

SUPPORTING PEOPLE FROM REFUGEE BACKGROUNDS:
Supporting people affected by the current crisis in the Middle-East
Tuesday December 12th 2023



Image: World Bank Photo Collection / Flickr



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The Victorian Foundation for Survivors of Torture Inc.

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Facilitated by:

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Facilitators

Shubha Gokhale is a psychotherapist with over 15 years of experience working with children, young people, adults and families in school, community, and private practice settings. Shubha has postgraduate qualifications in Psychotherapy and Counselling and in the Arts. At Foundation House, Shubha has provided assessment and trauma focussed counselling to refugees and asylum seekers, of all ages, in community and detention settings. For the last four years, as Practice Leader, Shubha has provided reflective practice supervision to Counsellor Advocates and Community Staff working with children, young people and adults. Shubha also contributes to developing and delivering training for FH staff and external organisations.

Mike Bromhead is an experienced professional learning facilitator, combining 20 years of experience as a Counsellor Advocate at Foundation House since 1997 providing assessment, therapeutic interventions and advocacy for children, adolescents and adult survivors of torture, war-related trauma, and persecution. Since 2014 he has been designing and delivering professional development programs to organisations and public sector services to enhance their responsiveness to clients/patients from refugee backgrounds. His previous work has been in the areas of intellectual disability, psychogeriatrics, and adolescents at risk.



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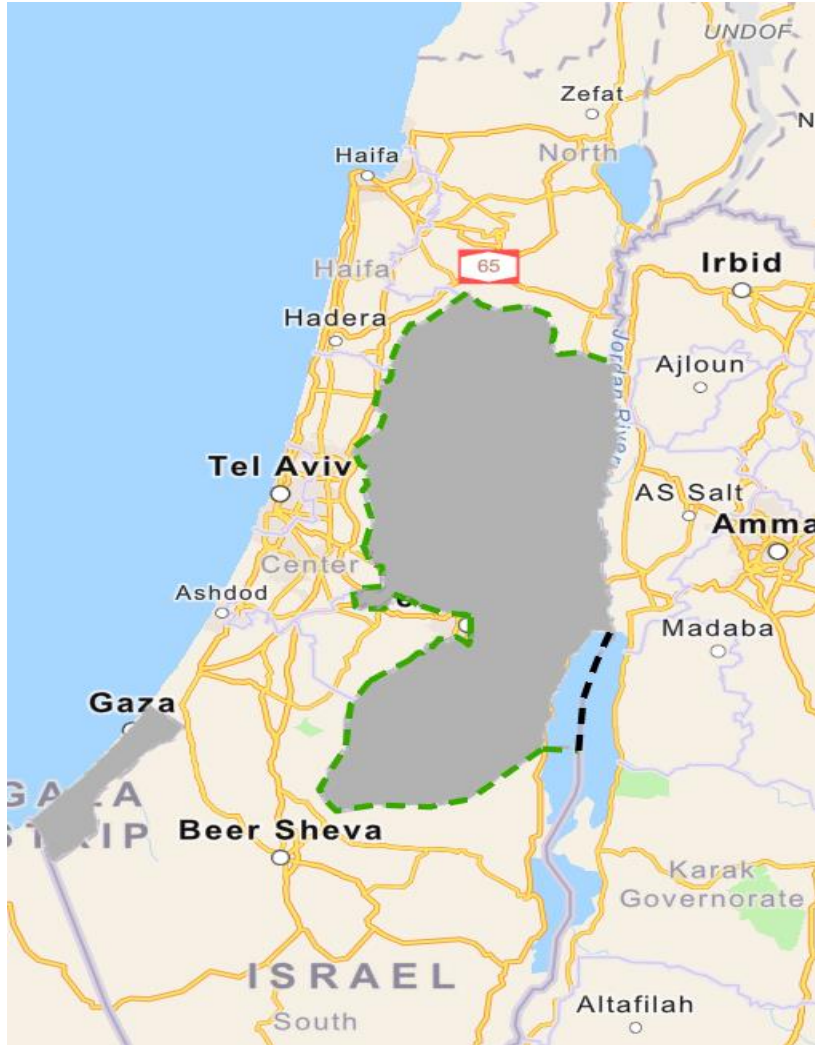
Foundation House Services: Integrated Trauma Recovery Service Model



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Purpose, Complexity, Terminology



- Information and resource provision
- Awareness raising of potential/likely presenting issues
- Informed best practice responses to support physical and mental health
- Acknowledge the complex and evolving events in Occupied Palestinian Territories, Israel, and region.
- And the diverse and conflicted feelings in private, professional and public spaces.

Terminology

- Occupied Palestinian Territory (oPt): includes Gaza and West Bank (Term: United Nations)



Image: United Nations Office for the Coordination of Humanitarian Affairs

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Sharing the Space

Participate with Safety

Look after self and
colleagues

A little
'Tech Patience'



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Current context



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Speakers

Dr Sameera Bhayat Australian Islamic Medical Association

Dr Sameera Bhayat is a General Practitioner working in Northcote. She is a member of the Australian Islamic Medical Association and on the sub-committee for the AIMA Gazan Medical Response. Dr Sameera has a special interest in mental health. She has experience in medical education, both with the Royal Australian College of General Practitioners, as well as the University of Melbourne. She has also been a clinical editor for HealthPathways in Western Sydney.

