Trauma and Healing in Early Childhood Years within Refugee Newcomer Populations: A Decolonial Analysis.

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Table of Contents

A Decolonial Analysis of Trauma in Refugee Newcomer Populations: Implications for Social Service Interventions in the lives of young children and their families

Abstract:

Decolonial perspectives of trauma eschew bio-medical models that regard trauma as a brain-related injury resulting from experiencing an out of the ordinary one-time event. Based on the influential work of Franz Fanon, a decolonial lens for understanding trauma is sociogenic in nature. A sociogenic analysis pays attention to the relationship between the individual and their environment. that s the result of prevalent in scholarly literature on trauma as particularly as they pertain to refugee newcomer populations identify three concepts as integral to an understanding of trauma: Culture, inter-generational trauma and the (colonial) nation-state.

Introduction:

I begin this paper by providing a historical overview of dominant understandings of trauma to set the context for understanding the nature of challenges that decolonial analysis poses to normative perspectives of trauma. I then move on to offer a decolonial perspective on trauma *and* violence, as decolonial theorists use both terms in tandem when speaking of trauma based on their view that trauma and violence are mutually constituted.

Next, I discuss the implications of applying decolonial perspectives of trauma in relation to refugee newcomer populations through a close examination of three concepts that have a particular significance for refugee newcomer populations when applying a decolonial perspective on trauma and violence. I identify these three concepts as: (a) culture, (b) inter-generational trauma and (c) the (colonial) nation-state.

Having defined the context and terms integral to an understanding of a decolonial perspective of trauma and violence in relation to refugee newcomer populations, I then provide a research brief outlining what studies have revealed about the effects of trauma and violence in early years as well as undertake a critical review of the literature on interventions and identify gaps in addressing trauma and violence in young children from refugee newcomer backgrounds. I then identify effective intervention strategies in addressing trauma in very young children from refugee newcomer backgrounds, based

on a review of relevant literature. I conclude by summarising gaps in scholarship in understanding and addressing trauma in the lives of young children from refugee newcomer populations.

Historical Overview of Dominant Understandings of Trauma

Dominant discourses of trauma are grounded within Euro-American contexts using a Eurocentric framework that is capitalist, modernist and understands trauma largely through scientific and medical discourses (Brown, 2008). Contemporary understandings of trauma as psychological injury can be traced to nineteenth century Europe where with the inception of the Industrial age, people were exposed to new risks such as those associated with mechanised travel, warfare and working with heavy duty machinery resulting in accidents or anxiety that caused psychological distress along with physical injury (Andermahr, 2015; Craps et al., 2015; Bond & Craps, 2020). At the same time and in response to the technical and capitalist social changes experienced by the masses, medical sciences became more systematic, attempting to undertake a symptomology of anxiety on the human psyche (Luckhurst, 2013; Micale & Lerner, 2001). Sigmund Freud, along with other psychologists became particularly interested in in the scientific study of the effects of anxiety on the psyche by and created various categories such as 'hysteria' to better understand people's responses to extraordinary events such as exposure to industrial accidents or violence as a result of armed conflict (Caruth, 2014).

More contemporaneously the Holocaust, the U.S. wars on Vietnam and 'War on Terror' and the two world wars resulted in large numbers of veterans and survivors experiencing post-traumatic stress disorder (PTSD) (Craps et al., 2015). This resulted in popularising the phenomenon of trauma in society and within academia, reaching its apex with the inclusion of PTSD as a nervous disorder in DSM (Diagnostic and Statistical Manual of Mental Disorders) 111. Subsequent editions of DSM have continued to build on the original definition of PTSD. The symptoms of PTSD are described as: experiencing flashbacks, memory loss, anxiety, depression and 'other miscellaneous symptoms' (Young, 2004). Inclusion of PTSD in the DSM has meant that trauma has become synonymous with PTSD in the popular imagination, thus universalizing understandings of both the symptomology of trauma and interventions in addressing it within a scientific, positivist paradigm. The context and lived realities,

cultures and differing experiences of people living with trauma have been downplayed in mainstream views on trauma.

Meanwhile from the mid-1980's, trauma was claimed by and became a signifier for a politics of recognition and belonging within feminist, anti-racist and other theorists of marginalised groups. They sought to register their pain at experiencing various types of exclusions on the basis of gender, race, sexuality etc., manifested through acts of violence such as domestic violence, police brutality and racism; which these groups labeled as traumatic (Bond& Craps, 2020; Agathangelo, 2019).

As a result, the popularisation of the term trauma has come to mean many things to many people depending on their social and political context, as much as it has by the nature of their experiences and its effects on their psyche. A history of the meaning of trauma manifests the unstable nature of the concept depending on the changing social, economic, political and epistemological forces to which it is responding. However dominant understandings of trauma "(C)ontinue to adhere to the traditional, event-based model of trauma, according to which trauma results from a single extraordinary catastrophic event, and recovery takes the form of a talking cure" (Craps et al., 2015, 908).

Using a Decolonial Understanding of Trauma and Violence

Historically, the figure of Frantz Fanon (d.1961), a Caribbean born black psychiatrist who wrote and practiced in colonized Algeria, in the 1950's played a foundational role in theorizing trauma using a decolonizing perspective. Indigenous scholars have also played a pivotal part in offering decolonizing perspectives on trauma; however I am centering Fanon's work as it is more pertinent to understanding the (post) colonial realities of refugee newcomers.

