Social Work and Psychological Services for African Refugee Children:

An Evaluation of the Effectiveness of Statutory Service Provision Based on a Research Study in Wales, UK

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Abstract

This research, undertaken with children's services social workers who have worked in an urban Local Authority in South Wales, UK, sets out to explore whether statutory social services departments meet the psychological needs of refugee children. The study is in the form of a comparative study of refugee and non-refugee children. The comparison was made in relation to the children's psychological presentation pre- and post-intervention by the statutory social services department. This investigation was undertaken in response to general observation and research evidence that suggest the possibility of lack of appropriateness and effectiveness of psychological support services for refugee children. The study combines the use of qualitative and quantitative methodologies. The qualitative component of the research is in the form of case studies: one for a refugee child and the other for a non-refugee child. Interviews were carried out with the case managing social workers. The quantitative component of the research was in the form of self-administered questionnaires completed by case managing social workers and the research included 8 cases of refugee children and 8 cases of non-refugee children. The research instruments borrowed from the Strength and Difficulties Questionnaire (SDQ). The SDQ is in form of a brief behavioural screening questionnaire used for screening mental health problems in children and teenagers (Goodman et al, 1998). The sampling method used was judgement sampling.

The results indicate that refugee children had less favourable outcomes following intervention compared to non-refugee children. The study concludes that service provision by the statutory social services department might not be adequate and/or relevant in addressing refugee

children's psychological needs. This investigation explores possible explanations for the disparity in outcome and sets out recommendations for future research.

CONTENTS

TABLES & GRAPHES

Tables

Graphs

Chapter One

1. Introduction

1.1 Introduction to the Research

This study seeks to evaluate how statutory service provisions for refugee children and their families address their psychological needs. This research was in part inspired by my observations and experiences as a social worker within different statutory children's services departments in Wales and in England. Social work is the lead profession for providing services to needy children and is central to providing services to various children through working in conjunction with other professionals including psychologists, occupational therapists, play therapists, educational psychologists and others. It has been my general observation over the 10 years I have worked in various statutory children's services departments that service provision to children always seems to produce disproportionate outcomes between refugee and non-refugee children, with refugee children having less favourable outcomes than non-refugee children. The research evidence I have come across does not clearly support the disparity in outcomes and the reasons for this disparity. There seems to be evidence that there is a lack of adequate knowledge available to academics, therapists, practitioners, interest groups and service providers for refugee children relating to the children's psychological needs. This lack of knowledge may be hindering service provision for refugee children.

A review of existing research literature shows that there has been very little research and literature focusing specifically on assessing how statutory services in the UK address the psychological needs of refugee children, especially accompanied refugee children (Kohli, 2000; Mitchell, 2003; Mynott and Humphries, 2003). This is despite the fact that the UK, like many other European countries, has seen the arrival of an increasing number of refugee children, mostly from the developing countries, who arrive with a need for psychological support (Hodes, 2000). There seem to be no recent statistics available in relation to refugee children who present with psychological problems. However studies among refugees of all age groups in the UK have found that one in six refugees has significant physical health problems and over two thirds have suffered from anxiety or depression (Hek 2005, Carey-

Wood et al, 1995). These figures indicate the potential enormity of psychological problems among refugees and the need for psychological support.

Refugee children who arrive in the UK present with the need for psychological support (MacCallin, 1991; Pintowiese and Burhorst, 2007; Sourander, 1998). In a study conducted in the UK, Fazel and Stein (2003) noted that a quarter of refugee children suffer from a significant psychological disorder and this incidence is three times more frequent than in British children. A similar observation was made by other authorities that have noted through research the high incidence of psychological problems among refugee children (Okitikpi and Aymer, 2003; Leavey et al., 2004; Hodes, 2000).