Dr Amireh Fakhouri Australian Islamic Medical Association

Dr Amireh Fakhouri is a GP Registrar working at Utopia Refugee Health Clinic. She is a member of the Australian Islamic Medical Association and on the sub-committee for the AIMA Gazan Medical Response. She has a special interest in Refugee Health and Health Inequity, publishing her most recent book in 2021. She is completing her Masters of Public Health from Monash University and works part-time with the Department of Health and Aged Care in Policy reform.

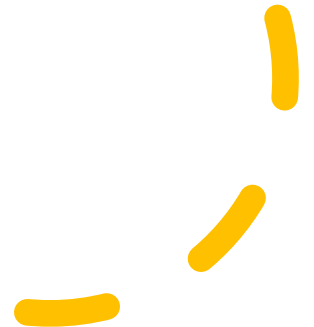


AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

Gazan Refugee Medical Response

12th December 2023

Dr Amireh Fakhouri (GP Refugee Health Registrar)
& Dr Sameera Bhayat (GP)





AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

- National organisation with state chapters.
- Aim: unite and inspire Muslim healthcare professionals and serve humanity.
- Membership: Diverse group of professions, grades, ethnicities and localities with the Muslim HCW workforce.
- Part of an international coalition of similar organisations across the world.



Sub-Committee Members

Dr Mohammad Awad – Neurosurgeon

Dr Ashraf Chehata – Orthopaedic surgeon

Dr Shazeea Mohammad Ali – Geriatrician

Dr Sameera Bhayat – General Practitioner

Dr Amireh Fakhouri – General Practice Registrar in Refugee Health

Dr Mahmoud Youssef – General Practitioner

Dr Mai Altous - Respiratory Physician

Dr Mohammad Ayoubi – General Practitioner

Dr Hadiqa Mughal - General Practitioner



AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

- We are a sub-committee was formed to respond to the health needs of families arriving from Gaza.
- Arriving on a visitor visa (subclass 600). **Ineligible for Medicare and public hospital care.**
- Concerns: **challenges accessing care, fear of costs**
- **Interim plan:** pro-bono care
- **Longer-term solution:** Medicare, public hospital care



Current Situation

- Humanitarian Crisis in Gaza- collapse of healthcare system, civilian infrastructure, housing, schools
- 22nd November 2023 – Statement by Penny Wong
- 48 hours notice of arriving Gazans through word of mouth by community members
- 800 Visa issued to Palestinians
 - 560 Visas issued to Victoria
 - Between 50 -70 Gazans have arrived
 - Not including 46 Australian residents returning
 - No record of arrivals provided by DFAT
 - Unknown locations – mainly northwest
- 1800 visas issued to Israelis



Visa Type

- Sponsored visa subclass 600 (Visitor visa)
- All have a sponsor in Australia
- No access to Medicare – public hospitals, imaging, pathology PBS
- No access to Centrelink payments
- Ukrainian example
 - Visa 600 → 449 → 786
 - Subclass 449 Humanitarian Stay visa
 - Subclass 786 -Temporary (Humanitarian Concern) visa
 - Migration law experts Refugee Legal will provide a briefing about Australian visa issues for people affected by the crisis in the Middle East. This briefing will be on 4.00 - 5.00pm on Monday 18 December. The meeting will take place via Zoom.
 - Must go through process of medical assessment by BUPA ~\$450

Understanding Trauma



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Trauma

“Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience. They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis.”

Judith Herman, Trauma and Recovery (1992)



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Types of Trauma

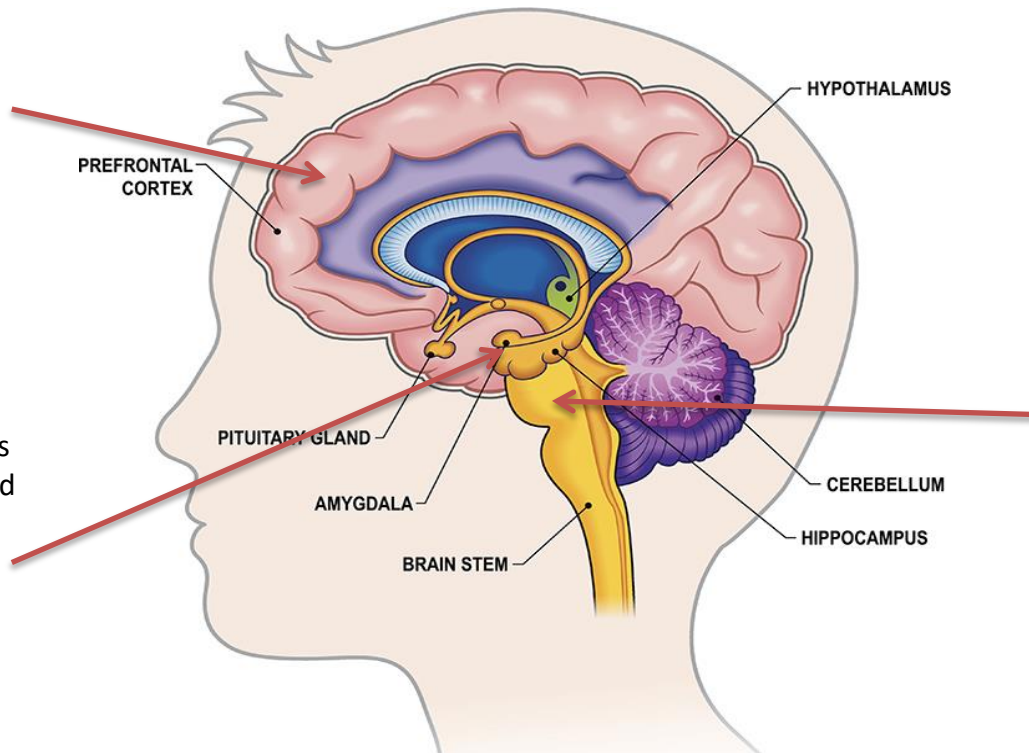
Single	Complex
One-off, out of the blue, time-limited	Repetitive, prolonged, cumulative, chronic
Impersonal – natural disaster, accident	Interpersonal, direct harm, exploitation, maltreatment
Out of context – coming from a stranger	In the context of relationships, ie. primary caregivers, significant others, responsible adult
No relationship to a person's place in life, eg. Road accident, flooding, robbery	Often occur at developmentally vulnerable times – early childhood or adolescence, eg. childhood abuse and neglect, poverty, homelessness, incarceration, refugee trauma



