnesty International, 2016).

The Convention Relating to the Status of Refugees, adopted in Geneva in 1951, represents the first charter for the protection and the promotion of the rights of refugees. The Convention defined a refugee, including a refugee child, as »any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it« (UNHCR, 1951:5). Furthermore, the National Child Traumatic Stress Network (2005) formulated the following definition: the refugee child designates a child who has experienced a traumatic event, most often war or political violence, and who, as a result of displacement from his or her country of origin, faces the challenges of acculturation and adjustment to a new culture and country.

With the view of protecting children, as the most vulnerable social group, from war and violence, the Convention on the Rights of the Child (1989) guarantees the equality of rights of refugee children and the children who are not refugees. According to the Convention, the best interest of the child should constitute the primary criterion for determining all actions in regard to children, whether they

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are undertaken by public or private social welfare institutions, courts, government administration or legislative entities. The determination of the best interest of the child demands a holistic approach and assessment, involving the consideration of the identity of the child, his or her nationality, ethnic, cultural or language background, as well as all other circumstances that generated the need for protection (Radina, 2008).

Almost 1.7 million of Syrian refugees registered in Jordan and Lebanon, mostly women and children, live on the margins of society due to poverty. Most of them are unable to satisfy the basic needs for food, clothing and medicine (UNHCR, 2015b; UNHCR, 2015c). Poverty equally affects the refugee population in Western European countries such as the United Kingdom (Refugee Council, 2012) and Belgium (Mussche, Corluy & Marx, 2014). Even though they are fleeing the war and seeking safety, displaced persons often face poverty and discrimination, leading to living conditions which cannot be considered favourable to a healthy existence (WHO, 2015).

Given the estimated 300,000 children at risk, defined as having hindered access to the basic necessities of life, in 2016, UNICEF secured humanitarian aid to countries on the refugee route to Europe, including Greece, Turkey, Croatia, Serbia, Slovenia and Macedonia. In particular, a total of 30,822,000 million USD was allocated for this purpose (UNICEF, 2016a). Acknowledging the hardships and the challenges of refugee families, the European Social Fund decided to allocate at least 20% of its total budget of 86.4 billion EUR to the activities of social inclusion through its different support programmes. Thus, a total of 21 billion EUR was primarily directed at support for vulnerable groups, such as refugee children, for the purpose of reducing poverty and social exclusion. Furthermore, the 3<sup>rd</sup> Health Programme equally allocated funds to health care projects which proposed services to refugees (European Commission, 2015).

One of the priority areas of the European Social Fund aims to support the integration of refugees with a view to facilitating their social inclusion and integration into the labour market. The aim of social integration is to be achieved through support to counselling services to refugee children and their families, educational and professional development training, and equally through enhanced access to health care and social services, in addition to campaigns which combat discrimination against refugees (European Commission, 2015). For example, in Greece, one of the programmes financed through the European Social Fund offers refugee students and their families free courses of Greek language, culture and civilisation in schools across the country. Then, a noteworthy programme in Germany supports refugees in obtaining professional qualifications through language courses, training and private lessons as a means for increasing their competitiveness and labour

market integration (European Commission, 2016). In Croatia, the integration of asylum seekers and persons granted refugee status is promoted by the Centre for Peace Studies (Burlović et al., 2014) and the Croatian Red Cross, which launched its project of social integration through professional training in 2015 with the aim of strengthening the prospects of refugees on the labour market and facilitating their social integration. The project was financed by the Ministry of Social Policy (Croatian Red Cross, 2015).