Fanon challenged the biopsychic-medical modal adopted by (western) psychiatrists and the medical profession in conceptualising trauma as mental suffering that was solely cognitive and biological in nature that particularly affected the brain (Fanon, 2008). His objection to the predominant use of this model in understanding trauma is complex and multi-layered, it centered around a critique of the limitations of such a model by demonstrating that it decontextualized and individualized people's mental

suffering. Instead he posited an alternative model for understanding trauma which he labeled as a sociogenic model of suffering/trauma that paid attention to the social context and lived experiences of people living with trauma. A sociogenic analysis paid attention to the relationship between the individual and their environment. The social context was important for Fanon because in examining it the true agent of violence or perpetrator of trauma could be revealed. This agent, for Fanon like other decolonial theorists, is the (post)colonial state. Hence for Fanon trauma was always accompanied by violence that is colonisation. Later day theorists have insisted in using the term trauma and violence together to connote this significant relationship between the two (Levine et al., 2021). According to them, colonization itself is traumatizing and colonial violence affects the psychic and affective domains, reaching to the innermost areas of subjectivity (Mbembe, 2012). Fanon talked at length about the mental suffering that resulted from colonization on the colonized who was no longer able to be a full person, and whose culture and worldview was no longer allowed legitimacy within their own society (2004). For Fanon, both the colonizer and the colonized experienced trauma due to colonization, as a deeply alienating phenomena that depended on the colonizer engaging in violent practices enforcing their superiority while the colonized was at the receiving end of activities that subjugated their own subjectivity and personhood. (Fanon, 2004).

In challenging the biopsychic-medical model Fanon also disputed the event-based understanding assumed of trauma. For Fanon the actual event that may have triggered the trauma was reflective of something much bigger, which he identified as the political climate within which a particular incident may have occurred. The term ‘political’, for Fanon, did not simply reside in the policies and the structures of society. The ‘political’ signified something much bigger and was characterized by “the ongoing constitutive processes of the real” (Goozee, 2021; Edkins, 2003). By this Fanon meant all the mechanisms and practices; material, epistemological, imaginative, literary, scientific and other resources that were put to use by the colonizer and by which the colonized were constructed into subjects of the crown and controlled. The technology of governance, as Foucault would have it, was what Fanon meant by the political, such as the use of technology by colonial states to keep records of the vital statistics of the colonized and

their movements, stripping the colonized masses of all their humanity and converting them into mere things, bodies that had to be accounted for and kept subdued (Goozee, 2021; Fanon, 2004).

At the heart of understanding trauma then is the phenomena of colonization. Coloniality, as defined by decolonial theorists is modern (using enlightenment-based positivist thinking to rationalize subjugation of the colonial 'other'), capitalist (using people and their lands as extractive commodities) and racist (also intersectional in oppressing the other) (Quijano, 2000). Therefore trauma as a colonial construct is also modernist- understood within a biopsychic-medical model and using pseudo-science to explain the 'hysteria' of the colonized masses as reflective of their genetic inferiority and limitations of their brain. It is also capitalist because its attempt is largely to assimilate the 'other' in order to integrate the 'other' back to an unjust environment that is dominated by relations of commodification. The racialized nature of coloniality has meant that, while Fanon maintained that both the colonizer and the colonized suffer from neurosis or trauma within a colonial situation, it is the racialized body that is particularly targeted and traumatized through enforced subjugation. The colonizer has options and the means to enable them to remove themselves from being affected by colonial practices such as returning back to the metropole, the colonized do not have the freedom to exercise such an option and have to learn to live in these traumatizing circumstances (Fanon, 2008).

Implications of Applying a Decolonial lens to Understanding Trauma and Violence within Refugee Newcomer populations

Three concepts are particularly relevant to an application of a decolonial understanding of trauma as it related to refugee newcomer populations:

(i) Culture

Decolonial theorists have highlighted the relationship between culture and trauma within a colonized setting in two ways: (1) analyzing the relationship between trauma, violence and marginalised cultures. There is a transnational consistency in the way with which colonial settlers and masters targeted the cultures of the colonized, their way of life and their relations to land by committing cultural genocide as normative practices of

colonization. Culture is therefore a source of trauma and a site of violence common to the history of colonization (Kingston, 2015). Unfortunately it remains a site of trauma and violence even within contemporary post-colonial societies that replaced the colonizer elite with their own elite group/s. It remains a continuing phenomenon within settler colonial societies such as Canada in relation to the cultures of Indigenous populations of Turtle Island.

The culture of colonized people is viewed as a threat throughout the history of colonization and is its particular target; as a result of colonial desires to create monocultural nations in the image of the west, though never quite equal to it. The danger culture poses is in its inassimilability, its alterity from the mainstream, and as a reminder of another or alternate way of life that is suppressed but never quite eradicated and threatens to 'take over' the dominant group (which is sometimes a numerical minority). Intolerance of minorities is endemic to liberal understandings of nation-states and contemporaneously one can see this in relation to the presence of immigrant and refugee newcomers in Canada who are described as arriving in 'hordes' or as a 'tsunami' of refugees as though Canada as a country is likely to be swept away under the force of arriving migrants. Similarly cultural practices, including the use of Indigenous languages, were banned historically and continue to be overlooked and unsupported by the Canadian government as having no relevance to Canadian culture, which is always portrayed as White and European (Sharma & Wright, 2008).

