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Therapy groups for refugee children in Finland - How was the children's psychosocial well-being four years later?

Introduction

A longitudinal study was initiated to explore the psychosocial health of refugee families in Finland. Interviews and tests with the families were conducted during four years. The children were given the chance to attend therapy groups, six months after their arrival in Finland. The children's psychosocial well-being during the last interview was compared to the well-being of a matched control group consisting of Finnish children, and a group of refugee children who have not attended therapy groups. This design made it possible to identify which circumstances that complicated the children's adjustment, and to evaluate the extent to which the problems may be reduced by intervention.

Participants

All refugee families who arrived to the southwestern part of Finland during 1995-1996 were asked to take part in the study. Three families refused to take part in the study for undisclosed reasons. Final participants: 50 families- 15 unaccompanied minors, a total of 140 children from:

Somalia: 5 families (28 children) and 14 unaccompanied minors

Former Yugoslavia: 12 families (23 children)

Iran: 3 families (7 children)

Iraq: 9 families (40 children)

Kurdistan: 4 families (22 children) and 1 unaccompanied minor

Sierra Leone: 1 family (1 child)

Zaire: 2 families (4 children)

Method

Biannual interviews with children and adult family members were conducted for the first two years and a final interview at the end of the third year. The interviews were structured and were similar to those formerly used in a Swedish study (Angel-Poblete, 1995). They were focused on themes like background variables, traumatic experiences, psychological and physical health and socioemotional adjustment. The children completed The Piers-Harris Children's Self-Concept scale, The Buss-Durkee Hostility Guilt Inventory, The Victimization Scale, The Family relations scale, The Attitudes of Acculturation test. Their parents completed The Höök & Cederblad's Symptom Checklist, and The Attitudes of Acculturation test. Teachers, social workers, and medical staff were also interviewed in order to get a more comprehensive picture of the children's adjustment.

Results

Traumatic experiences

The first interview showed that most of the children had been subjected to grenades, shooting and bomb attacks:

“I have seen the bombs coming and escaped from them. Often. I never knew from where the bombs came.”

“People were robbed easily, and our family experienced violence. Father was shot in his leg. The children saw when the bombs fell, at random. One uncle died this way.”

“The children saw a lot of bad things, like rapes. Father’s four sisters died in the war.”

“Although there were bullets flying around everywhere, you did not care. People just walked around.”

Many had been attacked at home and threats had been common. The refugee’s homes had been blown up, destroyed or robbed.

“It was worst when the Croats and the Muslims attacked each other. You cannot do anything against grenades, but when we were selling goods at the market somebody threatened us. There is nothing you can do when somebody slaughters your child.”

“Much. Too much. The house exploded. Our family was split. A missile destroyed the house. Only God protected us, the missile missed us. We escaped in the clothes we were wearing.”

Some of the fathers and some of the children had been in prison, and some had experiences of torture. One of the minors told us:

“When I tried to escape from Somalia, I ended up in the hands of another clan. They wanted money and threatened to kill me. After two months in prison the village was captured and I managed to get away. My friends were hit and tortured. I cried and pretended to be a little boy so they only threatened to hit me.”

The children could not have a normal childhood in the middle of the war. Possibilities to play or to attend school were few. Often the families decided to escape within a few minutes, for instance after a death-threat. Few had time to take anything with them, the bombs fell, and everybody was running in different directions.

“The war began and it was our turn. We escaped in different directions and I went in the wrong direction. Since then I have not seen my family.”

“I did not take anything with me, I escaped without shoes.”

Losses and separations

Most Somali and Iraqi children have some siblings still in their home countries. The families often do not know if their relatives are alive or not. All unaccompanied minors had been without their families for 3-7 years. Six of the childrens` fathers were dead, and some had seen their fathers getting killed in front of their eyes. Many of their siblings had died in the war or in some accident.

”My father in the field. Disputes. His own friend shot him. Father could walk a few steps and screamed “don’t leave my children as orphans”! The man who shot him is now a hero.”

”One of my sisters, I don’t know which one, died in a fire a couple of days ago. It is sad.”

