

Academic/Research Article

Are they ‘invisible children’ in an ‘invisibly violent system’?

A qualitative exploration of service providers’ experiences working with children seeking international protection in Ireland

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Globally, at the end of 2022, 43.3 million children remained displaced from their homes, and over 130 million people, it is expected, will be stateless by the end of 2024 (UNHCR, 2024).

Over 1 million people entered Europe in 2015 fleeing poverty, war, and persecution; and in 2016 Ireland granted refuge to 760 refugees from Syria – a significant figure given the size of Ireland, and that the country was in the middle of a financial crisis at the time (College of Psychiatrists of Ireland, 2017). Statistics showed one-third of the migrants and refugees arriving in Europe during 2019 were children. Of that, 71% travelled alone, while 12% travelled with family. The main reasons for travel were: seeking safety, protection, and hope for a better future (UNICEF, 2019).

CSIP in Ireland are currently governed by the law set out in the International Protection Act 2015. However, there are potential gaps in the law, which have been highlighted by the Children’s Rights Alliance (2015) – such as the lack of visibility of accompanied children. The current focus tends to be primarily on separated children. The Office of the Refugee Applications Commissioner (ORAC), and the Refugee Appeals Tribunal (RAT), provide facilities and offer rooms that are child-friendly to

The children seeking international protection within the Irish welfare system live within a paradox of darkness and light. Service providers supporting them hold the tension of this paradox by witnessing their despair and hope. How can service providers and CSIP be better supported?

Introduction

This study explored service providers’ experiences of working with children seeking international protection (CSIP) in Ireland, and it highlights the impact current processes have on both service providers and children. The literature reviewed included statistics, Irish laws protecting these children, child mental health implications, challenges faced in

offering support, and the impact on the service providers.

Literature review

As children who are seeking asylum resettle in lands that are not their own, they look for the re-emergence of order, peace and the rhythm of ordinary life. They look to a variety of skilled helpers in assisting them to find a sense of home again. (Kohli, 2007, p. 1).

conduct interviews; and TUSLA, the Child and Family Agency, can make applications for asylum or subsidiary protection on behalf of separated children in Ireland. However, more needs to be done to provide greater protection to accompanied children (The Children's Rights Alliance, 2015).

The Refugee Act 1996 outlines Irish law concerning the status determination of asylum claims. According to Eligibility for Protection Regulations 2006 and 2013, as laid out in the Children's Rights Alliance Report (2015), where an asylum seeker is not found to be seeking refugee status, only then may they claim to seek subsidiary protection. Regarding refugee applications, in 2015 the average processing time in Ireland was two years, compared with non-refugee applications, which were six to 12 months. In November 2017, the Irish Government opted in to the (recast) EU Reception Conditions Directive (2013/33/EU). This means asylum seekers could seek employment under certain conditions, which will benefit children. Under this directive, children could also access play activities, ensuring their developmental needs are met (The Children's Rights Alliance, 2015).

It is believed that asylum seekers experience higher rates of anxiety and depressive disorders than other parts of society, and have up to 10 times the level of post-traumatic stress compared to other population members (College of Psychiatrists of Ireland, 2017). A systematic review into the prevalence of serious mental disorders in 7,000 refugees resettled in Western countries supports this assertion (Fazel et al., 2005). According to the College of Psychiatrists of Ireland (2017), awaiting the results of asylum applications in Ireland leads to a significant

The trauma experienced by a child seeking international protection can begin well before they arrive in a new country

impact on self-esteem due to the dependency on the State, as well as idleness, which could lead to further mental health issues. An ongoing feeling of insecurity and instability can be experienced by children awaiting refugee status due to legislative procedures needing to be met (Luebben, 2003, as cited in Treisman, 2017). Ruxton (2005) suggests that the removal of physical and emotional security from children can have damaging psychological consequences, despite the children showing extraordinary traits of resilience.

According to a paper (Anagnostopoulos et al., 2016) on the mental health of child and adolescent refugees in Europe, these children are exposed to many risks. These risks can occur pre-flight, during their flight, or on arrival in the country where they are seeking protection. Children are vulnerable to post-traumatic stress disorder (PTSD), anxiety disorders, externalising disorders (e.g., substance use disorders, inattention, aggression, and hyperactivity), or mood disorders (Anagnostopoulos et al., 2016).