There have been questions in various professional spheres as to whether the UK statutory social services departments adequately meet the needs of refugee children, especially their psychological needs. Studies in relocation countries, using psychological tests, indicate an increased level of psychological distress in asylum seeking and refugee children (Sourander, 1998). Research conducted by the Psychosocial Centre for Refugees at the University of Oslo in Norway, showed that exposure to life-threatening events, physical violence and forced separation from the family are strong predictors of psychological distress (Pintowiese and Burhorst, 2007). It can be argued that the traumatic experience of refugee children is not any different to UK based children who experience abuse within their families, leading to the children being separated from their families to be placed in local authority foster care. However when comparing the experience of refugee and non refugee children it can be noted that whatever the traumatic experiences of refugee children this can be aggravated by relocation to a new country were refugee children encounter a new social and cultural environment.

Research findings generally indicate that there is a lack of insight into the effectiveness of psychological support for refugee children and their families (Rutter, 2003). According to MacCallin (1991) established priorities when working with refugee children seem to favour health, nutrition and education programmes, and this approach has led to the neglect of the psychological and psychosocial needs of refugee children's development. The research evidence also indicates that there is lack of suitable services and facilities for emotional and health needs of refugee children in the UK (Stanley 2001; Marriott 2001). Authorities, who include Beirens et al. (2006), have questioned the bias towards Western forms of

psychological therapy/treatment that do not necessarily correspond with the cultural background of refugee children. The disproportionate use of Western approaches to counselling that are individually focused has been criticised especially in situations were more family and community-oriented approaches suitable for other cultures have been overlooked (Beirens et al., 2006).

Nevertheless, it has to be acknowledged that Rutter (2003), MacCallin (1991) and Beines et al. (2006) do not provide detailed research evidence to support their points of view; there are questions regarding the evidential basis of their arguments.

This research examines the existing literature in relation to services for refugee children, presentation of refugee children, theoretical explanation of the needs of the research subjects, the statutory context of services provision, the therapeutic options available to refugee children in the UK and research studies elsewhere in relation to the needs, presentation and therapeutic support for refugee children.

The study further explores service provision and adequacy of this service by examining the outcomes for refugee and non-refugee children who have received support from the statutory services providers in relation to their psychological needs. The research makes use of qualitative and quantitative methodologies. The research analyses the research findings in the context of the literature reviewed.

1.2 Working Definitions

Because this research explores how services for refugee children assist in addressing their psychological needs, it is imperative to define the terms ‘psychology’ and ‘mental health’ because these terms are used interchangeably throughout this research. The terms ‘refugee’ and ‘statutory services’ are also defined.

1.2.i Refugee

According to Raj and Reading (2002), the legal definition of a refugee, as adopted in the 1951 United Nations Convention, is:

a person who, owing to 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 nationality and is unable, or, owing to such a 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, unwilling to return to it.

The term 'refugee' includes people with three different types of immigration status, as recognised by the Home Office: 1) full refugee status, 2) exceptional leave to remain, 3) asylum seekers awaiting a Home Office decision on their asylum applications (Fell and Fell, 2010). For the purpose of this research, the term 'refugee' will be used when making reference to both refugee and asylum-seeking children. It has to be noted that some refugee children come to the UK accompanied by their parents or relatives and some come unaccompanied. It also has to be acknowledged that there might be different pressures and distresses for refugee children and their families who have been granted asylum and for those awaiting a decision, and also for those refugee children who are accompanied and for those who are unaccompanied.

The term 'refugee' is often confused with the term 'asylum seeker'. An asylum seeker, as defined in the 1971 Immigration Act, is a person who may apply for asylum in the UK on the grounds that if he/she were required to leave, he/she would have to go to a country to which he/she is unwilling to go owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion. Any such claim is to be carefully considered in light of all relevant circumstances (Fell and Fell, 2010).

For the purpose of clarity, a refugee child will be as defined by The European Council on Refugees and Exiles (ECRE) (1996), that defines a child as "every person below the age of 18", and ECRE refers to a refugee child as every child who is seeking refugee status or international protection (Fell and Hayes, 2007).

1.2.ii Psychology

As defined by Wolman (1989), psychology is concerned with the emotional, attitudinal process through which the individual goes during their lifespan from conception to death. This definition is important for this research because it draws on the importance of an individual's social presentation relative to their psychological well-being. Psychology has been variously defined as the study of the mind, behaviour, human experience and of mental life (Hayes and Stratton 2003). A more simplistic but specific definition of psychology is provided by Colman (2001), who notes that psychology is the study of natural functions and the phenomena of behaviour and mental experience. Psychology is not only the study of the mind but also has a wider focus on behaviour.