“My uncle is dead. Three of my brothers and one sister recently died in a car accident in Ethiopia. Father, mother and one sister are still left in Ethiopia.”

“My oldest brother is dead – a grenade smashed into his head and he died. My brother was my best friend and it was hard to lose him.”

Now, four years after the study began, only half of the minors` families have arrived to Finland. During the waiting period some parents and many siblings have died because of illness, accidents or war situations. Many of the reunifications have not been so positive, since both parties expected too much after years of waiting. Cultural clashes have been evident. Those Somali minors who have been refused family reunification are very disapointed and jealouse at their friends.

The families’ experiences in Finland

Most refugee families had been verbally abused in town. Drunk people have shouted racial comments, and spit at them. The Somali youth have been the ones most subjected to racial attacks, and therefore they usually do not walk along in the streets. All of the boys had been attacked by skinheads, and some of them now have weapons with them when they go out.

“Five men ran after me with baseball bats in their hands. They hunted me by car. I have been fighting with the skinheads. I was beaten but I did not get any injuries. We were at the disco. We won, and the skinheads who lost, went after help. Taxis and the police brought us home.”

“The police are racists. Although the Finns begin the fight there is no justice. They are so bad in fighting, especially when they are drunk, and when the police see their wounds the Somalis get punished.”

”I have often been abused. Somebody hit me with a bottle in my head, another one with a base-ball bat- I’ve gotten stiches every now and then.”

“Last May I was fighting with a Finn in a buss. The Finn said: “fuck, look a nigger. I don’t like them. I am allergic against them”. I told him to get out of the bus then. He hit me from behind. I hit him back and my middle finger was broken. He left the bus. Every weekend people shout “nigger”... but I only been once in a fight.”

”My friend was hit by a knife in his chest. The ambulance took him to a hospital. We were four, the others got away but I was beaten.”

Teasing in school was common, especially Iraqi girls had been teased because of their veil.

“They constantly tease me at school. They write ugly words on the blackboard, draw pictures, throw rubbers at me. A couple of guys have burnt my shoe bottoms. I did not get any fire-injuries. I have reported this many times to the principal, but nothing has ever happened.”

”The bullies, 3-4 girls, spread out her things, threw her jacket on the floor. I guess they did not like her because she is foreigner.”

“The children tease her in school because of her veil. Five girls tease her. They say ‘Do not stand with her, she is not from Finland.’”

Psychological symptoms

Sudden sounds arose panic reactions in the children and adults, like banging garbage lids, the sirens of ambulances and the public alarm signal on Mondays in Turku.

“We get scared of loud noises. The first new year in Finland we were afraid of the rockets and fireworks, not anymore.”

”I am frightened. There was a grenade attack in my neighbours house. This comes to my mind.”

“I am afraid of the sounds of guns. I saw when people were hurt badly, I lost some family members.”

“Movies with violence. I am afraid and turn it off. The siren of an ambulance makes me shiver.”

”Yes. I think that it is the sounds of guns. I get scared. It awakens memories from Somalia.”

Most of the parents do not want to talk about the war anymore and just want to forget.

“We want to start all over again. We close the TV when pictures from the war appear. We live at this moment. We put the lid on.”

But still some of the children wake up and cry in the middle of the night. The Somali minors all have flashbacks and nightmares about their families, the sounds of guns, the killing of their fathers, the bombings, and dead bodies.

“I always think about my family. I am angry and my head hurts. When I see families together I feel so lonely.”

“Headache, sleeping problems, stomachaches. I miss my family.”

“Nightmares. I am happy I am safe. On the other hand I am sad that I had to leave my family. I was the oldest son, I had the most responsibility. I would like to be with them wherever they are.”

“Yes, flashbacks. I loose my sense of reality, it takes a moment before I realise that I am in Turku. According to the father everything is ok. According to our religion everything is Gods will, and tragic things just have to be forgotten.”

“Pictures from the war. People fighting with each other. Slaughtered bodies.”