Memory and embodied trauma

When we remember a traumatic event, memory centres in the frontal lobes shut down, and we get overwhelmed by **feelings and impulses** instead of recalling events.

The limbic system responds to memories with increased activity, especially in the amygdala, the brain's emotional memory centre. The **amygdala 'sounds the alarm'** as if we were in danger right now.



The reptilian brain **reacts instinctively** to **'alarm'**. Heart rate increases. We stop breathing or hyperventilate. Muscles tense. We either **speed up or shut down**.



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Image: Simply Psychology

Complex Trauma

“Because of this timeless and unintegrated nature of traumatic memories, victims remain embedded in the trauma as a contemporary experience, instead of being able to accept it as something belonging to the past.”

Kolk & Newman (2007)



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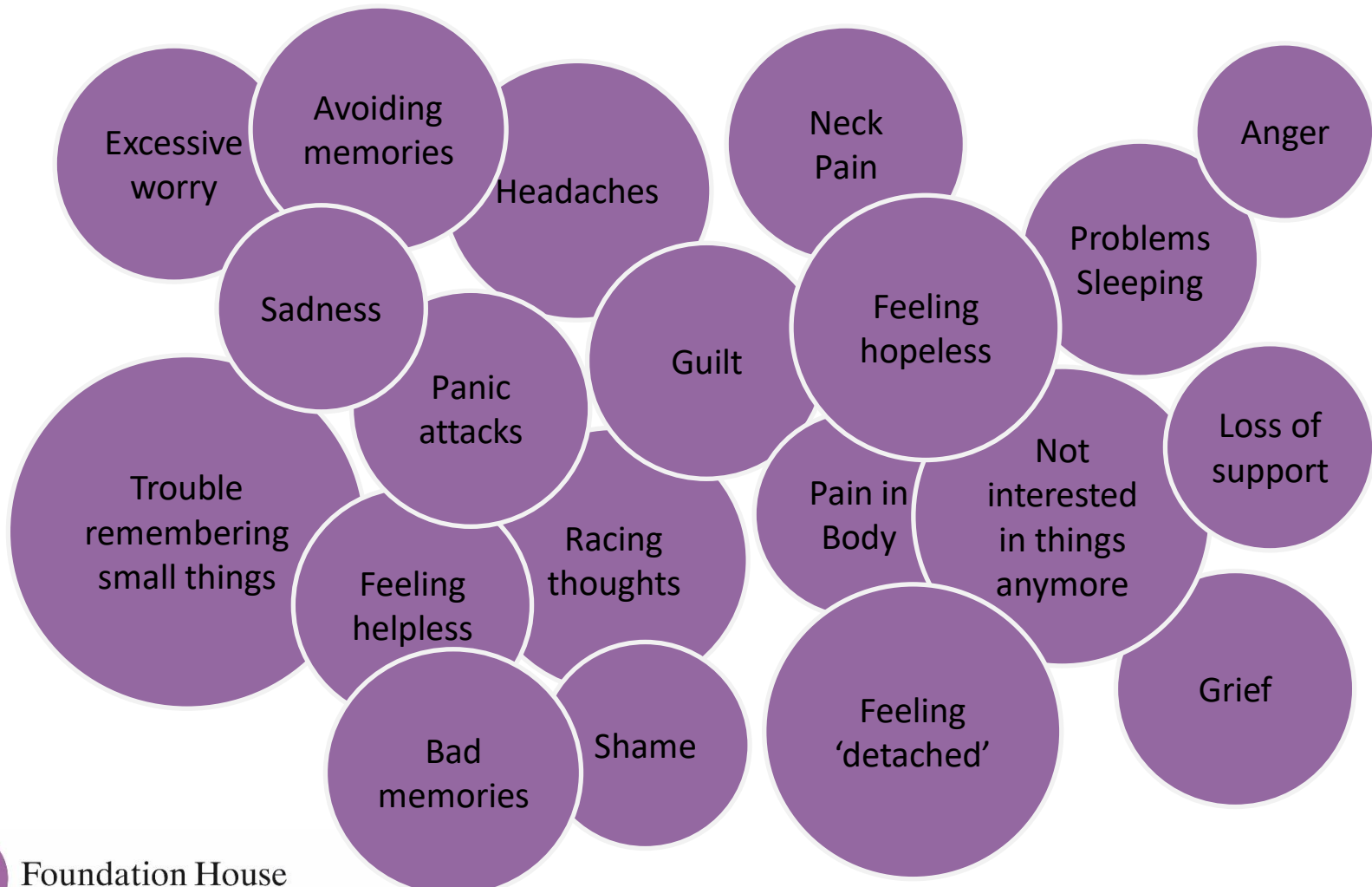
How do people respond to Trauma?

