

Afghan police beat deported asylum seekers in front of Danish officers

Refugees in Serbia sprayed with insecticides before forceful eviction

250 refugees feared dead after shipwreck



Gruesome headlines.

Startling photos.

Reality.

We are living amidst an unprecedented global crisis with men, women, and children fleeing war, violence, persecution, torture, poverty, discrimination and exclusion only to face more of the same when they arrive betwixt and between—there are few safe places to call home. They leave cruel, inhuman, degrading treatment and punishment only to be exposed and often victimized further while traveling toward longed for international protection and services. *Continued on page 26*

These people need our help. They deserve our attention. They've witnessed and survived atrocities so heart wrenching I can't bear to write about them in detail. Thankfully clinicians are responding. People like Aida Alayarian, MD are providing services to this vastly under-served client population.

Aida Alayarian, MD, the founder and current Clinical Director of the Refugee Therapy Centre in London, Great Britain, shares her experiences working with people impacted by the refugee crisis. She has previously published books and papers on this topic (click here to read her 2009 article entitled: Children, Torture and Psychological

<u>Consequences</u>). In her latest publication, *Children of*

Refugees: Torture, Human

Rights and
Psychological
Consequences, she
once again
contributes her
thoughts on how
to support the
complex needs of
this cliental and
identifies the
different layers of
discrimination and
violence that interact to

exclude children from resources "required to nurture their full potential" (pg. xiv).

Despite the proclamation that "safeguarding children and young people is a responsibility for all of society" (Children's Act 2004), nearly "a hundred thousand unaccompanied children sought asylum" in Europe in 2015, mostly from Afghanistan and Syria. Thirteen per cent were younger than fourteen years old (Collins, 2017). In 2014, authorities in the US reported apprehending almost 70,000 unaccompanied children (Alayarian, 2017, pg. xv).

The situation appears comparable for 2016 despite incomplete data. "Experts estimate that for every child who claims asylum one enters Europe without seeking legal

protection. The number of unaccompanied minors attempting to enter the United States, most of them from Central America, has also increased dramatically in recent years. President Trump's executive order on immigration, in addition to barring refugees, targets asylum seekers, many of whom are unaccompanied children" (Collins, 2017).

These youngsters' experiences of torture the magnitude and complexity of the torture so indescribable, so heinous that not only are their lives impacted today but these experiences will influence generations to come.

For those who do cross borders, who do make connections, services are sorely

lacking and further flummoxed by the lack of a clear understanding of how to care for persons subjected to torture (Alayarian, 2017, xiv). Centers that provide therapeutic services are in demand. Providers staffing facilities often struggle to support those who

cross their threshold.

"At an age at which most kids need supervision to complete their homework, these children cross continents alone."

(Collins, 2017).

The Refugee Therapy Centre was "established in 1999 in response to the growing need for a therapeutic service which respected, and worked with, the cultural and linguistic needs of refugees and asylum seekers" It is an organizational member of the United Kingdom Council for Psychotherapy and Council for Psychoanalysis for Jungian Analysis, and a registered charity.

Their central purpose is to "help refugees and asylum seekers to feel empowered to deal with their psychological difficulties by providing specialist counselling, psychotherapy and support." They "offer individual, couple, family and group therapy, as well as child and adolescent psychotherapy, based on an assessment of need."



Patients at the Centre can receive support in English or their native language and work with someone from their cultural background or not. Sensitivity to their feelings is at the forefront: many chose "not to see a therapist from their own cultural background because of feelings of mistrust, guilt, shame or embarrassment about what has happened to them, but also due to the intensity of feelings of pain when talking in their own language."

The Centre is the setting for *Children of Refugees* as Dr. Alayarian shares first-hand accounts of men and women who have come to the Centre to help her address the critical question: How can we create a world where all children and young people are respected, valued, and heard?

The forward, written by Victor Madrigal-Borlos, Secretary-General of the

International Rehabilitation Council for Torture Victims provides an overview of Dr. Alayarian's mission as well as the significance of her contributions. The book's contents, divided into ten chapters plus a

conclusion, define torture as well as identifies those considered refugees and asylum seekers. Dr Alayarian discusses the care, protection, and mental health of children in conjunction with human rights and the rule of law. The European Convention on Human Rights, the Committee on the Rights of the Child, the European Social Charter: The Right of Mothers and Children to Social and Economic Protection, and the United Nations Convention against Torture are addressed with clear citations from these documents that were created to protect yet fail to insure and provide that protection. Obstacles to monitoring and eradicating torture are based on the reality that we are far from "a world without human rights violations, impunity, and torture of children and adults" (pg. 103).

According to Dr. Alayarian,"a wide gap exists between the psychological needs of the children of refugees and the services provided. Refugees' home countries, cultures, and social make-up are widely Continued on page 28



diversified, and their needs cannot be readily consolidated. This diversity of interest and need goes unacknowledged by the service-providers who may treat them as a single, homogenous group. Some refugees' needs are exaggerated, while others are ignored. This approach often ignores the justifiable and legitimate interest of refugees' psychological wellbeing. Many children of refugees may struggle with questions of race, ethnicity, language barriers, and other socio-political and economic issues that can influence their mental health and psychological wellbeing. Preoccupations of the child's emotions with those issues therefore have effects on child personality formations."

Lionel Bailly, from the University College London Psychoanalysis Unit writes:

"Aida Alayarian is a frontline clinician who works with refugees and her firsthand experience of the reality of their suffering informs and enriches the text of this important and useful book. The current refugee crisis in Europe and the Middle East has exposed large numbers of professionals to unfamiliar difficulties, and it is important to point out that doctors, social workers, nurses and other support staff receive very little and sometimes no training about the needs of refugees, let alone information about the wider issues affecting them. This precise and clear book reviews fundamental questions that underpin the lives of refugee children."

This book clearly addresses a difficult topic for those on the frontline providing services as well as reaches out to inform, instruct, nudge and at times prod readers from all backgrounds to face the atrocities refugees, migrants and asylum seekers face and act

to end what is happening to children and their families worldwide.

A well-worn cliché states that it "takes a village" to pretty much accomplish anything; in this case, it will take all the world's inhabitants to open their eyes and their hearts and commit to end abuse, torture, violence, persecution and discrimination for all people. A lofty ideal yes. And with clinicians like Dr. Alayarian in the field who are devoted, informed, passionate, and willing, it's easy to be swept up in the energy and movement and at least try to make a difference, one child at a time.

Aida Alayarian is a consultant clinical psychologist, child psychotherapist since 1986, and adult psychoanalytic psychotherapist since 1998. She has a Masters in Medical Anthropology and Intercultural Psychotherapy, with a background in Medicine. She is the founder and currently Clinical Director of the Refugee Therapy Centre.

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