“My sisters died in an accident. I think about them a lot. I see dreams about them, the pictures enters my head. “

“I have lots of nightmares. I have not seen my mother for a long time. She used to make me food everyday. I had to drink milk and eat four times a day. She forced me and looked after that I ate enough. It’s sad. I am depressed in Finland when summer is so short. I see dreams about my father that he wakes me up to pray. I get up and pray, and then continue sleeping.”

“I had a dream about my dead brother, he was not dead in my dream and came to talk with me. I also see nightmares about how the grenade-shred smashed into his head and he dies.”

Symptom checklist

Most of the children suffered from:

- stomachaches and loss of appetite
- sleeping difficulties and nightmares
- headaches and depression(especially the unaccompanied minors)
- concentration difficulties
- aggressiveness (temper tantrums)
- problems getting Finnish friends (language problems)

Most of the unaccompanied minors have dropped out or been kicked out of school because of too much shirking as a protest to the negative family reunion decision.

Acculturation

Parents and youngsters filled in the Attitudes of Acculturation questionnaire (Berry et al.). Most of the refugees saw integration as the best alternative. Some Somalis took a more isolated view, some refugees from Former Yugoslavia preferred assimilation, and some from Iraq preferred marginalisation.

Self-Concept

The adolescents completed the Piers-Harris Childrens Self-concept Scale. Somali adolescents had quite a good self-concept regarding physical appearance compared to Finnish controls, and compared to the refugees from Iraq and former Yugoslavia. They rated themselves as good looking, strong, as having pretty eyes & nice hair. All refugee children however, felt significantly less popular than the Finnish adolescents. They found it hard to make friends, and felt left out of things. The refugee children also felt less intelligent, and reported that they were not very good in their schoolwork. All refugee children reported high anxiety. The Somali adolescents reported the highest anxiety of all the refugees. They felt nervous, they were worrying a lot, they felt that their parents expected too much of them, they felt left out of things, they could not sleep well, they often felt afraid, and they got worried when they had tests in school. They also felt that they got into trouble more often than the Finnish adolescents.

The Finnish control children had higher means on all self-concept items.

Significant differences between refugee children and Finnish control children on specific items:

I have a pleasant face (reversed) **
My friends like my ideas (rev.)***
I have many friends (rev.) **
It is hard for me to make friends ***
I am unpopular*
I feel left out of things ***
I am among the last to be chosen for games **
People pick on me *

I am a happy person (rev.) **
I worry a lot *
I like being the way I am (rev.)*
I sleep well at night (rev) **
I am unhappy **
I am often afraid ***
I am shy **

I often get into trouble *
I cause trouble to my family **
I can be trusted (rev.) *
My parents expect too much of me ***
I give up easily **

I get worried when we have tests in school **

My classmates in school think I have good ideas (rev.) **

* $p < .05$

** $p < .01$

*** $p < .001$

Daycare and school

The reports from daycare were positive. The children made friends easily, and as long as they were working in small groups the children did well cognitively as well as socially. The reports from schools were quite negative. All of the refugee children had a lot of language problems according to the teacher. Some children were very withdrawn, while others showed a lot of attention-seeking behavior. They mostly had friends only from their own culture. Some of the Somali children had no former school background. The teachers were very worried about the refugee children's rootlessness, cultural-identity- confusion, and future.

Intervention

Six months after their arrival in Finland, the therapy groups allowed the children to express feelings related to traumatic experiences. Groups like these have been created by Angel-Poblete and are now widely used in Sweden. The parents were adequately informed about the process and the main aim of the group, and how it might affect the child.

The aims of the therapy groups were:

- to give the children permission to be children again, to play and to forget the painful experiences, and to have fun in the group with others
- to support the children's age adequate development, and to give them a chance to relive and work through traumatic experiences (violence, war, separation, the escape to another country and the adjustment to a new culture) in a secure environment
- to through sharing experiences and emotions with each other have the children realize that nobody is alone with their experiences and emotions
- to create a trusting relationship with the children, to make them feel accepted the way they are, in our culture and our society
- to support and encourage the children's cultural identity and roots, by playing with them and telling them stories and fairy tales from their home country
- to support the children's ability to cope with difficulties
- to create a structure in the children's life, which could promote their well-being, and help them look more positively at the future

Thirteen therapy groups, consisting of Arabic, Bosnian/Iranian children, Kurdish children and two groups for unaccompanied Somali and Kurdish youth, were successful. One multi-cultural group did not work out. Talking, drawing, claying, painting, sewing, playing, singing, dancing, storytelling, and role plays combined with discussions were used as working methods. All the children could, one at

the time, tell the others about their drawings and other products and then they were discussed within the group.