“A response to overwhelming stress is **normal**
Initial responses serve to protect (eg. shock, dissociation)
An initial coping response can cease to be effective
(eg. dissociation, avoidance)
And symptoms develop.....”

Rothschild (2000); van der Kolk (2014)



Trauma Responses, cont...



Trauma-informed Practice



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Trauma-informed Practice

“On-going exposure to traumatic stress can impact all areas of people’s lives including biological, cognitive, and emotional functioning; social interactions / relationships; and identity formation.

Because people who have experienced multiple traumas do not relate to the world in the same way as those who have not had these experiences, they require services and responses that are sensitive to their experiences and needs.”

Guarino, Soares, Konnath, Clervil & Bassuk (2009)



Trauma-informed Practice principles

- Understanding of trauma and it's impact at all levels
- A culture of non violence
- Promoting safety
- Trustworthiness and transparency
- Understanding of social, cultural, historical, and gender Issues
- Peer support
- Collaboration
- Supporting consumer control, choice, voice and autonomy
- Appropriate use and sharing of power, authority and responsibility
- Integrated approach to care
- Healing occurs through relationships
- Those who care need to be cared for
- A belief that recovery is possible (Hope)



Psychological First Aid:

Responses in immediate aftermath of violence

- *Many who experience distressing or traumatic events have common reactions and recover well, especially if they can restore their basic needs and receive support from people around them.*
- *After a traumatic event, most will experience post-traumatic stress reactions in the first days or weeks – reactions that will diminish over days and weeks.*
- *During the first days or weeks they will experience heightened stress and alertness, intrusive thoughts or images, and may avoid things and events that remind them of the traumatic event. There will often be cognitive challenges with memory and difficulties in focusing.*
- *If these symptoms persist for more than four to six weeks a person may (be developing) post-traumatic stress syndrome.*
- *Knowing what reactions are natural after major crises and traumatic events is very important to normalize and be prepared for reactions and it is part of PFA to inform people of reactions they can expect to have.*

Source: Introduction to Psychological First Aid. EU4Health. 2023



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Psychological First Aid:

Responses in immediate aftermath of violence

Health professionals:

- Prioritise: safety and essential needs
- Psychoeducative approach:
 - what patients can expect, what they can do for self and others
 - Minimise children's exposure to traumatic news, images etc!!!
- Expect fluctuations in patient's mood, expression, cognition, behaviour – don't jump and refer – observe over time
- Reduced cognitive capacity in early stages: 'bite-sized' information
- Orientating to and normalising the current social context



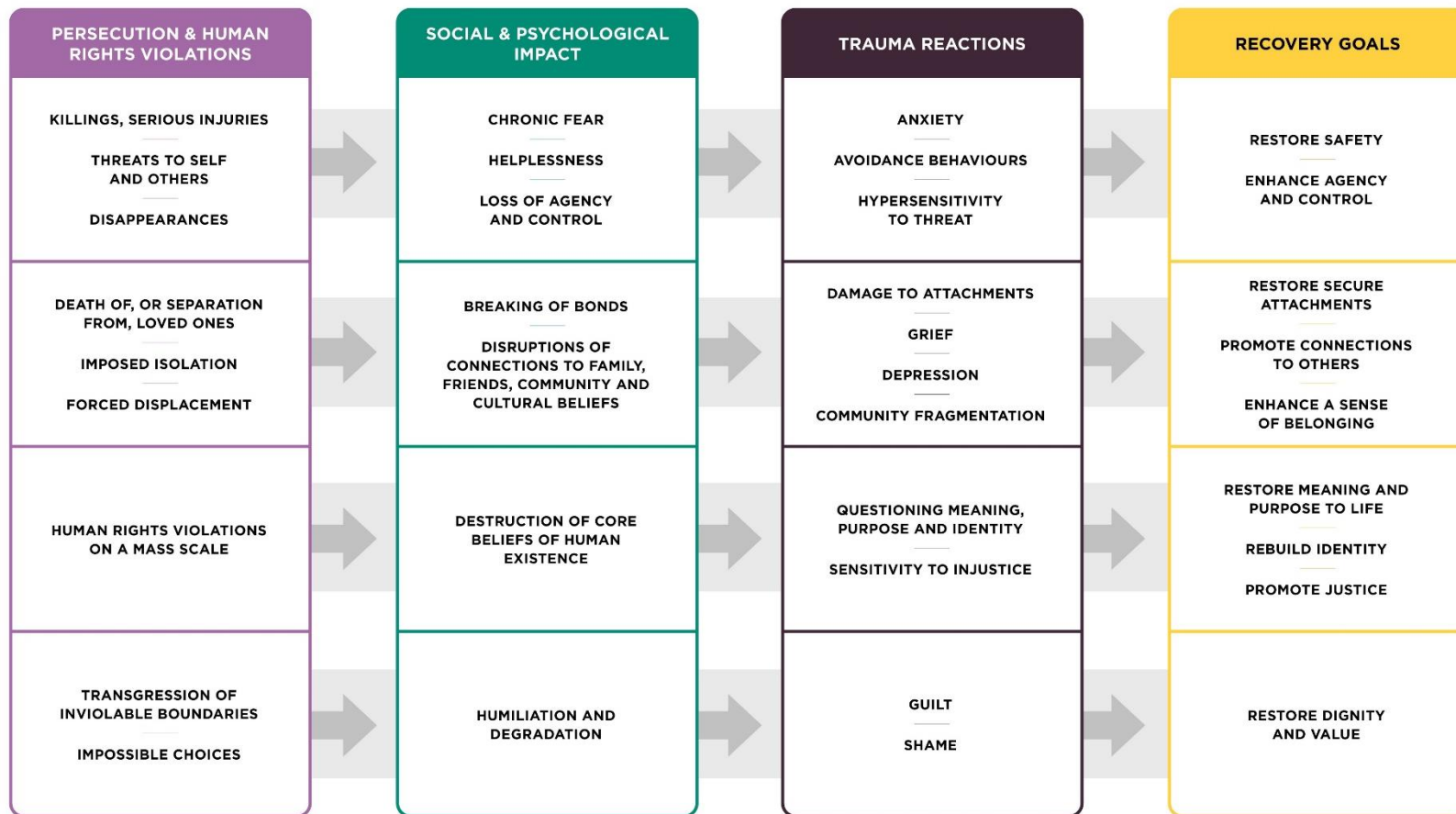
Conceptual Lenses for Working with Refugee Survivors