## **IDENTIFICATION OF POSSIBLE RISKS FOR SOCIAL EXCLUSION OF REFUGEE CHILDREN**

Children are often the first prey of physical, social and emotional abuse, and are also frequently denied adequate health care services (Miller & Affolter, 2002). Refugee children need to master a new language so they may adjust to their new environment more easily and more successfully. The lack of English language proficiency, as well as the lack of competence in the host country language, pose significant challenges to the social and economic integration of refugees and equally increase the risk of school dropout for children. Various programmes of psychosocial assistance and empowerment are in place as a means of support and encouragement to refugee children in the process of second language acquisition (Pine et al., 2005), including intensive courses on their host country language. Next, the access to education constitutes a highly pressing issue. Around 60% of children in refugee camps attend school, as well as a mere 14% of refugee children outside camps. In Turkey alone, 400,000 Syrian refugees are denied access to education. A large number of children are excluded from the educational system as school dropouts. For girls, school dropout is often due to early marriage, whereas for boys, to different forms of labour activity as a means of financial contribution to the family (UNHCR, 2014). According to UNICEF (2016b), 70% of the total million displaced children spent the school year outside the educational system. Children and adolescents from the Middle East cope with traumatic events and conflicts more successfully when they are allowed to maintain structured daily routines and the opportunity to focus on education (Dimitry, 2011). The children who are excluded from the formal education system tend to have a higher sense of marginalisation and despair which makes them more exposed to radical movements and other sources of danger (Sirin & Rogers-Sirin, 2015). Namely, the children and adolescents who are left to themselves to face the refugee situation, isolated and marginalised, equally represent the children, and later adults, who are denied the opportunity for social integration. According to the UNICEF report, around two million

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Iraqi children are denied access to education which then threatens to expose the entire generation of children to school dropout. Regular school attendance can keep children protected from danger, and equally install a sense of normality and hope for the future in face of violence, instability and crisis (UNICEF, 2016a). It is critical to ensure children access to education in their host countries as it is presumed that the available educational opportunities would decrease the chances of early marriage and military recruitment, and equally contribute to greater stability of their future economic prospects (Human Right Watch, 2015).

Moreover, the children lose their former parental support, as their parents also become overwhelmed by the experience of war and thus unable to respond to their children's needs. The situation is further aggravated when the children get exposed to additional threats in the form of recurring violence or loss of close persons. Such circumstances present considerable challenges of long-term exposure to outstanding stress, as well as a serious traumatic experience for children (Ajduković, 1993). When they become refugees, the children and their families also become at risk of poverty. Namely, as they leave their residence, their parents also lose their occupation, their source of income and sustenance of their family, and equally when they abandon their homes, they lose the safe haven and the appropriate environment for bringing up their children. Furthermore, it is established that poverty and deprivation directly affect the wellbeing of children in the form of financial destitution, and indirectly, through the stress of their parents, family disagreements and the adaptation to new circumstances. Poverty is linked to poor health and impairment in the cognitive development of children, in particular when it is present from an early age and lasts for an extended period of time (UNDP, 2006). In addition to poor language competence and lack of financial resources, a decreased confidence in the local health care system is equally present (Smith, 2003). These circumstances may lead to the reduced attention to personal health, and equally to poorer general health conditions, which reflects in greater proneness to illness and delayed diagnoses of medical conditions.

The children and their families who are forced to abandon their homes equally lose their housing, which allowed them to tend to their daily needs, and the sense of security, represented by the lost symbol of home – safe haven for the child and the family. Life in inadequate housing conditions in exile may equally conduce to the social exclusion of children, as the overcrowded space often becomes occupied by family members and relatives who share the same hardships and the resulting inability to respond to the needs of children (UNHCR, 2013). The United Nations Development Programme defines social exclusion as »a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, lack of basic competencies and

lifelong learning opportunities, or as a result of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities« (UNDP, 2006:17). For this reason, in 2013 the UN agencies and their partner institutions decided to involve 250,000 children in Jordan and Lebanon in different activities of psychosocial support directed at the prevention of social exclusion (UNHCR, 2013). The refugees living in developed countries like the United Kingdom equally face challenges such as social exclusion, poverty, poor housing conditions and inadequate access to health care and social welfare services, limited support services for interaction in the new language environment, social isolation and insufficiently developed social networks (Spicer, 2008).

