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REFUGEE TRANSITIONS

A Publication of the *Service for the Treatment and Rehabilitation of Torture and Trauma Survivors*

Issue 31



Stranded at Sea

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of Rohingya Refugees**

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REFUGEE TRANSITIONS

Refugee Transitions exists to report on a wide range of refugee and human rights issues of relevance to the work of STARTTS; to focus attention on the impact of organised violence and human rights abuses on health; to provide ideas on intervention models that address the health and social needs of refugees, to debate and campaign for changes necessary to assist refugee communities in their settlement process and ultimately bring together a vehicle for personal expression.

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Address

PO Box 203 Fairfield NSW 2165

Tel: (02) 9794 1900

ISN 14416247

Editor

Olga Yoldi

Associate Editor

Richard Walker

Sub-editor

Mark Symonds

Contributing Authors

Sheshtyn Paola, Helen Durham, Dr Joan Haliburn, Liam McLoughlin, Melinda Austen, Sheila Pham, Marie Dyhr, Anthea Stylianakis

Art Direction

Whale Design Co.

Cover Image

Lada unregistered Refugee Camp, Teknaf district, South East Bangladesh, by Stephane Le Sinq

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CEO's Message



Welcome to the 31st Issue of Refugee Transitions,

Welcome to the 31st issue of Transitions, The end of 2015 provided an important turning point in how the world viewed refugees. In the midst of what many described as a flood of refugees from Syria and other countries into Europe, and an increase in the level of barriers many European countries erect to stem this perceived flood, the photo of a little boy drowned on the shores of Turkey provided the catalyst for a wave of sympathy and humanity that caused many people around the world, and several Western Governments, to reassess their position on the issue of refugee and people movements.

In this context, the Australian Government made a momentous decision to create 12,000 additional humanitarian places to contribute to efforts to address the refugee crisis caused by the conflict in Syria and northern Iraq.

This timely decision by the Federal Government was warmly welcomed in NSW, and working groups were set up and have been working at both at Federal and State level to provide advice on how to optimize systems and services to ensure the larger number of refugees to be settled is able to do so successfully, overcoming the impact of traumatic experiences and becoming active contributors to the larger Australian society. STARTTS has been actively involved with these initiatives at both levels and we are very excited about the potential of this process to further improve on the experience of refugees resettling amongst us.

The importance of this decision to increase Australia's quota, albeit temporarily, and of the sustained Australian popular support for it is all the more significant in a context where there is an increasingly sharp contrast in how Western governments are reacting to this challenge, with Germany virtually opening its borders to legitimate refugees, and Denmark closing through the introduction of an array of reactionary measures. Where Australia features in this continuum, of course, will not just depend

on how well it fulfils its commitment to extend its refugee program, but also on whether it finds a humane way to deal with the situation of asylum seekers still detained in Nauru and Manus.

Meanwhile, the need for the ongoing quota of resettlement places in Australia has never been more dire. In a context where the refugee crisis in Syria astounds everyone because of its sheer magnitude, there is no lack of additional hot spots around the world that continue to place extreme pressure on diminishing resettlement places. This issue of Refugee Transitions places a spotlight on one such humanitarian crisis largely forgotten by most of the world, the plight of the Roghinya in Myanmar, and explores models from the past that could be revisited to resolve this crisis.

Other articles look at the contribution that Roghinya settling in NSW are making, at advances in treatment for refugees affected by trauma from a number of perspectives, at the challenges of attempting to impose legal boundaries on the ravages of war, and what is going on in the international movement supporting victims of torture, as well as celebrating some of STARTTS milestones, like our latest refugee ball and our new partnership with Western Sydney University. All in all, one of the best balanced RT issues we've had.

I hope you enjoy it!

All the best,

A handwritten signature in dark ink, appearing to read 'Jorge Aroche'.

Jorge Aroche

Chief Executive Officer / STARTTS



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Off Koh Lipe in the Andaman Sea - May 14, 2015.
PHOTO: CHRISTOPHE ARCHAMBAULT / AFP PHOTO

Stranded at Sea



Shamlapur, Bangladesh - July 4, 2015. PHOTO: SHAZIA RAHMAN / GETTY IMAGES

CURRENT CONFLICTS

For years Burma's Muslim minority, the Rohingya have been fleeing Burma to escape death and persecution. If Burma's newly elected government fails to bring about change, the Rohingya will continue to sail the seas in the hope of reaching a safe haven. OLGA YOLDI writes.

Last year international media attention focused on the refugee crisis unfolding on the Mediterranean Sea, where many Syrian and African refugees have lost their lives in a bid to reach Europe.

But at the same time, another humanitarian crisis was taking place not far from Australia, in Southeast Asia, where an estimated 25,000 people from the persecuted Rohingya minority took to sea in overcrowded, rickety vessels bound for Malaysia, via the dangerous waters of the Strait of Malacca and the Andaman Sea. With them were migrants from Bangladesh escaping poverty and deprivation.

Unfortunately their journeys ended up in tragedy and many never reached their destination. Some were kidnapped by their own smugglers and held for ransom in illegal jungle camps in Thailand – those who could pay continued their journey and those who could not were either beaten to death and abandoned, or sold as slaves.

Around the same time, Thai authorities exhumed more than 30 bodies from a mass grave in an abandoned jungle camp. They were some of the victims of the smuggling rings. Later authorities informed of the discovery of another 139 bodies in another remote camp. “Barbed-wire pens, watchtowers, cages and dozens of graves marked the site where smugglers held their human cargo for ransom,” wrote Kathleen Newland in a Migration Policy Institute’s brief.

The Thai government then cracked down on the smuggling and arrested corrupt officials and other suspects. Fearing arrest, many smugglers still at sea decided to abandon the vessels, which drifted in some cases for months and their passengers became desperate, as water, food and fuel run out. Many died along the way from drowning, dehydration, hunger, or violent confrontations aboard the boats.

While the government of Thailand moved forcefully against smugglers, it showed little compassion for the refugees. At one point as many as 8,000 lives were in danger. Some were rescued by fishermen. But when 1,500 refugees arrived in Indonesia and Malaysia, they were denied permission to land. Navy ships intercepted some of the boats. Passengers were given food and water, the boats were repaired, and then turned back to sea. “We have to send the right message that they are not welcome here,” Malaysia’s deputy home secretary said.

None of the countries, including Australia, wanted them. Shocking images of desperate refugees adrift emerged in the international media. Human Rights Watch defined the situation as “a deadly game of human ping pong.” The plea of the UN Secretary General Ban Ki-moon that the countries of Southeast Asia keep their borders and ports open fell on deaf ears.

Faced with domestic and political pressures and growing populations, Malaysia and Thailand were overwhelmed by the sudden arrival of refugees and reluctant to share the burden. Malaysia claimed they had already accepted over 120,000 Rohingyas in the past and would not commit to more.

The crisis evolved into a regional dilemma and a diplomatic nightmare. But the international outcry prompted governments to action.

The UN High Commissioner for Refugees, the UN High Commissioner for Human Rights and the International Organisation for Migration issued a joint statement calling for the leaders of Indonesia, Malaysia

and Thailand “to facilitate safe disembarkation, and save lives, protecting rights and respecting dignity.” The statement urged countries to implement a number of actions to ensure the safe disembarkation of people rescued at sea and to expand channels for safe and orderly migration. In a meeting of foreign ministers of Thailand, Malaysia and Indonesia, they did agree to take in the refugees stranded at sea on a temporary basis only, pending resettlement or repatriation.

Some refugees were rescued and have been allowed to remain temporarily in Indonesia and Malaysia. Although they are stateless and have a reasonable chance at asylum, they now trapped in a legal limbo, as they wait for a decision on their case for resettlement in another country. They have now become part of a worldwide refugee community growing by the day. The UNHCR estimates 6,200,000 refugees worldwide have been in a “long-lasting intractable state of limbo in a developing country for five years or more.” There is no doubt that the wait will be long, the future uncertain.

The plight of the Rohingya was thrust into the spotlight with the boat crisis. A Muslim minority in a country that is 90 percent Buddhist, most of the 1.3 million Rohingya live in Rakhine State (formerly known as Arakan), in Burma near the Bangladesh border.

The UN says they are the world’s largest stateless group, the most persecuted minority and the world’s least wanted. Rohingya have experienced cyclical violence by the majority Rhakine Buddhists and the Burmese state since the end of the British colonial rule and the establishment of the modern state of Burma, even though they were recognised as an ethnic group during the democratic period (1948-62).

According to Newland, communal tensions between Muslims and Buddhists intensified during the colonial period and World War II, when Muslims in Rakhine (known today as Rohingya) were armed by the British to fight the Japanese and they used their weapons to fight the war and other ethnic groups in the state. Newland writes that these volunteers were branded as traitors by many who fought for Burma’s liberation from the British.

“A perception was compounded when Muslim leaders petitioned to join parts of Rakhine State with East Pakistan in 1947, and later to join the newly created state of Bangladesh. In both cases they were rebuffed, but Muslims remained pariahs within Burma.”



Sittwe, Burma - May 25, 2015. PHOTO: JONAS GRATZER / GETTY IMAGES



Sittwe, Burma - May 25, 2015. PHOTO: JONAS GRATZER / GETTY IMAGES



Lhoksukon, Aceh, Indonesia - May 13. PHOTO: ULET IFANSASTI / GETTY IMAGES

Today Rohingya are denied citizenship. The government insists they are not Burmese but illegal migrants from Bangladesh, even though they have lived in Burma for generations and it is the only country they know as home.

Institutional discrimination means they cannot hold property, vote in the last elections, hold public service jobs or form political parties. They are systematically subjected to extortion, mass expulsions, forced labour, torture, rape and summary executions. Evicted from their homes and kicked off their land, they are denied basic freedom of movement, and population control laws limit birth rates and their ability to marry.

In 2012 communal violence claimed at least 200 lives and thousands were driven from their homes. According to press reports, dozens of Rohingya villages were burnt to the ground. Local Buddhists razed Muslim homes and mosques while state security forces opened fire, killing and injuring people.

As many as 140,000 remain internally displaced and are now languishing in squalid camps in Sittwe,

near the coast, living in abject poverty without access to health, education, and employment, or freedom of movement. “They are slowly succumbing to starvation, despair and disease,” wrote Jason Motlagh in *Time* magazine, “a deepening humanitarian crisis is claiming more lives by the day. Malnutrition and waterborne illnesses in the camps, aggravated by the eviction of aid groups and the onset of monsoon rains, have led to a set of deaths that are easily preventable.”

Aid organisations such as Medecins sans Frontiers were asked by the government to leave the camps. Then the premises and warehouses of the UN and international NGOs were attacked and ransacked, which made it almost impossible to provide health and other basic services in the camps.

The Burmese government will not let camp dwellers or those living outside the camps leave Burma. With no rights or the means to provide a livelihood, Rohingya have only two options: stay and die, or leave by boat. Oppression of the Rohingya challenged the military junta’s own efforts to democratise the state, following decades of tyranny and isolation. It damaged the

credibility of the government at a time when it most needed international investment and support, but the West has not put nearly enough pressure on Burma to change course.

“The increasing permanent segregation of the Rohingya is wholly inconsistent with the dominant narrative that democracy is sweeping the nation,” Matthew Smith, executive director of Fortify Rights, a Bangkok-based, human-rights group, told *Time* magazine. “The Rohingya are facing something greater than persecution – they are facing existential threats.”

These threats will only increase if the policy of hate is not redressed by the newly elected government. Rohingya will continue to flee Burma in droves, using the vast human smuggling network which is already thriving from their desperation. Since 2012, millions of dollars have gone into the pockets of smugglers and their accomplices, including corrupt government officials from Burma and Thailand.

“People smugglers are part of an enormous enterprise in which many have vested interests, including the boat operator, his family, the passenger, their families and many intermediaries,” writes Erika Feller of the Australian Institute of International Affairs. According to her, no management strategy built predominantly on destroying a business model with so many drivers and deeply rooted tentacles will suffice.

Human smuggling can easily turn into human trafficking with disastrous consequences. Asylum seekers and irregular migrants are considered to be the most vulnerable category to fall victims of human trafficking. According to Fortify Rights, thousands of women and girls have been forced into marriage, or arranged marriages by traffickers.

There have also been cases of refugees being sold as slaves to Thai fishing vessels. Survivors described being sold to crew boats that service Thailand’s prawn industry, according to an investigation by *The Guardian* newspaper. According to *The Guardian*, so profitable is the trade that some fishermen in Thailand have been converting their boats to carry Rohingya refugees instead of fish. According to the *New York Times* many men remain unaccounted for. It is not known whether they died at sea, were trafficked or sold to other traffickers.

Human trafficking is the fastest growing form of international crime and the second largest source of income for organised crime, surpassing even the drug trade. Traffickers tend to prey on people who are poor, isolated, weak and marginalised and those hoping for a better life. It appears that Rohingya are not only vulnerable at home but also at sea.

Tackling human smuggling will certainly require more than just destroying the boats and persecuting smugglers. “Smuggling does not cause migration, it responds to an underlying demand,” writes Alexander Betts from the University of Oxford. “Criminalising smugglers serves as a convenient scapegoat. But it cannot solve the problem.” According to Betts, it will simply

displace the problem, increase prices, introduce ever less scrupulous market entrants and make the journey even more perilous.

Only an integrated regional framework that promotes asylum options and protection of refugees will decrease the number of boats arriving on foreign shores. This proved to be a success with the Vietnamese boat people.

With the end of the Vietnam war in 1975, a massive exodus of Vietnamese, Laotian and Cambodian people arrived in large numbers by boat on the coasts of

South East Asian countries. Within the next three years 200,000 people had been resettled and 350,000 remained scattered in refugee camps from Hong Kong to Thailand, but the number of people arriving kept increasing and the situation became unsustainable.

By 1979, member countries of the Association of Southeast Asian Nations (ASEAN) announced they were not in a position to take in anymore refugees and many boats were turned back to sea. The UN Secretary General convened an international conference in July 1979. The 65 countries attending reached an agreement which established consensus to accord prima facie recognition to all Indochinese refugees and negotiations stopped countries in the region from blocking the boats. ASEAN countries agreed to provide temporary asylum pending resettlement in other countries beyond the region. Some 623,800 refugees were resettled in 20 countries between 1979 and 1989, according to the Migration Policy Institute.