In the case of refugee newcomers, who in recent years are likely to have arrived from Muslim majority countries such as Syria, Iraq, Iran, Pakistan, and Somalia amongst others; the 'War on Terror' that Canada had participated in since 9/11 in 2001 and the subsequent radicalization of a minority of Muslim youth has resulted in both the securitization of the Canadian state, as well as a sharp rise in Islamophobia (Triadafilopoulos & Rasheed 2020). Surveillance of young Muslim men, rise in police brutality (Selod, 2018) and attacks and murders committed against Muslims, such as the terrorist attack on the mosque in Montreal in 2017 and the more recent murder of the Muslim family members in London Ontario this year stand as testament to the pervasiveness of anti-Muslim sentiment in Canada. For the most part it is those people who wear or publicly identify as Muslims (both culturally and in terms of their avowed

faith) that are marked for racist attacks; for example women wearing hijabs or men wearing skull caps or traditional attire, cultural markers symbolizing their loyalty to Islam, are the ones targeted for hate crimes. These are indeed experienced as deeply traumatic events by newcomers, many of whom have fled to Canada to escape cultural ethnocide. Other structural inequities and exclusions such as the inequities of our health care system that through its largely racist practices are experienced as oppressive can also exacerbate trauma. There are other ways by which mainstream Canadians make assumptions about Muslim cultures that are prejudiced, for example the homogenization of Muslim cultures as monolithic, the treatment of a minority Muslim jihadists as constitutive of Islam, the assumption that Muslim men are chauvinists and that the only reason that some Muslim women choose to wear the hijab is because they are oppressed by the men in their families and communities (Abu Lughod, 2013), and the assumption that Muslim values are regressive and intolerant of LGBTQ+ rights as compared to the assumed progressive values of Canadian society (Golriz, 2020). All of these systemic prejudices and structural violence experienced by refugee newcomers have a correlation with the experiences of trauma and violence that refugee newcomers report as experiencing in their resettlement processes in Canada (Moosa-Mitha & Wallace, 2021).

Characteristics of the wider political context that allow for systemic racism against refugee newcomers, particularly racialized and Muslim people can be identified as: the hyper-securitization of the Canadian state, as already mentioned, its continuing anti-immigrant stance even under a liberal regime, its bordering practices that in common with other G7 countries attempt to curb asylum claimants through extraterritorial practices such as the incarceration of would be asylum claimants into encampments or detention centres, as well as the Canadian government's continual reassurances that terrorists are not hiding within the refugee newcomer's population arriving into Canada (Nagra, 2017). All of these lead to structural, social and relational exclusions that are experienced by newcomers as exclusionary and traumatic (Sethi et al., 2021).

For decolonial theorists, it is important that these exclusionary structures within colonial settler societies such as Canada are acknowledged as having historical antecedents in colonialism. In the case of Islamophobia these exist in the Orientalist relationship that

the west has to Muslim majority countries all of whom were colonized by Europeans, many of whom only saw independence from European rule in the mid-twentieth century and whose cultures(civilizations) continue to be treated as inferior (Said, 1985). In colonial times, the views of Muslims as inferior, chauvinist, culturally backward, inclined to religious dogmatism and fervor and non-rational were used to govern over them as are now used to surveil and control their movements and actions. There is a continuity between colonization, cultural dominance and Islamophobia that needs to be recognized to better understand contemporary experiences of trauma experienced by Muslim refugee newcomers and immigrants living in Canada.

Prejudices held by mainstream Canadians that treats other cultures as inferior cannot therefore simply be viewed in superficial terms as wrong mindedness of a few individuals but rather as markers of an enduring legacy of colonialism. The pervasiveness of coloniality as a reality in newcomer refugee lives, during the process of making their way and since their arrival into Canada is what Fanon meant by the political and in that sense culture itself is experienced by refugee newcomers as a political reality.

Culture, however, should also be viewed as a site of reclamation and resistance and as fundamentally relevant to practices of healing and well-being for refugee newcomers, as is evidenced by Indigenous people's efforts at cultural resurgence in Canada. Culture has proven to be a site of resistance and resiliency of the colonized subject. Whilst some cultural teachings have been lost forever due to colonization, post-colonial and settler colonial societies continue to adhere to their cultural ways by embracing hybridity, change and eschewing cultural fixity (Mbembe,2017; Fast & Collin-Vézina, 2010). More pertinent to trauma and violence, cultural practices contain teachings that provide lessons on how to deal with loss and suffering. Luckhurst (2013) provides an example of how during the Tsunami which the Sri Lankan people experienced in 2004, helpers from across the West rushed in to help by using west-centric models of treating trauma and entirely overlooked traditional ways by which Sri Lankan people themselves understand healing and trauma. A model which in the end proved to be more effective. Moreover reclaiming one's ties to culture is itself viewed as an act of self-determination and healing (Work, 2014). The secular culture of most western societies also fails to