Witnessing loved ones being persecuted; having their homes destroyed; being trafficked; suffering poverty; or witnessing or experiencing genocide or war can lead to the possibility of these children experiencing intergenerational loss, where the damage of trauma is passed through generations of families. The trauma experienced by a child seeking international protection can begin well before they arrive

in a new country as a result of persecution, religion, gender, sexuality, or political opinion (Treisman, 2017).

The losses felt by these children not only relate to their own families, but they also relate to a greater loss – known as “cultural nostalgia”, where there is a lack of connection to one’s own culture (also known as “acculturation stress” or “cultural bereavement”); while language barriers can lead to a child feeling isolated, misunderstood, disorientated, and disconnected (Treisman, 2017). Sleep disturbance, bed wetting, night terrors, or flashbacks might also be experienced; and hyperarousal, hopelessness, fear, panic, and hypervigilance may further affect a young person seeking international protection (Treisman, 2017).

The Irish Refugee Council (2006) references the suggestion of Dr. Nalinie Mooten, a human rights researcher, that it may be beneficial if the State took the necessary steps to include the UN Convention on the Rights of the Child in domestic Irish law. It is further recommended that “separated children” be defined by the Separated Children in Europe Programme, and be incorporated into the Child Act 1991, and the Refugee Act 1996 (The Irish Refugee Council, 2006). An important consideration when assessing the credibility of children’s applications is the definition of what is considered a conventional refugee. Not all children fit the definition, and some are unable to explain their situation (The Irish Refugee Council, 2006).

An understanding of all the factors at play with any CSIP is necessary: from their past life stressors to the contextual and cultural significance of traumas (Treisman, 2017). The language

often used in the media to describe asylum seekers, refugees, and immigrants can be unhelpful – being referred to as “fake” or “illegal” could be upsetting if a child were to hear themselves spoken about in these terms (Smart et al., 2007, as cited in Treisman, 2017).

At the initial assessment stage, the following should be considered: the child’s voice; beliefs; identity; well-being; maintaining and preserving the family environment and relations; state of vulnerability; right to education; and right to health. The United Nations Committee on the Rights of the Child uses an assessment tool to determine what is considered in the best interests of any child arriving unaccompanied (van Os et al., 2016).

Potential challenges faced include negative attitudes toward mental illness, psychotherapists’ inability to understand different languages, and the lack of availability of past medical records (College of Psychiatrists of Ireland, 2017). Also, the lack of legal status poses problems for these children once they reach 18 years of age. Cultural diversity training for service providers has been suggested as being important to better understand the backgrounds of the children (Martin et al., 2011).

In relation to vicarious trauma (VT) and burnout among service providers who support these children, one paper describes caring as a risk factor, yet it is caring individuals that are needed in these roles. Self-care was highlighted in the research as being an absolute necessity for care workers (Jankoski, 2010). Vicarious trauma is described as the psychological trauma on service providers from working with children in welfare systems (Jankoski, 2010).

PTSD, trauma, depression, and anxiety were common mental health difficulties experienced by the children

Study aims

This study aimed to identify what mental health issues arise for CSIP; to discover what the service providers found to be the most effective ways of providing support to these children; as well as to explore the lived experience of working with CSIP, and the impact of the work on the service providers. It also aimed to identify what care and protections are already in place for these children and to determine what additional supports might be needed.

Methodological approach

This research project adopted a mixed methods approach, albeit with a predominant qualitative focus. Preceding qualitative interview sessions, participants completed a quantitative information-gathering form. The homogenous sample of participants comprised one man and four women, with ages ranging from 35 to over 65, and they were purposefully selected and recruited through snowball sampling. All had either social care qualifications or psychotherapeutic qualifications with clinical experience ranging from less than five years to over 10 years.

Each participant was sent a schedule, and their consent was obtained. Semi-structured qualitative interviews were conducted via Zoom video conferencing. An interpretative phenomenological analysis (IPA) approach was used. Each interview was fully transcribed

and analysed, and was read and re-read. Conceptual, linguistic, and descriptive content relative to the study was identified.

Results

Analysis of the transcripts revealed three superordinate themes as well as subordinate themes in each category (see Table 1 and explanation below).

