

Amalia Carli, Clinical Psychologist  
Psychosocial Centre for Refugees,  
Dep. of Psychiatry, University of Oslo

## **Refugee children re-united with biological parents, unaccompanied refugee children and overseas adoptive children with a traumatic background: Some Risk Factors in their new placements**

### **Introduction**

I am a clinical child and youth psychologist currently working at the Psycho-social centre for refugees at the University of Oslo. This study is based on research (Carli, 1999b), clinical work as well as supervision and consultation concerning refugee and overseas adopted children. Our work is also concerned with young people who have been exposed to trauma due to war, persecution and/or maltreatment as well as bereavement due to separation from or loss of primary caregivers. This was followed with the consequent attachment disruptions, and the forced re-adaptation to new caregivers and families. The intensity of the children's reactions and consequences these could have for both the child and the family deserves our attention.

Theoretical perspectives and research about unaccompanied refugee children as well as about children re-united with their parents is scarce. I will therefore rely mainly on theoretical approaches concerning attachment and trauma in childhood as well as on research about adopted children as a reference frame in order to understand the special risk situations these three categories of children are in.

### **Theoretical frame and overall approach**

My understanding of children who have experienced attachment disturbances and extreme experiences is based mainly on attachment theory (Holmes, 1993; Bowlby 1980; Winnicott, 1986), on research about childhood traumas (Pynoos and Nader, 1990; Terr 1991; Eide-Midstand, 1991) as well as on re-attachment issues in children and youngsters (Fahlberg, 1991; Harper, 1994; Payne, 1996; Carli, 1999b).

Attachment behaviour is common for all mammals and aims to create and maintain bonding between individuals, bringing care, comfort and protection. Attachment to a protective and loving figure is decisive for humans since it brings a feeling of continuity and inner consistency. Through the intimate inter-action with predictable and caring persons able to identify and take into account the child's needs and wishes, the child starts to experience being a separate self (Stern, 1985). Through the experience of deserving and getting love and care, and the acknowledging of his/her own needs as valid the child will develop feelings of empathy and self worth. This is an ongoing process that continues through life, the basis of which is set through the first childhood years. Children who were deprived from a constructive experience early in life may have a low self esteem and present considerable difficulties in re-attaching to new caregivers as well as in their relation to others -children as well as adults. Since John Bowlby's pioneer work on attachment and loss in children (Bowlby 1953, 1981; Holmes, 1993) there has been an ongoing development helping us to understand the importance of a secure attachment to primary caregivers in children and the

possibilities for negative development when bonding is unsatisfactory, non-existent or severed due to separation from children and primary caregivers (Fahlberg, 1991). In the cases this study deals with, even there where children had a positive bonding to primary care givers, this may have been severed due to loss or separation – as in the case of unaccompanied refugee minors, those who have been without their parents for a long time before reunion, as well as for adopted children. This experience leaves the child in a fragile situation, depending on the new caregivers' capability to recognise the child's needs and, hopefully, meet them (Kaplan, 1995). Failure by adults to acknowledge the child's special situation and loss feelings due to bereavement may bring the child into a negative social, psycho-logical and even physical development.

### **The children's experiences**

Besides attachment disturbances, unaccompanied refugee children, those re-united with their parents as well as adoptees often were reported to have been exposed to extreme trauma, like witnessing atrocities including the murder of their parents, experienced hunger and /or being maltreated as well as sexually abused. Several girls adopted through infancy could for instance remember their mother being killed by their father or other people, besides recalling experiences of physical and sexual abuse. The same was the case for some refugee girls from Africa, South America and Asia who witnessed the killing or severe wounding of their parents. Some girls even experienced that the grand mother caring for them after the parents absence was now hurt or killed, exposing the child to new trauma and abandonment.