acknowledge the role of spiritual, ceremonial and ritual practices that many non-western and Indigenous peoples engage in as a necessary part of healing from trauma (Kirmayer et al., 2014). Thus reclaiming cultural teachings, spiritual practices and ceremonies are all a part of many decolonial practices of healing from trauma.
(2) Decolonial theorists also apply a spatial analysis to the concept of culture. Culture is not viewed as being territorial in nature, as is reflected in the lives of diasporic populations as well as nomadic societies (Mamdani, 2020; Malkki, 1992). In fact, as Mamdani (2020) points out, colonizers have used territorial conceptions of culture as a colonizing technique by erecting borders around different colonized cultural groups where they are allowed to run their affairs within the territory set aside for them using traditional laws and customs but always under the control of the colonizer (referred to as “indirect rule”). This is as true of the various nations that were forcibly put on reserves in North America as it is of the Bantustans that were created in South Africa, a lesson that the Afrikaners learnt from North American colonial settlers.

Indigenous scholars speak to the importance of land-based cultural teachings, which when interrupted can cause psychological, physical and spiritual trauma (Walsh et al., 2020). However Indigenous notions of place-based cultural teachings are not territorial in nature. They are not, in other words based on the notion of land as property or possession, rather, in their teachings it is the land that possesses all creatures and land itself is not marked within particular borders but rather encompasses the universe including the sea and the sky (Wildcat et al., 2014). Moreover, in the case of some Indigenous nations, non-sedentary practices such as going in search of particular food crops, such as wild rice in the case of the Ojibwe people, is itself understood as a nomadic practice that is itself a response to spiritual and cultural teachings (Loukinen, 2017).

Refugees and immigrant newcomers take their cultural teachings wherever they go, hybridizing it as they interact with other people and ideas. Thus the loss of place does not automatically create trauma as is assumed in so many studies on trauma in relation to refugee newcomers or immigrants. Patricia Owens (2009) labels this normative view of movement as trauma, a sedentary view of trauma that understands movement as out of the ordinary, in fact human beings have always moved since time immemorial.

(ii) Inter-generational Trauma

Trauma that is the result of colonization is experienced inter-generationally across all colonized communities (Bombay et al., 2009; Marsh et al., 2015; Cerdeña,et al, 2021). However studies examining trauma in children of younger years coming from refugee newcomer backgrounds predominantly look only at the psychological antecedents of trauma in children by analyzing symptoms such as depression, anxiety and lack of confidence in individual children (Kim et al., 2021; Sangalang &Vang, 2019; Kaitz et al., 2009). The biopsychic-medical model of trauma in relation to young children can also be seen in studies that examine the effects on the foetus of children while in utero when mothers are under stress due to recent migration, or in scientific studies examining the impacts on the brains of young children whose parents are experiencing trauma (Balbernie, 2021).

Decolonial theorists, such as African-American centered theorists (Burton et al., 2010; Peters, 1985), have created a theoretical framework they have called the racial socialization model to examine the effects of inter-generational trauma in racialized populations where they look at a very different set of indicators. These cohere with decolonial Indigenous scholarship on inter-generational trauma. Kirmayer et al., (2014) as well as Hartmann & Gone (2014) define intergenerational trauma as follows: (a) colonial injury (b) collective experience (c) cumulative effects (d) cross generational impacts.

According to this framework, the nature of inter-generational trauma as injury is contextualised within a colonial framework and work is done to identify the nature of the injury resulting from colonization. Evans-Zapeda (2021) includes, within this identifying process, an examination of state perpetrated violence as it is reflected through government institutional practices such as the police, child welfare workers, health care system, etc. to better understand the nature of colonial injury. Moreover unlike normative studies on inter-generational trauma, trauma is defined as a collective experience that is not based on a singular event but rather on a series of events that are the result of cumulative and harmful effects of colonization. The cross-generational

impact is understood in relational terms, for example the impact on parents as they try to mitigate against the worst excesses of colonization as it affects their children. As well as the impact of racism, sexism, classism etc., on the parents themselves and the mental suffering this results in as an integral aspect of understanding inter-generational trauma. In other words, rather than centering the mother-child dyad as is often the case in normative theories, all the actors in society and their impact on all members of the family and community are taken into consideration to better understand the inter-generational nature of trauma, particularly childhood trauma (Flanagen et al., 2020).

Decolonial theorization of trauma are equally focused on the resiliencies that the colonized demonstrate in the face of traumatic experiences. Instead of viewing trauma through the lens of victimhood, decolonial theorists focus on the agency of colonized peoples in responding to trauma, rather than post-traumatic stress disorder, they focus on post-traumatic growth (Denov et al., 2019). However even resiliency is not understood in an individualist manner as it so often is in Eurocentric thought, rather it is supported within a collective framework which recognises the importance of shared emotional experiences, sense of belonging, the supportive role of religious and cultural beliefs as well as family rituals and stories (Johansen & Varvin, 2019).

Attallah (2017, p.359) identifies three characteristics of resiliencies that Palestinians living in colonized Gaza display, within an inter-generational context, in the face of everyday practices of exclusion and colonial injury. The first he describes as “resistance” which consist of multifarious acts by which Palestinians attempt to mitigate against daily acts of colonial violence by Israelis, and where parent and elders teach the young the limits and possibilities of resisting against colonial injury. The second he terms “return” where Palestinians attempt to undertake symbolic acts of returning to the land from which they have been expelled either by taking their children for a clandestine visit to the house that once belonged to them, sneaking some seeds out of the backyard garden of the house in order to include it in the meals the family consumes, or by passing on the memories to the next generation of the way that the neighborhood looked when the family lived in the area. A third form of resilience identified that they exercise is through “perseverance” using a large network of kinship and community ties,

through a collective effort to bear and mitigate against the daily colonial atrocities visited on them.