Superordinate theme 1: Mental health difficulties experienced by CSIP
<ul style="list-style-type: none"> • 1.1 Effective therapeutic techniques when working with CSIP
Superordinate theme 2: The passion for the work
<ul style="list-style-type: none"> • 2.1 The challenging pieces • 2.2 The rewarding pieces • 2.3 Experience of VT or burnout
Superordinate theme 3: Attunement
<ul style="list-style-type: none"> • 3.1 With self • 3.2 Within organisations • 3.3 With the children

Table 1: Superordinate and subordinate themes

Mental health difficulties experienced by the children

Participants revealed that PTSD, trauma, depression, and anxiety were common mental health difficulties experienced by the children they supported. Two participants noted suicidal ideation and loss as other mental health difficulties experienced. One discussed the difficulties they observed in the children, including hearing voices, sleeplessness, nightmares, and hypervigilance. Depersonalisation and existential pain were also witnessed by one participant. In contrast, one participant witnessed courage, resilience, tenacity, and joy among the children.

Effective therapeutic techniques when working with CSIP

The most effective therapeutic techniques reported included systemic and family systems approaches. One participant found an integrative, trauma-informed approach useful, along with cognitive and psycho-social cultural attunement. Another used a play-based family therapy approach, as well as collaborative approaches using interpreters. All participants found some form of counselling or psychotherapeutic approach effective. Drama, sand tray therapy, and art were also found to be beneficial.

The passion for the work

Participants demonstrated a passion for the work and discussed both the challenging and rewarding stories that they heard.

The challenging pieces – the children's stories

In relation to the challenges faced, Jessica spoke about the story of Abdul – a Sudanese teenage refugee who had been living in a group home with four other unaccompanied refugee children. The day Abdul turned 18, he was told he had to transition out to a foster placement. He was frightened when it was conveyed by the care worker that he had to leave and so he ran away.

He panicked, he was totally overwhelmed with the thought of the transition, he had formed relationships with the other boys in the house, with his social care workers ... and he had to move to somewhere quite rural and restart ... he refused to leave ... a care worker just packed up his stuff and deposited it outside of the door of the home. He sat on the step ... and they threatened to call the police. He panicked because [of] his association with police ... extreme brutality. (Jessica)

These children really, are invisible in so many ways

Another participant, Ann, describes the systems that are in place as challenging. She notes that the lack of appropriate accommodation leads to the deteriorating mental health of these children, which is difficult for service providers to witness.

These children ... they are in these invisibly violent systems ... so, in terms of family wellbeing, you know Ireland's committed to family wellbeing and the wellbeing of children, these children really, are invisible in so many ways, just so marginalised. (Ann)

Ann spoke about the impact and the stigma of direct provision on the children and service providers who witness the impact this has on the children. Established in 2000, direct provision is the term used for the accommodation and basic necessities provided to people seeking international protection by the Irish State (Amnesty International, 2024). It is run by private companies, for profit, and paid for by the government.

I had one child, Solomon, who had never been to a birthday party, he was six years I think at this stage, still in direct provision ... and the stigma of being in direct provision, children will talk about that, in terms of this negative identity ... kids will talk about 'oh, there's a bus stop for the zoo'. (Ann)

James, another participant, spoke about the language barrier as a further challenge, including the use of translators and the dependence on them.

I think the challenging part – the language barrier comes in when you have to use translators ... you are basically depending on the translator to give you the information, and you don't know whether it's the right information or they have self-interest. (James)

Susan's account was similar to James' regarding the use of interpreters, and how easily a misunderstanding or miscommunication can happen. She recalled the story of the Beganovic family. Someone within the direct provision centre where this family was living made a noise complaint to the manager, who reported it to social services. An assessment carried out without an interpreter resulted in a miscommunication, which led to this family being separated for almost three years.

I heard that the assessment was carried out without an interpreter, and that his wife tried to explain in poor English ... But what was heard and reported by that social worker, to the Department of Justice, was that the mom felt that the dad was unsafe around the children ... It wasn't, he claimed, it wasn't said by his wife and it wasn't happening, that this was all miscommunication.... He had been immediately removed from his family by Justice and sent to a different direct provision So, there was no discussion, no dialogue. So, the impact on those children was huge. (Susan)

At the time of interviewing in 2021, the participant said this incident took place over 13 years ago. This would have been before there was a Child Protection Officer appointed in Ireland.