Some themes that were discussed in the group were: the family (who belongs to the family and who does not), memories from the children's home countries, "Something I really miss", important things in their culture, "Paint whatever You like", the arrival to Finland, and experiences in this country, "That time I was really scared", playing with the children's dream home as the theme, "The most beautiful thing in the world", fairy tales (Aladdin's lamp), to make up and playact a fairytale of their own, "I", and "What You would like to do with your life".

The groups lasted 10 times (1.5 hours a week). A child psychologist and a nursery school teacher functioned as group leaders. No groups for Somali children worked out. The reasons were family secrets and conflicts between different clans which, among other things, made the parents very suspicious towards the idea of groups.

The group for unaccompanied minors from Somalia did work out, and it was a bit different from the other groups. It was lead by a psychologist and a Somali social worker. Seven boys attended. Every second time the group had some kind of activity, like going to a movie, playing football, going swimming, making food, and every second time the group members talked about emotions and thoughts aroused by the activity. Themes that were discussed: separations, wishes concerning their families, experiences and disappointments in Finland, culture and religion, communication in Finland, school in Finland versus school at home, gender roles. All the group members could together decide what to do the next time. This made the group less threatening and anxiety provoking. After some hesitance the boys talked quite freely about emotions and deeper thoughts with each other and took up lots of frustration towards the Finnish society and their longings after their family. The group played a kind of family role for them, a secure environment, and groups like these should be continuing until the families arrives or until the minor feel that he is ready to go on without the group.

Four years later

How were the families doing four years later? Had they adjusted psychosocially?

It turned out that the families still had lots of problems

- all of the parents were still unemployed
- the parents had no/very few Finnish friends and felt very isolated
- the children were still teased in school and in the playground
- the families were subjected to racial insults and physical attacks in the street

According to the teachers the problems were getting worse. Especially social- and academic adjustment problems were increasing for most of the children. Probably the expectances and demands were higher every year. Some examples (2:nd / 3:rd / 4:th year) from the teacher questionnaires:

Popularity

- The classmates make fun of him/her (3 % / 13 % / 19%)

- His/her friends do not like his ideas (35 % / 33 % / 67 %)
- He/she is not popular with boys (52 % / 71 % / 79 %)
- He/she is not popular with girls (45 % / 59 % / 80%)
- It is hard for him/her to make friends (39% / 29 % / 48 %)
- He/she is among the last to be chosen for games (32 % / 32 % /39 %)
- He/she does not have many friends (59 % / 64 % / 85 %)
- People pick on him / her (7 % / 11 % /19%)
- He/she feels left out of things (41 % / 30 % / 43 %)

Schoolwork

- He/she is not good in his/her schoolwork (42% / 53% / 75 %)
- He/she forgets what he/she learns (28 % / 34 % /48 %)
- He/she is not smart (14 % / 11 % / 48%)
- He/she is not a good reader (47 % / 52 % / 67 %)
- He/she has no good ideas (27 % / 37 % / 73%)
- He/she gives up easily (26 % / 23 % / 43%)
- He/she is slow in finishing his/her schoolwork (41 % / 29 % / 47 %)
- He /she cannot give a good report in front of the class (70% / 63 % / 90%)
- He/she gets worried when we have tests in school (22 % / 47 % / 47%)
- His /her classmates do not think he/she has good ideas (42 % / 52 % /84 %)

Psychological well-being

- He /she is nervous (18 % / 23 % / 25 %)
- He/she worries a lot (31 % / 38 % / 25 %)
- He/she is often afraid (19 % / 10 % / 10 %)
- He /she cries easily (10 % / 6 % / 10 %)
- He /she is unhappy (31 % / 20 % / 22%)
- He/she does not like being the way he/she is (24 % / 16 % / 30%)

Adjustment

- He /she often gets into trouble (26 % / 13 % / 24%)
- He / she cannot be trusted (30 % / 44 % / 40 %)
- He /she does many bad things (34 % / 18 % / 19%)
- He /she is not well-behaved in school (24 % / 21 % / 19 %)

The teacher reports correlate positively with the children's picture of themselves, which were reported earlier.