When separated from their parents or grand parents, and while under the care of either close acquaintances or casual caregivers, several girls and boys were exposed to physical abuse and neglect. Some girls showed open signs of being subject to sexual abuse in subsequent placements like: abnormal, sexualised behaviour in small children, pain or panic of being touched in their crotch, etc. The abuse was later confirmed by the child itself and/or by medical examination. This seemed to be independent from the children's<sup>137</sup> status as refugees, migrant or adopted, as well as from where their country of origin and points to the extra dangers children may face after bereavement from their parents (Carli, 1999b;1994;1997).

It has been proven that exposure to several traumatic experiences has a cumulative effect on children (Raundalen, 1997), and may bring with it negative effects on cognitive, social, emotional as well as organic development (Fahlberg, 1991; Pynoos and Nader, 1990).

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### **Three categories of children and youth exposed to separation and trauma**

#### *1. Unaccompanied, separated refugee children: whose children?*

Women and children are the most affected and the largest group among refugee population: about 75 % of world's approximately 85 million refugees (United Nations, 1998). More than a million among these are children and young people who have been separated from their parents and are therefore considered as "unaccompanied" or "separated" refugee or displaced children.

Norway has received a considerable number of separated refugee children since I World War, following war and unrest in different parts of the world. Hundreds of young boys and girls without their parents live in this country, the number being continuously changing because of new arrivals, but also because children under age eventually become 18 years old and are therefore not to be considered as "children" any more.

Until approximately ten years ago most of the newly arrived separated children were teen age boys close to become eighteen, mostly escaping military service. This picture has now changed so that more girls and younger children - down to two years old- are now reported among separated children arriving to Norway. There is an extended grey zone that doesn't allow us to know exact numbers. Many of the children may arrive as biological members of relatives or acquaintances who first will disclose the fact that the child is separated from his or her parents when serious when the child shows serious behaviour, or social problems, usually when the child reach his/her pre-teens or teens.

The reason for these children's separation from their biological parents could be many: escape from military recruitment ( like it was the case for many Vietnamese (Carli, 1986), Iranian, Somali youth), the parents' death or disappearance due to war circumstances, the child's exclusion form her family – like in the case of girls raped by soldiers who then are considered unclean by their families (Jareg, 1997; Fitzgerald, 138 1999), the parents' choice to support politically and/or military a liberation group (like in the case of children of Iranian Mujahedins or Eritrean Liberation Army soldiers living alone in Norway).

There are of course several other possibilities and combination of the above named circumstances. Among the unaccompanied children we come in contact with there are many who have been placed with relatives or political fellow men of their parents. After a while the placement disrupts may disrupt because of the children/youth asocial behaviour like stealing, school problems, defiance. In a few cases the families in charge of the children complained of their difficulties to get emotionally close to the children. Economic and emotional problems the children bring with them were also mentioned, as well as problems with the law as in the case of children committing felonies. A young couple with two biological born toddlers, reported great difficulties since one of the three adolescents they had living with them in a small two bedroom apartment, often woke up screaming at night, disturbing everybody's sleep. Another family found it difficult to keep a child who had been living with them from four to ten years old because he was so depressed and longed for his biological family. An aunt who brought up a ten year old nephew since he was a toddler after his parents death, wanted now all of a sudden to place him, with another relative. Several families gave up children they had taken care for years when these reached adolescence and presented for them incorrect behaviour. In some other cases physical and sexual abuse was

disclosed - like in the case of a young uncle in charge of two teen-age nieces-and was the reason for the placement to break.

Support to the private foster parents – material and emotional – is often scarce and even completely lacking. And definitely non-existent after the placement was over :this could be especially difficult for the other, biological children left within the family who were sometimes confused, missing their “earlier” brother or sister, and worried when knowing he/she was now placed in an institution.

## 2. *Refugee children re-united with biological parents: restoring a broken dance*

Among the cases referred to our out-patient clinic for therapy, supervision or consultation work there are children and young people who has been re-united with their biological parents, (most often just their widowed mothers), after long periods of absence (Carli, 1999a+b).