Human smuggling can easily turn into human trafficking with disastrous consequences.



However, by the end of 1988 the number of people fleeing Vietnam was greatly increasing and the willingness to accept asylum seekers started to decline. The situation had become unmanageable. So in 1989, under UNHCR leadership, a multilateral agreement, the Comprehensive Plan of Action (CPA) was reached by 65 countries to address what had become a protracted refugee crisis.

The CPA, which was in effect until 1997, addressed all aspects of the problems related to the Vietnamese boat people including the causes of their flight. This also required the participation of Vietnam which agreed to stop clandestine departures. An anti-piracy program reduced the attacks on refugees in transit, and commercial ships were guaranteed that they could rapidly disembark people rescued at sea in safe ports. Under the CPA, all asylum seekers were no longer guaranteed automatic refugee status, but were screened. Those found to be refugees were resettled in other countries and those found to be non-refugees were returned to Vietnam that agreed not to punish them, and allowed the monitoring of returnees.

UNHCR provided reintegration grants for the returned, and development assistance. It monitored procedures and trained government officials screening the asylum seekers. From 1991, the rate of voluntary returns increased rapidly (109,000 returned) and the number of new arrivals began to decline. The last refugee camps were finally closed in May 2000.

The CPA is regarded as the most significant example of successful UNHCR-led cooperation in recent history. Sergio Vieira de Mello, UN bureau chief for Asia and Oceania and Arthur Helton from the Council of Foreign Relations played significant roles. In Mello's words the CPA was "a model for multilateral cooperation, built on the principles of international solidarity, burden-sharing and proper acceptance of responsibilities. Its purpose was to end the ongoing tragedy of the high seas and preserve asylum while reducing incentives for further mass outflow."

Like the CPA, a similar regional cooperation agreement is needed to address the Rohingya refugee crisis, to reduce the mass outflow from Burma and resettle those waiting in refugee camps in Malaysia, Thailand, Indonesia and Bangladesh. But any commitment should involve the Burmese government. Ultimately it is this government's responsibility to address the systematic persecution of Rohingya at home.

It would also require the commitment of the international community. While it has welcomed the government's new willingness for engagement and reforms, there is still a need to pressure the Burmese government to build a real and inclusive democracy.

The National League for Democracy that won an absolute majority of seats refused to become involved while in opposition. The new leader, Nobel Peace laureate and human-rights hero, Aung San Suu Kyi has been conspicuously quiet and indifferent to the Rohingya's plight. Her government will face great challenges particularly addressing the grievances of not only Rohingya but many other ethnic groups that have been marginalised from Burmese political and economic life for decades.

As democracy wins over and Burma opens up, Rohingya appear to be increasingly isolated and forgotten by the world. There are no more news stories about them. No more television cameras. The international media is now focused on the Syrian refugee crisis in Europe, the biggest since World War II, and the threat of terrorism in the aftermath of the attacks in Paris.

The Rohingya exodus has now subsided. According to press reports, the reason was the weather. The arrival of the monsoon season had made the seas choppy and dangerous. Fortify Rights director Matthew Smith who was in Rakhine State told *Time* magazine people are planning to take to the seas again.

Perhaps they are waiting for calmer seas, or for the smugglers to return. Many Rohingya will be gathering the little they have, selling their own food rations, clothes, and scrap metal to raise the funds. The smugglers will not be too far away from the coast, waiting for business opportunities, simply because there is demand. 𑂔

**“Criminalising
smugglers serves
as a convenient
scapegoat. But
it cannot solve
the problem.”**

ALEXANDER BETTS



Rohingya Find Safe Haven

CURRENT CONFLICTS

Australia's shores provide safe haven and a new start for some Rohingya people escaping persecution in Burma.
***SHESHTYN PAOLA* reports.**

In Australia, the right to study, marry, work and live is something we take for granted. But for those who have escaped oppression and braved oceans in the hopes of starting a new life, the peace and equality embedded within our culture means the world.

For this reason, many of those who reach our shores are tremendously grateful and determined to give back to the country that has taken them in. This includes warm young men such as Muhammad Azzi*, 26, who came to Australia with his siblings and parents in 2009 and is now settled in Queensland with his family. Muhammad is a Rohingya - one of the persecuted Muslim minority from Burma who fled the region in search of a better life.

"Back at home we had a lot of problems, we were afraid. There were restrictions on marriage, we were not allowed to run businesses. In Burma, Rohingyas have been subjected to systematic discrimination and gross human-rights violations for many decades," he says.

"But in Australia we have democracy; all citizens deserve and practise equal rights, regardless of race, religion and culture. Almost all services here in Australia are much better and more peaceful than in my home country Burma."

After a stopover in Bangladesh where Muhammad studied English, he has been working in Australia full-time, and is also excited at the opportunities afforded to the younger generation of Rohingya, including his siblings.

"I can see Rohingya children are doing good at school and universities. They are picking up English very

quickly, and some of them even found jobs on their own," he says. "My two brothers and I are working full-time, while a fourth brother is studying pharmacy at the University of Queensland. He wants to be a doctor. Our other siblings are at high school and primary school, and all are working hard to earn qualifications."

Muhammad emphasises the "great responsibility" he feels to give back for the opportunities he has been given. "My whole family and I are determined to pay back Australia in return for the boundless plains it shares with us," he says. "We call Australia home."

Like Muhammad's siblings, Nurul Abser, 20, is also taking Australia's educational opportunities by the reins. Born in Bangladesh to Burmese Rohingya parents, Nurul migrated with them to Australia in 2010. He is studying a Bachelor of Biomedical Science (Honours) and also aspires to become a doctor. Nurul eventually hopes to provide medical assistance to those in third-world countries.

"My life is filled with hopes and dreams that are yet to be achieved and brought into reality. The greatest goal of my life is to be a highly respected and well-educated man, enabling me to enrich and make a turning point for the Rohingya ethnicity and the Australian community," he says.

He is happy to be living in a country that affords basic human rights, a sharp contrast to the treatment of the Rohingya in Burma and Bangladesh. "What I like most about Australia is the equal freedom and opportunity it offers to every individual," he says. "I also like that it is a multicultural country that respects every religion and race."

"My whole family and I are determined to pay back Australia in return for the boundless plains it shares with us"



A drainage canal in the Thet Kal Pyin Refugee Camp collects standing water which poses many health risks, increasing the likelihood of the spread of disease and infection. January 24, 2015. PHOTO: DAVID MAURICE SMITH / OCULI

Sumaiya Ayatullah, 25, is also thankful for the opportunity to bring up her newborn in peace and safety in Australia. Originally from Burma, she came to the country with her husband in 2013 with dreams of starting a family.

The shy new mother brightens with joy chatting about her three-month-old baby. She has already gained a qualification in child care in Australia, and hopes to continue her studies once her own baby is a bit older.

“If the Australian government gives me the opportunity, then I will study, and if I have time I will get a job. If given the opportunity, I hope to work with children,” she confides. “I am enjoying life in Australia - the freedom, without any stress... I am happy.”

Despite the beaming optimism of these young men and women, life in Australia for Rohingya refugees is not without its challenges. For those who grew up for the most part in Burma without access to education, it can be hard to integrate into the community and find employment.

Some of the common challenges Rohingyas face include communication problems, because of the language barrier, says Muhammad, whose parents are currently enrolled in an English program.

Nurul agrees. “The language barrier was a challenge when I first came to Australia, and it has been challenging for me to adapt to the Western culture, as I am from a third-world country that has different cultures,” he says.

It is not easy to find jobs either, due to lack of skills. “There is a dearth of educational opportunities in their country of origin, so it’s difficult to find gainful employment,” confirms Shaun Nemorin, a Project Officer at STARTTS who also worked with the Rohingya people in Bangladesh for the UNHCR in 2011-13.

While some that have come to Australia are qualified in a discipline, many of these qualifications are not Australian and therefore not recognised in this country, Muhammad points out. This means to work they have to take a test or do another two-year long course to be Australian qualified.

Most Rohingya refugees in Australia are also single adults who came by boat and are considered “illegal maritime arrivals”, he says. Being on temporary protection visas means they are unable to sponsor their families to come over until they get Australian citizenship.

“They have to work and wait to get citizenship and their family. Some of them have very small children [in their home country] with no one to take care of them.

This is very difficult for them mentally and emotionally,” says Muhammad. “Some of them spent years on the way with no place to live in, and they’ve been here for two or three years, but cannot apply to get their families.”

The community as a whole also deals with a “significant amount of trauma” as they try to leave behind their difficult past, according to Nemorin. “There’s a sense of hopelessness, given they’ve been essentially rejected by everyone. They have weak community links - you can tell they’re a traumatised community.”

Rohingya in Australia are beginning to build community links once again as they settle into life in a new country. Community support organisations, such as the Burmese-Rohingya Community Australia (BRCA), based in NSW, help to guide these relationships.

This group is particularly able to serve the vulnerable Rohingya community in Sydney that consists primarily of single male asylum seekers who have come by boat, connecting them with lawyers and interpreters, and providing social and emotional support.

BRCA president Anwar Sha says the organisation does its best to help fellow Rohingya in every possible way. “We support any Rohingya as much as we can,” he says. “When somebody comes to Australia, if they’ve got any issues, they can come to us for advice.”

Similar groups exist across Australia, including the Burmese Rohingya association In Queensland Australia (BRAQA), the Australian Burmese Rohingya Organisation (ABRO) in Victoria, and the Australian Burmese Rohingya Association (ABRA) that is also based in Sydney.

These organisations hold rallies in their cities to help bring awareness to the Rohingya cause.

Friendliness and respect from the Australian community also goes a long way towards relieving the Rohingya’s burden of trauma. Both Muhammad and Nurul say Australians have been mostly welcoming and kind during the difficult transition period.

“I’ve found the majority of Australian people have been welcoming, cooperative and friendly towards me,” says Muhammad, and Nurul’s experience is similarly positive. “Australian people have acted friendly, with positive and decent manners, towards me. Throughout my experiences in Australia, there have been no such Australians who acted in a biased manner,” he says.

While many challenges lie ahead for the Rohingya, Australia represents a safe haven for those who are regarded as some of the world’s most persecuted people.

“The future for asylum seekers no one knows, but as long as they’re safe and they’re not being persecuted anymore - they’ve been persecuted since they were born ... they don’t have to worry much here in Australia because everyone helps each other as much as they can,” says Sha.

“It’s good because they haven’t got any life to do anything back home. At least here they have some rights. In my own experience, I can’t expect any more than the life I’ve got here in Australia.” ☞

** Name has been changed*

The Limits of Wartime Conduct



PHOTO: JEFF J. MITCHELL / GETTY IMAGES

HUMAN RIGHTS



HELEN DURHAM is the Director of International Law and Policy at the International Committee of the Red Cross (ICRC). She spoke at TEDx Sydney about her experiences in the field enforcing the laws of war.

I became an international lawyer because of an insult. It was back in the 1990s and I was doing voluntary work with women's groups in Melbourne. A friend of mine went to the former Yugoslavia to assist women who were victims of sexual violence in the armed conflict there.

I wrote to her, it was pre-email days, asking what we could do back in Melbourne to assist the women over there. She wrote back that they wanted a clear legal precedent that rape was a war crime. I was surprised and a little shocked. It was not what I had expected. I replied "Couldn't we do a cake stall and raise money for the women?" "No," she responded. "They want rape deemed a war crime."

It is not something one does every day, but I thought: "let's investigate this." So the first thing I did was to make contact with the newly-established International Criminal Tribunal for the former Yugoslavia in The Hague. I found the number and rang it up and to my surprise I was put through to the deputy prosecutor. He advised that in fact, it would be useful if we could take information and evidence from the refugee population in Melbourne that had fled from the former Yugoslavia, and provided that to the Tribunal to assist to develop a precedent.

That seemed like a step in the right direction and I was sure there was a grown-up doing that somewhere, but I thought I would investigate it more. So I started ringing around. I rang my former university lecturers, the Federal Police, international legal experts. But only got dead ends. Finally I got through to the Department of Foreign Affairs and Trade and I must have been a little over enthusiastic because I got a very

blunt response from the bureaucrat. "Listen little lady," he said, "if you want this evidence taken, why don't you take it yourself?"

Well, I don't like being called "little lady", so I thought why not? Let's give it a go. I got together with a group of equally enthusiastic young lawyers. We did what lawyers do best and created a committee. But after that, we worked very closely together as a committee and engaged with the Tribunal in the former Yugoslavia and the refugee population. We came up with really important evidence that assisted in a range of precedents.

It was through that process that I came to know about the laws of war and international humanitarian law, most famously known as The Geneva Convention, and other treaties. And I started a lifelong love affair with the notion that even in the very worst of times, there is an area of law that seeks to create a space for humanity, a deep commitment to the idea that at the end of the day, what unites us is deeper and richer and far more profound than the things that try to divide us.

But working in this area has also filled me with heartbreak and I know as I stand here right now that across the globe, civilians or combatants are being maimed, are being tortured, are being killed by warring parties and I know that women's bodies continue to be used as battlefields. And I know that this world accepts the existence of weapons that can kill us many times over, and you all know this.

It has been forced upon us, that heartbreak, through YouTube, iPhones, Twitter. We see it on TV. We see it in our lives. We understand about it and sometimes I see it in the places I go to and in the work I do.

“We only hear about any law when it is broken. We do not talk about it when it actually works and how we can make it work better.”

I do wonder at the hubris of the legal framework that attempts to reduce suffering during times of armed conflict. But what I have learnt is that even wars have limits, and the laws of war are more than an aspirational framework for our better hearts. They actually do work and if you look and listen very carefully you can see the best of humanity at the worst of times. One can see the everyday miracles that the laws of war allow.

This happens every time there is a humanitarian pause in the fighting in Yemen, when thousands of civilians get access to humanitarian assistance. Every time my colleagues engage with both sides of the warring parties in Syria to ensure the provision of fresh clean water to 16 million Syrians. Every time my colleagues visit people detained, often in the darkest of places and last year there were 800,000 visits. This is the laws of war in action. It may not be headline news but I fear that sometimes we only hear about any law when it is broken. We do not talk about it when it actually works and how we can make it work better.