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VFST Trauma Recovery Framework



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Risk and Protective Factors in the Settlement or Host Country

	Protective Factors	Risk Factors
Individual	<ul style="list-style-type: none"> • Good interpersonal and social competencies • Self-efficacy and control 	<ul style="list-style-type: none"> • Inability to communicate • Poorer physical and mental health • Socio-economic disadvantage (including perceived status) • Lack of familiarity with dominant culture and its systems
Family	<ul style="list-style-type: none"> • Actual or early prospect of family reunification • Safe and nurturing family functioning 	<ul style="list-style-type: none"> • Family members in dangerous circumstances • Family stressors including breakdown • Illnesses of family members – physical and mental
Community / Society	<ul style="list-style-type: none"> • Responsive service systems: health, education, legal and employment • Welcoming and inclusive policies and attitudes to diversity • Belonging 	<ul style="list-style-type: none"> • Socioeconomic disadvantage • Racism and discrimination • Marginalisation • Community fragmentation



Cultural Factors Relevant to Promoting Health & Wellbeing

Cultural Factors

Language and communication

Explanatory models of mental illness and mental health problems can be very different from the dominant culture

Stigma associated with physical and mental disorders

Beliefs and practices related to help-seeking behaviour

Expectations of practitioners/service providers

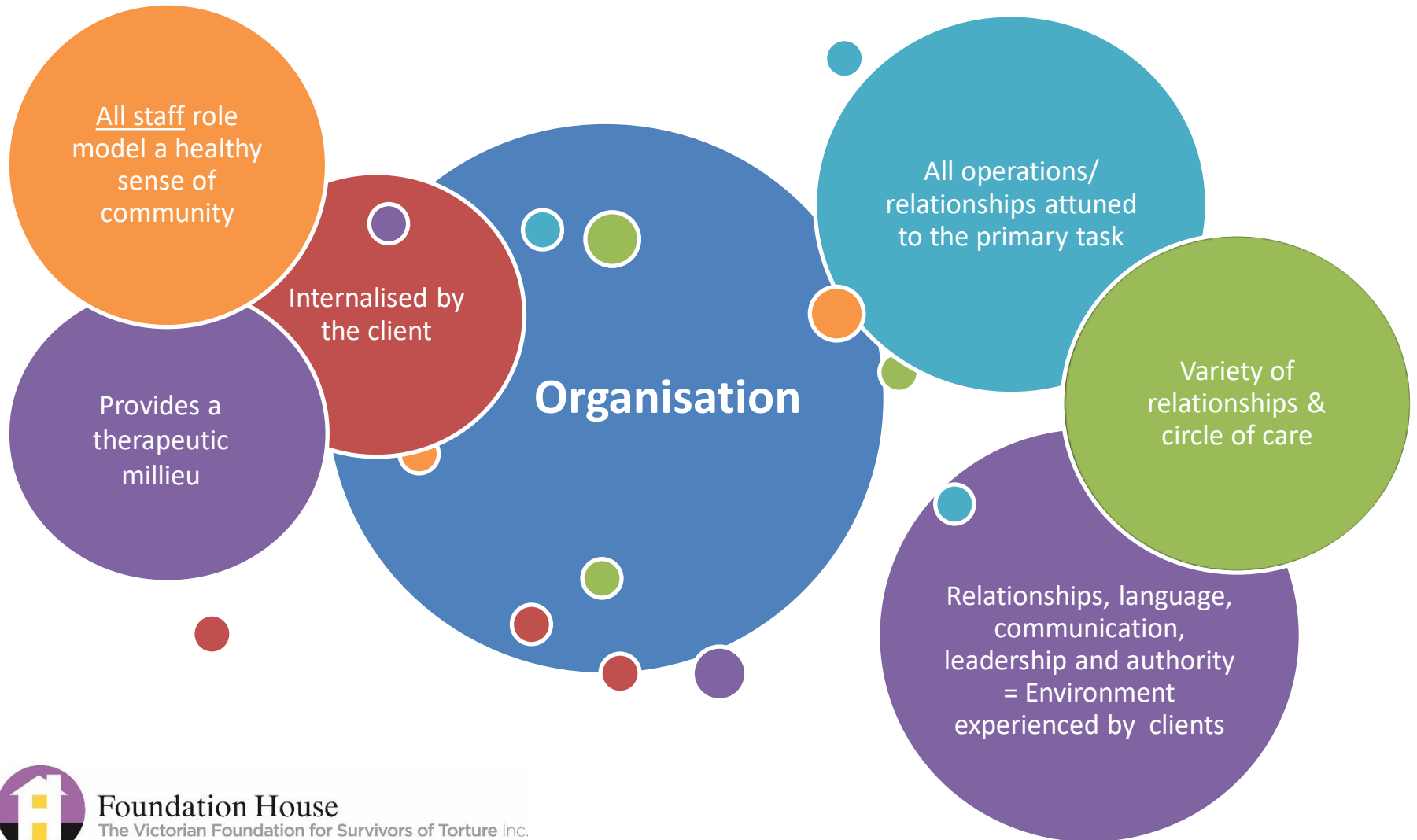
Experience, knowledge, and acceptance of legal, health and education systems in Australia