A “typical” case may be a boy or a girl between seven to thirteen years old at last being reunited with their mother, herself a refugee in Norway for some 139 years. Most often, the father may have been brutally executed and /or disappeared in the home country due to his opposition to the country’s regime. The young widow herself may have been in prison for up to several years, joined an opposition group herself or just fled the country leaving her children on the care of -usually- her mother or parents.

Eventually the young mother managed to flee the country. After a long and difficult flight she has arrived to Norway, learned the language, got a job, traced her children through relatives, Red Cross or other NGOs and finally managed to come together with them several years after the flight, imprisonment or political activity. In the meanwhile the daughter or son has grown up, her or his needs usually being met by others, if the child was lucky there may have been a loving grandmother, grandfather and/or extended family to whom the children became more attached to and who may have palliated the effects of the separation from the biological parents. Hopefully the child has started school, sometimes in a new language due to exile, though the frequency of attendance and the quality of schooling may vary. If the child is lucky this could be his/ her experience before meeting her/ his mother again in exile.

Unfortunately, a considerable number of the children referred to our out-patient clinic have experienced severe trauma besides separation from parents. Due to sickness, death, rape, mutilation and/or murder of their second caregiver – often their grandmother – like it was named above. In fact most of the re-united children and young people have a past as an unaccompanied/ separated child before meeting the parent(s). Some of these children have subsequently lived with casual caregivers, and even in the streets, where they were object of psychological and physical maltreatment, and in some cases sexual harassment as well. After a period of great expectations and even suffering, the parent(s) may re-unite with a child on the thresholds of adolescence. Several cases we have worked with dealt about a child meeting his/her biological mother, who the child did not remember. In one case the child did not know that she had another mother at all, and considered her grandmother as the “real” mother. When re-uniting with the mother (or father) the child may be grieving for his/ her grandmother or other caring relatives left behind.

Knowing little about his/her own history and even confused about the circumstances that created separations and pain, the child now has to adapt to a completely new family, society

and school. In those cases where social, school and/or family problems became too difficult the child and his/her mother may come into touch with Child Welfare Office who then asked us for assistance.

### *3. Overseas adopted children*

Though my work is at a centre especially focused on refugees we receive consultations dealing with adopted children and adolescents. The parents (usually the mother), the Child Welfare Office or other services may contact me since they know about my interest for adoption related issues. Some of the referrals dealt with “the oldest child” in a simultaneously adopted sibling group of two or three. This in itself is quite exceptional since both adoption of “older” children, and sibling groups are less frequent among Norwegian adoptions, but they represent a high risk group in placement as we will see later. The oldest child had to take care of the younger sibling(s). When finally adopted the oldest child had to relinquish his/her maternal function towards the siblings in favour of the “new” adopted mother. At the same time the oldest child, particularly the girls, had often been subject to sexual abuse, something that in itself was a cause of disturbance.

The younger siblings being cuter and smaller got as it was expected more parental attention and would provide adopted parents with long wished parenting and nurturing opportunities. The youngest child(ren) could without effort regress in their behaviour and become “small and baby like”. Such behaviour was also easily accepted by the adopted parents when coming from the youngest child and these could more easily re-attach to the new parental figures. When this was not the case for the oldest child we can suppose that a poor bonding to adopted, together with the lost feeling of competence emanating from the care of younger siblings, paved the way for following difficulties, that could show dramatic consequences in adolescence. But cases like the above mentioned were not necessarily representative: a few mothers called to ask for advice because of “the younger” child, adopted a few years after the first, and not his/ her biological sibling.