The rewarding pieces – the children's stories

Some of the rewarding reasons given by participants when working with these children included: witnessing journeys, family reunification, and transformations; being able to work from a strengths' perspective; learning from clients; seeing them begin to engage and trust; reconnecting to community; and witnessing the children finding their sense of agency.

Jessica shared that Yousef's story resonated with her. At almost 15 years of age, he had been on the road for three and a half years when Jessica met him in Calais, and she spoke of the outcome of his story being one of the rewarding pieces for her.

He ended up sleeping rough ... in Paris, and then we engaged through TUSLA with him ... he is so profoundly optimistic, tenacious, creative, brave and kind and he has really taken every opportunity that he can here, up at 5am every morning to study, working multiple jobs ... And also, him being a real advocate not only for people in Darfur and Sudan

The importance of self-care, supervision, and knowing oneself were listed as essential in avoiding vicarious trauma or burnout

but also for the rights of refugees and asylum seekers everywhere. (Jessica)

To honour the entirety of Yousef's story, see Figure 1 for a visual of his journey.

Experience of vicarious trauma or burnout

Regarding experiencing vicarious trauma or burnout, all five participants discussed this, with one participant explaining she had experienced it (but prior to working with CSIP, not during). She did, however, speak of experiencing vicarious resilience in the work, which she described as having a positive impact on her as a result of witnessing her

clients' resilience. The importance of self-care, supervision, and knowing oneself were also listed as essential in avoiding vicarious trauma or burnout. Two participants attributed any vicarious trauma they experienced to the failure of systems and difficulty accessing primary services as a mental health professional, and not as a direct result of working with the children.

Jessica discussed how her burnout provided her with a helpful lens to view the work. She also spoke about vicarious resilience.

There's also vicarious resilience and that is something that so many of us who have done this work recognise. Yes, bearing witness to oftentimes profound suffering can have its own traumatic resonance more than vicariousness because, I think, in some ways the terms vicarious or secondary trauma, which we all use, but I think, sometimes denote that we come into this work as a blank slate and none of us do, you know, we all have our lived histories. (Jessica)