Last year I was privileged to go way up north in Iraq and sit with women who had fled terrible fighting to assist in the provision of small boxes of essential survival items that would help them get through the terrible winter.

Every time that the Red Cross trains the Taliban in first aid, stressing the importance of impartial medical care: This is the law of war in action and I had the privilege of seeing it work.

My first mission as an ICRC delegate was visiting people detained in a conflict environment and to do tracing work which is putting families back together

after the war has separated them. And I will never forget taking a small message from a detainee, getting into a four wheel drive, being driven for hours into the jungle, passed check points to deliver this small piece of paper to a family who had thought for five years that their son had died or been killed.

And as I saw the tears flow down the face of the stoic father and the mother overwhelmed with joy, it made me realise that the laws of war allow almost impossible things in difficult situations. Not long after that I was visiting women who were detained due to security issues.

I was there with my colleagues, a medical doctor and a nutritionist. I was there to register those women and engage with authorities on the conditions of detention. The conditions were harsh, limited food, hard labour, often in chains. But when I spoke to these women they said to me that they missed their family. That was the biggest concern they had and particularly they missed their children, and I happened to mention that I had a young son back home in Australia and how much I was missing him in my mission. To my astonishment they started to comfort me, patting me on the back, telling me how difficult it must be and I was deeply embarrassed as a naïve delegate, I assumed that I was there to assist them and that they would have little to offer me.

But what I learned was that they needed to know that someone cared. They needed us to get access but they needed the dignity of being able to care back, to care in response.

Even after a conflict is finished, the laws of war play a really important role in setting up a parameter about what is acceptable and what is unacceptable behaviour.



CHINA NANJING SEX SLAVE MUSEUM, DEC 1, 2015. Chinese soldiers attend the opening ceremony of the Nanjing Museum on the Site of Lijiang Comfort Stations in Nanjing city, east China's Jiangsu province. The memorial for World War II sex slaves is the first in mainland China dedicated to the group. PHOTO: LIU JIANHUA / IMAGINECHINA

A few years ago I went to talk to women in Asia who had been forced into sexual slavery during WWII. I was there to talk about the new legal precedent developed at the Tribunal for the former Yugoslavia and Rwanda, magnificently stating that “rape was not only a war crime, but genocide in certain circumstances and a crime against humanity.”

To be honest, I was nervous. These elderly elegant women who had suffered so much in the past, would never get justice themselves. What would they care about a legal precedent developed in a tribunal thousands of miles away from them?

I was wrong. As I told them about these developments, they cried, they clung on to me. They expressed incredible relief that what they had experienced was being treated seriously, because a crime against them, was a crime against us all.

Law does not revolutionise human behaviour. It is a clumsy tool for change, but it is a tool nevertheless. We put very heavy expectations on international law

and I think we are too quick to dismiss it all when we feel it fails us. And Australians are a particularly cynical lot.

Some research done a few years ago indicated that only one out of three Australian thought the laws of war would make a difference. When that same research was done in countries such as Afghanistan and Liberia the results were almost inverse. Sometimes I think deep cynicism is a luxury for those of us who have not experienced the horrors of conflict.

We spend a lot of time and rightly so looking at what is broken. But we need to spend more time looking at what works and how we can make it work better, how we can strengthen assistance, protection and particularly prevention.

The laws of war do not always work. Show me a law that always does. But they work enough to be worth fighting for. We can accept the heartbreak or we can be committed to something passionately that we believe may make a difference. What I have learnt is that they do make a difference, that even wars have limits. R



Etzel Cardena holds the Thorsen chair in psychology at Lund University, Sweden, where he directs the Centre for Research on Consciousness and Anomalous Psychology. He visited Australia to deliver a seminar organised by STARTTS and spoke to OLGA YOLDI.

Consciousness and Anomalous Experiences

You are a clinical psychologist interested in anomalous experiences. How did you become interested in this subject?

I am from Mexico but have lived in other countries and cultures so I am aware of cultural differences and values. I started working as a clinical psychologist in Mexico. At the time I liked being a therapist, but after some extraordinary experiences as an actor in an experimental theatre group, I became interested in the different states of consciousness experienced by people without using drugs. I wondered how one's perspective could be impacted by these extraordinary or anomalous experiences.

I was also interested in hypnosis because my father was a psychoanalyst and a hypnotist. I knew that someone could experience the world differently after a hypnotic induction. Then I realised that you don't even need any kind of induction to have these experiences. So eventually, I found my way to the University of California at Davis and Stanford University where I was able to merge the study of dissociative experiences and hypnosis.

I ended up investigating ways in which trauma affects consciousness. I realised that momentarily the majority of people who have been traumatised change the way they see themselves and their world around them. This is a normal reaction to the extraordinary or anomalous events that sometimes happen in trauma. I found out that some of those changes were similar to those that might be experienced by a person being hypnotised. So I was able to merge in a sense both, the artificially-induced changes caused by hypnosis with changes that happen when a person is having to face an out-of-the-ordinary situation.

How does the mind change with traumatic events?

When people live through an earthquake they suddenly feel that the world around them has changed, that it is no longer real, and they may start perceiving things differently. For example, their sense of time tends to change, they may experience that time is going slower than usual. They may feel that they are in a dream, or in a nightmare. And it is not just a metaphor, it is a real experience.

Reality may no longer be seen as clearly or with the same type of intensity as before. Something has been altered.

As a result of trauma some people tend to dissociate. By dissociation I mean experiential detachment. The person is no longer experiencing life in the usual ways. Dissociation can be useful depending on the circumstances. So if for example, you had been shot in the arm and you were to experience the pain caused by the injury in the same way you would normally experience it, it might stop you from running away while you are still able to escape the violence.

When someone close dies, the surviving members of the family may feel a sense of unreality. This is a normal reaction particularly in the case of sudden and unexpected deaths. The first thing that comes into their mind is: "this is not true". In a way they are detaching themselves from reality.

Their mind says: "This is too much to bear so I will distance myself". This reaction may be useful because it allows them to continue living without having to worry about the pain. It might become problematic if they continue to feel that way when time has gone by and they are no longer in danger, because they will be unable to integrate what happened to them in their lives and resume their ordinary life. Hypnosis and other techniques can help.

How would you define hypnosis?

Hypnosis is not a therapy as such, but a collection of techniques that can be integrated with other types of therapy like psychoanalysis, psychodynamic therapy, cognitive behavioural therapy, etc. Whatever your approach as a therapist is, you can use hypnotic techniques that can help greatly because in a sense many people who have been traumatised are already in a non-controlled quasi-hypnotic state. Hypnosis enables people to control their minds rather than having their minds control them. Hypnosis is a good way to modulate emotions, integrate states of consciousness, and give back to people the control and power they used to have.

What happens to the mind during hypnosis?

People become more aware of their inner experiences. Hypnosis may trigger spontaneous transcendental

experiences, such as the feeling of being part of a whole.

The intensity and type of the experience varies greatly. Some people have dramatic changes, others are not affected as much and a minority not at all. If you are responsive to it, you may connect with your inner experiences, and whatever you are imagining becomes very real. The sensory experiences are rich and the feelings intense.

Research shows that hypnosis helps various mental conditions, particularly for those that have suffered traumatic experiences. As I said before because many traumatised people go into similar states as in hypnosis, but without understanding them, identifying them, or being able to control them, learning hypnosis can empower them.

There is a myth that when being hypnotised you surrender control to the hypnotist. That is not at all what happens. The hypnotist simply guides the person. The purpose is to find out more about yourself and regain control of your life, particularly of those aspects of your life that you cannot control.

Apart from hypnosis are there any other techniques that could be considered non-traditional?

Any kind of technique that can help integrate traumatic memories that are causing problems is helpful. Mindfulness is a good example. This technique is about focusing on the present. It is about paying full attention to what is happening within you and outside you moment by moment, without judging. It is about being cognisant about now rather than just be thinking about your problems.

Sometimes people who have been traumatised become absent, disconnected. You may see that when you look into their eyes, they look glazed. They are in a sense not there. So mindfulness techniques can help people become more anchored and aware of their bodies, their surroundings.

Eye Movement Desensitization and Reprocessing (EMDR) is another technique. EMDR is about using patients' rapid, rhythmic eye movements. These movements dampen the power of emotionally charged memories of posttraumatic events. But I do not think the eye movements are the active ingredient. What is more important is that you give people a way to revisit the kind of memories they have problems with, and do it in a way in which they control them and somehow diminish the emotional intensity.

I read an article in *The New Yorker* magazine about some clinical trials being conducted at several universities in the US including New York University. In these trials psilocybin - a hallucinogen- was being administered to cancer patients, in an effort to relieve their anxiety and existential distress. One of the researchers was quoted as saying that under the influence of the hallucinogen that: “individuals transcend their primary identification with their bodies and experience ego-free states ... and return with a new perspective and profound acceptance.” Psilocybin has also been used to treat alcohol addiction. Of course they use trained professionals to guide the patients.

In a sense we are rediscovering something that was well-known 50 years ago. In the 1960s when people were experimenting with psychedelics for personal and therapeutic reasons, some clinicians also used LSD for people who had terminal illness, alcoholism and drug addictions. Of course one needs to be very careful how it is done. Hallucinogens alter the state of consciousness in a dramatic way.

Hypnosis is powerful but controllable. It can trigger a strong experience but not as strong as LSD.

So what hypnotherapy and hallucinogens have in common is that they can open the mind. We live our lives often “on autopilot.” We are set in our routines, doing more or less the same things every day, thinking in the same ways we have been thinking for years or decades, and we do not even understand that there are other ways of looking at life.

When you experience hypnosis, or even more intensely LSD, you may realise that you are actually able to see and perceive things very differently. You realise the perception you had of yourself is just one way of defining yourself and that there are other ways of viewing yourself and the world around you.

It may also reveal that you are more than just yourself. It is what one may call a transcendental experience, when you suddenly feel you are no longer the centre of the universe but that you are connected to everything else. So yes, that can be very helpful because it opens up your mind. However I would also say that there is no therapy that is entirely good or bad, it depends on the case and the circumstances.

In the case of people who have a terminal illness, who are about to die, just the experience of being connected to something bigger than oneself is positive, the awareness that the universe will continue to exist whether you survive or not, gives you a sense of continuity, even if you die.

In that sense a well organised experience with psychedelics can be helpful. Of course when using them one must be extremely careful because you perceive emotions and see reality with great intensity. If you are going through a good period in your own life then it can be extraordinary. But on the other hand, if you are in a bad psychological place, it can also be a very bad experience, which is why when people have psychedelic therapy they normally have someone who is well trained accompany the client during the whole experience.

In ancient cultures like the Australian Aborigines they had similar types of techniques, not necessarily with drugs, though sometimes they used them. People in those cultures came of age through rites of passage, in which the whole group was guiding the person through rituals that allowed them to have a strong experience but this was also an experience of interconnectedness with the cultural group.

In modern psychology there seems to be a willingness to integrate non-traditional techniques with traditional ones.

I have written a lot about this. I don't believe that there is one psychology as such, or that there has ever been a psychology so to speak. Like other types of science there are different schools of thought and trends and people take different angles on issues. Sometimes proponents of different schools of thought compete with one another.

It may happen, however, that one school of thought becomes dominant and mainstream and more influential. Psychologists of that school are quoted more often and people end up believing it is the *psychology* of the time.

This has always happened. Having said that, I do believe that at the beginning of the 20th century there were some psychologists interested in what you might call unusual states of being, including altered and transcendental states. They were interested in finding out about what happened to the mind when you had mystical

We should accept the fact that other forms of consciousness are present in the universe, at the very least in all living beings.



PHOTO: ANDREW AGS

experiences or took psychoactive drugs, which could help view life with much richness and depth. Of course there were psychologists opposed to that. They thought that only what is observable could be studied scientifically.

So what happened for decades is that the earlier interest in consciousness was marginalised from mainstream psychology, which focused on measuring behaviour or, more recently, looking at the workings of cells and the patterns in the brain. It assumed that humans or animals could be studied like a mechanical system.

In the last few years some psychologists have been searching for alternative scientific and medical models. To this day psychology has not been able to explain consciousness, human experience, or the ways in which human beings and animals are able to function as a living system. In the last few years some renowned scientists have come out and said: “we can no longer explain human beings as a collection of molecules. Consciousness cannot be reduced to that. We are not finding any explanation so we have to bring new ideas.”

We should accept the fact that other forms of consciousness are present in the universe, at the very least in all living beings. There is something sacred, extraordinary about every living being that is unique and not simply a collection of random molecular interactions.

Carl Jung viewed consciousness as something precious. He collaborated with one of the greatest theoretical physicist of the 20th century, Wolfgang Pauli

and they both discussed how to integrate psychology and physics. Those types of collaborations are something that we need to have a lot more of. We need to work across disciplines.

A clinician should be treating the client in a holistic way, taking into consideration her belief system, experiences – ordinary and anomalous- that they may have had, and how those experiences may affect her life. We cannot continue defining human beings in limited and simplified ways, unduly limiting the range of human experience.

If you say that you feel you are connected with the energy of the universe, that you are flowing and feel you are part of something bigger, some may think you are crazy or if you are listening to a voice in your head that must mean that you are a schizophrenic. Research has shown, however, that having unusual experiences does not necessarily imply symptoms of a pathology. It certainly does not tell you whether someone has a disorder or not, because for example, one third of the people who hear voices in their heads are fine. They are not disturbed by them, and sometime the voices are useful to them. Whether you want to call those voices the spirits or consciousness, your animus or anima, they do not mean you have a disorder. They may even help you to become a better person.

People who have near death experiences may feel they float, their bodies go into a tunnel, they feel love and acceptance and become more loving, more considerate of others, better people.

We need to expand our definition of what is acceptable human experience. It is broader. Human experience is not about money or being rational but about being in this amazing and mysterious world, and finding ways to communicate this to others may make you a better person.

Is there is a tendency to diagnose excessively?

Yes and that is the topic of my seminar tomorrow, the challenge is how to differentiate something that you should be treating with something that you should not be treating at all. As a clinician you should say: “This is acceptable. I may not be able to understand it, or have those experiences myself, but if this is not distressing to the client nor does it make him dysfunctional, then it is fine.”

