

**Working with Recently Arrived Populations with a
Focus on Clinical Strategies
(Adapted from the work of Guy Coffey, Foundation House, 2007)**

The aim of this document is to provide some guidelines for clinicians, community workers, and others on factors which ought to be considered as part of an assessment of refugees' migration experiences – at pre-migration, during transit, and after settlement. It is important that workers consider the individual needs of their clients sensitively when exploring what may be potentially traumatic material.

The United Nations Convention Relating to the Status of Refugees (1967)

defines a refugee as:

"A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.."

1. Assessment of Pre-migration Experiences:

Obtain an accurate account of pre-migration experiences. Refugees suffer persecution by definition (see UNHCR definition above) – but the nature of persecution varies widely. For example, consider:

- Did the individual/s flee with family from anticipated persecution, or did they flee extended detention, torture, and protracted periods in refugee camps?
- Did the individual/s enter Australia through the Special Humanitarian Program, through family reunion, or were they an onshore asylum seeker? It is important to understand the process by which their residency visa was obtained. For example:
 - If an onshore asylum seeker, note any period of immigration detention, length of time to obtain visa, kind of visa currently held.
 - If an offshore humanitarian entrant, note period of displacement, length of time spent in refugee camp or with insecure residency status in a third country.
- Experiences of separation from family, displacement, length of time in refugee camp or with insecure residency status in third country.
- What was life like before the onset of persecution? Take the usual developmental and family history.
- When did the disruption to normal life begin? What stage of life was affected (e.g. childhood, secondary school years, young adulthood)
- What precipitated the flight from the home country? Who left and who was left behind?
- What are the losses experienced, e.g. family members, community, cultural, vocational, economic status

Suggested questions:

- ◇ How did your family arrive in Australia?
- ◇ Were there any periods of separation from other family members?
- ◇ Did you spend any time in refugee camps overseas? How many countries did you stay before arriving in Australia?
- ◇ What was your life like before the war? I.e. focus on potential losses e.g. economic status, loss of job/position, any involvement in military activity or imprisonment.
- ◇ Did you spend any time in immigration detention here in Australia?
- ◇ Was anyone in your family involved in fighting? What happened to that person?
- ◇ What is your current migration status – i.e. did you enter Australia through Special Humanitarian Program, through family reunion, or were you an onshore asylum seeker?

2. Experiences in transit

- Consider whether the individual/their family were required to wait for visa approval in a third country. Before arriving in Australia, many refugees spend long periods of time in transit and may move through several countries before gaining formal permission to enter Australia as a refugee.
- For example, the group known as the Sudanese Lost Boys were driven out of their villages by fighting, many losing their families. They crossed the desert by foot in order to arrive at refugee camps in Kenya and Ethiopia, many waiting years before being resettled in Western countries like Australia, USA, and Canada. Consequently, education and developmental stages may be significantly interrupted.

3. Settlement experiences

- On arrival, where are family members? Family composition in Australia
- Expectations and knowledge of country of asylum
- Knowledge and skills possessed assisting settlement and adaptation
- Level of support from community of compatriots in Australia
 - Cultural and political relationship with community
- Eligibility for settlement services affected by visa status (less for temporary protection visa holders; persons arriving on family reunion visas)
- Stressors and difficulties in first years of settlement

For example, some African families settling in Australia may be unfamiliar with modern appliances such as stoves or fridges. In other cases, individuals who were qualified professionals and university graduates in their home country, may not have their qualifications recognised in Australia, and are therefore working in menial employment.

Note that settlement stressors can be at least as important in predicting the development and maintenance of PTSD as the severity of the traumas experienced.

See studies on the importance of social environment following trauma in the development of post traumatic disorders. (e.g. references by Basoglu and Brewin below)

Suggested questions:

- What have been the issues for you and your family since arriving in Australia?
- How do you find school now in Australia, compared to back home/in the refugee camp?
- What are the issues you are having with your family?
- Do you have any family back home? How does this impact on you?

4. Approaches to treatment

- Stressors related to settlement issues may need to be addressed before significant progress can be made clinically: issues re: visa status, family tracing and reunion; issues re: learning English, vocational training, children's schooling, concerns re: different cultural norms (e.g. re: raising children, women's roles); physical illness or injury which may relate to refugee experiences.
- Evidence is emerging that approaches validated in non-refugee traumatised populations are efficacious in refugee groups. However they may need to be modified; the timing and context of delivery of psychological treatment is crucial as is preparatory psycho-educational work.
- For further information about treatment approaches with this population, see the following reviews (**copies in resource pack**):
 - Campbell, T. (2007). Psychological assessment, diagnosis, and treatment of torture survivors: A review. *Clinical Psychology Review*, 27, 628-641.
 - Nicholl, et al. (2004). The psychological treatment of PTSD in adult refugees: A review of the current state of psychological therapies. *Journal of Mental Health*, 13, 351-362.
 - Ehntholt, K.A. & Yule, W. (2006). Practitioner review: assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *Journal of Child Psychology and Psychiatry*, 47, 1197-210.
 - Paunovic, N. & Ost, L. (2001). Cognitive behavioural therapy vs exposure therapy in the treatment of PTSD in refugees. *Behaviour Research and Therapy*, 39, 1183-1197.
 - Silove D. et al. (1998). Trauma exposure, postmigration stressors and symptoms of anxiety, depression, and post-traumatic stress in Tamil asylum seekers: comparison with refugees and immigrants. *Acta Psychiatrica Scandinavica*, 97, 175-181.

Some other relevant resources:

- Baçoğlu, M. et al. (2004). Cognitive-behavioral treatment of tortured asylum seekers: a case study. *Journal of Anxiety Disorders*, 18, 357-369
- Brewin C.R. et al. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, 68, 748-766.
- Morris et al. (1993). Variations in therapeutic interventions for Cambodian and Chilean refugee survivors of torture and trauma: A pilot study. *Australian & New Zealand Journal of Psychiatry*, 27, 429-435.
- Neuner, F. et al. (2004). A comparison of narrative exposure therapy, supportive counselling, and psychoeducation for treating PTSD in an African Refugee Settlement. *Journal of Consulting and Clinical Psychology*, 72, 579-587.