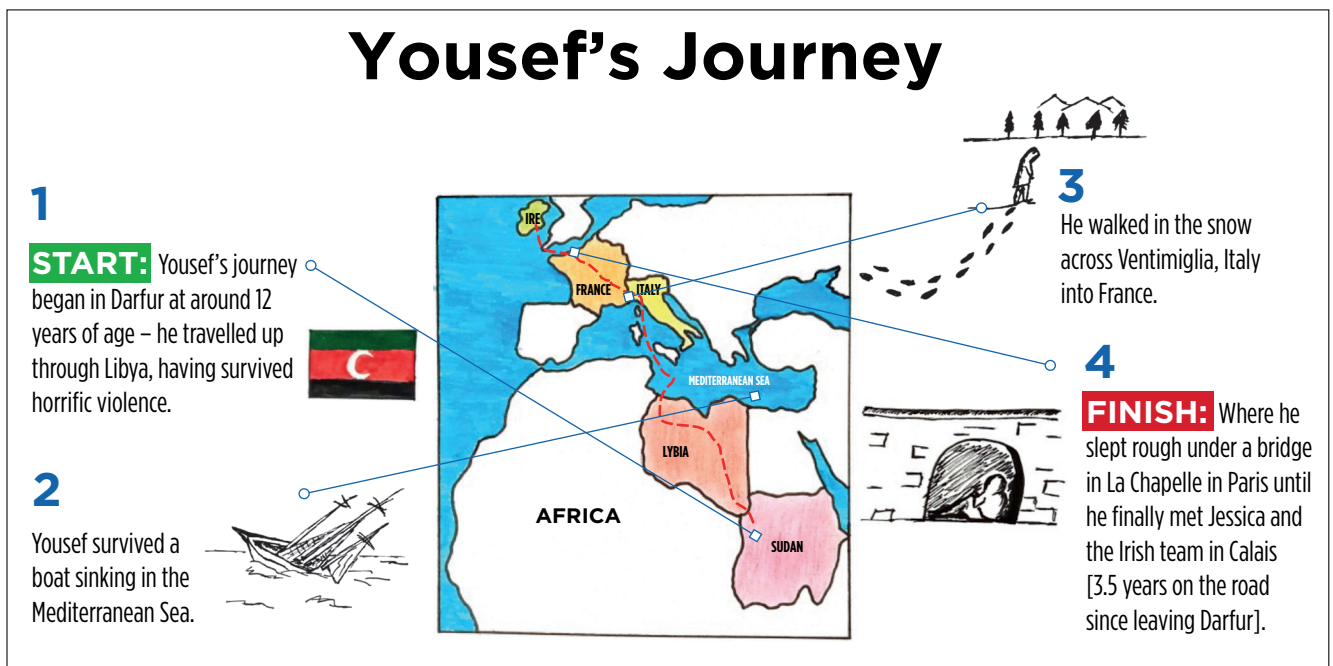


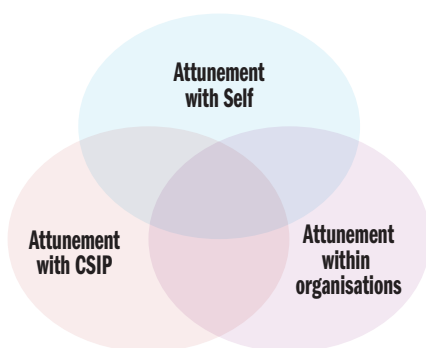
Figure 1: A visual representation of Yousef's journey.

Ann connected vicarious trauma and burnout to processes and current systems being often difficult to navigate, and she spoke of being shocked by how seemingly invisible these children and their needs are in the asylum process.

Attunement

The superordinate theme of attunement came through strongly and was split out into subthemes of attunement with self, attunement within organisations, and attunement with the children themselves. Attunement in this context relates to being in harmony with one's self: as a service provider and knowing one's own emotional triggers and the need for supervision and training; with the children, by attending fully and responsively to them; and within organisations, by understanding and agreeing frameworks that support both service providers and these children. The list below captures clear recommendations from all of the participants in relation to attunement.

Recommendations



- A total review of current systems and processes, with reviews done regularly.
- Introducing trauma and resilience-informed systems of support, with a focus on the transitional piece ('aging out' of the system).

The need for attunement in the work – as highlighted by this study's participants – suggests that still more could be done to support these children and the service providers

- Recognising the importance of each individual's journey.
- Proper resourcing of care workers (training, caseload, etc.).
- Professionals recognising when they are in a place of activation themselves.
- Creating spaces of joy in communities.
- Hearing stories from those who have made the journey – championing them as advocates.
- Cultural competency training.
- Immediate access to mental health services.
- Having a transcultural, multidisciplinary approach.
- Holistic screening and initial assessment of needs for children and families.
- Ongoing professional supervision and CPD for mental health professionals.
- TUSLA setting up a centre to make use of qualified therapists, instead of relying on charities.
- Government leading the way on how CSIP are portrayed and spoken about in media.
- Equal treatment of all CSIP arriving in Ireland.
- Introduction of policies on racism in child organisations.
- More therapists with diverse backgrounds and ethnicities.

Discussion

The findings from this study showed several similarities

to the literature reviewed, specifically relating to the mental health experiences of CSIP. All participants spoke about anxiety, PTSD, hypervigilance, sleeplessness, loss, and depression, which was echoed in the literature (e.g., Anagnostopoulos et al., 2016; College of Psychiatrists of Ireland, 2017). Likewise, Ruxton (2005) spoke of resilience, which was echoed by Jessica, who highlighted the resilience, joy, courage, and tenacity she witnesses in children she works with.

Two study participants spoke of dependence on interpreters and how misunderstandings and miscommunications can occur, which is highlighted in the literature by The Irish Refugee Council (2006). Another common point between the literature and this study was the importance of having an understanding of each individual's journey and all factors at play. Treisman (2017) spoke of needing to understand what each child goes through while seeking protection, which is why Yousef's journey has been shared in this paper. James spoke of the fear of the system and the insecurity felt by children awaiting asylum or refugee status, and this echoes findings by Luebben (2003, as cited in Treisman, 2017).