1.2.iii Mental Health

The term 'mental health problem' is used to describe a whole range of difficulties from everyday stresses, bereavement, phobias and anxiety disorders to the more acute forms of depression and illnesses, such as schizophrenia (Watters, 1999). According to Wolman (1989), he defines mental health as a state of relatively good adjustment, feelings of well-being and actualisation of one's potentialities and capacities. 'Mental health problem' can be referred to as a 'mental health disorder'; a mental health disorder is defined as "the presence of psychological distress; impairment in psychological, social, or occupational functioning; or, any disorder that is associated with an increased risk of suffering death, pain, disability, or loss of freedom" (Boyd and Nihart, 1998, p. 1129).

The classification of mental disorders is important for mental health and for users and providers of mental health services. The term "mental disorder" is widely used within mental health services. There are two widely used systems that classify mental disorders and these are ICD-10 Chapter V: Mental and behavioral disorders which is part of the International Classification of Diseases produced by the World Health Organization (WHO), and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) produced by the American Psychiatric Association (APA) (Peters et al 2004).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), represent some of the first attempts to approach the diagnosis of mental illness through standardized definitions and criteria. The most recent edition, DSM-IV-TR, published in 2000, provides a

classification system that attempts to separate mental illnesses into diagnostic categories based on descriptions of symptoms (Sperry 2003)

The ICD -10 is the international standard diagnostic classification for defining all general epidemiological situations and is used for many health management purposes and in clinical settings. The epidemiological use include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines (WHO 1993)

1.2.iv Statutory Services

Statutory services are services which public authorities are required to provide by law. According to the Department of Health (1999) it is the function of the public authorities to promote the well-being, health and welfare of the population. The provision of social welfare and health care services in practice is the task of individual Local Authorities. The Children's Act 1989 (Wales and England) and the Children's Act 1995 (Scotland) are the main pieces of legislation which guide and place obligations on Local Authorities in England, Wales and Scotland to provide services to children and families who need such services and this support is provided through individual Local Authorities (Fell and Fell, 2010).

Chapter Two

2. Literature Review

2.1 Study Population and Context of the Research

Statistical information on refugee children, both nationally and globally, is very difficult to keep track of for various reasons that include the way statistics are compiled and the ever-changing number of people seeking refuge and international protection. As highlighted by Whittaker et al. (2005), worldwide, there are approximately 19.8 million refugees and people of concern to the United Nations High Commission for Refugees (UNHCR), including 4.9 million in Europe. In 2002, there were an estimated 169,370 refugees in the UK of whom 40 per cent are under the age of 18 years (Hodes, 2002).

In terms of the UK's national statistics of asylum-seeking refugee children, estimates suggest that 23,000 accompanied children were in receipt of services from social work agencies, plus 6,000 unaccompanied minors (Community Care, 2001). In October 2004 there were 2,232 asylum-seeking refugees dispersed in Wales (Dunkerley et al. 2005). The number of children was not identified, although among this population there were 510 families with 1,435 dependents. There were some under 18, in this group. In 2003, it was estimated that 70 separated (unaccompanied refugee) children were being looked after by Local Authorities in Wales (Dunkerley et al., 2005). The number of refugees living in Wales has risen significantly since the 1999 Immigration and Asylum Act. In 1997 it was estimated that only around 3,565 refugees were living in Wales, compared to the 10,000 estimated in 2008 (Welsh Assembly Government, 2008). The Home Office estimates that there are around 2,300 asylum-seeking refugees dispersed in Wales. Cardiff receives more asylum-seeking refugees than any other part of Wales: around 49 per cent of the total number sent to Wales by the UK Border Agency (UKBA) (Welsh Assembly Government, 2008). An organisation called End Child Prostitution, Child Pornography and the Trafficking of Children (ECPAT) estimates that in 2008 there were around 150 Unaccompanied Asylum Seeking (Refugee) Children (UASC) living in Wales. The exact number is unknown because it goes unrecorded by the Home Office (Kelly, 2009). Cardiff County Council estimated the number

of refugees living in Cardiff to be somewhere around 6,000 in 2005 (Marquis, 2007). In Cardiff at the end of June 2009 there were 980 asylum seekers receiving UKBA support. In April 2006 the most common nationalities of asylum-seeking refugee children were in the following order, Pakistan, Somalia, Iran, Turkey, Iraq, Congo, Afghanistan, Sudan, Zimbabwe and Algeria (Welsh Assembly Government, 2008).