Using a decolonial lens therefore entails a broader examination of colonial injury. It is important to assess the conditions within which refugee newcomers lived prior to migration, the events that triggered forced migration, the migratory journeys undertaken prior to arrival into Canada as well as conditions in Canada and how all of these phases of migration affected the whole community including the children. In many cases people who are forced to flee are likely to have occupied marginalised status in their home country, on the basis of faith, race, ethnicity, gender, sexual orientation or class. The mental health of refugee newcomers, as a community is often influenced by experiences of oppression within the countries from which they have fled, as well as trigger events such as civil war, as they are by the turmoil, famine, abuse that they experience on their various journeys enroute to Canada. Equally, post-migration, conditions of the country, such as white colonial settler societies like Canada, where they have found refuge but also experience systemic violence profoundly affect the level of stress and trauma that refugee newcomers experience at all ages and inter-generationally (Kwan, 2019). Studies show that refugee newcomers report that the loss of social networks, poverty, housing difficulties, racism, Islamophobia that they may experience in Canada or other countries of asylum can lead to the same level, or greater stress than they have experienced as a result of war and conflict (Miller & Rasmussen, 2017). Conditions in the country of asylum therefore has a profound impact on the level of trauma that adult caretakers carry which in turn can affect their children (Sangelang & Vang, 2017).

(iii) The (Post) Colonial Nation-State

Coloniality is not simply a thing of the past when it comes to post-colonial or settler colonial states. In terms of nation states who were once under direct colonial rule and gained independence (largely between late nineteen forties to late nineteen sixties) from their colonial masters, the legacy of colonialism has been very difficult to overcome. Refugee newcomers arriving into Canada are largely from the global south, ex-colonial states, and it is therefore important to consider the contemporary context of the

countries that they arrive from and how colonialism continues to play a role in their lives and in the life of the countries they have left. I would like to focus on only one legacy of colonialism that continues to have an impact in the lives of the people living in ex-colonies and that is the formation of the nation state as it illuminates much about the nature of trauma that refugee newcomers have experienced prior to their arrival into Canada.

Nation-states are a colonial invention, grounded within a “Westphalian state, the political philosophy of liberalism, the development of democracy and the rise of modern capitalist order all centred on Europe” (Taylor, 2005, 703). Mamdani (2020) situates the birth of the nation-state to 1460 when the Castilians took over the Iberian Peninsula and created the Spanish nation-state. He points out two characteristics of the Spanish nation-state that remain true of all nation-states globally today: (1) The ethnic cleansing that occurred as part of the nation building project where Jews and Muslims were either expelled, killed or forcibly converted to Christianity; and (2) The taking of overseas colonies in the Americas by the Castilians. In both cases the logic of a single hegemonic view of the nation via the state was instituted through a hierarchical organisation of race, religion and culture whereby citizenship was accorded to White, Christian (males, heterosexual) as the privileged identity that excluded all those who did not fit into that category. The mono-racial, mono-religious and mono-cultural modern state in Europe and modern colonialism were born together and are mutually co-constituted (Mignolo, 2006).

An enduring legacy of colonialism in post-colonial societies has been the, often ad hoc, creation or organisation of space into nation-states where none existed before, with its accompanying idea of a mon-racial, mono-cultural and mono-religious elite replacing the white colonial elites during time of direct rule. Minority groups reflecting an intersectionality of marginalised faith, gender, sexuality and ethnicity-based identities are tolerated at best while the state and its elites engage in a war to keep these communities subjugated.

Without going too much in detail as to the genesis of the colonial nation-state, the conflictual nature of minority-majority relations, a legacy of colonialism’s principle of divide and rule, and its emphasis on nationhood as mono-cultural and majoritarian,

continues to haunt post-colonial societies in different ways to the present. It also provides an important context to understanding the presence of refugees globally today as many refugees are from marginalised groups in which they are born.

In the following sections I undertake a critical, decolonial analysis of emerging themes from research studies on assessment and interventions with young refugee newcomer children living with trauma.

Assessment of Trauma and Violence in Early Childhood within Refugee Newcomers

Scholars have noted the dearth of studies undertaken on assessing the effects of trauma and violence on very young children (Yaylaci, 2018). Another problem with making a careful assessment of the effects of trauma in very young refugee newcomer children is the difficulty professionals have in capturing information on the effects of trauma on very young children due to the limitations that young children (birth to five years old) experience in expressing their emotions or articulating their symptoms (Minhas 2017). However, some psychologists have been successful in creating and using tools by which to assess their state of mind (Vandekerckhove & Aarssen, 2020).