## **IMPLEMENTATION OF COUNSELLING INTERVENTION WITH REFUGEE CHILDREN**

While refugee children generally tend to be more susceptible to trauma, the long-standing consequences of traumatic events depend on the child, the family and the environment (Montgomery, 1998). The aforementioned risks of social exclusion, combined with distressful experiences, demand professional support and the ongoing treatment of children (Brough et al., 2003; Arambašić, 2008). In the eighties and the nineties, the treatment of children who have experienced war encouraged the implementation of counselling therapy in view of the increased occurrence of the post-traumatic stress disorder diagnoses (Dupuy and Peters, 2010). Distressing memories of children demand professional support which helps them release and process the underlying traumatic event. The essential prerequisites for the achievement of this goal consist in prompt reintegration into the school environment and the treatment of traumatic experience. The effects of war can produce long-standing impact on children's development, even at the adult age, including lower educational attainment, medical conditions, poverty, depression and other disorders (Miller & Affolter, 2002; Dupoy & Peters, 2010).

Psychosocial support is commonly practiced in the treatment of vulnerable groups, whether it aims at alleviating the consequences of trauma, facilitating social adjustment to new circumstances, structuring expectations or accepting the reality of the situation, rebuilding self-confidence or facilitating more successful management of the upcoming circumstances (Lalić, 2014). After 1980, upon the decision of the UNHCR, psychosocial interventions, along with clinical interventions, became the integral part of the treatment procedure for traumatised individuals (UNHCR, 2013). Today, standard professional support services involve organised and professional activities of psychosocial support, encompassing children's

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counselling, family counselling, psychosocial support for teachers, support for professionals working with refugees, and finally, recreational activities for children and adolescents (UNHCR, 2014). In 2015, UNICEF reported that 479,000 people received psychosocial support services in the Middle East, with a further 5.6 million of underage Syrians in need of support (UNICEF, 2015b). 2.8 billion USD of UNICEF aid was granted to 43 million children in humanitarian crises across the globe. The funds were allocated to social inclusion programmes, which involved the organisation of psychosocial interventions and the satisfaction of basic needs for food and drinking water. One fourth of the total investment was allocated to the education of children (UNICEF, 2016b).

### **General aspects of the counselling practice**

The formal support services for refugee children involve different activities such as assistance with educational activities and language acquisition, play activities, sports activities, workshops on the host country culture, as well as intensive psychosocial support for members of the children's families. In addition, the co-counselling services equally aim to facilitate the children's recovery from traumatic events. The counselling practice is performed by different types of counsellors, including social workers, psychologists and other professionals with background in social sciences (Janković, 1997; 2004). Counselling is defined as a widely applied method of treatment for all age groups intended to provide professional support to individuals, groups or organisations for more successful management of everyday situations presenting challenges in view of social pressures or personal issues (Petz, 2005). The ultimate outcome of counselling is determined as the ability to perform self-help (Nelson-Jones, 2007).

### **Multicultural counselling**

The development of competences and expertise in treating individuals and groups with different cultural backgrounds has been established as an important standard for the counselling practice of the 21<sup>st</sup> century. The impact of globalisation, global crises and wars has inevitably stimulated the development of multicultural counselling. The counsellor is required to maintain awareness and respect for the racial and ethnic background of the client, in addition to his or her social class, economic background, sexual orientation, abilities, medical conditions and disabilities. Furthermore, multicultural counselling implies a practice which takes into consideration the cultural values of the client and the effects they may produce on the counselling process, the client's cultural background, as well as the behaviour-



ral patterns which exist in the client's family and the country of origin (Puukari & Launikari, 2005).

This professional psychosocial support involves the understanding of and familiarity with the circumstances that lead an individual or a group of people to their current condition, and equally, awareness of their individual or group attributes (Krizmanić, 1994). Multicultural counselling is advanced by the application of methods and strategies which correspond to the life experiences and cultural values of the client. The counsellors apply varied interventions and adjust them to the cultural differences among the individuals in counselling. Instead of imposing a unique approach, the practitioners acknowledge that the counselling methods should be attuned to the cultural background of the client, and remain open to new experiences which allow them to advance their professional competences for treatment of clients with different cultural backgrounds (Corey, 2004). The challenges of multicultural counselling involve the comprehensive understanding of the notion of the family in the society of the children's origin. Further issues include familiarity with the features that constitute the appropriate family dynamics and roles in the country of origin of the children and their parents. Next, the practitioners are expected to take note of the intergenerational issues in the counselling process (Gushue & Sciarra, 1995). Moreover, these authors insist that the thorough understanding of children's condition is impossible in the absence of the broader context and the culture that influence them. For example, avoiding eye contact, lowering the head, minimal disclosure of personal details may represent a sign of respect in some cultures, whereas the practitioners with Western-style education may interpret similar behaviour as an indication of depression, avoidance or resistance (Ponterotto et al., 1995). The practitioner's awareness of the importance of a multicultural approach enhances his or her expertise, understanding and respect for differences (Shamshad et al., 2011).