What is considered healthy or unhealthy practice is questionable. We need to broaden our views because there is a lot more about who we are and the world we live in than what we can see. R

DR JOAN HALIBURN is a child, adolescent and family psychiatrist and psychotherapist at Westmead Hospital and a lecturer at the University of Sydney. She spoke about the changes in the development of identity and the self after trauma at a Clinical Master Class evening at STARTTS.

Identity After Trauma

Thank you very much for inviting me to speak. Today, I want to explore the subjects of identity and the self. I will look at identity from a historical and development point of view, explaining terms such as “identity confusion” and “diffusion”, which often confuses us. Then I will talk about the effects of trauma on the developing self, and on identity in the refugee population.

Lastly, I will speak about the stages of psychotherapy and the need to incorporate the psychotherapy of identity disorders. I do not mean dissociative identity disorder, but those who have difficulties with identity formation, identity confusion or identity diffusion.

Quite a number of those who suffer from identity diffusion often present with dissociative episodes and also with psychosis. These need to be differentiated from some of the other major psychotic disorders.

The pioneer of identity studies is Erik Erikson. Erikson said identity is: “A sense of personal sameness and continuity over time and across situations, a sense of having one’s inner agency” – and what we do is trying to help our patients develop a sense of agency: “the acknowledgement of one’s role, commitments and views of oneself in the broader community” was Erikson’s 1952 definition.

So when we look at identity we actually have to, according to some authors, describe three dimensions: continuity, coherence and distinctiveness. Continuity is being the same person over time. Coherence is about being able to see ourselves in varied roles, beliefs, ideologies, and being part of an integrated whole.

While we are composed of many selves, we have a continuity and coherence between oneself and the other and a distinctiveness, each of us sees ourselves as being different or separate from the other. These dimensions are really important when we are attempting to assess people who come to us with various mental health issues.

We know that identity development is an important life phase of adolescence, and quite often I think in this day and age, we debate the formation of identity. And it is very common now to say that adolescents do not really achieve an identity at 18. Instead they tend to have a prolonged identity kind of state from 18 to about 28, when they still live at home, attend university and are dependent on parents. That is how we see the changing society of today.

But identity is a fluid process. Though it might develop around the ages of 16 to 18, 21, it continues to develop into adulthood. So when exploring alternate roles, beliefs and ideologies, these will differ from culture to culture. So we need to look at the social historical context in which these ideologies and beliefs occur.

We believe that among adolescents aged 18 and 21 or 22 years of age, each one tends to adapt and commit themselves to a particular role, belief or ideology in an integrated way. But we are seeing that it is not as easy as that. There is such a variety of options available to young people in terms of academic studies and work, that quite often students are beginning to work from early high school because of the availability of technology.

So when identity is disturbed in some way (identity being an integral part of the self) it leads to some impairment of the self and we know the self has a core, which is present at birth. So agency, ownership, continuity and a sense of boundary and internal cohesion, are all affected by trauma of various types which, in turn, affect identity formation.

One of the most important things that we see in people who have been affected by trauma is their reduced capacity for self-reflectivity. Now, self-reflectivity is the capacity to reflect on oneself and the effect that one has on other people. So there is a bipartite system there. How I affect someone else and how someone else affects me is the capacity for self-reflectivity, otherwise called “theory of mind”, and more recently, Fonagy and Bateman referred to it as “mentalisation”. The capacity for self-reflectivity develops about the age of four, under normal circumstances.

Let us look at identity confusion, which is a multifaceted, rather complex system, where identity is consolidated, but in circumstances of trauma, and I am citing post-migration, that is, the refugee situation and we are seeing the after effects of it, the intergenerational transmission of trauma in Sydney.

So particularly in refugees coming to a foreign country, trauma carries with it numerous factors that interfere and prevent an adolescent from achieving identity. For those who have achieved identity, there could be a disruption of that identity and therefore, the arising of confusion when they are faced with circumstances that are way out of their control and often unpredictable.

There is considerable evidence that forced migration has far-reaching consequences for adults as well as for children and various adaptive mechanisms are used. So like in normal development, adaptive or coping mechanisms, known as defences, are used by people to deal with threats in the environment, such as rejection, terror, violence.

Those who are forced to migrate have to face not only the consequences of those threats but also have to accommodate to abnormal circumstances in the new country, therein once again the development of self is interrupted and their identity is quite confused.

Now, identity diffusion is quite different from identity confusion. Here you would find that people experience problems with interpersonal intimacy, and that is quite often due to relationships within families where there is an interpersonal fusion, or enmeshment. So there is a loss of mutuality. The time perspective, the perspective of self, the perspective of work views, choices, etc, are interrupted and you find quite often that people who are experiencing identity diffusion go through a phase that is very dissociative and sometimes might even seem psychotic.

There is regression and sometimes an older person might appear to be baby-like or feel baby-like. They feel despair, depression, suicidality, poor concentration at work, preoccupation with self-destruction, excessive awareness and the abhorrence of competitiveness. On the extreme part of identity diffusion, there is a choice of a negative identity where young people choose role models often that their parents consider destructive, undesirable or dangerous, and I guess that this seems to be happening more and more in the current climate. So when one is faced with traumatic situations, adapting to and adopting a foreign country, having to live in ways that are foreign to one, this will cause conflicts. In our day-to-day life, all of us experience conflicts about different things and by and large we can resolve conflicts.

But sometimes conflicts are quite difficult to resolve, particularly when the environment is not conducive. So you have conflicts like the need for autonomy versus the need to be dependent; the need for submission versus the need to take control. Often, there is a desire to be cared for, but then there is a fear about allowing oneself to be cared for. Then there are conflicts related to self-value and identity. And I am sure that all of you would see people with these types of conflicts, particularly with guilt and sexual conflicts, self-value and identity.

There are those people who have great difficulty perceiving themselves as being conflicted. Unable to get in touch with their feelings, let alone express emotion.

These are the people whose negative feelings,

(guilt, shame, anger) tend to locate themselves in the body structures, in body organs. This is what is referred to as somatisation.

So these people tend to present in local emergency units of hospitals with various types of illnesses and pain syndromes, but quite often it is their emotional distress that is translated into body symptoms. And it is indicative of people with conflicts, but with no capacity to resolve them, often they have fear of those conflicts.

So what are the effects of trauma? Trauma causes stress to the mind-brain system. In those cases the past and the future are limited. People feel disconnected from others, often within themselves, and experience dissociation. They feel a diminished sense of freedom and alienation. They experience a loss of trust in the environment, because as we know, the environment is supposed to be sustaining us, particularly the environment within a family home and within a local community.

But when people are traumatised they call into question human relationships and experience a loss of trust in those who have the power to make their living situations or social environment better.

Trauma has a profound effect not only on the self, but also on the systems of attachment and meaning, and it is by attachment and meaning that individuals and communities are linked together. So each community is linked together by a feeling of trust. Finally, they experience a diminished sense of meaning of life.

So how does trauma affect refugees? Now, we know that many refugees have experienced deprivation, injury, torture, incarceration, abuse of all kinds, sometimes one, sometimes many of these types of traumatic experiences. Often people are witnesses to abuse events. They may sometimes come to being near death, have experienced the separation and loss of loved ones and have an altered sense of relatedness.

This brings about a sense of an inordinate amount of shame and humiliation. Parents, elders and children are often separated from one another creating great fear and distress. Now we know that these types of emotions have a profound effect on the neurobiological systems of individuals; similarly, with incidents of kidnapping, people experience a sense of foreboding and extreme fear.

The traditional values, beliefs and principles are often violated and most people, as a result, go through enormous amounts of grief and loss.

Now, grief and loss when experienced by a developing child, adolescent or young adult, interfere with the process of achieving one’s sense of self-identity.



PHOTO: SONDEM

Resettlement in a new country can also be terribly traumatic, adding to the trauma that has already been experienced.

I cannot talk about separation and loss without quoting John Bowlby because he brought the idea of loss and the need to resolve loss, to grieve over loss and have secure attachments to others. His work has important implications for normal development, but also for psychopathology, particularly for children's reactions to loss.

So if the circumstances are not conducive to normal grief responses, anxiety develops and the child has to cope or learn to cope in various ways to deal with grief. An example is a family where there are two parents and a couple of kids where a parent dies and the other parent is unable to grieve, and shows no signs of grief. The children then learn that this is how you have to deal with life events by just continuing to do what you have done all along. So tears are not allowed, talking is not allowed, yet a pervasive gloom or sadness lingers in the home.

Normally if a parent is able to deal with the loss of a partner and can encourage children to talk about the parent who has died and then after some time life resumes its normal trajectory. That is better for children's growth, rather than what I described earlier on.

Quite often we see adults who have not grieved normally over earlier losses. And when one loss compounds another loss, I mean the loss of a family member or other types of losses, like the loss of a job, the loss of status in society, or the need to flee one's country, it is difficult. Even when people leave their country by choice, often they have difficulty in the country they migrated to.

So attachment is very important. People who are securely attached throughout their development tend to fare better than those who have not had that security in early life. The latter might succumb easier to distress and trauma.

But the reactions to trauma must be seen as quite normal, particularly when the circumstances surrounding the trauma are horrendous and well beyond what one would normally be able to put up with. And, of course, we have to take notice of the cultures of the people we see because mourning in one culture might be quite different from mourning in another.

Psychodynamic psychotherapy is appropriate for individuals who have problems with identity and therefore problems of self. It is advocated that any type of psychodynamic psychotherapy, no matter what the model is, must include a phasic approach.

So when meeting somebody we need to work towards establishing a safe, secure therapeutic relationship with that person. We need to focus on the provision of safety and trust and pay attention not only to how the patient presents, but also to the patient's language. By language I mean the way in which he talks to you, the way in which he describes his circumstances or describes himself, because trauma affects coherence, continuity and clarity.

Trauma can cause people to fragment and dissociate. Quite often the person may present in a dissociative state, talk in a fragmented way, lose the continuity of his story, which may be fragmented and you cannot make sense of what is being talked about.

So to talk to such a person in lengthy sentences will not be received well. In fact it will create a sense of alienation between yourself and the patient. So monosyllabic responses, reflective intonations from the therapist and non-verbal responses, these are what help us to form a good therapeutic relationship with those who have been severely traumatised, and do not have the language initially to talk about their experiences and their problems at great depth.

In the case of young children and some adolescents, we need to use other ways to work with them, like sand play, play therapy, or art and music therapy in some instances. Some people are uncomfortable talking about their experiences. Even with adults, starting off with some art and talking about their artwork often helps them to feel a sense of safety in the relationship which enables them to verbalise their difficulties.

So the first stage is developing a safe, secure therapeutic relationship. One has to use a bottom-up approach because when people dissociate, their level of consciousness is constricted and therefore the level of consciousness is lowered, their speech becomes incoherent, their clarity impaired and more often than not, they are hard to understand.

Sometimes they are also interspersed with being out of touch with reality. So you can have some psychotic symptoms. There are times when therapists may think patients have a major psychotic disorder, like schizophrenia, but we need to differentiate dissociative psychosis from the other psychosis.

The second stage of my talk is about exploring the individual's current relations with significant others and then, if a transference relationship develops, to work on this. We should only attempt to process traumatic material after safety is created.

Quite often psychotherapy has started, the patient quickly starts to talk about their trauma and the therapist also talks about it. Quite often such patients end up calling the therapist frequently out of hours, self-harming by overdosing or by cutting, and presenting to emergency departments.

When a safe therapeutic relationship has been developed, the patient's sense of self is strengthened in that relationship and therefore they are better able to cope with talking about their traumatic experiences and go into more detail.

The third stage is integrating the trauma into the sense of self because, as we know, a lot of people who have been traumatised dissociate, disavow or deny their trauma. Every individual uses various coping mechanisms, so our role as therapists is to help them integrate the trauma. When patients dissociate it is almost as if they do not want to think about it, or deny it happened to them. Whereas in therapy when it does come out it has to be integrated into that fabric of the self and so they have to end up saying, "It happened to me", "I wish it didn't happen to me" or, "I need to accept that this is part of my life".

So this is what I mean by integrating into the sense of self because when integration takes place there is a widening of consciousness, the speech improves, what was once incoherent and fragmented starts to become quite normal, then the sense of self is strengthened and self-reflectivity develops.

Quite often one sees issues of separation anxiety in these types of patients, particularly those who have left their homeland, their home and family. These issues have to be considered when ending the therapy because separation is re-lived once again in this therapeutic relationship which they have begun to depend upon so much.

We also need to deal with the shame and guilt issues and these are often a result of survival. Shame has to be very deftly and carefully dealt with.

“...when people are traumatised they call into question human relationships and experience a loss of trust in those who have the power to make their living situations or social environment better.”



Similarly survival guilt is also commonly seen in the psychotherapy of such individuals - the fear that they might have caused a negative event.

Often children feel highly responsible when something happens to their parents or their family, they may say: "It was my fault, I should have died". There may be cognitive distortion or negative beliefs about oneself.

So when survival guilt and survival shame are present, if we do not deal with them carefully, they prevent progress in therapy. Shame is usually not expressed openly, but the therapist has to wonder if what is happening is the result of unexpressed shame, and try to facilitate the expression of shame and other affects. It is most important to identify and help our patients express their emotions, because quite often when emotions are in their depths and the patient is not conscious of them, it gives rise to problems, difficulties and symptoms.

Neurobiological and scientific research shows that when the therapist focuses on the affective processes - the emotions, patients are helped to tell their stories and are able to gain some support from the psychotherapy.

Allan Schore who writes about the brain and psychotherapy, stresses the need for psychotherapy to focus on the affects because it literally alters the orbital frontal system. The non-verbal transference and countertransference interaction that takes place at preconscious and unconscious levels represents a right hemisphere to right hemisphere communication.

He says that the prefrontal limbic cortex retains the plastic capacities of early development and the right hemisphere cycles into growth phases throughout the life span. Twenty-odd years ago it was thought that as we grow older we shed off neurones as we age.

That is no longer held to be true because neurones grow and multiply in old age and the brain is so plastic that it actually cycles into growth phases throughout the lifespan.

So psychotherapy, which was considered inappropriate for someone in their 70s, is now commonplace and older people do actually make very good psychotherapy patients also. I am telling you that from my personal experience with older patients.

In therapy the conversational model is an integration of what is best in a lot of other models.

Therapy with individuals and families also must focus on the strengths and resilience that is inherent in a lot of people, both young and old.