The statistics available in relation to the study area do not show the age groups of the refugees and refugee children concerned. This is despite this investigation focusing on refugee children of a specific age range, notably those between the ages 5 and 15 years. However, despite the lack of age specific statistics the noted statistics provide a general overview of the study area in relation to the number of refugees, their countries of origin and their social circumstances. This overview of the refugee population provides insight into the circumstances of refugee children within the study area.

2.2 The Statutory Context of Service Provision

2.2.i Assessment

Children who become involved with the statutory social services departments undergo an initial assessment that is followed by an ongoing, more in-depth comprehensive assessment. These two assessments measure the needs of the child and identify the possible areas of support. The assessments thus guide intervention. The Framework for the Assessment of Children in Need and their Families (2000), jointly issued by the Department of Health, the Department for Education and Employment and the Home Office (Department of Health, 2000) provides the main guidance for social workers conducting assessments with children and their families. The framework covers three aspects: the child's developmental needs, parenting capacity and family and environmental factors.

2.2.ii Social Work with African Refugee Children

The social work profession is the lead profession in all work with children within statutory settings. The International Federation of Social Workers (IFSW) defines social work as a profession that promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact

with their environments. Principles of human rights and social justice are fundamental to social work (IFSW, http://www.ifsw.org/f38000138.html).

Social services departments, social welfare organisations and the social work profession seek to work effectively with those who are vulnerable, disenfranchised and socially excluded. In the main, the social work profession ensure the well being of those for whom the wider society seems to have very little interest or concern (Okitikpi and Aymer, 2003). Refugee children represent one such vulnerable group in which social work intervention is vital.

Social workers use various skills in their work with refugee children and their families which include person-centred counselling, family therapy, task-centred work, Cognitive Behavioural Therapy (CBT), networking, group work and psychoanalysis. They also refer children who present as having psychological problems to specialist services for such needs that are provided by refugee charities and statutory bodies such as the National Health Service's (NHS) Community Adolescence and Mental Health Service (CAMHS) (Okitikpi and Aymer, 2003).

In trying to illustrate the nature of statutory services for refugee children it is necessary to briefly describe the various intervention methods applied by social workers to assist this group of vulnerable children. The methods include person-centred approaches, psychosocial approaches; crisis intervention; task-centred work; cognitive behavioural approaches; motivational interviewing; family therapy and systemic approaches; brief solution -focused therapy; life story work and life review; mediation approaches; integrative and eclectic models (Lindsay et al., 2009).

Person-centred counselling was developed by Carl Rogers, as highlighted by Thorne (1997), person-centred counselling views the client as their own best authority on their own experience. It views the client as being fully capable of fulfilling their own potential for growth and recognises that achieving potential requires favourable conditions, and that under adverse conditions, individuals might well not grow and develop in the ways that they otherwise could.
This approach can be useful when working with refugee children and their families because it can assist in tapping in on the resilient capacity of refugee children. A research carried out

by Hodes et al. (2008) with UASC children in London noted great resilience among unaccompanied asylum-seeking children. Nevertheless it can be argued that person-centred counselling might not be effective when working with refugee children incapacitated by past abuse who may be too traumatised and incapacitated to benefit from the person-centred counselling approach (Rousseau, 1995). When considering the resilience capacity of refugee children professionals working with refugee children should be cautious to ensure that the noted resilience does not become a hindrance to providing psychological therapeutic services. Refugee children should access appropriate psychological support despite their perceived resilience. This can be achieved through therapeutic intervention drawing on the refugee children's resilience. As noted by Henry (1999), understanding the past allows the integration of the child's survival skills and allows the children to grieve their losses, build attachments, and begin the task of identity formation. This can be achieved through therapeutic support such as use of person centred counselling (Henry, 1999).