The counsellor's attitude, non-verbal communication and welcoming approach, as well as any physical contact, uninhibited by the context of the child's background, are particularly important in the treatment of refugee children. In order to adopt such an attitude, the authors advise that the counsellor remain aware of personal culture, beliefs and values, while avoiding any »culturally petrified« perspective. Cultural petrification exposes counsellors to the risk of using stereotypes, imposing personal values and judging their clients. In contrast, familiarity with their mother tongue represents an advantage in the treatment of children. Curiosity and playfulness, as well as any experience in treatment of traumatised children, foster better understanding of the children's universe (Hackney and Cormier, 2012) and further represent a prevention intervention directed at the advancement of any developmental outcomes of those children (Monroe, 2011; Shamshad et al., 2011).



## Implementation of individual and group counselling interventions with refugee children

Individual counselling provides an opportunity for direct treatment of issues affecting the individual and his or her environment. It can help the individual develop specific, personalised skills for more effective and appropriate interaction with other people, and more successful management of challenging situations (Ratkajac, 2011). Individual counselling is particularly suitable for children who are reluctant to discuss their problems with or in front of others, children who are in considerable need of social support and professional guidance, as well as for children and youths who are affected by specific disorders which require individual attention. Furthermore, in the context of war conflicts and refugee children, individual counselling is particularly effective in relieving children from the burden of traumatic events and their related emotions, as well as in mitigating the consequences and the symptoms of trauma (Krizmanić, 1994). Moreover, individual counselling assists the children in reducing the perception of powerlessness, emotional instability and regressive behaviour by enhancing the quality of life of the refugees in new surroundings. The benefit of individual interventions equally resides in the interaction of refugee children with counsellors, as it offers them the experience of compassionate care in contrast to the perception of abandonment and helplessness, and also encourages them to engage more actively in social activities with peers (Pumariega et al., 2005.). Counselling is particularly recommended in treatment of children without parental care such as minors and unaccompanied children, as they are more susceptible to developing disorders. On account of limited access to services, as well as high victimisation rates, these children are more exposed to the long-standing effects of trauma and social exclusion, which render the counselling treatment even more indispensable (Collier, 2015). Although this paper does not focus on the parents of refugee children, it is worth underlining that regular psychosocial support to parents significantly contributes to helping children in crisis situations. The importance of family on the one hand, and the prevention of recurrent exposure to stress and trauma on the other, may be observed in the support services to parents aimed at the enhancement of their parental skills (Norris, Fiedman and Watson, 2002).

Furthermore, sharing mutual experiences and emotions can greatly benefit children as it offers them compassionate understanding from people who have experienced the same hardships. Some children, however, feel that their experiences are different from the experiences of others. Even if they came from the same war zone or the same refugee camp, some children sense that their feelings are different from the feelings of others. Consequently, these children require an in-

dividual approach in order to receive full professional support for their condition. When asked with whom she preferred to talk, a refugee adolescent girl responded: »With a professional, one-on-one«. Likewise, in response to the researcher's query on the usefulness of group therapy, one of the focus group participants affirmed: »It was useful, but not as much as the individual session. I prefer to talk with someone one-on-one« (Drumm, 2003).