It pays attention to language. It pays attention to the collaboration between therapist and patient, allowing the patient to speak, asking what they want; talking about their difficulties. This is very important. It is also important not to over identify with the patient and to focus not only on problems and conflicts, but also on strengths and resilience.

So in the situation of forced migration it is crucial to encourage parents to foster their children's capabilities. Because in the gloom of forced migration families are often stunted, they are dulled into submission, and the sense of hopelessness and helplessness they feel prevents them from seeing that their young children can in fact be helped, that they can recover, that they are resilient, and that they can have a good life. Sometimes it is very hard for them to see that.

Therapy with individuals and families also must focus on the strengths and resilience that is inherent in a lot of people, both young and old.

So we need to explore those facets of self; strengths that emerge but are not apparent at times of distress. We also need to access those personal qualities, particularly when we have a young patient who is witty or humorous, persevering and determined. By highlighting strengths in the therapy process we can not only help them to develop a better sense of self, but also a better sense of self in relation to the community and the larger environment

So to wrap up, we need to look at identity as being a part of the self.

Sometimes identity is mistaken by the social aspect of self, but identity is that aspect of self that develops from quite a young age and usually completes development in adolescence.

But trauma has a deleterious effect on the development of identity. Trauma can range from abuse in one's family environment to abuse in the wider environment, to traumatic relocation, dislocation and forced migration.

So I think it beholds us to, even though we cannot make everyone better, at least we can help some people and those that we cannot help we can give them a sense of hope, a sense that life is worthwhile.

Because, as we are seeing increasingly, the world statistics show that 40 percent of refugees are children and so working with children can help prevent future generations being vicariously traumatised and can also prevent intergenerational transmissional trauma. Thank you. R



At a time when the barriers facing refugees have never been greater, it is more vital than ever to hear stories of survival from refugees like Ramazan Kawish. LLAM McLOUGHLIN reports.

Life After Detention

“Living without identity kills you every day. Every time they call your number, you die,” says 33-year-old Afghan refugee Ramazan Kawish.

Kawish is an articulate and intelligent man, who has worked as a teacher, translator, tour guide, radio producer, project manager and businessman. He speaks six languages and has an academic background in social sciences.

In 2004, he landed a job with the United Nations (UN) to help conduct the first presidential election in Afghanistan. The role took him out of his home in Bamyán, in the centre of the country, and into Taliban controlled areas where, Kawish says, “If the Taliban found my UN identity card, I would have been killed.”

He worked for the UN again in 2005 for the first parliamentary elections. Refusing the demands of local warlords who tried to use their wealth and power to buy their way into government, Kawish began to face grave danger. As a principled man committed to civic duty, he faced many threats to his life.

Several violent encounters with unknown assailants hired by the warlords left him completely blind for four months, until surgery partially restored sight in one eye.

After some years hiding out in Pakistan and India, Kawish returned to Afghanistan with the hope of further serving his community. The dream was short-lived. His friend handed him a letter from the same authorities who threatened him years earlier. The threat to Kawish’s life was there in black and white. His own brother pleaded with him to leave Afghanistan: “You lost your eyes. I don’t want you to lose your life.”

“People would think I avoided the queue – but there is no queue – you have to find your own way.”

Kawish spent many hours on the Internet. “I researched the detention centres, the boat journey, the Australian people and culture. I knew the decision was very difficult and would have a bad impact on my future life. People would think I avoided the queue – but there is no queue – you have to find your own way,” he says.

His passport brought him by plane as far as Thailand. Kawish then paid \$2400 to people smugglers for 24 hours on a train and 10 hours hidden under a blanket in the back of a car to Kuala Lumpur, and more time on a boat ride to Indonesia. Another \$4000 put him on a rickety vessel headed for Australian shores with 128 other asylum seekers with scarce food, water and fresh air, soaked in the stench of human excrement and unsure he would live to see the next sunrise.

Many took sleeping pills because “they would prefer to be asleep when they die.”

On 23 September 2011, “everybody cheered” when Kawish and his fellow travellers were intercepted by the Australian Navy and placed in detention on Christmas Island. Lonely, weak from tiredness and 8kg lighter than when he left Afghanistan, he finally had some hope that the Australian government would look after him.

The first six months in Australia’s care were difficult for Kawish because he felt like a criminal caged in the security fortress of the Christmas Island detention centre. “I thought there might be open areas because it’s an island – you don’t need security. Instead there were huge fences, walls, big gates and many locks.”

Detained by the Australian government, Kawish was also tormented by his own mind: “I had a bad feeling. I felt guilty. I felt shame for leaving my family in danger. I was still suffering and this is usual for everybody.”

Plagued with guilt and terrified by nightmares, Kawish also suffered the ultimate indignity. Like all asylum seekers under Australia’s immigration regime, he was stripped of the signifier of his humanity: his name. “If you lose your identity, even for one day, it hurts a lot,” Ramazan says.

“First, I feel like I’m in gaol. In gaol they have a number on their back – I’ve seen it in movies. Second, I’m not a human here – because every human has a name –

a baby, even for one minute, should not be without a name.” He says it states in the Quran “before your child is born, put a name on it.” Thus to fail to give a child an identity is to commit “the biggest crime.”

His transfer to a Tasmanian detention centre in October 2011 offered little relief. One day, after hearing some commotion at the football field, he ran out of his quarters to see an Iraqi man shoulder-deep inside a hole, trying to bury himself alive. The man’s desperate feelings were familiar to Kawish. “I suffered in Afghanistan, and then I suffered all the way here. I paid a lot of money, and now I’ve ended up in prison. At which point did I do wrong? You have to do some bad things to be in gaol. The only answer is I was born in a bad place in a bad time. The only other reason – I came here by boat.”

Kawish speaks of those dark feelings inside Australia’s immigration system, and how hard it was to cope. “You are dying every moment in a detention centre. You want to share your pain with other people. Everyone wants to release their pain, and everyone wants to share their stories. They make you sad, they make you hopeless. You feel like you are burdening other weak people.”

Yet compared to most people arriving in Australia by boat, Ramazan Kawish is one of the lucky ones. After half a year in detention he was granted refugee status and allowed to permanently settle in Sydney. His assiduous efforts to keep travel documents and written evidence of persecution around his neck at all times during his passage to Australia helped his case.

Life as a free man in Australia has had its rewards. Kawish was able to sponsor his wife to join him here and they have just become parents for the first time. Yet while he is physically safe, Kawish says, “My mind is not safe.” He is separated from his family back home and grieves for his lost eyesight.

He also wrestles with the challenges of fitting into a new society, because he feels that Australia is a “100 percent opposite culture” to Afghanistan. “Back there, neighbours come together every day and talk to each other. Here it doesn’t happen. People are inside at home or at work. If you’re at a park you can’t talk to kids or strangers. In Afghanistan, you go somewhere, you go talk to kids you don’t know, you play with those kids and everyone enjoys themselves.”

Another difficulty is his struggle to find work.

He has spent years with a job seeker agency with only a part-time car wash job to show for it. That this is happening to a man as highly skilled, experienced, and motivated as Ramazan Kawish demonstrates the barriers to integration in Australia.

Despite these hardships, Kawish remains as committed as ever to serving his community. In Australia that means being a refugee advocate and he suggests some common sense policies as a good starting point. He would love to see fewer lives lost at sea but believes the humane way to do that is “to increase the number of refugees from the UNHCR [The Office of the United Nations High Commissioner for Refugees], then fewer people will get on boats. [There’s] no hope from the UNHCR, which is why they risk their lives.” He believes the government needs to open the door to refugee applications from Indonesia. He says that these desperate people are essentially stuck in a house which is on fire and currently “Australia has closed every door to the house – at least one door should be open.”

Although he is critical of government policy, Kawish remains overwhelmingly positive about the Australian people. He knows many doctors, lawyers and ordinary Australians support refugees. He speaks of the way many Australians share their happiness with him and encourage him to enjoy life. Kawish even understands anti-refugee sentiment in some parts of the community. “Australian people are not racist... they just don’t know the reality. If they found the information, if they knew about the real life of a refugee, they wouldn’t call them queue jumpers,” he says. Negative attitudes towards refugees are spurred by the media and government. “The government says we come here illegally. The media is not telling people the reality. It’s normal to fear things when you are told they are scary.”

Kawish calls for our communities to take up the mantle of dissipating these fears and welcoming refugees. “We can’t rely on the government or the media, but we can rely on ourselves, our society, and our communities. We need to ask ourselves, what can each of us do to help asylum seekers?” R

*Ramazan Kawish was interviewed in association with a series of talks organised by the **Refugee Council of Australia** and **People Just Like Us**.*

Stepping Outside the Triangle



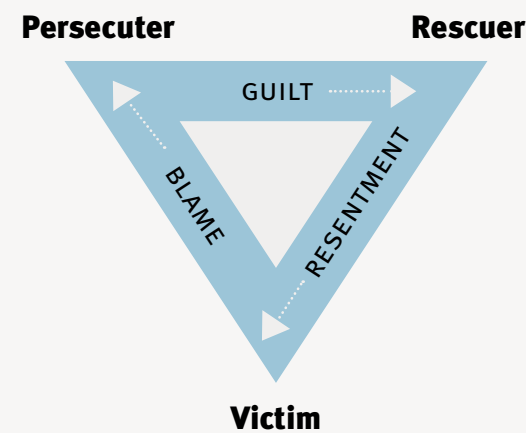
MELINDA AUSTEN is a mental health social worker and clinical supervisor, who shares a passion for reflective clinical best practice. She writes about the Treatment Triangle.

Working reflectively with refugees and asylum seekers.

Social workers are uniquely placed within the refugee and asylum seekers sector in a variety of roles as caseworkers, trauma counsellors, and in community development. The social justice context in which we work can inspire and engage us in our practices. However the complex and dynamic nature of trauma work can also bring a number of professional and personal challenges.

Much has been written about the potential for burnout and vicarious trauma while working with vulnerable populations, where organisations are frequently resource-stretched and at the behest of changes in government policy and community attitudes. As a clinical supervisor for the Red Cross and a counsellor at the Victorian Foundation for Survivors of Torture and Trauma, I am particularly interested in exploring the interface between social worker and client as a means to reduce the potential for vicarious trauma, encourage self-care and invite effective social work practice. This article has arisen from fruitful discussions with Red Cross caseworkers in both individual and group supervision sessions.

PHOTO: ZHU DIFENG



The Treatment Triangle

The Drama Triangle is a model developed by Dr Stephen Karpman, out of Dr Eric Berne's 1950s Transactional Analysis. It explores the interplay of roles between one or more people in mutual exchange. When applied to a clinical setting, the Drama Triangle is commonly referred to as the Treatment Triangle.

Knowledge of the Treatment Triangle assists mental health social workers to identify transference in their professional relationship with clients and highlight potential boundary crossings. The Treatment Triangle invites reflection when working with clients with complex needs and a greater awareness of the potential impact of trauma work on oneself.

If we consider a traditional story plot, there is usually a victim (Snow White), a rescuer (prince charming) and a persecutor (evil step-mother). In our professional practice, we may locate ourselves in any one of these roles at different times.

Rescuer

The social justice conviction which motivates social workers to provide services that support and empower clients may, at times of stress, turn into client rescue. Whilst social workers mostly attempt to provide an equivalent level of care for all clients, as per their individual needs, some people inevitably touch us more personally.

Some clients may present with particularly distressing stories or may, consciously or unconsciously, remind us of someone close to us, triggering a response of increased support and intervention. Social workers may also find it difficult to stay emotionally present, with feelings of inadequacy when working with stories of human-rights abuses. They could even end up trying to fill a growing sense of helplessness with activity as it can be easier to feel useful by focusing on tasks rather than facing personal helplessness. This can include scheduling additional client sessions, contacting clients between sessions, accompanying clients more often to appointments, and/or offering additional advocacy. Professional boundaries may be breached due to these.

Rescuing differs from supportive practice, as the rescuer takes full responsibility for addressing client issues without awareness of transference issues, or their personal investment in helping.

While the majority of refugee and asylum seeker clients require at least some level of support to aid settlement and address trauma issues, many also maintain a level of resilience and resourcefulness born of the refugee experience.

Many have managed a journey to Australia in extreme conditions and have found the means to meet many of these needs. Excessive helping can deny clients the ability to make their own choices or navigate their own way through new circumstances. It can discourage client consultation, self-determination and empowerment.

Victim

Inevitably, workers taking on a rescuer role may experience resentment or lack of appreciation. This may be triggered for several reasons. These can include, but not be limited to, when clients: miss multiple appointments, refuse housing that has been difficult to secure, don't follow up on external referrals, do not engage well in counselling, complain about the service or make a complaint about ourselves.

When frustrations build from our unmet expectations of the client, we may begin to see ourselves as 'victims'. This could be caused by a feeling of having wasted our time or being taken for granted – especially if we had other pressing client issues or administrative deadlines. The small rejections of assistance or complaints may feel particularly frustrating and unfair.

As well as experiencing victimhood, social workers may also feel like victims of the system, due to working within a changing social-political context and within organisational constraints. Becoming overwhelmed from an increased workload, along with hearing traumatised client stories, may result in a reduced sense of personal efficacy, motivation, vulnerability, inadequacy or powerlessness.

Persecutor

When an experience of victimhood is prolonged, social workers may become angry and begin to blame or punish their clients. Persecution can occur in subtle ways through the withdrawal of care-taking. We may become less available, refer clients back to drop-in intake services, reduce appointments or cease our work with the client altogether. We may become less invested in client needs and less active in the provision of advocacy or support.

In the persecutor role, social workers often deny the impact of our own power on the client and discount the powerlessness of clients who have been traumatised, faced dangerous refugee journeys, prolonged detention and insecure settlement.

Inevitably, social workers reconnect with client powerlessness and their potential for suffering. We are reminded of our original motivation for entering the sector, which is often out of our concern for the political and personal rights of refugee and asylum seeker clients.

Stepping outside the triangle

Effective practice requires us to step outside the cycle of the triangle and supervision can be particularly helpful for this. Taking a bird's eye view encourages awareness and invites self-responsibility for our actions and attitudes. For example, identifying one's propensity for rescuing, recognising personal secondary gains and questioning whether one has become over or under involved with client issues.