Another therapeutic method used by social workers is family therapy which supports change within individuals and in their relationships in the family and beyond, so children, young people, adults and/or those important to them are supported in continued recovery (White, 1997). Family therapy is based on the premise that the family is a self-governing system that controls itself according to rules formed over a period of time through a process of trial and error (Palazzoli et al., 1978). Family therapy can be useful when working with refugee children who live with their families but might be of little help to refugee and asylum-seeking children who are unaccompanied (Hodes et al., 2008).

The task-centred approach is another method social workers use when working with children and their families. According to Sternberg (1995), the task-centred approach 'belongs' to problem-solving approaches and these stem from psychology. Specifically, the task centred approach draws from CBT. Client motivation is key to the success of a client-centred approach. According to Marsh (1997), task-centred practice is based on a clear mandate for action between the client and the therapist. The agreement for work could be with individuals, groups or communities. The purpose of the practice is to work from agreed problems to an agreed goal in a set period of time. Again this approach might not be appropriate for work with refugee children in view of their traumatic experience, however the approach can tap in on the refugee and asylum-seeking children's resilience (Hodes et al.

2008). A review of research in North America, Europe and Australia has shown that refugee children are a highly functioning group with a lot of resilience (Crowley, 2009).

Other social work strategies at the disposal of social work practitioners are CBT which is a psychotherapeutic approach that aims to solve problems concerning dysfunctional emotions, behaviours and cognitions through a goal-oriented, systematic procedure (Ronen, 1997), and networking which views social relationships in terms of network theory consisting of *nodes* and *ties*. Nodes are the individual actors within the networks, and ties are the relationships between the actors (Reigate,1997). This approach can be useful for work with refugee children especially in areas where there is an established network of refugee community groups and specialist services to which social workers can refer clients for therapy, social and emotional support. According to Reigate (1997), network analysis in social work is of significance because it offers a means of examining how social networks can act to facilitate coping within communities. Group work is a form of team working used by social workers to support clients; group work can establish support groups within communities for purposes of sharing experiences and offering forums for clients to support each other (Brown, 1997).

Group work and network theory can be useful when working with refugee children and their families especially when professionals working with these families assist them to link up with various refugee support groups and charities that work with refugee children and families.

2.2.iii Statutory Guidelines

Internationally, the main statutory guideline for support and service provision for refugee children is the United Nations Conventions on the Rights of the Child. According to Nykanen (2001), the widely ratified convention expresses a consensus on the proper treatment of children. The underlying assumption of the children's convention is that refugee children are children first and refugees second (Van Bueren, 1998). The provisions of the children's convention can be divided into four categories, namely the provision of the basic needs of children, the protection of children from harmful acts and practices, the participation of children in decisions affecting them and the prevention of harm to children (Nykanen, 2001). The UK has ratified the United Nations Convention on the Rights of the Child.

Following from the obligation placed on the UK through its ratification of the UN convention on the Rights of the Child, asylum seeking and refugee children in the UK are entitled to the same entitlements of assessment, protection and support from statutory social services departments as any other child in the UK (Rutter, 2001). These entitlements are outlined in the Children's Act 1989 (Wales and England) and the Children's Act 1995 (Scotland) (Fell and Fell, 2010). The Department for Children, Schools and Families (2010), notes that Local Authorities in Wales and England have a statutory duty to have due regard to the need to safeguard and promote welfare of refugee and migrant children offering them the same level of support and protection as offered to UK nationals.

According to Rutter (2003), there has been conflicting legislation in the UK that has affected professional and institutional roles in the support of refugee and asylum-seeking children. Recent case law has established that statutory social services departments are responsible for funding community care for asylum seekers supported by the National Asylum Support Service (NASS), whereas NASS is responsible for basic levels of support (Rutter, 2003). Refugee children, who are cared for by parents, present themselves to statutory social services departments for assessment and support under the provisions of the Children's Act 1989 and other relevant legislation.