Values and approaches to child rearing and parenting

Gender role expectations



Organisation as a Therapeutic Setting



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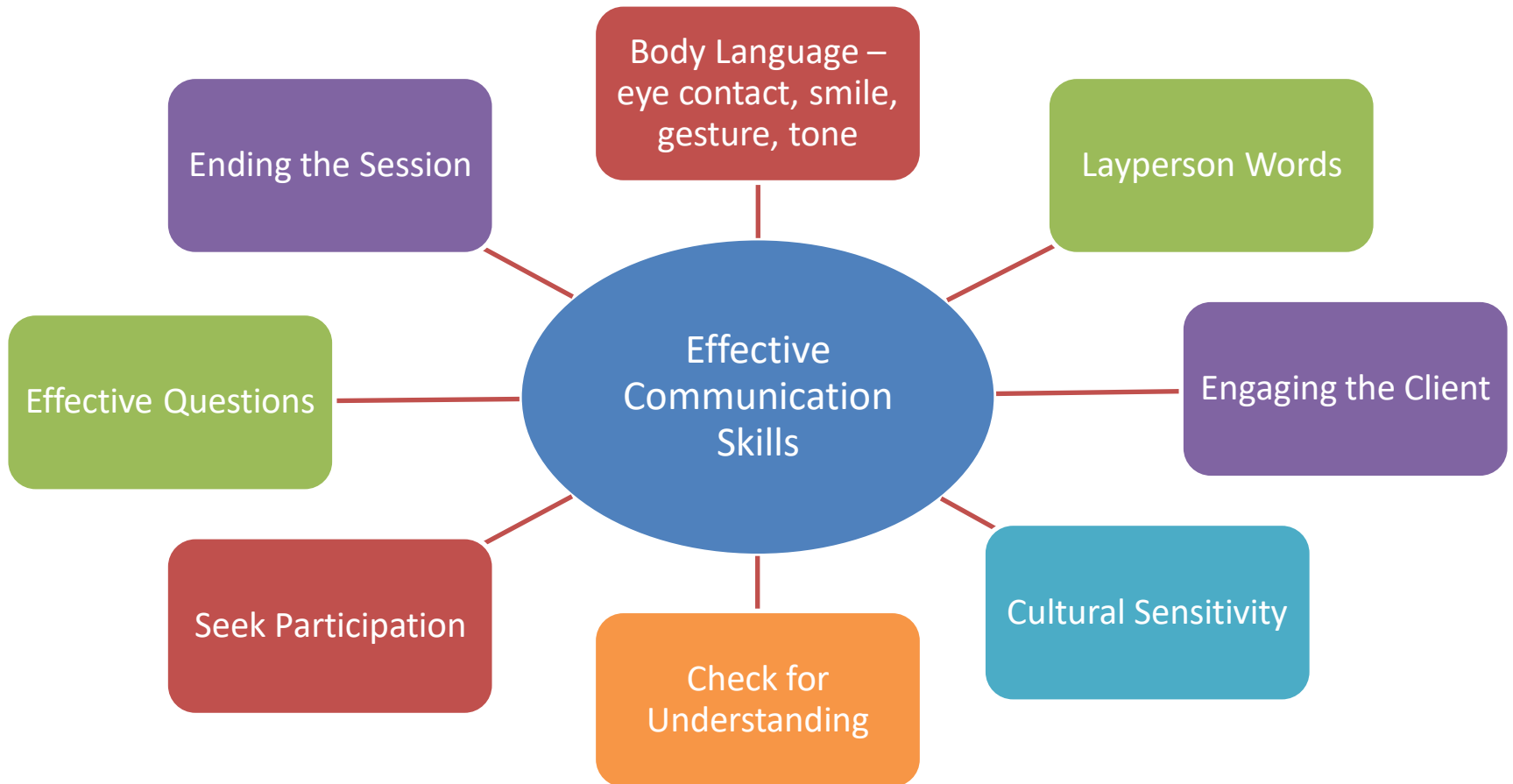
Trauma Informed Responses



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Communication Skills



Supporting Safety

ESSENTIAL:

Provide the rationale for all discussions and questions....

- ▶ Enables the client to make sense of and prepare for questions;
- ▶ Minimises confusion or suspicion about the intent of the questions:
 - eg: “I need to ask a number of questions that will help me understand (your situation / your health problems etc)”;
 - “This question might seem a bit odd/unrelated, but it will help me to understand/recommend... etc”..



Supporting Safety

Together *with your client/patient* you can....

- ▶ Give dual permission (both give consent to pause, to interrupt, to not give certain details (eg: traumatic experiences);
- ▶ Explore past experiences of questions and talking (acknowledge they have probably had many interviews / assessments – “what’s that been like?” “What will help you go through these questions with me?”);
- ▶ Ask about hypothetical conversations (eg: what would it be like for you if we talked about.....for a few minutes?);



Supporting Safety

Together *with your client/patient* you can....