According to the parents, however, many of the psychosomatic symptoms had decreased significantly during the four years. Few of the children experienced startle reactions anymore. Only a few still suffered from stomach aches, headaches and depression. Their aggressive outbursts had also decreased.

Concentration difficulties, on the other hand, had increased in most of the children. The feeling of loneliness, isolation and sensitivity were as high as in the beginning. The same goes for sleeping difficulties, although the nightmares were not as common as before. Many children still ate too little,

according to their parents, but mostly the reason was seen as the “strange Finnish food”. Many parents saw their children as too strongly attached to them. In many cases this dependency had increased during their time in Finland.

Conclusions

It is evident that the refugee families arriving to the south-western part of Finland have had lots of traumatic experiences. The refugee children were somewhat unbalanced, angry, depressed or aggressive according to their parents, and some symptoms did not go away by time. A group therapy intervention for the refugee children seemed to be one possible way to help the families in their psychosocial adjustment. Although the thirteen groups were very different in content, it seemed important for all the children to be with adults in safe surroundings, to create a relationship with them and to talk about important things. The children changed in a positive way during the process, according to their parents as well as the psychologists. They talked more, were more open and happy. Most of the children enjoyed the group sessions, and seemed eager to continue. Some of the children also needed individual therapy, but for some the groups were enough to get on track again. Still the groups should be continuing as long as the children need them.

It turned out to be very important that the parents were informed about the psychological consequences of war, and the need for the children to work through their experiences. Even the more hesitant parents saw the group as positive in a longer perspective, and wanted the children to continue group activities. The parents also began to seek help in some form, for example going to a psychologist. It seems to be possible to help the whole family by first helping the children. Support for parents was provided simultaneously during the group sessions. The group leaders had subsequent meetings with all parents regarding the group.

Teamwork with other instances such as school, daycare, health care centers and the International Service Centre was important. Helpful feedback was given in both directions. The interpreters had varying skills, and sometimes it was not possible to get the same interpreter every time. In the future special group therapy interpreters should be trained.

Although the children have worked through their traumatic experiences, and many of the psychosomatic symptoms have disappeared, the psychosocial adjustment seems to be problematic, especially in school. There should be more focus on our society’s way of integrating the families.

The refugee-pre-school education must be longer than 6 months, preferably 1-2 years. There are not enough resources to take care of the children who, after six months, are allocated to normal classes. They suffered from language problems and concentration difficulties and when the situation got too problematic, the children were sent to some special school for so called “problem kids”. More assistant teachers are definitely needed.

The parents complained that 2 hours/ a week were not enough to keep up the children’s mother tongue. Many children already spoke only Finnish with their siblings. Some children went to Koran-school during the weekends, to learn their own language and more about their culture, in order to support their ethnical identity. The Muslim girls seemed to be isolated and teased in school because of their veil. Some girls were sent away to get a “proper upbringing” in an Islamic country.

The refugees had often been attacked by racists. It would be important to stress more on projects against racism. Refugees talking about their personal experiences in schools have been one good way of combating prejudices and racism. Schools should also be more active in arranging multicultural meetings and parties.

The unaccompanied minors often felt that they had none to talk with. The group therapy seemed to support them a lot, and functioned in one way as a support family, but more support families are needed. The family reunion system must be much quicker. The minors have been living in an orphanage with few resources to take handle their psychological problems, like depression and psychosomatic symptoms. Some of the minors started to use alcohol and drugs to cope with reality. The Somali minors waited for their families for 3-7 years. When the families then finally arrived, it was already too late in some cases. The family relations could not be rebuilt, and the cultural clashes were evident.