The Refugee Children's Consortium (RCC) is a group of Non-Governmental Organisations (NGOs) working collaboratively to ensure that the rights and needs of refugee children are promoted, respected and met in accordance with relevant domestic, regional and international standards. The RCC (2010) is critical of the role of social workers in working closely with the Borders Immigration Authority (BIA) and this has been the subject of much discussion in recent years. This is, in part, a consequence of Section 54 and Schedule 3 of the Nationality, Immigration and Asylum Act (2002), which introduced limits on Local Authority assistance to certain classes of people who are subject to immigration control. Social workers were included in the groups of professionals being asked to work much more closely with the Home Office.

2.2.iv Support and Services

In Cardiff City, which has the highest concentration of refugees in Wales, the Cardiff County Council Asylum Team operates a reception centre for all asylum seekers dispersed to

Cardiff who are to be accommodated by the County Council (http://www.icar.org.uk 25/11/09). Statutory and voluntary sector support agencies in Cardiff liaise and seek to provide services that complement each other. Regular liaison and communication takes place through a variety of forums, such as the Cardiff Council, Welsh Assembly Government, Multi-Agency Stakeholder Group, the All Wales Refugee Policy Forum, the Children in Wales multi-agency group, All-Wales Nurses Group and Voluntary Action Cardiff's Refugees and Asylum Seekers Forum. The Migration, Asylum and Refugee Group, based at the Tom Hopkins Centre at Cardiff University, has also been working in partnership with a range of organisations on issues of public perceptions of asylum seekers/refugees and media representation of the issues in Wales. Similarly, the Refugee Media Group in Wales is a network of agencies from across all sectors with a mutual interest in working with the media to improve reporting of asylum issues (http://www.icar.org.uk 25/11/09).

In addition to support provided by the social services department, Local Authorities are now expected to provide psychological support for refugees within schools (German and Ehntholt: 2007)

Children who become involved with the children's services department are identified as follows: 1) Children in Need; 2) Children in Need of Protection; 3) Children Looked After (these are children in Local Authority residential homes or foster homes). These children receive support in respect of their psychological and other needs from social workers working for Local Authorities through their professional expertise and also from partner agencies who include the NHS and specialist charities who work with refugee children and their families.

2.3 Applicable Psychological Theories

The main theories that relate to human psychology and which could be important in explaining the psychological situation of refugee children include psychosocial, psychodynamic, behavioural, cognitive, humanistic and existential theories. These theories can be important in analysing the extent of psychological problems among refugee children, the adequacy of support and the possible forms of therapeutic support, in relation to the children's psychological well-being. This section will examine psychosocial theory alongside

other psychological theories to try and explain the psychological presentation of refugee children.

2.3.i Psychosocial Theory

The psychosocial theory (Eriksson's 1902–1990) is one of the main theories of psychology that can help to explain the psychological situation of refugee children who often have their lives disrupted at various stages of their development. It has to be acknowledged that a more holistic understanding of the psychological situation of refugee children could be achieved through reference to other theoretical frameworks; it follows that a reflection of the contribution of other theoretical frameworks to understand the psychological presentation of refugee children will be addressed later in this section.

Eriksson's psychosocial theory does not characterise development as ending with adolescence but proposes a true lifespan development theory which suggests that human development continues from birth to old age with a human being going through various stages of development. According to Keenan (2002) and Erikson (1963), human development is best understood as the interaction of three different systems: the somatic system, the ego system and the societal system.

The somatic system encompasses all of the biological processes necessary for the bodily functions of the individual. The ego system includes the processes that are central to thinking and reasoning. The societal system is the process by which a person becomes integrated into society (Keenan, 2002). Erikson's psychological approach focuses on the study of an individual's development and on the interaction between changes in these three systems. The emphasis of psychosocial theory on societal systems could be relevant in terms of understanding, analysing and exploring treatment options for psychological issues affecting refugee children. It is important that this theory attributes human psychological presentation to many different aspects of life, through the systems approach. This may make the theory relevant for the purpose of exploring and analysing the psychological situation of refugee children in view of the complex and traumatic nature of their life experience and circumstances (Patel and Mahtani 2007). These complex factors make their situation difficult to explain or attribute to a single factor.