Refugee children who have experienced the trauma of war often do not realise that their symptoms represent a common reaction to tragic events and many fear that »something bad is happening to them«. The role of the counsellor is to explain to the children that the symptoms of trauma represent the usual reaction to extreme stress and to inform the children of different possible responses to traumatic events, to establish the link between different physical and psychological effects of torture and trauma on a person, to identify the main issues distressing the child, and to help the children build self-confidence so as to overcome difficulties and regain the sense of control over their emotions (Refugee Health Service, 2004; Choi, 2010). As psychological disorders may be stigmatised in many cultures, it is advisable to avoid the use of expressions such as »therapy« or »counselling« when working with children, and instead, focus on strengthening the contact and instilling the sense of safety, not only with the therapist but equally with the people close to the child (Callier, 2015). As people exhibit different responses to trauma, the counsellor will act in correspondence and adjust the intervention to the reaction of the client. If the traumatic event triggered anxiety, depression, loss of hope or control, accordingly, the treatment strategy will focus on satisfying the basic needs, such as education, health care, accommodation and social services. In addition, it will assist the person in identifying the causes of anxiety, provide information on typical responses to trauma, and share advice on relaxation techniques. If the trauma has weakened or cut the connection with parents, family, community, religion or culture, the counsellor will focus on group therapy so as to reduce social isolation and assist the child in overcoming the challenges of the refugee experience. When the traumatic response of refugee children suggests the dismantling of positive perceptions on humanity, such as dignity and trust among people, the counsellor will direct the treatment efforts towards creating opportunities for expression of the children's outlook on the future, to the promotion of human rights (for example, through explanation of the political background of violence), and to group activities which promote interaction, reduce isolation and increase self-confidence, as well as the integration of the past, present and the future through art, story-telling and dramatic expression. If, however, the traumatic response of the refugee children implies guilt or shame, the treatment will aim at facilitation of their emotional expression, reflection on the appropriateness of the

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expressed emotions, encouragement for sharing and revisiting their experiences, as well as the acknowledgement that society has infringed upon human rights and that this ought to be remedied (Refugee Health Service, 2004).

The group counselling of children designates a treatment method which allows the participants to develop relationships through joint activities and sharing of experiences, as well as through mutual support in processing personal issues of each participant (Brlak et al., 2014). When they listen to the experiences of others, children perceive that they are not alone with their struggle and the only ones to have experienced »such a thing«. In the first encounter in group therapy, it is crucial to explain the role of counsellor to the participants, to set realistic and specific expectations on the type of assistance offered, to focus on establishing contact, and to avoid any assumptions, and rather discuss the issues of participants (Refugee Health Service, 2004). The additional advantage of group therapy is that it motivates children to learn and participate in activities as it encourages them to keep up with others, and adopt more successful and creative approaches to problem-solving. Group therapy equally enhances the focus on learning. Namely, sharing personal attitudes with others refines cognition and expands the perception of children (Mavar, 2007). In the course of group therapy, the counsellor will steer the group dynamics toward the mutual goal of the group, while paying attention to the balanced participation of children, and using professional expertise and training to identify any children who might benefit more from individual counselling at this stage. Some authors advise combining individual counselling with group therapy so as to ensure a more effective process of recovery for younger children (Ueda et al., 2013). Group therapy allows children to process together the feelings of fear, loss, grief, anger, sadness and all the other difficulties they may be confronting, and thus process emotions more effectively, while feeling less exposed than in an individual counselling session. For example, in the course of group therapy with the adolescents from Bosnia and Herzegovina who had experienced the conflict of war, the sessions focused on traumatic events, the memory of trauma and loss, post-war hardships, grief, as well as the link between trauma and grief. Upon completion of the group treatment, the final assessment revealed significant remission from post-traumatic stress disorder, depression and grief. In conclusion, remission from post-traumatic symptoms was linked to a higher degree of psychosocial adjustment (Ehnhold and Yule, 2006).