Recognising the personal impact of working with traumatised clients is a starting point for addressing the experience of victimhood. A sense of personal power can be realised through greater focus on: work practices within our control, attempts at advocacy within organisational boundaries, reminding ourselves of the reason for doing this work, involvement in staff support activities and through self-care measures such as work/life balance, and connection to colleagues and community.

Social workers in casework roles are encouraged to consider the importance of being the first point of contact for many traumatised clients. Being perceived by clients as reliable, consistent and caring is as important as being effectively task-focused, as it can help rebuild trust. The value of fostering these personal qualities often goes unrecognised by stressed out workers.

Conclusion

Being able to recognise the potential for falling into the roles of rescuer, victim or persecutor, when working with traumatised clients, is a reminder of the power of the inter-relationship between worker and client. Self-reflective practice helps us maintain personal and professional boundaries, acknowledge client strengths and stay tuned to our self-care needs; all of which ensure effective practice, best client outcomes and greater work satisfaction. **R**

“Everybody needs a job, right?” she says, laughing. “Back then I asked myself, did I want to be a part of business? Or did I want to be part of human rights and the fight against torture? There was no doubt in my mind that I wanted to be part of the human-rights movement back in 1992 – and I’ve been happy for it since,” she says.

The goal of the library is to assist in disseminating existing knowledge about torture, its consequences and the means to rehabilitate people who have been tortured. The library gathers as much as possible from around the world, and the working language of the library is English.

“Eighty five to ninety percent is in English. It’s a research library so we try to gather most of what’s published with an emphasis on the scientific literature. Where we can, we have translators and we transcribe it into English,” says Reimer.

“The databases and websites are in English. However, we have a database portal where you can search worldwide in our collection and the layout of the portal is translated into Danish, English, Norwegian, German and Arabic because we have a lot of collaborating partners in the Middle East.”

The library she manages is located on the ground floor of DIGNITY, the Danish Institute Against Torture. It was officially launched on 1 October 1987 and has been collecting everything possible about torture and related topics for about thirty years. The library has two full-time staff members and two part-time students, and between them they manage the world's biggest collection on torture.

The database portal that the library maintains is its most important tool, providing more than 30,000 references to reports, newsletters, articles from small journals, pictures, movies, and recordings, including many unique entries.

The library’s resources are mostly used by people living in Denmark but it regularly receives requests from around the world. Recently Reimer has dealt with inquiries from Australia, Egypt, Italy, Jordan, Myanmar and the United States. These requests mostly come from students, journalists, human-rights activists, researchers and healthcare professionals.

“They have all kinds of questions. They could be people working in centres, they could be GPs, or they could be lawyers – asking for material that could help them where they have cases of refugees who are being threatened to be thrown out of countries. We’re also

working with the European Court of Human Rights,” says Reimer.

One of the key challenges the library is currently facing, as is the case with libraries all around the world, is the increasing amount of work required to digitise information and navigate complex copyright issues, particularly as the number of torture-related publications over the years has grown exponentially.

“Back in the early 70s and 80s there were very few publications made on torture,” she explains.

“There were some historical items and there were some books about medieval methods. But there was no actual evidence about what is torture, what it does to people and how we can try to prevent it. But that changed in the late 90s, and after the millennium there was an increase.”

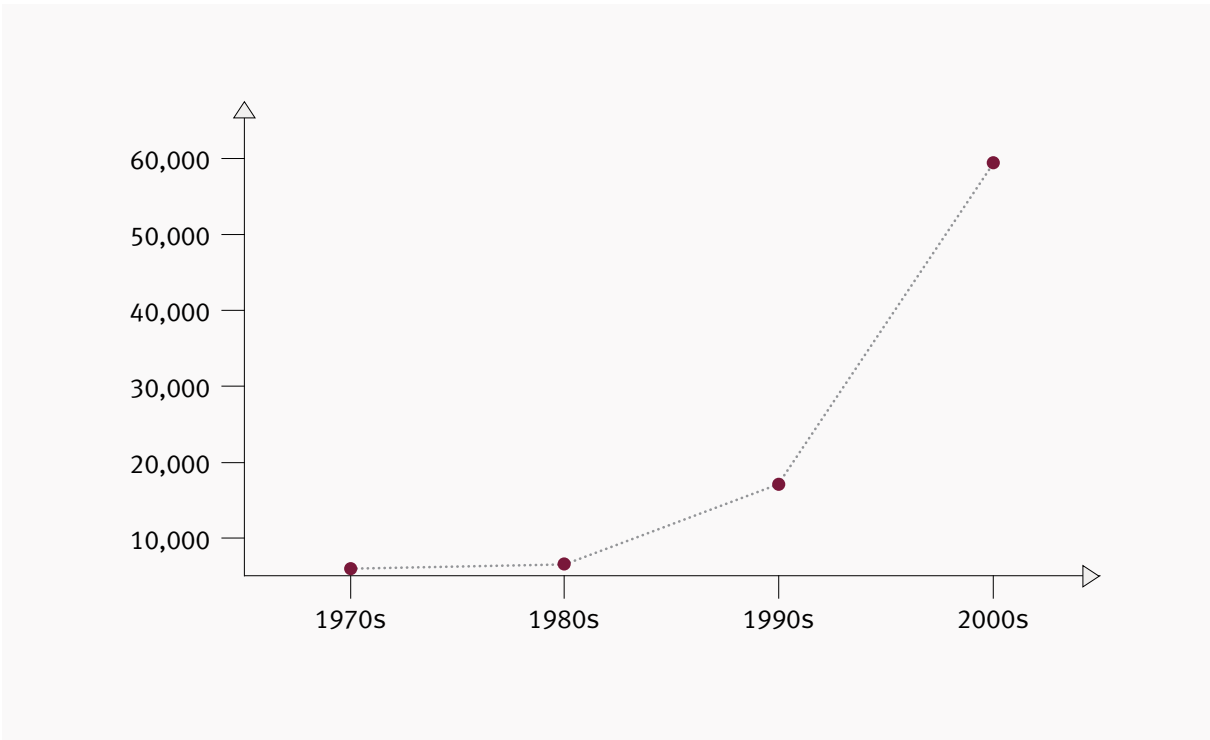


Table 1. Results of records from controlled searches performed in the following databases by DIGNITY library: ProQuest Research library, IBSS, Medline, PsychINFO, PILOTS databases



Reimer took over as head of the library three years ago. Around that same time she completed a masters degree in information science and interactive communication. It was important for her to upgrade her skills, in part to keep pace with the dramatic changes that have occurred during her career. These days even the very concept of what librarians do is being redefined.

“The role of the library and librarians are just as important but different. We are the intermediaries trying to disseminate the information about the different resources which are, yes, existing online instead of physical.

“We have to be the gateway, we have to be the motivators, the inspiration about where to look and how to look. People think they know how to find things but they don’t, they only find a little corner of the existing knowledge. They don’t know

it’s actually ten times or a hundred times as much as they have found!

“I think that is the future role of the librarian: to inspire and to lay out information online so it’s easily found.”

Regardless of the way things are changing, the classic training that librarians like Reimer receive is still important, particularly when dealing with a complex subject area such as torture which encompasses the sciences as well as the humanities.

“What a librarian does first and foremost is listen. It’s very important for a librarian to be able to listen. And listen between the lines because people don’t express what they actually need,” she says.

“You have to go into a dialogue with them – it’s called ‘user-librarian dialogue’... and you don’t get the chance to do that if they’re just googling.” R

More than 40 years since a group of medical doctors laid the foundation for the International Rehabilitation Council for Torture Victims (IRCT), the organisation and its 144 member centres continue to play a leading role in the fight for torture survivors' right to redress and rehabilitation. Yet the Council is facing serious funding challenges despite a growing global demand for rehabilitation services. MARIE DYHR reports.



PHOTO: KATARINA GONDOVA

The Challenge of Standing up for Torture Victims' Right to Rehabilitation

The International Rehabilitation Council for Victims of Torture (IRCT) grew out of a need to create an international platform for health-based work against torture. What began as the work of a small group of pioneers is now the world's largest membership-based civil society organisation working in the field of torture rehabilitation.

In all corners of the globe, rehabilitation centres provide care to thousands of victims of torture every day. With a membership of over 140 rehabilitation centres across more than 70 countries, the IRCT has become a leading voice in the global anti-torture movement. According to the last census carried out by the IRCT in 2008, an estimated 100,000 torture victims receive treatment by member centres.

Today the need for a strong voice that can support torture victims everywhere is more urgent than ever. With the international community facing the highest number of refugees since the Second World War, many IRCT member centres have seen a significant increase in torture victims seeking help and treatment at their clinics. However, insufficient funding has put these centres under enormous pressure.

"Many of our members are not able to meet the growing demand for rehabilitation services. Sadly, this mounting need has not led to additional funds being earmarked to provide specialised health services to vulnerable groups, including torture victims. Instead, there are rehabilitation centres out there struggling to make ends meet and victims of torture who can't get the treatment they so desperately need because of this,"

says Secretary-General of the IRCT, Victor Madrigal-Borloz.

"The current funding situation for many centres is extremely worrying. The provision of rehabilitation services is essential to improving the physical and mental wellbeing of torture victims, and not having adequate resources can have a devastating impact on the lives of thousands of people."

According to the IRCT Secretary-General, states need to acknowledge their obligation – as set out in the United Nations Convention against Torture and further developed in General Comment 3 of the Committee against Torture – to support victims of torture and to provide them with rehabilitation services. A notion that is not high on the agenda among governments around the world, currently more concerned about refugee quotas and on how to discourage refugees from crossing their borders.

With political leaders scrambling to agree on a sustainable solution for the millions of people displaced by war and armed conflict, it is easy to see why funds are being directed towards humanitarian aid. Food, water, shelter, medication and clothes are all basic needs that refugees must have access to.

But as Mr Madrigal-Borloz points out, rehabilitation services that cover both physical and psychological aspects should also be considered a basic need for people who have experienced war or armed conflict, or have been subjected to human-rights abuses such as torture. And to ensure that these people get the right treatment as soon as possible. He urges states to adopt methods to identify torture victims early in the process.

Today the need for a strong voice that can support torture victims everywhere is more urgent than ever.

Madrigal-Borloz believes it gets more and more difficult to treat a person whose symptoms have gone undiagnosed. “The question we should ask ourselves is ‘how can we expect traumatised refugees and asylum seekers who have not received any treatment to resume a normal life and become active members of their communities?’,” he says.

Supporting centres through projects and sub-grants

While a large number of states are still to acknowledge their obligations towards refugees, the IRCT is actively supporting the rehabilitation of victims of torture.

The organisation continues to support centres with few financial resources through numerous projects, programmes and sub-grants. Many of these centres work with women and girls. Last year, more than 4,000 female victims of torture and sexual violence received treatment from 16 IRCT centres thanks to sub-grants. For some centres that meant providing specialised treatment, while for other centres, the grant allowed them to provide medical and psychosocial support to women and girls through various clinical activities and training.

Another sub-grant allowed 36 IRCT members across all regions to provide medical and psychological rehabilitation services, organise activities to document torture, and develop capacity to ensure care for caregivers and effective centre management.

“The grant helped us sustain and provide services to survivors of torture. Without it, we would have found it very difficult to meet the expenses incurred,” according to an IRCT centre in India. Another centre in Europe tells how the grant has enabled them to continue to provide services and secure assistance, especially in the first months of the year. “It helped our team stay flexible and gave us enough time to go searching for new potential donors.”

In the Middle East and North African region, the IRCT has been involved in capacity building activities in a number of countries. It is supporting a local health based NGO in Libya’s capital Tripoli, setting up the medical team, and it has run several training programmes in cities like Amman and Tunis for health professionals in the region.

“As a membership-based organisation, one of our main goals is to strengthen the capacity of each of our centres across the globe through peer-to-peer training, which is supported through the coordination of the Secretariat and our partners,” says Mr Madrigal-Borloz.

A now-completed IRCT project in Africa’s Great Lakes region assisted six centres in Rwanda, Burundi and the Democratic Republic of Congo in providing much needed holistic and community-based services to victims of torture and sexual violence, victims of genocide and other forms of political violence.

The four-year project helped the centres reach out to thousands of people through medical care, legal assistance, psychosocial support, livelihood development as well as income generating activities. According to Mr Madrigal-Borloz, the result was a chance for many victims and their families to resume a normal life after years of trauma and suffering.

“Our Great Lakes project brought communities together, healing wounds and creating platforms for dialogue and reconciliation in countries that have seen civil wars, genocide and refugee crises.

“Its legacy continues through new partnerships between service providers, increased access to services, new businesses set up by victims, social counselling groups run solely on the initiative of beneficiaries

of the project, medical professionals who can now produce high quality medico-legal documentation and victims being supported through legal proceedings and challenging impunity.”

The long-lasting and far reaching consequences of torture

Torture is more prevalent than most of us can imagine and is not only limited to developing countries or nations affected by civil war or armed conflict. According to Amnesty International, torture happens in over 140 countries, many of which have ratified the UN Convention against Torture.

The main objective of torture is to dehumanise and break individuals, leaving severe physical and psychological wounds. While most victims of torture cope for a limited time, several factors such as stress at work or problems in the family are likely to trigger the trauma.

The aim of rehabilitation is to overcome the trauma and help torture victims to be able to live the best life they can. Rebuilding the life of someone whose dignity has been destroyed takes time. This means long-term material, medical, psychological and social support is needed.

The main objective of torture is to dehumanise and break individuals, leaving severe physical and psychological wounds.



Sadly, more often than not, torture not only affects the primary victims, but the people around them as well. The physical and mental after-effects of torture often place great strain on the entire family and society. Children are particularly vulnerable. They often suffer from feelings of guilt or personal responsibility for what has happened. Therefore, other members of the survivor’s family – in particular the spouse and children – should also be offered treatment and counselling.

“While torture often has devastating implications for the individual survivor, it also impacts negatively on immediate families as well communities and society at large. Our member centres take a holistic service approach to address the needs and rights of individual torture survivors, as well as their affected family members and communities,” explains Mr Madrigal-Borloz.

IRCT’s Great Lakes project had a clear focus on secondary victims and providing them with the various types of programmes they needed. Yet many centres are not involved in similar projects and therefore lack the funding to deal with secondary or in some cases even primary victims. More and more people are coming to them, highly traumatised and looking for help; yet, being under-resourced the centres cannot meet the demand.