Unlike “the first one” this “second” child presented problems that the parents did not recognise in their first adopted child. These children’s background seemed to be characterised by separations, malnutrition, abandonment, maltreatment, poor stimulation. Two girls at school age were referred within a few days: both came from the same Latin American country, and both were left abandoned at a hospital by their impoverished mothers. Eventually they were placed at a children’s home. When adopted at around three years old neither of them could walk properly, they were under stimulated and could only eat pureed food. One of the adoptive couples said: “she had such a strange, wild gaze – actually she did not look like a human being, she was like an animal”. This was a little girl with serious problems to relate to other children, who for the most es-141 caped and feared her. The other girl was very anxious, and very dependent on their parents, but clever and well formulated. She would volunteer to show me pictures from a series of operations she had, but she would get sad and upset when her parents suggested she could show pictures from the orphanage. The parents explained: “she looked so re-signed and had such sad eyes, now she does not want to see those pictures”. Again the cases to be exposed here could be many. All of them seemed to deal with adopted children with special needs – or at least parents with special needs when it came to meet their new children. Several parents reported that they had been in touch with Child Guidance Clinics without feeling it helped much.

These competent, well informed and active parents not always seemed to be welcomed with their knowledge and insight on their children specially and adoption issues generally. Some parents reported missing more concrete examples of how to deal with their children's difficult behaviour. One couple attended counseling with a social worker during some time but eventually stopped it since it was required that the mother (a warm and talkative woman) would stop talking and let only the father talk – for one year! At least she could not bear it any more and both parents stop attending to counseling. In cases like the above named it seems as if personal of Child Guidance Clinics lacks the strategies that could enable them to ally with adoptive parents, who after all are not the reason for their small children's extreme suffering. Instead it looks as if there is a tendency to exclude and even attribute pathological factors to the adoptive parents. This is of course not a general assumption, but there seems sometimes to be more or less hidden suspect about “these adoptive parents”, which of course does not facilitate collaboration with them. In these cases the real loser is the child – and the family.

### **Some common traits between these three categories of children**

One of the common issues between refugee unaccompanied and re-united children and youth as well as the adopted ones lays on the circumstances that lay behind their condition. War, political persecution, often related to unequal possibilities and economical injustice can be found in the home countries that “produce” refugees and/or internationally adopted children. There are in fact several countries where both political refugees and adopted children come from at the same time: like China, Peru and Ethiopia, just to name some of them. Other countries – like Chile and Brazil- woke up from long and cruel dictatorships and include children among their “export” subjects. Argentina has as well as tragic past with a dictatorship that included children from political opposition members among war preys, many of these children being operated out of their mothers' womb to be given away in illegal adoption, the mothers to include the long lists of “disappeared” people (Nunca Mas, 1999).

Injustice is therefore at the base of both adoption and exile causes. Another aspect these children share is the fact that they have experienced separation from their primary care givers, and even traumatic experiences as well. Consequently they have problems to attach to new caregivers while still bereaved and in – open or covered – despair.

In spite of these being children from abroad, with different cultural and experience backgrounds, there are many parallels between other, in this case Norwegian, children who are placed in foster homes, face a difficult divorce, live in an institution and the like. Also these children and youth face separations, exposure to trauma and face the pain and longing for what they have left behind. They may as well face loyalty conflicts due to their feelings towards different caregivers, and may reject those who now approach them wanting to provide them with love and care. The fact that children and youth under these circumstances may project their anger and disappointment, a deep feeling of betrayal upon new caregivers and personal is not new either.

The fact that problems could become more evident during adolescence is a more known factor for other youth as well, and considerably studied one it comes to adopted adolescents. Also for re-united and unaccompanied refugees this is a time in life when bio-logical, social and emotional changes challenge the individual and their surroundings. This is also a time were a considerable amount of physical and psychical energy is released and when also the increase in cognitive development allows the individual to think about herself and the world around

her with new depth and abstraction. Questions related with her/his own place in the world, the circumstances about her life, the losses that have happened before can now be dealt with in a deeper and therefore more painful way. Research on adopted individuals points out that children may in fact delay the grieving process after the loss of their primary caregivers until their intellectual capacities as well as their psychical energy allows them to deal with the problem in a new way, usually during adolescence.