Clear recognition of all children in the process is somewhat absent in Irish legislation (The Children's Rights Alliance, 2015), and this aligns with what James reports: that not all children who seek asylum in Ireland are treated the same. Van Os et al. (2016) state the importance of understanding the child's voice, beliefs, identity, and wellbeing at the initial stage of assessment, as well as their state of vulnerability. Findings from this study concur with that,

as most participants highlight the need for a more robust initial assessment being carried out for these children. This study – and in particular Abdul's story – supports what Martin et al. (2011) state about the lack of legal status posing a problem for children once they age out of the system.

Vicarious trauma was spoken about by Jankoski (2010) as an occupational hazard and viewed as somewhat negative. While study participants spoke about vicarious trauma, they also acknowledged that vicarious resilience is present in this work.

Whilst the literature shows that efforts are being made to make children who arrive more comfortable (The Children's Rights Alliance, 2015), the need for attunement in the work – as highlighted by this study's participants – suggests that still more could be done to support these children and the service providers in their work.

Conclusion

The results from this study revealed the many mental health difficulties experienced by CSIP, as well as the passion for the work and attunement by service providers, which translated into clear recommendations for supporting these children. Results also highlight the impact direct provision has on the mental health of young people, as well as the need for more specialised mental health services and cultural competency training.

There is a lack of research on this topic from an Irish perspective. Future research could include studies carried out at ports in Ireland with mental health professionals assessing these children. It is important to ask: 'What is currently being done and what more could be done?'

Furthermore, it is hoped that

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through the sharing of these participants' accounts of their experiences, as well as the courageous stories of the children's journeys, this study forms a platform for discussion, where reform and more robust frameworks could be put in place to help mental health professionals continue with the crucial work of supporting vulnerable children seeking international protection in Ireland. ☺

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REFERENCES

- Amnesty International. (2024). *End direct provision*. <https://www.amnesty.ie/end-direct-provision/>
- Anagnostopoulos, D. C., Heberbrand, J., Eliez, S., Doyle, M. B., Klasen, H., Crommen, S., ... & Raynaud, J. P. (2016). European Society of Child and Adolescent Psychiatry: position statement on mental health of child and adolescent refugees. *European Child & Adolescent Psychiatry*, 25, 673-676. <https://doi.org/10.1007/s00787-016-0882-x>
- College of Psychiatrists of Ireland. (2017). *The mental health service requirements in Ireland for asylum seekers, refugees and migrants from conflict zones*. <https://irishpsychiatry.ie/wp-content/uploads/2016/10/Mental-Health-Service-requirements-for-asylum-seekers-refugees-and-immigrants-150517-1.pdf>
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*, 365(9467), 1309-1314. [https://doi.org/10.1016/s0140-6736\(05\)61027-6](https://doi.org/10.1016/s0140-6736(05)61027-6)
- Jankoski, J. A. (2010). Is vicarious trauma the culprit? A study of child welfare professionals. *Child Welfare*, 89(6), 105-120.
- Kohli, R. K. S. (2007). *Social work with unaccompanied asylum-seeking children*. Hampshire: Palgrave Macmillan.
- Martin, S., Christie, A., Horgan, D., & O'Riordan, J. (2011). 'Often they fall through the cracks': Separated children in Ireland and the role of guardians. *Child Abuse Review*, 20(5), 361-373. <https://doi.org/10.1002/car.1183>
- Ruxton, S. (2005). *What about us? Children's rights in the European Union: next steps*. European Children's Network.
- The Children's Rights Alliance. (2015). *Making rights real for children – A children's rights audit of Irish law*. Dublin: The Children's Rights Alliance.
- The Irish Refugee Council. (2006). *Making separated children visible – The need for a child-centred approach*. Dublin: The Irish Refugee Council.
- Treisman, K. (2017). *Working with relational and developmental trauma in children and adolescents*. London: Routledge.
- UNICEF: Europe and Central Asia. (2019). *Refugee and migrant children in Europe*. <https://www.unicef.org/eca/emergencies/refugee-and-migrant-children-europe>
- UNHCR. (2024). *Global appeal*. <https://reporting.unhcr.org/global-appeal-2024-6383>
- Van Os, E. C. C., Kalverboer, M. E., Zijlstra, A. E., Post, W. J., & Knorth, E. J. (2016). Knowledge of the unknown child: A systematic review of the elements of the best interests of the child assessment for recently arrived refugee children. *Clinical Child and Family Psychology Review*, 19, 185-203. <https://doi.org/10.1007/s10567-016-0209-y>