As a rehabilitation clinic in Europe puts it, “the cut in funding over the past five years has affected our work drastically and we have had to reduce the number of staff, as well as patients. But now, it affects our actual existence.”

Another European centre is also facing a real risk of closing down, which has forced the centre that

normally treats hundreds of victims to keep only one full-time employee.

From a clinical perspective, not receiving rehabilitation services or having them interrupted is detrimental to the physical and psychological recovery of the individual. Victims who are denied access to rehabilitation services may face prolonged periods of isolation, inability to create relationships within the community and difficulty in accessing needed services.

“If we don’t do anything, thousands of torture victims risk having current treatment programmes interrupted or will be unable to access rehabilitation services in the first place. States in all corners of the world have a responsibility to ensure that there is enough funding to provide rehabilitation to victims of torture, and we need them to take this responsibility seriously,” says Mr Madrigal-Borloz.

Despite the funding challenges facing the rehabilitation movement and the uncertainty that follows, the IRCT and its members remain committed to treating and supporting victims of torture, training health and legal professionals in how to investigate and document torture, campaigning and advocating for victims’ rights and carrying out research that will ultimately benefit the whole rehabilitation movement. Something they will continue to do as long as there are people in need of their help.

“More than ever, victims and caregivers need a credible, strong and persuasive global voice that represents shared positions, values and views. We will continue to provide this voice through a democratic process which benefits torture victims across the globe,” states Mr Madrigal-Borloz. R

Yoga in a Post-traumatic World

*More is now known about the benefits of yoga in the treatment and prevention of Post-Traumatic Stress Disorder (PTSD). To celebrate the United Nations World Day of Yoga (21 June) a group of yoga teachers and therapists, including STARTTS counsellor **DOMINICA DORNING**, discussed their experiences using yoga to overcome trauma.*

Thank you very much everybody for coming along to the Yoga in a Post-Traumatic World debate. We have got an amazing panel for this inaugural United Nations World Day of Yoga.

It is very hard to avoid trauma. Perhaps trauma starts before birth. It is also very hard to avoid vicarious trauma because we read about it and see it all the time. A lot of us in the yoga world make the choice for a moment not to look at newspapers, magazines, or watch TV for just this reason. We feel that by avoiding the media we can get on with our own lives and develop our body, mind and spirit in the way we need to. How can yoga be used to avoid and deal with trauma?

Yoga prepares us all to be of service, and to truly be of service, we need to know how to work with trauma as it moves through our body, so that it does not affect us and stop us from being useful to the world around us and to ourselves. So I am just going to slowly introduce this panel of wonderful people here. Fernando Charnis is a yoga teacher at Bendy Awareness.

Fernando Charnis: I work in a correctional centre where there is an assistance program for people who were addicted to drugs and committed crimes to get more drugs. This special program aims to help them manage their own problems and be reintegrated into society. Yoga is not perceived as something useful to be taught in jails, so there is no budget for it.

I go there every week just for the satisfaction of being with these guys. When they finish they are the most grateful of all the students. So I hope that I am making a difference to their lives as well.

Cate Peterson: The problem is that two years ago it hit the news that yoga was being taught in some jails and they had to formulate a national policy to stop teaching it in jails.

Now, Dominica teaches at STARTTS to refugees who have experienced trauma and torture.

Dominica Dorning: I am a clinical psychologist and a yoga teacher and, as Cate said, I work at STARTTS as a therapist, so my main role is to conduct one-on-one counselling sessions with asylum seeker and refugee clients. Just recently in the last five to six weeks, we have started a group yoga program with Tibetan refugees in Dee Why. We are up to about week four and it is going really well. I have a discussion with them and provide information about the impacts of trauma on the body and the brain and then do another 45 minutes of physical practice that complements what we have discussed. The feedback is really good so far

and everyone seems to be enjoying it. It enables us to provide a service to a larger group of people. I feel really lucky to be here and do that with my work.

Cate Peterson: How easy was it for you to get the program started and get it through the people who have to make decisions? Was it a no-brainer that they would accept teaching yoga?

Dominica Dorning: Yes, it was. We are very lucky at STARTTS. We work with a biopsychosocial model of care. So we are open to treating all those different elements. We have staff members who work with the body and the arousal system and massage therapists, ortho-bionomists, acupuncturists, nutritionists, and so yoga was just I guess a natural progression of those kinds of things.

The hardest part for me was finding the time to develop the program and still see my individual clients and uphold that part of my role. But we are hoping just by starting slowly, we will get some good outcomes and hopefully, have a bit more of a reason to make it broader and have it for more than just one group going at a time.

Cate Peterson: You are working with Tibetan refugees as a specific group. Are you separating it by nationality?

Dominica Dorning: This is a 10 week, closed-group project just to get some data on how it is working. Logistically, it is easier to do it with a single language group. So we are using an interpreter, which is interesting. If we were to do that with two or three languages in the room it would probably be challenging.

The Tibetans are a beautiful group. They have such a rich history of meditation and some have practised yoga in India whilst waiting to come to Australia so they are open to the idea. It has been a nice place to start.

Cate Peterson: The third person in our panel is Rob Ginnivan. Rob works with people who have come back from war zones. How long have you been doing that now?

Rob Ginnivan: I am the national mindfulness coach, yoga and meditation teacher for Soldier On, a program that it is starting to make an impact in the community. It is aimed at reintegrating our wounded soldiers and contemporary war veterans back into the community. Many have done a number of tours of duty and are back. A lot of them are psychologically injured.

“Yoga and body-based therapies are very important to reconnect our minds and our presence back to our bodies, in a healthy and safe way”

There are between 3,000 and 7,000 out there. But many have not come forward to get help. We say to them please do come out and get assistance because it is okay to do so. I am co-authoring a book with one of our wounded warriors, Todd Berry. He is our poster boy for Soldier On and he is now a public speaker. John Ogilvy from Byron Yoga Centre and myself are sending Todd on a scholarship to do the yoga teacher training in Bali. We have empowered them to spread the word about the benefits of yoga and help others.

PTSD in my view continues to affect people beyond the military. Wounded Warrior by name is not limited to people that fought in the war. There are also photographers, journalists, supporters, sappers, engineers, people that support the military and they too experience trauma. Yoga is really helpful in getting them back on track, and I have been working with some people that were suicidal but are now reintegrating back into the community. We just need to spread the word more.

I have done mindfulness teaching for the Royal Commission for Child Sexual Abuse because they suffer from post-traumatic stress and my work is starting to become even broader than that.

Cate Peterson: Shirley Hicks is an expert on PTSD. She is a psychotherapist and yoga teacher.

Shirley Hicks: I am a somatic psychotherapist and I have been working with clients for about 20 years mainly in trauma recovery. They may present with an eating disorder, drug and alcohol addiction, gambling, chronic depression, anxiety, but underneath that, is either some form of complex trauma, as a result of child abuse, developmental trauma, or the more widely understood PTSD.

So my basic role is to help people find their bodies again because they are absolutely disembodied and if we can help our clients find their bodies then they will be able to navigate the world.

Some colleagues of mine and I went to the States and did a yoga program with Bessel van der Kolk, who was one of the lead psychiatrists who actually coined the term PTSD way back in the 1960s. They have developed a yoga program backed by research. They have just released a paper with the results of a research project where they surveyed women who were experiencing PTSD and were highly dissociative, unable to manage emotions at all. After 10 weeks of trauma-aware yoga, 50 percent of those clients no longer show any PTSD symptoms. So it is quite amazing work.

I am also here today representing Trauma Sensitive Yoga Australia, where we run programs for both yoga teachers and mental health clinicians, to make them aware yoga is one of the areas that is sadly missing in the treatment of trauma.

Cate Peterson: Atira Tan has been involved in the organisation she founded in 2004 Art2Healing, working with women and children who have been sexually trafficked throughout South East Asia

Atira Tan: I work with women, children and young people who have been sold into the sex slavery industry in Asia and the Pacific. We work in South Asia, India, Nepal, South-East Asia, and in Australia, with the indigenous population in the Northern Territory. I work with child sexual abuse survivors, women and girls who have been sold at a very young age. The youngest I have worked with in Cambodia was sold when she was 18 months old.

When Shirley talked about healing and trauma recovery being connected to the body, she hits it on the nail. When something painful happens to your body through sexual abuse, you immediately disassociate and disconnect from your body because that experience is too painful.

Yoga and body-based therapies are very important to reconnect our minds and our presence back to our bodies, in a healthy and safe way, in a way that maybe gives us pleasure again.

Because the body and the mind are two parts of the same coin, so it is really imperative that we start this conversation about yoga with trauma.

I work as an expressive arts therapist and a yoga teacher. I am very passionate about somatic experiencing and about the intelligence of the body as a tool that we can use in healing. So I am very passionate about spreading that message and what I have learnt from the women I work with, as well the ways they have reclaimed their sense of power and strength through their body.

Cate Peterson: What yoga actually means is to yoke our body, our mind and our spirit together. So I am really interested to know how it looks to you guys when you see somebody come back into a state of being yoked. When they come back into their bodies and are present. I want to question whether you agree with the statement of the Dalai Lama who said, “We are not human doings, we are human beings”.

So how do we move back into a state of full presence and full being? To the place where perhaps happiness is to be found? Would anybody like to talk to that?

Rob Ginnivan: As you mentioned Dr Bessel van der Kolk has written a great book called The Body Keeps the Score and it is so true. And certainly the people I work with experience more psychological injuries than physical ones. I speak about feeling freedom in the body, just by moving it in certain ways, down one side, down in the legs, in the hips. And “freedom” is a word that I know people want to hear because they are not free, especially in relation to what goes on inside their minds.

Then I start talking about the link between the mind and the body. I do not use any bells or chimes or omming. It is not science, just moving the body around can still the mind, which can help with what is going on with the body. That is how we introduce yoga to ex-soldiers.

Cate Peterson: In yoga we always come from the mind into the body and from the body into the mind, and what you are saying is that the body has been lacking in what we do with people who have been through trauma. So what part of the yoga helps people come back into their body and into their mind?

Shirley Hicks: This might be heretical to say, but it is not so much about what type of yoga but the context and the intention in which yoga is delivered. That is the most important part of the work - when

clients feel safe and feel they have the choice to do what they wish with their bodies. But people who are recovering from trauma, they have no capacity to remove themselves from their past, from the hell they experience in their body.

So we try to bring them back into a present moment body. It does not matter whether you are doing Ashtanga, Iyengar, Hatha, Dru, or whatever it is, the yoga style is not what it is about. It is more probably about the empathic resonance of the teacher to the client’s needs and for the client to discover their body.

And when Cate asked what do you witness? It is quite amazing to see people’s bodies awakening and moving again. I am not really that interested in the mind because the mind is just trying to find a story to explain the body’s experience.

So I just help them to experience the body. The mind will catch up soon and will create a more supportive and empowering story for the body.

Cate Peterson: That is a really fascinating perspective. In my own practice and my own personal life, when I have been through a traumatic moment, it is by doing the physical work that I feel better, rather than by talking about the experience. And that is a fairly contentious statement also.

Shirley Hicks: I think the physical stops the trauma. We all have traumatic events, but it is only trauma when the body gets locked in a past experience and does not realise that the body is now in a new experience.

When people are traumatised they often never had a choice. So if we can physically move when we are experiencing anxiety or stress in our lives, then we sort of trauma proof ourselves. Those who never had the chance to do so, we must provide them with that choice consistently, over a period of time, so that their bodies start to wake up again.

Dominica Dorning: I think the most important part of yoga is using the breathing. I think, similar to what Shirley was saying, it does not matter what type of movement, what type of yoga, what the intervention is. The science is there, when we lengthen the exhaled breath we activate the parasympathetic nervous system which is the part of our body that turns off the stress response.

I am working with clients from places like Iraq, Afghanistan, Tibet, Burma, Iran, Sri Lanka, countries that have been in conflict for a long period of time.

“When we lengthen the exhaled breath we activate the parasympathetic nervous system which is the part of our body that turns off the stress response.”

So people have not just lived through one single incident trauma but their nervous systems have been running in a fight-or-flight response their whole lives. So they are affected in a way that none of us ever have.

So our nervous system is ok in most of us. When it is activated by some kind of threat we can get it back to normal pretty quickly. Whereas many people we work with, their minds are really agitated. So a lot of the breath work really helps to regulate it and calm down and make the body more of a safer place enabling them to function and be part of the world.

It is interesting, in my master’s degree we learned a bit about using the breath in a Cognitive Behaviour Therapy focused course. I was young and I thought It did not make any sense. It was not until I started practising yoga and copied what my yoga teacher was doing in a class with my clients, in one-to-one therapy, that it started to make sense to me and I felt confident to do it and then the people I was doing it with obviously realised that it was beneficial to them as well.

Cate Peterson: Can it really be that simple? Does it just come down to lengthening the exhale and it works? I am wondering what your experience is of teaching classes.

Fernando Charnis: I agree with a lot of what has been said here. With my yoga students, the question for them is, how did they get into drugs and become an addict?

When working with them I just focus on the moment, on how they move. I start by reconnecting with the body because that is what they feel, that is what we can connect with more easily. The mind is there somewhere. We are not even aware of it. By the end of the class, by their movements and synchronising their breathing with their movement, that is when they start to realise that they have thoughts and then they come into the moment.

Atira Tan: I know when I lived in India I used to go to the Himalayas with the monks who did their yoga practice there. It was very romantic. But their practice was not about getting into poses, but about elongating the breath as much as possible.

I was in awe looking at them. They could breathe just one sun salutation; just that would take three minutes because they knew that the state of mind was connected to their breath. So this is one of the core practices in the yoga that I teach in the shelters for women. In addition to regulating the nervous system, it is also about bringing presence to our body and the way we breathe. The breath itself is the gift of life. The tool of the breath brings us into the moment because each breath is different.

There is the flight response but there is also a freeze response and this is what I see in a lot of the women and children that I work with. When you have been violated you freeze because there is nowhere for you to go. You are locked in a room for many hours a day, stuck there. So the process that I see these women and children go through is like thawing out. They are learning how to be safe, how to find the autonomy, their choice, and reconnect safely back to the body again.