Based on earlier discussions on a decolonial perspective on understanding trauma as well as the work of some scholars using a more critical lens aligned with this perspective the following critique summarizes the drawbacks of the present state of scholarship on assessing trauma: (a) Studies on assessing trauma and violence on younger children are too ‘event’ based and often overlook the deeper and cumulative processes and effects of colonization that younger children have been exposed to pre- and post-migration; (b) Until very recently very few studies have analyzed the relationship between the cultural development of younger children and psychopathology. Considerations of the development of individual and societal level cultural processes and how these translate with biological processes over time are badly lacking and in need of urgent attention (Lamb, 2020); (c) The tools assessing children’s well-being are west-centric and do not always pick up cultural cues nor are they culturally appropriate, for example, many have an individualist emphasis when

assessing mental well-being which does not reflect that particular culture's definition of well-being.

Within the constraints discussed above under which assessment studies on very young children are conducted, the following long and short terms effects of trauma on very young refugee newcomer children have been identified: behavior challenges, social withdrawal, and difficulties in peer relationships (Sheikh et al., 2009; Hurley, 2013; Minhas et al., 2017). They are also at greater risk of experiencing mental health problems such as depression and anxiety (Murray, 2019). Moreover, children of refugee newcomers are also likely to experience more poverty, difficulties adjusting and acclimatizing to a new environment, living with a high level of parental distress and anxiety as well as living in poor quality housing (Walker & Zubert 2020). Experiences during pre-migration, migratory journeys as well as resettlement in new countries also has an effect on the mental health and well-being of very young children (Walker & Zubert, 2020). While studies on very young refugee newcomer children, 0-5 yrs. of age are scarce, it is clear from the few studies that exist that exposure to traumatic events such as violence, war, difficult migratory journeys and witnessing parental anxiety can impact the mental, and psychological as well as physical health of very young children (Lamb, 2020; Goodman & Dent, 2017; Hurley, 2014; Minhas, 2018; Yaylaci, 2017). These studies indicate that very young children that have been traumatized as a result of these events can show aggressive or fearful behaviors towards others including their peers, have difficulty with establishing positive relationships with peers, family and community and have difficulties with attachment and trust; their cognitive development, including language skill acquisition are impacted; they often report having nightmares and can display anxiety and depression (Lamb, 2020; Goodman & Dent, 2017; Hurley, 2014; Minhas, 2018; Yaylaci, 2017)).

Studies have also shown that the effects of trauma and violence are less likely to have an impact on the mental health and development of younger children than they are on older children (Bressall,2018). Studies also note that learning and developmental issues that may surface in the lives of younger children as a result of experiences of forced migration, trauma and violence often present late as refugee newcomer children

often face significant barriers to early intervention and supports that would typically be made available to other children (Park, 2019).

A scoping review (Graham & Minhas, 2016), taking a more holistic view of assessing risk factors, more aligned with a decolonial perspective on trauma, found four risk factors that young refugee newcomer children experience that may impact their long-term development and mental health: (a) A history of trauma pre/post migration; (b) Interrupted education; (c) Educational system's low expectations of their academic achievements; and (d) financial stress. These risk factors encompass three levels of impact: (1) Societal- including cultural beliefs, prejudices, discrimination that younger children are exposed to pre- and post-migration; (2) Professional- arising from interactions from school, health system, neighborhood and family both in the country of resettlement as well as from countries of migration; (3) Personal- with every individual being affected by violence and trauma psychologically, physically, spiritually and culturally in unique ways based on their own personality, motivation and self-efficacy. Hence a far more holistic and intersectional as well as multi-level assessment of the effects of trauma and violence on very young children is called for by scholars writing within a decolonial perspective.

Interventions for Refugee Newcomer Children in their Early Years Living with Trauma

Two sub-themes emerge when reviewing research on interventions addressing trauma in the lives of very young refugee newcomer children; barriers to accessing services, and identifying effective interventions.

Barriers to accessing quality intervention services

What is clear from the research is that parents play a significant role in mediating and mitigating against harmful or risk factors for very young children experiencing trauma. Therefore, intervention is most effective when it is targeted towards parent/children dyads (Yaylaci, 2017; Betancourt et. al., 2017), though that should not be the exclusive aim of intervention, as I discuss below. Moreover, most studies cited here tend to emphasize mother/child dyad as a target of intervention, not many mention fathers or other family members. There is a clear link that the research is drawing between the

effects of trauma on parenting abilities and the effects of these on young children. However there also appears to be a bias in the literature which tends to individualise and blame mothers for inept parenting skills to explain the effects of trauma on younger children. It is clear from the research cited so far that experiences of trauma do have an effect on parenting abilities in the case of some parents (Minhas, 2018), however, as the discussion undertaken so far shows, it is not the only explanation for why children are impacted by traumatic events (Slobodin & De Jong, 2015).

Early Childhood Education Centers (ECEC) have been identified in the literature as having a very positive influence in the socio-emotional and cognitive development on young children. They can act as a strong and stabilizing resource for refugee newcomer children, particularly those who have experienced trauma (Lamb, 2020). However, several barriers to accessing ECEC have been identified in the literature that make it difficult for young children to benefit from accessing this resource or that even result in harm to the metal health of children. Amongst systemic barriers identified to accessing ECEC for young refugee newcomer children is poverty as ECEC are not offered to refugee newcomer children free of charge in most provinces. Racism and Islamophobia amongst staff members, who exclude refugee newcomer children from entering ECEC on the grounds that they are “different” or for being Muslim (Lamb, 2020). As mentioned earlier, those families who are awaiting their asylum claim to be heard, which may be a matter of some years in Canada, do not have the right to access early childhood centers for their children.

