Knowledge of Child Refugee Experiences Through Non-Fiction Texts

Mary C. Chavarria, MD

I am a native of Los Angeles, California, and daughter to a Mexican immigrant. As a fourth year medical student interested in child psychiatry and trauma, with separation of immigrant and refugee families rampant in the news and *JAACAP*'s development of a literature and resource collection, I became compelled to know more. I soon learned that refugees are the fastest growing population in the world, their needs are largely unmet, and 50% of refugees are aged 18 or younger.[1,2] We encounter them clinically and personally, and we are often under-prepared to meet their needs. I found valuable insights in 3 non-fiction texts:

> *The Children of Château de la Hille* by Sebastian Steiger[3] (referred to as *Château* throughout the remainder of this article): An account written by a teacher at a castle that hid away over 100 children at the foot of the Pyrenees in occupied France during World War II; it is written both from his perspective and using written accounts of the children themselves, remarkably, most of whom escaped alive.
>
> *They Poured Fire on Us from the Sky: The True Story of Three Lost Boys from Sudan* by Benjamin Ajak, Benson Deng, Alephonsion Deng, Judy A. Bernstein[4] (referred to as *Fire* throughout the remainder of this article): A collection of the stories of 3 young Sudanese boys driven from their homes during the civil war between 1987 and 1989, who like tens of thousands, became known as the Lost Boys. They streamed out over Sudan on foot, fleeing first to Ethiopia before being driven back into Sudan towards Kenya before finding their new lives in America.
>
> *City of Thorns: Nine Lives in the World's Largest Refugee Camp* by Ben Rawlence[5] (referred to as *City of Thorns* throughout the remainder of this article): Reportage by a journalist who visits Dabaab, the world's largest refugee camp situated deep within the inhospitable desert of northern Kenya—it is variably a humanitarian crisis to charity workers, a 'nursery for terrorists' to the Kenyan government, a dangerous no-go area to the western media, and last resort to its half a million residents, many of whom are children.

These texts share several key elements. Essential to these children's experiences were family, identity, home, and loss thereof. The children additionally face developmentally inappropriate challenges and expectations with accelerated, forced adulthood roles. These texts detail suffering and how different individuals experience it. Some cope adaptively, while others maladaptively, or not at all. The stories communicated in each book help providers understand the significant psychiatric implications of what child refugees have endured.

When it comes to a child's initial sense of self, family is vital. In *Château*, while the children sought nominal medical care, they benefited from something greater. The author (occasionally sentimentalizing childhood) writes, "They all needed to feel they belonged here as members of our 'family,' so a bit of ointment gently applied to a finger could sometimes do the trick" (p. 115).[3] By adopting a surrogate parent, the children identified someone to rely on, model authority, generate structure, and provide comfort. Similarly, in *Fire*, Alepho reports better times in structure and community: "once I was with a group of boys, many of them, in a settled place, I saw a change in myself. I tried to fit in. We would go out and play soccer in a group, shouting, 'We are the best team! We are the strongest team!'" (p. 129).[4] Another boy shares: "Family had become so precious to me. Without it I was like a tree alone in a desert" (p. 111),[4] "my heart soared at the possibility of seeing my oldest brother, of being with an elder from my own

family, someone who cared about us and would know what to do" (p. 133).[4] The surrogate "family" serves as a stabilizing force for the uprooted child.

Being uprooted from home poses a physical and personal existential threat. Separation from one's family removes societal protection and increases danger. Deng unflinchingly recalls, "Back in Juol, anyone who knew my father's name would treat me with respect. On my own, people insulted me, kicked my hand and whipped me. I was nobody" (p. 177-178).[4] Following mistreatment, Ajak shares how "I didn't know why he did that to me. Maybe because I didn't have adult family, because I was just a kid" (p. 205).[4] With loss of family, these children describe loss of identity, respect, and safety. The young are pushed into adult circumstances by adult conflict. Children are militarized, commodified, and seen as a renewable, disposable resource: "They wanted more boys for their army. Soon we would be on the front lines, where they didn't care whether you lived or died. They said, 'Thousands die and a hundred are born a day. Who cares about your life at your age?' Our lives seemed of no consequence to them" (p. 223).[4]

As Rawlence discusses for some of the Lost Boys and other inhabitants of Dabaab,[5] there is an element of listlessness in waiting. While there are some who maintain and nourish dreams of escape and exhibit phenomenal resilience, there are others for whom the thoughts of fleeing are inconceivable. Rawlence writes, "For a mind shaped by the confusion of war, the ability to imagine that life might be different or better elsewhere is an uncommon leap" (p. 19).[5] Rawlence describes "Muna [who] was perhaps the ultimate child of her generation. Raised in the limbo of the camp, the true daughter of Dadaab, Muna had relinquished responsibility for herself entirely to the testing mercy of events. It had become a way of life" (p. 210-212).[5] After having been powerless for so long, the individual no longer attempts to take charge or change anything. In this way, child refugees may be difficult to engage, following such decimation, but it remains vital to try.