- ▶ Identify ways of mitigating risk (eg: explore with patient if the environment feels safe. Different room, if possible. Move away from high noise);
- ▶ Check in with patients (eg: regular 'how are you going?' 'Do you need anything?' 'Do you need to take a minute?');
- ▶ Support with grounding/orientation: notice if your client / patient seems mentally absent (Grounding and Orientation tips attached)



Acknowledgement

Getting the client's experience and showing that you get it....

Give feedback that you are really listening and wanting to understand.

Paraphrase

"So what you're saying is..."

"So I don't make any mistakes, I'm going to tell you what I understand..."

Respond to client/patient expression and affect.

"I can see that your really upset / angry / overwhelmed by this".

Non-verbal-facial expression.

Show worry / surprise / confirmation.

Acknowledging involves noticing and observing.

Noticing expression, body language, tone, repetition.

Acknowledging sometimes nothing/not much can be done.

"It's frustrating/upsetting that we can't do much more".

Acknowledging the new 'settlement' environment

Acknowledge to the patient the diverse, potentially distressing, narratives (or the absence of community awareness) in Australia



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Validation

Conveying that the client / patient's experience is important....

Validating involves conveying that their experience is human / valid / legitimate / understandable / common and/or normal.

"Thank you for sharing that information with me, it is very helpful".
"What you're experiencing/feeling must be difficult for you".
"Many people have told me how difficult this is to live with"
"We are going to do our best to help you get through this."
"It makes sense that you feel/think this way."

Clarify your role – this conveys the importance of getting each step right/ gives control to the client-patient who they will talk to about what.

"My role is to...Others will also support you in their area. Then you don't have to keep repeating yourself"
"Your information is important. You don't need to tell me everything. What I'll ask about is....You can tell.....the other information".



Validation

Conveying that the client / patient's experience is important....

Respond to client/patient expression and affect.

"I can see/hear how important this is to you."

Non-verbal-facial expression.

Show worry / surprise / confirmation.

Prioritise the client / patient.
Bring them client into the process.

Your opinion is important to me. What do you think causes/irritates the problem?"
"What is most important to you right now?"

Offer specific or general support.

"These other issues are important, too.
Can we help you find support?"

Self disclosure – normalises, connects
(use with caution – don't over-identify).

"I have kids/parents, too. I'd be worried like you."

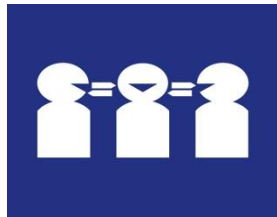


Talking about difficult things

- May need to move client from situation (if in group or public)
- Listen - allow the client the space they need to tell the story
- Acknowledge when appropriate
- Normalise their reaction
- Believe them/do not argue about 'facts'
- Offer ongoing support and/or offer alternatives IF needed
- Consider reasons for non-disclosure: (fearful of feeling overwhelmed / Shame – sexual assault – 'failure' to protect loved ones)



Using Interpreters



TIS is free for GPs and specialists (some don't know) **TIS 1300 13 14 50:** register for a client code

May be onsite or via phone

Appropriate **gender**

Ask for an interstate interpreter to **improve confidentiality**

Preferred **language and dialect** (eg. Syrian, Lebanese or Egyptian Arabic)

Health professional **controls and directs** the interview: insist on knowing everything that is spoken between patient and interpreter

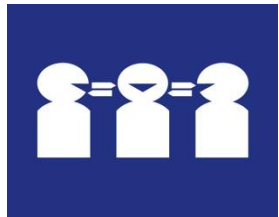
AVOID USING FAMILY, RELATIVES OR FRIENDS – potentially inaccurate / patient may not disclose / medico-legal risk



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Practice Tips



Reception – train to identify the need for interpreters and book as appropriate with appropriate time slots

Recall systems and reminders eg. SMS patient and/or case workers the day before

Always confirm address and phone numbers of clients!!

Reception area welcoming

Translated material available

Health translations directory



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National Telephone Service



شاهد على الحرب

خط هاتف وطني ساخن متعدد اللغات للأشخاص المتأثرين
بالنزاعات خارج استراليا
لدينا أكثر من 30 عامًا من الخبرة في مساعدة الناجون من الحرب
وصدمات اللجوء
نحن هنا للاستماع إلى مخاوفك وتقديم المعلومات حول الدعم
المتاح
يمكننا أيضًا مساعدتك في ربطك بالخدمات التي يمكنها مساعدتك أنت
وعائلتك

مكالمة مجانية 1800 845 198
من الاثنين إلى الجمعة في جميع أنحاء استراليا

يمكننا التحدث معك باللغات التالية
العربية | اللغة العبرية
الفارسية | الأوكرانية | الانكليزية
وفي اللغات الأخرى بمساعدة مترجم

ACT, NSW, VIC, TAS: 10am - 7pm
South Australia: 9:30am - 6:30pm
Queensland: 9am - 6pm
Northern Territory: 8:30am - 5:30pm
Western Australia: 7am - 4pm



WITNESS to War

**A national multilingual telephone hotline
for people affected by overseas conflicts.**

**We have over 30 years of experience assisting
survivors of war and refugee trauma.**

We are here to listen to your concerns and provide
information about available support.

We can also help you connect to services that can
assist you and your family.