### **Concluding comments**

Separation from their primary care givers has a strong impact on children, but also on other's involved: their biological parents, their foster or adoptive parents, the social workers, psychotherapists. Each of these may react in a different way:

Children may become detached, frustrated and/or aggressive towards themselves and or the outer world. If not provided with adequate care their inner world may feel collapsing, chaos and lack of self esteem being one of the possible causes to behaviour and school problems. Foster, adoptive and even biological parents may protect themselves for the child's suffering by denying or overlooking it, they may as well protect themselves from the pain of actually living together with a child they cannot recognise as own, who doesn't seem to love them and who they themselves feel strongly ambivalent or negative about. Eventually parents may attribute the child "bad" qualities, especially when comparing him/her with other, may be their own children who do well, and provide caregivers with a feeling of being good persons and parents.

We can assume as well that there is a risk for the new parents to be secondary traumatized themselves due to their exposition to their children's traumas. Especially in birth parents this can create deep feelings of guilt that need to be addressed. Social workers and other involved may as well deny the child's suffering, desperation and grief. Harper (1984) talks about the role an "indecent" has in placing the child and the resistance to help the child deal with separation and grief issues as a common trait among social workers dealing with children who have experienced a break in their placements.

In this study I have attempted to categorise the cases presented as concerning mainly:

- 1) unaccompanied refugee and migrant minors,
- 2) minors reunited with their families, and
- 3) overseas adopted children.

The children's experiences seem to be quite alike independently of their status in Norway. Among the hazards faced was separation from birth parents, good or bad care by new persons, eventually separation from these, adaptation to new - or "old", biological- parents. Several children had faced or were currently facing severe maltreatment and abuse prior and after arrival to Norway besides change of language, country and familial surroundings They were also facing being a member of an ethnical – often dark skinned/haired – minority in a country where they easily were identified as "aliens".

Unaccompanied children whatever their status, are nevertheless to be seen as probably the most vulnerable of all the children and youth populations in our country. Efforts must be made so that their integrity is secured by planned actions and not - as the unfortunate case for

the many- by chances of good luck in the figure of caring people who happen to like them and is willing to commit themselves. Special efforts should be made so that these youngsters are not left on their own, abandoned to chance if they are not going to meet adult life in complete aloneness and/or with danger of poor adaptation.

The symptoms presented by the children we are dealing with tell us nothing about what they have gone through or what they are facing now. Symptoms are to be seen as expressions of despair, bereavement, abuse and other extreme burdens these children have met and currently meet. Even when these happen to be normal reactions for someone facing extreme psychological stress, children must not be sent home to work by themselves traumatic experiences. Emphasis should be put on getting to know the actual individual, provide him with time and consistent relations through healing, constructive work. Individual, group and/or family therapy approaches at official Child Guidance Clinics or in collaboration with these must be given priority.

Cultural and religion issues should not be over-focused on. Their role when understanding the child's suffering and in helping him or her to cope with it is secondary with respect to approaches by Child Welfare Offices or in relation to therapy. Commitment and interest on the hand of a skilled social worker, teacher, psychologist or psychiatrist must instead be focused on. Human beings share more than what may seem to separate them and the individual's right to appropriate care and dignity must be stressed. Abuse and maltreatment are not to be seen as acceptable cultural expressions out of misconceptions about what "cultural" understanding is all about, but as a sign of dysfunction in the family and /or the social group.

Unsatisfactory collaboration between Child Welfare Offices and Child Guidance Clinics has been reported several times. This is a serious issue that must be addressed in a constructive way as soon as possible. Methods for appropriate collaboration and exchange of practical and theoretical knowledge must be put on work. Child Guidance Clinics could in some cases be earlier involved in the evaluation of a case, considering the long term needs in collaboration with Child Welfare Services and other Primary Health and Social Services.

Care givers for the children and young people I have referred to, whether biological parents, adoptive ones or relatives in charge of the children, may lack the necessary understanding of the child's special needs, or they may just lack constructive approaches to the new family situation they all are in. It is my view that post adoption services, as well as supervision and support for newly re-united families and for children separated from their parents ought to be provided.

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