The authors identify an additional barrier—fear of the traumatized person. Steiger, haunted by the memory of Rosa, harbors feelings of guilt for how he feared this traumatized child, questioning how his feelings contributed to avoidance versus intervention.

> Rosa Goldmark, a child clearly in distress. Her behavior was very strange. Nevertheless, I might have taken the time to be with her. She did everything possible to avoid people and wandered around the Château as if she were living in another world. Was I too young, or was I too preoccupied with my own concerns to help Rosa? I don't know. Perhaps I was really afraid to approach her and even to try to understand her. The idea that she might cling to me like a drowning person clings to a buoy frightened me. If I had had the least suspicion of how much she was suffering, perhaps I could have helped her (p. 93-94).[3]

Difficult to engage and overlooked by caregivers, Rosa deteriorated. While a number of children sought connection and care in the infirmary for concerns big, small, or imagined, Rosa "had never come to see me in the infirmary… Only a very few – perhaps Rosa was the only one – never came at all" (194).[3] Thus, she further reinforced her otherness, discouraging intervention. While the majority of children housed with her went on to have inspiring stories of survival and escape, Rosa charted a more dismal path, withering away and dying, psychotic, in a psychiatric hospital at age 17. While Rosa's story, complicated by psychopathology, does not apply to all who have suffered trauma, her tale begs the question of what can be done when one is so entrenched in their isolation. Steiger wondered what he could have done differently and even how much of a role he could have played. The consequences of one fearing and avoiding those traumatized are grave. We must recognize our unconscious bias, counter-transference, discomfort, and fears in order to be most present and provide the best care to this important population.

These perspectives highlight the diversity of refugee experiences. While no one voice speaks for all, by listening to many, certain commonalities emerge and the differences are complex. When observing the development of psychopathology (such as Rosa's) and other

posttraumatic psychotic experiences, it may be difficult to disentangle independent psychiatric illness from trauma reactions. The outcome regardless is a complicated interplay between predisposition and experience. As refugees, especially children, they share trauma and developmentally inappropriate challenges. The trauma may become a lasting legacy that reverberates through generations. However, with the support and care of the *Château*, the vast majority of the children grew to lead happy, successful lives.[3] Despite the horrors they endured as detailed in *Fire*, these 3 boys developed into successful authors and advocates in the setting of re-establishment with community and mentorship.[4] In *City of Thorns*, Tawane, a once traumatized youth, connected with a volunteer group in the camp, was elected leader, and went on to communicate and advocate with the United Nations.[5] With awareness and intervention, opportunity exists for maturation, reflection, and growth.

Take Home Summary

Refugees are the fastest growing population in the world, their needs are largely unmet, and half are 18 or younger. They experience loss of family, identity, home, and safety. Without appropriate attention, they face a lasting legacy of trauma.

References

1. Number of migrants now growing faster than world population, new UN figures show | UN News. September 17, 2019). https://news.un.org/en/story/2019/09/1046562. Accessed November 10, 2019.
2. United Nations. Figures at a Glance. June 19, 2019. Accessed November 10, 2019. https://www.unhcr.org/en-us/figures-at-a-glance.html.
3. Steiger S; (translator – Hoy J). The Children of Château de la Hille. 1st edition. Lexographic Press; 2017.
4. Ajak B, Deng B, Deng A, Bernstein J. *They Poured Fire on Us From the Sky: The True Story of Three Lost Boys From Sudan*. 10-anniversary edition. New York: PublicAffairs; 2015.
5. Rawlence B. City of Thorns: Nine Lives in the World's Largest Refugee Camp. New York: Picador; 2016.

About the Author

Mary C. Chavarria, MD, graduated Washington University School of Medicine in St. Louis in 2019 and is a resident at the UCLA Greater Los Angeles Veterans Administration Psychiatry program.

The author has reported no funding for this work.

Disclosure: Dr. Chavarria has reported no biomedical financial interests or potential conflicts of interest.

Correspondence to Mary C. Chavarria, MD; e-mail: **mchavarria@mednet.ucla.edu**

This article was edited by Paula Wadell, MD.