For those children who do make it past these barriers, parents often report feelings of unease about their children’s presence there for many reasons, including parents not feeling a sense of belonging at the centres because the staff at the center have not familiarised themselves with their culture and have considered it irrelevant to running the centre (Lamb, 2020). Parents also report not feeling respected or heard, or being judged on their parenting styles and abilities. Moreover, their own life circumstances have made them fearful of authorities and parents sometimes lack trust in early childhood educators to properly look after their children, they fear discrimination from staff and often hold negative perceptions of educators’ abilities to care for their children (Betancourt et l., 2015).

Another barrier which studies have identified is language, with many ECEC operating without the use of interpreters (Graham &Minhas,2016). In the case where families do make it into the system and meeting with staff, children or other family members are asked to act as interpreters (Bemak & Chung, 2017), which can result in children not being able to process the information being provided accurately or being confused about their role in the family, where they are now acting as care providers rather than receivers (Nugent & Roberts, 2013).

A universally identified barrier in the literature for why children from refugee newcomers backgrounds do not benefit from ECEC is identified as 'the homogenous lunchbox' expectation of ECEC staff (Hurley, 2014; Lamb, 2020). Traditional foods packed by parents from refugee newcomer backgrounds are often frowned upon by staff, and parents have reported seeing their children separated from white children by staff during lunch hour and asked to eat separately because of the fact that they are having traditional foods, even though that food is often likely to be more nutritious (Ibid.). Refugee newcomer children are often exposed to bullying by other children on the basis of what they bring in their lunch boxes and children as young as 3- 5 yrs. old from refugee newcomer backgrounds have been observed stealing, hoarding and refusing traditional food in favor of Western 'junk food' as a way to integrate with the dominant white culture they find themselves in (Goodmen & Dent, 2017).

Effective Interventions

Interventions that studies have shown to be beneficial in addressing trauma in younger children from refugee backgrounds are as follows:

- Identification with home culture and language, which has been shown to have a protective effect in mitigating against the worst excesses of trauma in children (Lamb, 2020; Jackson, 2018) and has also shown to play an important role in developing self-esteem and a sense of belonging in children from traumatized refugee newcomer backgrounds. Being bilingual, as is the case with many refugee newcomer children who have lived in Canada for some length of time, is also proven to be a positive factor in the cognitive development of children (Hurley, 2014; Somasundaram, 2010).

- Interventions that target both parents and children are found to be more effective as parents are then more able to provide support to children having had some relief from their own symptoms around trauma (East et. al., 2018; De Haene et. al., 2018).
- Embodied practices such as yoga for parents, singing, dancing, playing for children have also been proven effective as trauma often results in children learning to distrust the messages that their bodies give them (Goodmen & Dent, 2017; Andermann, 2014)
- Memory work in terms of storytelling and story acting by children is also another accessible way by which children learn to express and get in touch with their emotions in a way that does not re-traumatize children (Blanch, 2011; Hadfield & Ungar, 2017).
- Targeting the building of collaborative relationships by ensuring that professionals such as early childhood education teachers first collaborate with communities reflective of the refugee newcomer population they are serving so as to better understand their culture, needs and effects of trauma and to get direction from them about what they think the care priorities for the children should be (Anderman, 2014; Allan, 2015; Williams & Thomson, 2011). Professionals also need to build relationships with the families of the children they are caring for to better understand the social and familial context within which the children live (Bemalk & Chung, 2017). Many refugee newcomers live under the poverty line, experience greater rates of child protection intervention and incarceration. Understanding the needs of the families and how it impacts the lives of their children and intervening to respond to areas of tension within parent/child relationships has been found to be effective in enabling children's sense of well-being. A third area in encouraging collaborative relationships for young children is by intervening with more intense resources, such as one on one counselling, to help children understand their own emotional reaction such as anger, fear etc., and how it impacts their relationship with their peers. Intense

work should also include teaching peers about a diversity of cultural mores and traditions and including them in daily professional practices (Hurley, 2014).

- Self-determination has been identified as an important outcome and indicator of well-being by refugee newcomers (Eruyan et. al., 2018; Andermann, 2014). In the case of young children this may mean providing them with the supports they need to be able to integrate their own cultures with those they are encountering in Canada, because being connected with their cultures is viewed as being beneficial to their psycho-social well-being, according to the literature. It could also mean taking the cue from families and their children to assess how effective these professional interventions have been. In order to support self-determination, social justice goals such as addressing barriers to service accessibility; undertaking holistic practice which includes cross-sectorial support and undertaking social justice work that addresses racism and Islamophobia is also important (Jackson, 2018).
- As mentioned earlier, trauma within a decolonial perspective is not just about harms but also about resiliencies. Interventions that acknowledge these resiliencies and support them are highly effective in combating mental suffering arising from traumatic events. The role of practitioners, early childhood educators, social workers, psychologists, etc., need to be changed to support resistances and resiliencies in combating racism, and other intersectional effects of colonization by planning interventions that aim not to integrate children into an unjust system but rather to change the system to become more responsive and align its practices within a social justice framework of practice (Hadfield & Ungar, 2017; Nugent, 2014; Diab et. al., 2020).
- Intervention should also not be aimed only at the here and now but take into account pre- and post-migratory experiences and contexts. Space and time have both got to be taken into account (Lecroix & Sabbah, 2011; Javanbakht et. al., 2018). As mentioned earlier, forced migration falls unevenly across settled populations, with those populations that are marginalised on the basis of faith, gender, sexual orientation, class among other identity locations, more likely to be

forced to move than those occupying dominant positions in society (Moosa-Mitha et. al, 2018).