The feedback that I get is, “I didn’t even realise I had a body that I could feel. I didn’t know what it was like to do that because I was numb”. And yoga has been amazing for “de-numbing”, for awakening slowly and lovingly bringing safety back to life.

Cate Peterson: I am watching this panel. It is really amazing how we learn from each other. We have all got these very separate client groups with separate nationalities, separate experiences, but all similar results which is the constriction, the freezing, the fight or flight response. I think that most of us are frozen, in flight and fight mode to some extent, and that means that there is very limited capacity for us to deal with it. I am just wondering.



PHOTO: JAN KOVOY

Fernando Charnis: The people we deal with are the heavyweights, let's say, of trauma, but we are all currently in trauma. We all have our own moments. We just do not open our eyes and live in the moment. Each person has different levels of development and you cannot compare one to another. Each person lives a different life and what you have learnt in the past informs the way you react and live the present moment. So it is hard for me to compare the guys who have been on drugs with someone who was raped or someone who witnessed his best friend die beside him.

But it is important to acknowledge that each one of us has that wound inside and we have to live with it, leave it behind, and just live the moment, start with the body if that is what you know and go on from there.

Rob Ginnivan: We have a universal commonality: the breath and the body. It all comes back to the breath. It all comes back to the body, regardless of what

kind or level of trauma you have experienced.

And as long as we lead by example ourselves, by practising the use of the breath and the body to connect mind and body, we will create more harmony in ourselves.

Then if we can then go out to the community and impart that knowledge, wisdom, passion and compassion to other people and then encourage them to do the same, then the ripple effect of yoga will reach the world.

Cate Peterson: Do you think that we can get to a point where we are able to teach each other how to deal with trauma?

I want to ask that because we are continually being exposed to trauma in our own lives. Even in our culture we send a lot of our kids into the frontline of conflicts around the world and then face difficult situations at home.

Are there some tools in our kit as yoga teachers that we can use with people to establish a sense of peace and wellbeing?

Shirley Hicks: The best we can give our clients and ourselves is awareness. If we are aware of our present experience, then we are able to process it and work with it, rather than park it somewhere, then we can avoid trauma. Trauma and PTSD are two very different things.

We need to regulate our emotions. These are skills we need and I think they should be taught at school. Children should be taught how to breathe, how to be in their bodies, and how to express their feelings in a healthy way. So this is generational, not just a three-year program here and there.

But then I think as yoga teachers we have a great capacity to demonstrate, model and support our clients to build an awareness of their bodies. Not just to make their bodies look like mine in a yoga class, but to find out how their body feel when doing yoga and I think that really does trauma proof us a little bit.

Cate Peterson: I want to know if anybody has any burning questions that they'd like to ask the panel?

Audience: There is some controversy surrounding the religious roots at World Yoga Day especially in India. I know Rob was saying that he avoids the use of chimes and chanting, and I was wondering if any of you had experienced resistance to yoga on the grounds of religion and how you get around that.

Shirley Hicks: That is quite common. I work in fairly mainstream programs, there is no Sanskrit. It is grounded body work.

Rob Ginnivan: I think when you link it back to science, it is pretty much generally accepted by everybody. If anyone chooses to take on a different path, then that is their choice.

Atira Tan: I think it depends on different cultures. I work in Asia and they are very open to yoga, so when I mention yoga, everyone says, "Oh yes, yoga, I love yoga". But the programs I run here in Australia are with young people, so we have to articulate things a little bit differently. So I say: "We are going to breathe and stretch and get into our bodies", so I articulate it in a way that feels comfortable to them. Again, it comes back to safety. We want our students to feel safe, welcomed,

to feel okay with what they are doing, so I think that is the most important thing.

Rob Ginnivan: With the military guys I work with, I replace the word "yoga" with "warrior body movement" and "mind stillness". I just make it accessible to the way they would like to receive it.

Cate Peterson: I am going to give you all some homework to prepare for next year when we resume this conversation. Take some time to think about how trauma affects you. When you use that word, can you discern where that lands in your own body? Because it is only by feeling it in our own bodies, dealing with it, as Rob says, and then showing by example, that we can activate others to do that. As Narendra Modi says beautifully, "all the things that yoga gives us prepares us to deal really well with climate change". Thanks so much for coming.

Rob Ginnivan: Can I just say one more thing in addition to support Cate. We have representation from the United Nations here today and I just want to acknowledge them. The United Nations were formed 69 years ago so that we would not have another world war and so far we have not. And I think that by promoting yoga with the United Nations' support in the community, we can keep preventing some of the darkness and nasty situations that occurred in the past.

Dominica Dorning: I guess also just as a psychologist I do not want to forget the mind. Yoga is about managing the fluctuations of the mind. I think today we have spoken about the body and how yoga helps us recover from trauma. But it also allows our thinking brain to switch back on again. So when we down-regulate our stress system, our frontal cortex, our thinking brain, our decision making brain, our problem solving brain comes back on line and that is the kind of thing that we need working all the time to function as a human and also improve the world.

So do not forget your minds, take really good care of them, do your yoga and get some therapy too if you need.

Cate Peterson: Thank you very much panellists. 卐

*STARTTS' fundraiser the Refugee Ball has grown into one of the biggest and most diverse events on the calendar. This year the Ball supported STARTTS' work with kids in school, and raised more money than ever before. **RICHARD WALKER** reports.*

Supporting Kids and Having a Ball

It was humbling to see the show of support for our work at this year's Refugee Ball which took place on October 8. This is STARTTS' annual fundraiser and has been completely sold out in the past three years. Once again it was inspiring to see the room filled to capacity with people from different walks of life coming together for the common cause of supporting our work with trauma survivors.

Guests at the Ball this year came from across the spectrum – refugee community leaders, settlement services, support workers, law firms, sporting organisations, politicians, government agencies and many more.

Our guest speaker was Dr Munjed Al Muderis – Iraqi refugee and also one of the world's foremost orthopaedic surgeons – a living example of the amazing contribution refugees can make to society if given the chance.

His speech was a heartfelt reflection of his personal journey on what he calls the 'wheel of fortune'. The wheel of fortune, he explained, is life's way of taking you from the highest highs to the lowest lows and back again. We are grateful to have had him at Refugee Ball 2015.

This year the Ball raised money for the important Settling In project, which is part of the STARTTS School Liaison Program. As usual, our wonderful guests rallied behind the cause and gave generously and won great prizes in the process.

To cap the evening off, in true Refugee Ball style, the band had the crowd moving to a multicultural musical bonanza. Rising star C Major, backed up by our long-time supporters Son Veneno, kicked off the dancing with some funky Latin tunes and chart-topping favourites.

Special guest Edmon Lazar wowed the crowd with his unique blend of Syrian, Lebanese and Egyptian music to add a different note to the evening. The Refugee Ball crowd is always ready for a dance – so much so that we might need a bigger dance floor next year!

Thank you to everyone who came along and especially those who provided additional support on the night – as volunteers, sponsors, prize donors, speakers and performers. Special thanks to our Gold Sponsors Network of Caring, SSI and Stacks Goudkamp, and our Media Partner SBS.



ALL PHOTOS BY ISABELLA LETTINI

Refugee Ball: Supporting our work with schools

All refugees face great loss and trauma, but this experience is especially bewildering for young children. Violence has forced them to leave their homeland, and they are now trying to find a place in a new culture and forge an identity of their own.

Young people have incredible resilience, but we cannot underestimate the alienation and dislocation that many young refugees feel.

At a time when 12,000 refugees are soon to arrive in Australia – many of them children – a program focusing on helping kids to settle in, overcome their trauma and do well at school is of vital importance.

We asked our guests to give generously and they did. In a new record for Refugee Ball, more than \$40,000 was raised, all of which will go towards giving our newest young Australians the best chance possible of a bright future. 卐

“Thanks for the great event. Well done to all the team on what again was a fabulous evening.”



“I was a young boy. I lost my father, I lost my friends, I lost the home I was born in. Somebody cut my roots. Every day you have to fight to survive.”



“LOVED the ball. What a great experience! And Dr Al Muderis – could have heard a pin drop. So engaging. If only more people knew the stories of refugees,”



“I didn’t have anyone, but I wanted to talk to someone. If it wasn’t for STARTTS, I don’t know what I would be doing.”



*A New Zealand philanthropist has set up a scholarship program that is opening doors to university for young refugee women. **ANTHEA STYLLANAKIS** reports.*

Broadening Horizons

PHOTO: NARUE DOM

In support of refugees resettling in Australia, Western Sydney University (WSU) has announced a half-million dollar scholarship fund to assist refugees through university. This fund holds the potential to transform the lives of many refugees by enabling them better access to higher education.

However, it is not the first university to do so. In fact, there is a scholarship program that has already given a diverse range of promising students the opportunity to pursue university education.

The Sir Robert Jones Refugee Daughter's Scholarships, a New Zealand-based scholarship, covers the cost of a recipient's tuition fees, regardless of the degree they choose or the university in New Zealand they wish to study at.

The scheme was set up by New Zealand philanthropist Sir Robert Jones with the input of Gary Poole. Poole is the former chief executive of Refugees as Survivors New Zealand (RASNZ), an organization that cares for the wellbeing of refugees and assists in their resettlement.

It aims to enable young women of refugee backgrounds to undertake tertiary studies and gain university qualifications. Sir Robert Jones explains that the refugees who resettle in New Zealand 'come from war-torn nations and mostly rural village societies. To arrive in an advanced urban society with an alien culture and language, poses great difficulties. The children however, quickly adapt and it's important to assist them'.

He explains that the scholarship is provided specifically to young women as many come from societies where women may not have as many opportunities as their male counterparts.

At this point in time, the scholarship covers the tuition fees of thirteen students for the duration of their degree. On top of this, it provides funds for hostel accommodation for two years if the women are studying far from their homes. The recipients also receive a voucher for a new outfit when they first receive the scholarship.

By 2018, the scheme is set to reach an annual budget of over \$400,000, with around 50 women in total studying at universities and other tertiary institutions across New Zealand. In order to further extend the reach of this endeavour, universities have been offered the opportunity to cover the cost of half the scholarship and thus far, Victoria University in Wellington has agreed to do so.

The current recipients are from all over the globe, from countries such as Kenya, Myanmar, Rwanda and Sri Lanka. Their chosen degrees are as diverse as their backgrounds, spanning across the humanities, sciences and the built environment. It allows them to continue their higher education without financial concerns, enabling them to focus on their studies and perform to the best of their abilities.

For example, one scholarship recipient, Jenny, whose parents migrated from Burma says, "The financial assistance that the Sir Robert Jones Scholarship provides will definitely allow me to focus more on my studies...It is comforting knowing that I will not have massive student loans to pay off when I finish my studies'.

Karthika, originally from Sri Lanka, has not been in New Zealand for the minimum two-year period necessary to obtain a student loan so for students like

her the scholarship is a means by which they can still attain higher education without having to worry about getting themselves through university on top of having to find ways to support their families.

The scholarship means a lot more than just a source of financial aid. Marie-Ange, originally from Rwanda and studying her Masters in Law described the scholarship as 'the silver lining to the negative impacts that come with being a refugee'.

She explains that the scholarship has boosted her confidence and 'has encouraged me to take my studies even more seriously now that I have more people supporting me and wanting me to succeed'.

Pyo, who is studying an undergraduate degree in neuroscience, says this scholarship has flow-on effects for other young women who come from a refugee background.

"[It] has given motivations and inspiration to other young daughters of refugees to work hard by knowing that their dreams would come true one day... [this scholarship] has changed our life and the way we see things in life."

Dr Ann Hood, current Chief Executive of RASNZ, points out that this scholarship means 'they are in a stronger position to become involved in the community and focus on their career', and it will therefore 'be a much quicker process [for these women] to integrate into society'.

This puts them in a good position, not only to contribute to New Zealand society but to become leaders. As such, these women will have the opportunity to serve as exemplars who may have experienced hardships but have succeeded in their chosen fields.

The scholarship may also assist in changing community perceptions of refugees. They are put in a position to 'show New Zealand that refugees are just as capable, just as smart', says Dr Hood.

These women are more than capable of making meaningful contributions in spite of the difficulties they have faced in the past. Indeed, the knowledge they have gained from their experiences will add value to any paths they choose.

Pyo closed her interview by stating that the scholarship has made the impossible become possible. "Sir Robert Jones's generosity has inspired me to help others and give back to the community. I hope one day I will be able to help students to achieve their goals in life just like he has helped me." As the scholarship grows, it can hopefully provide opportunities to a larger number of passionate students. **R**



PHOTO: SHEILA PHAM

AGENDA

STARTTS supports a wide range of community groups, including women's groups from communities with a long history of trauma. One such example is the long-standing and incredibly successful Vietnamese Women's Group.

Mindfulness in Practice

The aim of this group is to actively address issues relating to stress and pain through management techniques such as Khi Cong (or 'Qigong') and Zen meditation, with a focus on breathing. When applied correctly, these techniques can greatly reduce anxiety, which is a common symptom of underlying trauma.

Within a supported group context, biofeedback and mindfulness-based approaches are also used to monitor heart rate variability and blood pressure. Health promotion activities are a core part of the group's activities, including group exercise.

Recently, the Vietnamese women's group swapped a regular Tuesday morning gathering at STARTTS for a supported visit to a Buddhist centre on the outskirts of Sydney. The centre, Thien Vien Vinh Duc, provided a peaceful environment to reinforce the meditation techniques that the women have been introduced to over time through our program.

On the morning of the visit, the guided meditation was led by Zen Master Dai Duc Thich Thong Tue. Tru Tri Thuong Toa Thich Hanh Hieu from the centre provided the group with lunch and the dharma of mindfulness practice. R



STARTTS PROUDLY PRESENTS:

Dr Laura S Brown, Ph.D. ABPP



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“When I first arrived my memories were strong. I’ve learned not to forget, but to deal with those memories.”

Female client

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**Daniel, counselling client
from Burma**



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The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) helps refugees deal with their past experiences and build a new life in Australia. Our services include counselling, group therapy, programs for children and young people, community development activities and physiotherapy. We also work with other organisations and individuals to help them work more effectively with refugees. Opened in 1988, STARTTS is one of Australia's leading organisations for the treatment of torture and trauma survivors.

