Working with migrant children who have experienced torture

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Multiple conditions produce vulnerability for migrant children, such as their migration status, age, gender, disability, their position as accompanied or unaccompanied, and whether they have previously experienced torture or have an existing relationship with a family member who has experienced torture (‘secondary torture’). For example, a child victim of torture who fails to be identified as such, detained as an irregular migrant, and then prevented from accessing the appropriate care may suffer re-traumatisation. They may also be excluded from applying for different forms of international and EU protection.

For the purposes of this thematic package, migrant children are children “moving for a variety of reasons, voluntarily or involuntarily, within or between countries, with or without their parents or other primary caregivers, and whose movement might place them at risk (or at an increased risk) of economic or sexual exploitation, abuse, neglect and violence.” It refers to the definition of torture included in the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, as “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.”

People can have primary experience of torture; or they can have secondary experiences, if they have family members who have experienced torture.

Research on the provision of support to migrant victims of torture has emerged only relatively recently. In 2017, the subject of the Third Annual Expert Workshop organized by UN Fund for Victims of Torture was: “Torture Victims in the Context of Migration: Identification, Redress and Rehabilitation”. A representative from Doctors for Human Rights described the ‘silent epidemic’ of psychological trauma suffered by thousands of migrants who have survived torture, including asylum seekers and refugees. Migrant children victims of torture receive even less attention in the existing literature. Evidence-based research has emerged from the New South Wales Service for the Treatment and Rehabilitation of Torture and Trauma Survivors for the Australian context, but such inquiry remains limited in Europe.

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Child protection practitioners (CPPs) may interact with migrant children victims of torture at asylum facilities, detention centers, medical care facilities, or others. It is important for CPPs to be able to identify if children have experienced torture and subsequently to refer them to the relevant providers of medical and psychosocial support; it is also important for child protection practitioners to be aware of the effects that such intersecting vulnerabilities may create for children in line with best interests considerations.

The added value of this thematic package is that there remains little publicly available information on the experiences of migrant children victims of torture. Existing policy reports pertaining to migrant victims of torture often include a mention of children and victims of torture as separate groups that may require “special reception needs”. The aim of this thematic package is to provide a set of preliminary resources for CPPs to understand the substantive needs of this group of children, to identify the barriers that prevent them from accessing the necessary support, and some best practices that may be applied to different areas.

Barriers to supporting migrant children who have experienced torture

Upon conducting interviews with Childhub associates and CPPs from Childhub countries, there emerged a few common barriers to providing support to migrant children victims of torture.

I. Lack of unified identification procedure for victims of torture.

In Sarajevo, Bosnia and Herzegovina, there is no specific identification procedure when it comes to victims of torture. Professionals on the ground may rely on their experience and knowledge to identify such victims, but there is no systematic procedure, nor additional safeguards or institutional mechanisms.

This is problematic because the protection mechanism of vulnerable people from being detained only sets in after an individual has been identified to be a victim of torture. As put by one associate, “irregular migrants with no need of protection per procedure... shouldn’t be victims of torture.”

However, if there is no identification procedure in the first place, then it is difficult to see how a migrant who has experienced torture could be excluded from categorization as an ‘irregular migrant’ and therefore avoid being placed in detention.

II. Lack of unified age assessment procedure.

Certain countries may also lack a systematic age assessment procedure, which may present a barrier to the determination of best interests determination for children, and may lead to children being detained, including in inadequate conditions that create the risk of exposure to mistreatment.

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4 Personal interview with Alma Pezerović, Save the Children International.

5 Personal interview with Enkelejda Kallçiu, Terre des hommes Albania.

6 Personal interview with Alma Pezerović, Save the Children International.
III. Lack of institutions specialized in providing professional support and assistance to children, including identification of health issues

Children may have particular protection needs that require specialized support, including children who have experienced primary or secondary torture. National non-government organizations that provide support to torture victims may not necessarily include migrants and refugees within their service remit, as they may focus on providing treatment and support to victims of historical events, such as war and conflict situations.

IV. Negative public attitudes towards refugees/migrants

General negative public attitudes towards refugees and migrants may prevent government resources from being directed to establishing institutional mechanisms for providing support to different vulnerable groups, including children and migrant children victims of torture.

Best practices for working with migrant children victims of torture

In working with migrant children victims of torture, the most important best practices are: systematic identification and referral mechanisms and specialized medical, psychological, and psycho-social support.

1. Systematic identification

It is crucial for practitioners who work with migrant children to be able to identify if a child is a victim of torture in order to provide the appropriate support. This may require multiple screenings, including an age assessment screening and an identification of previous experiences of torture screening.

Practitioners may refer to the PROTECT-ABLE survey, which seeks to identify level of risk of asylum seekers to torture. Developed to facilitate the process of receiving asylum seekers in accordance with the directives of the European Council, the survey is available in multiple languages.

The New South Wales Service for the Treatment and Rehabilitation of Torture and Trauma Survivors in Australia provides evidence-based and culturally-appropriate psychological services for refugees who have experienced torture, including children. One of its research initiatives is to develop a screening tool that can assist in the identification of the impacts of trauma on early childhood; and to create a questionnaire that can identify people in need of torture treatment and rehabilitation services.

2. Refer

After a child is identified as a victim of torture, it is important to refer them to the appropriate medical and social care services.
3. Support
Rehabilitation must be a flexible process. There is no one type of support that will be appropriate for all victims of torture; moreover, people may respond in different ways to different forms of treatment.\(^7\)

The utmost priority of any CPP should be the protection of children’s rights; due consideration should thus be paid to the general principle of the best interests of the child\(^8\), which includes the following factors:

- The child’s views regarding their experiences;
- The child’s identity characteristics;
- The child’s relationship to their family and/or guardian;
- The child’s right to health;
- The child’s right to education;
- The care, protection, and safety of the child.
- The broader political context of the child’s experiences;
- Socio-cultural and religious dimensions of therapy;
- Practical needs, including applying for international protection or resettlement.

Experiences of torture may manifest in physical or mental health symptoms. It is important to build trust and view the situation of the child in their broader context, to understand what is the appropriate treatment.

In addition, it is necessary to be aware of the emotional, psychological, and physical effects of listening to stories and experiences of refugees and asylum seekers for those CPPs in contact with children victims of torture. The Queensland program of assistance to survivors of torture and trauma have produced a guidebook, “Compassion Fatigue, Burnout, and Vicarious Trauma” (2016) to support and optimize CPPs’ mental health and well-being alongside that of refugees and asylum seekers.\(^9\)

Ultimately, it is important to continue to be aware of the multiple intersecting sources of vulnerability for migrant children, so that child protection can be holistic and comprehensive.

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