Conclusion: Summary of Gaps in Understanding and Addressing Trauma and Violence in Early Childhood and Refugee Newcomers:

As discussed earlier, a common gap in the literature on early childhood trauma is to treat it as an individualised, event-based phenomena that is largely understood within a biopsychic discourse. The sociogenic understanding of trauma as a collective and accumulative process needs to be inserted and its relationship to biopsychic effects on very young children needs to be further studied.

Coloniality and its legacies need to be centred to a much greater degree in assessing and creating intervention plans for very young children to provide the contextual knowledge, grounded in the specific realties of various communities, by which to inform both understanding as well as addressing trauma. Valuable lessons can be learnt from Indigenous communities and scholars to better understand the traumatising impact of colonialism on Indigenous peoples.

The culture/s of refugee newcomers has to form an integral part of understanding and addressing trauma in their lives. Culture, particularly for marginalized populations, which is overwhelmingly what the refugee newcomers represent in their countries of birth, is often experienced as a site of violence and subjugation. As has been discussed earlier, it is also the site of on-going trauma in Canada. Therefore, it is clearly linked with refugee newcomers' experiences of trauma, and should be taken into consideration when assessing trauma, which it is not presently. Moreover, culture should not be defined simply as a set of rites and ceremonies, but also as a political force in the lives of refugee newcomers who have a history of being marginalised and subjugated at the intersections of race, faith, gender, sexual orientation, amongst other marginalised identity markers.

Orientalist assumptions that view the culture of the 'other' as backward whilst considering that of the west as progressive should be vigorously challenged by care professionals. Evidence of systemic discrimination on the basis of such cultural assumptions and the traumatising effects of these on refugee newcomers living in

Canada should be identified and addressed. The securitisation of the Canadian state post 9/11 and the resulting heightened surveillance and brutality against Muslim minority groups in Canada as well as the rising level of Islamophobia need to be understood as constitutive of the context within which certain sectors of the refugee population continue to be particularly marked by on-going trauma.

Barriers and inequities in accessing health care and other social services resulting from racism as well as other forms of structural discrimination need to be identified and addressed. The effects of these exclusions such as the fact that refugee newcomers more likely to be living under the poverty line, experience higher rates of incarceration as well as higher levels of surveillance by child protection workers and the police needs further studying for the traumatic effects these have on the lives of refugee newcomers living in Canada.

At the same time, traditional teachings that already exist within the culture of refugee newcomers should set the context for intervention in addressing trauma. Self-determination that is the result of enacting and tapping into cultural teachings should be acknowledged for the protective role it plays and as a site of resiliency. Interventions that are culturally suitable in this broader political sense should form an integral part of the care and resettlement plan for refugee newcomers.

Trauma should be assessed through shifting time and space perspectives. Therefore the social conditions that refugee newcomers found themselves in pre-migration should be taken into consideration when assessing trauma and its effects. So should the migration journey/s that refugee newcomers undertake to arrive in Canada, as these are often also experienced as traumatic. Studies show that not enough attention is paid to the experiences of refugee newcomers as they undertake, what are sometimes hazardous, crossings before arriving into Canada. Moreover, greater attention needs to be paid on newcomer refugees' experiences of trauma in Canada that is the result of inequities and social exclusions they experience here.

In addition to the above, gaps and recommendations specifically for children in their early years discussed in this paper cane be summarised as follows: More studies on the effects of trauma on children in their early years need to be undertaken as this area has been understudied. Assessments and interventions should occur early in the

post-migration phase for very young children as studies have noted that there is a significant time lag between intervention, assessment and number of year that these children have been living in Canada. Intervention should not be dependent on parents' ability to pay for the service as this constitutes a significant barrier to accessing services, including attending early childhood centres, as noted in the literature.

The relationship between cultural development and psychopathology in very young children should be studied more in-depth. At the same time the effects of racism as well as other forms of orientalist assumptions held by care professionals and organisational practices on child development and in triggering trauma, while well studied needs to make an impact on the implementation of child care services.

Intervention and provision of care to address trauma in very young children should occur as a result of collaborative relationships between care professionals and community, families, parents and children themselves. This enables for a more contextualised, holistic intervention and care plan that is based on mutual respect and trust.

Studies have also shown that cultural diversity should be acknowledged and actively included in the everyday practices of early childhood education centers. Cultural heterogeneity rather than the imposition of one, dominant, cultural practice on refugee newcomers children at early childhood education centers should be encouraged and regarded as normative.

To end on an optimistic note, important lessons have been learnt on effective interventions to address trauma in children in their early years. I have summarised these in the earlier section, many of which respond directly to the gaps that have been identified in assessing, intervening and addressing trauma discussed in this report. It is heartening to note that addressing these gaps makes a significant difference in the lives of refugee newcomers children in their early years.

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