## Implementation of counselling interventions for the protection of children's health

Many detrimental consequences may ensue from the refugee experience: the children, who have faced the conflict of war, exile, refugee experience and personal danger, often struggle with developing a positive outlook on the future, particularly when they miss support from their immediate environment (Fazel et al., 2012). The children exposed to war and violence are more susceptible to developing different disorders, most frequently depression, behavioural and emotional disorders, including aggression, as well as post-traumatic stress disorder. Research conducted with Syrian children in refugee camps in Turkey revealed that 45% of children manifested the symptoms of post-traumatic stress disorder, which constituted a rate that is 10 times higher in comparison with the global average determined in the same research. The prevalence of PTSD (Post-Traumatic Stress Disorder) in Syrian children compares only to the prevalence rates in the population of children equally affected by war, such as children from Palestine and Bosnia. Over 44% of children suffered from depression, with as many as 20% of children diagnosed with clinical depression. Many Syrian children manifested psychosomatic symptoms, mental health disorders, as well as different medical conditions (Sirin and Rogers-Sirin, 2015). According to a research study conducted in the United States, the children of immigrants were twice as likely to have poor health conditions compared to the children of parents born in the United States (Pine et al., 2005). The common stressors in the environment of refugees, linked to the social determinants of health, may produce adverse effects on their health (for example, socioeconomic determinants such as poverty, violence and threats, racism, loss of family and friends). Furthermore, it is established that structural determinants equally produce negative effects on refugee children and unaccompanied minors (for example, the uncertainty of the asylum status or financial difficulties and discrimination) (WHO, 2015). The assessment of mental health conditions and psychosocial needs of the displaced Syrian population in Jordan unveiled the true features of the environment in which refugee children have been raised. The adult members of their families equally suffered from the prevailing feelings of fear, rage, indifference, despair and impairments in the activities of daily living. In the sample of 8,000 people who participated in the assessment, 15.1% felt very frightened, 28.4% felt angry beyond the point of emotional self-control, 26.3% felt »so hopeless that they did not want to continue living«, and 18.8% felt they were »incapable of performing regular daily activities due to the feelings of fear, anger, fatigue, indifference, despair or distress« (Morrison, 2014). The Syrian parents equally expressed their concerns for the wellbeing and the future prospects of their children,

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and emphasised that the services directed at the mental health of their children constituted a priority for the entire community. One parent described his daughter as »psychologically very affected by the war« – anxious, frightened and struggling to regain a sense of safety (Morrison, 2014).

The lack of professional support further aggravates the problem: ignoring the traumatic event only serves to exacerbate the consequences of trauma, while the feelings of abandonment and the lack of professionals who would help discuss their problems or help process their emotions, allow for further deterioration of the mental health of children (Mohlen et al., 2005). The access to health care services represents one of the greatest challenges for refugees. The capacity of the state to ensure health care for refugees significantly varies, and as a result, in the areas where health care infrastructure is underdeveloped or where refugees are denied legal status, access to health care is inevitably deficient. In particular, access to health care is extremely deficient in countries close to the zone of conflict or in border areas under greater migratory pressures. Furthermore, social welfare systems based on insurance policies present particular challenges to refugees as they entail more complex registration procedures compared to the systems financed through taxes (WHO, 2015). Research conducted with refugees in Germany revealed that children who had access to psychosocial interventions exhibited greater emotional wellbeing. These children reported improved sleeping patterns, higher ability to relax and cope with traumatic events, as well as enhanced social interactions. Children also stressed that the sense of compassionate care equally contributed to their emotional wellbeing. According to their accounts, they particularly benefitted from »fantasy« as it offered them an opportunity to relax, become immersed by the story and temporarily escape to a different world (Mohlen et al., 2005). After experiencing war, many children become withdrawn, reserved, hostile, and occasionally even aggressive, whereas counselling treatment helps them establish healthy relationships and cooperate more. One of the girls in counselling affirmed: »I didn't want to talk about it, but I wanted to get rid of these thoughts in my head, and finally, after the talk, I felt relieved« (Miller and Affolter, 2002:27). A research study conducted in Denmark with refugee children from the Middle East emphasised the need for psychosocial treatment of children in line with the research finding confirming that the psychological symptoms of trauma persisted even after eight to nine years of exile (Montgomery, 2008). The children and youths particularly appreciated the practical information on typical post-traumatic responses, social skills training, as well as the advice on how to act in stressful situations (Mirdal et al., 2012). A research study with Somalian children on collective action at the refugee camp endorsed the benefits of counselling refugee children and youths in camps. In this case, the professional support team concluded that children be-

nefitted more from individual sessions than from group discussions on distressing experiences. They highlighted the impact of daily routines, support from adults and play activities on the psychosocial wellbeing of children. After a period of time, children began to stand up for themselves, and their individual impressions of war transformed into experiences that they could discuss with professionals (Segerström, 1996).