Free call 1800 845 198
Monday to Friday across Australia

ACT, NSW, VIC, TAS: 10am - 7pm
South Australia: 9:30am - 6:30pm
Queensland: 9am - 6pm
Northern Territory: 8:30am - 5:30pm
Western Australia: 7am - 4pm

**We can talk with you in the
following languages:**
**ARABIC | HEBREW
DARI | UKRAINIAN | ENGLISH**
and in other languages with an interpreter



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Resources

- <https://refugeehealthguide.org.au/> The Australian Refugee Health Practice Guide can be used by doctors, nurses and other primary care providers to inform on-arrival and ongoing health care for people from refugee backgrounds, including people seeking asylum
- <https://www.fasstt.org.au/publications/> **Support for People During Times of International Conflict** – Information about the impact of international conflicts on local communities and supports available through FASSTT. (2023)
- <https://pscentre.org/resource-category/emergencies/types-of-emergencies/armed-conflict/?selected=category> The International Federation of Red Cross and Red Crescent Societies (IFRC) Reference Centre for Psychosocial Support. This site has a range of resources for practitioners providing mental health psychosocial support during, and following, violent conflict. Also includes information for parents supporting children.



Indications for Referral



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Identifying People from a Refugee Background

- ▶ Country of Origin?
- ▶ Country of Transit?
- ▶ Age combined with knowledge of country indicates likely period of exposure to violence, hardship, and displacement.
- ▶ Terrible things have happened to people who have been forced to leave their country. You do not have to go into any detail, but if I can understand a little about your background history it can help me know how I can best help you.



Indications for Referral: 0-5 Years

Attunement Difficulties (eye contact, reciprocity of emotional state, smiles)

Developmental or language delay	Pronounced separation anxiety
Food security & attachment issues	Violent or aggressive play
Clingy or avoidant behaviours	Sore tummies, heads etc
Re-enacting through play	Hyper-alert
Limited relational play	Bed wetting

Individual behaviours do not necessarily mean a trauma related response. Knowledge of the child's country of origin, visa on arrival, family dynamics, will help contextualise and inform the worker's understanding and responses.

Consistency over time or a constellation of concerning behaviours may warrant a secondary consultation discussion to determine if a referral is appropriate.



Indications for Referral: Primary School Age & Early Adolescence

Deterioration in School Performance due to:

- Intrusion of Memories & Distractibility
- Hyper & Hypo Arousal

Fantasies of rescue or of being a hero

Withdrawal from play and social activity

Discussions of trauma with emotions detached from content

Inconsistencies in behaviour (eg. outbursts of aggression then avoidance of conflict)

Disruptive behaviour

Restlessness

Psychosomatic complaints

Clinging behaviour

Individual behaviours do not necessarily mean a trauma related response. Some, however, are clearly indicative eg. intrusions, disturbing memories, reported nightmares, disclosing traumatic events. Knowledge of the child's country of origin, visa on arrival, family dynamics, will help contextualise and inform the worker's understanding and responses.



Indications for Referral: Later Adolescence

Adoption of Adult Responsibilities	Interpersonal Difficulties Apparent
Depression and withdrawal	Poor impulse control
Acting out (eg. truancy, precocious sexual activity, substance abuse, obstinacy, rebelliousness)	
Fierce self-sufficiency, rejection of help	
Uncooperative	Restlessness
Attraction to danger and risk-taking behaviour	
Individual behaviours do not necessarily mean a trauma related response. Some, however, are clearly indicative eg. intrusions, disturbing memories, reported nightmares, disclosing traumatic events. Knowledge of the child's country of origin, visa on arrival, family dynamics, will help contextualise and inform the worker's understanding and responses.	



Indications for Referral: Adult

The following, where persistent, suggest the need for a referral:

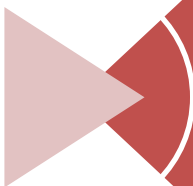
- uncontrolled or frequent crying or other extreme reactions to mildly stressful events
- sleep problems - too much or too little
- depression
- anxiety
- anger
- stress-related physical illness: headaches, stomach aches
- inability to forget traumatic scenes
- excessive ruminating or preoccupation with one idea
- blunting of emotions
- suicidal thoughts/plans
- extreme dependency and clinging
- nightmares
- excessive physiological startle

The following, where persistent, strongly suggest the need for a referral:


- fear or threats of harm to self or others
- extreme withdrawal, no emotional response
- self destructive despair
- marked agitation
- frequent retelling of a traumatic event or re-enactment
- uncontrolled activity
- inability to care for oneself hygienically
- marked irritability
- fits of temper
- auditory hallucinations (hearing voices)
- bizarre, irrational beliefs



Support (Secondary Consultation)



If you are working with someone who is a refugee or an asylum seeker you can contact us for a secondary consultation.



We are able to assist staff to reflect on their current work and provide support in identifying appropriate pathways.



If you would like to discuss a case, please call
03 9389 8900



How to Refer to Foundation House

- ▶ Complete the appropriate referral form:
<https://foundationhouse.org.au/for-clients/make-a-referral/#forms>
- ▶ Fax the form to 03 9277 7871 OR post it to: 4 Gardiner Street, Brunswick VIC 3056
- ▶ referrals@foundationhouse.org.au
- ▶ It is ESSENTIAL that anyone you refer to Foundation House first consents to the referral.
- ▶ If required, ensure you use a professional interpreter to seek consent.
- ▶ Foundation House services are free.
- ▶ Foundation House services are confidential.
- ▶ Foundation House will arrange an interpreter if needed (and the client can specify their preference for on-site or telephone interpreter and the interpreter's gender).



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