Finally, the expected positive impact of counselling, as well as other forms of structured support for the wellbeing of children, consists in alleviating and processing the traumatic experience, strengthening the children's social networks, closer integration of children in the local community and the school system, support towards a more successful adjustment to life in a new environment, as well as in the prevention of psychological disorders.

## CONCLUDING REMARKS

Refugee children are often denied psychosocial support, as the primary task of the caregivers often remains limited to satisfying basic physical needs, and thus leaves unmet the need for emotional support, empathy and conversation, in the perspective of a considerable number of children and sizeable workloads. These circumstances make the children even more vulnerable as they are unable to reconnect with their sense of belonging, which is often closely identified with their home. Many refugee children seek emotional comfort and support from their families, which is frequently denied as the family members equally struggle with the challenges of trauma. In adequately structured support programmes, professionals are required to perform the double task of supporting the children, as well as the parents. In persistent military conflicts in the Middle East, many children have lost their parents and thus exhibit a number of developmental difficulties, resulting in the unprecedented need for professional support and the replacement of parental roles through various forms of counselling. The social worker often represents the first person available to refugees for conversation and counselling. During the immigration process, the mediation of social workers is vital in communication with the police, regulation of status and arrangement of practicalities for life in the new environment (Haverkamp, 2008.). Most refugee children and adolescents need support in orientation, adjustment and personal development in the new community. At the same time, the children and their families often require additional administrative support in the form of short interventions performed by social workers and other care workers in crisis situations (Valle, 2001). As the challenge of migrations assumes global proportions, the support services to refugees also evolve from satisfying their basic needs to promoting the wellbeing and psycho-

social development of refugees in view of the severity of the traumatic events, the prolonged period of exile and the social challenges encountered in host countries. Providing primary care to refugees, counselling support, briefing on their rights, assisting in successful social integration, and monitoring the observation of human rights constitute merely a part of the responsibilities of professionals who work with refugee children and their families. Lastly, as professional and structured upgrade to basic services provided to refugee children, the counselling support is gaining growing recognition from global stakeholders, as it aims at empowering children and promoting their healthy and adequate development, as well as their successful social integration.

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## VAŽNOST SAVJETOVALIŠNOG RADA S DJECOM IZBJEGLICAMA

### SAŽETAK

*Djeca su najosjetljivija populacija pogođena ratom, te uslijed svih posljedica koje rat i izbjeglištvo donose, prijeko im je potreban savjetovani rad. Savjetovatelji koji provode savjetovani rad uzimaju u obzir sve kulturološke kontekste i pronalaze individualni pristup u radu s pojedinim djetetom. Karakteristike i kompetencije stručnjaka u radu s djecom ključne su zbog kompleksnosti procesa savjetovanih rada i težine života u izbjeglištvu. Primjena savjetovanih rada važna je i za budućnost djeteta budući da intenzivna iskustva izbjeglištva ograničavaju prostor koji djeca imaju za razvijanje budućnosti i otežavaju njihovo zdravo funkcioniranje i razvoj u sadašnjosti. Potreba za stručnjacima zadnjih godina se povećava što je primijećeno i od strane važnih svjetskih aktera koji u sve aktivnosti koje provode nastoje uključiti što veći broj psihosocijalnih intervencija. Savjetovanje kao jedna od metoda u radu s djecom izbjeglicama i njihovim obiteljima jedan je od prvih koraka u procesu sveobuhvatne inkluzije djeteta u društvo i jačanja kapaciteta za život u novoj okolini.*

**Ključne riječi:** izbjeglištvo, savjetovanje, dijete izbjeglica, podrška.

