1st Australia and New Zealand
Refugee Trauma Recovery in Resettlement Conference

29-31 March 2017 | Sydney Australia

Facing the Challenges

Book of Abstracts

fasstt
The Forum of Australian Services for Survivors of Torture and Trauma
**INTRODUCTION**

Assisting recovery from the scars of torture and refugee trauma is a crucial component of successful refugee resettlement. The *1st Australia and New Zealand Refugee Trauma Recovery in Resettlement Conference* in Sydney, Australia, 29-31 March 2017, Sydney, Australia, will explore the complementary role and challenges of specialist torture and trauma agencies, health services, settlement services, English and employment programs, education institutions, the community sector and policy makers, in promoting trauma recovery and successful cultural transition and integration in the context of high income Western countries.

**FACING THE CHALLENGES**

Innovative individual and community based refugee trauma recovery interventions will be showcased by presenters from around Australia, New Zealand and the world, in plenary and 7 themed oral paper presentation sessions, and 10 pre-conference workshops. The unique conference format will also give delegates the opportunity to discuss important issues with expert panels in 7 themed round table discussions focused around key topics of interest, and hear from people from refugee backgrounds who have rebuilt their lives in a resettlement country. The conference will conclude with a plenary panel of star national and international experts.

**THANK YOU**

Thank you to all of the keynote speakers, oral and poster presenters, panellists, chairs and moderators for sharing your expertise and passion. Thank you to the conference organising team at STARTTS, the FASSTT steering committee, the abstract reviewers and everyone else who contributed to making this conference happen. Thank you to our sponsors and supporters for their generous support of the conference. And finally we’d like to thank our clients who continually inspire us with their courage and resilience.

We pay our respect and acknowledge Aboriginal people as the traditional owners of this land which we live and work on.
This is a conference of FASSTT – the Forum of Australian Services for Survivors of Torture and Trauma. FASSTT is a network of Australia’s eight specialist rehabilitation agencies that provide psychological treatment and support, and community interventions, to help people and communities heal the scars of torture and refugee trauma and rebuild their lives in Australia.

www.fasstt.org.au
FASSTT and partners are grateful for the generous financial support provided by the conference sponsors that appear below, and others that chose to remain anonymous or became sponsors after the finalisation of the program. Sponsorships were used to fund the attendance of refugee community leaders and community sector organisations, and the conference logistics.

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Refugees as Survivors New Zealand (RASNZ), Auckland, NZ
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KEYNOTE PAPER ABSTRACTS

Plenary 1: International, regional and national perspectives on refugee trauma recovery and resettlement
MC: Victor Madrigal-Borloz, Secretary-General, International Council for the Rehabilitation of Torture Victims (IRCT), Denmark

International, regional and national perspectives on refugee trauma recovery and resettlement
Suzanne Jabbour, Director, Restart Center for Victims of Violence and Torture, Lebanon

Despite the country’s small size, Syrian refugees in Lebanon have already surpassed one million. Today, one in five people in Lebanon are Syrian refugees, hence rendering every resident’s daily struggle even more challenging.

Unfortunately, Syrian refugees are living in unfavorable conditions, with limited access to basic needs, housing, education, security, health and mental health care. The most prevalent mental health problems observed among Syrian refugees include depression, anxiety-related disorders, post-traumatic stress disorder (PTSD), and psychosis.

In 2016, 369,300 refugees were in need of resettlement from the Middle East and North Africa region (MENA). As this growing number exceeds present placement opportunities, finding solutions for the resettlement issue is more crucial than ever, not just for refugees, but also for survivors of violence, ill treatment and torture.

One of Restart Center’s main purposes is to solidify the legal framework for the criminalization and abolition of torture both nationally and regionally. Approximately 600,000+ Syrian refugees in Lebanon have experienced or witnessed torture. Violence is what most of refugees have faced and endured especially before they have fled the war. Accordingly, multidisciplinary teams such as Restart’s are involved in providing a range of needed services like rehabilitation, medical services, psychological services, and even juridical services.

Refining an ecological model of refugee mental health
Professor Derrick Silove, Foundation University of New South Wales Professor of Psychiatry, Liverpool Hospital, NSW Australia

Abstract not available
The human displacement challenge – Understanding and framing our response to refugees and asylum seekers
Paris Aristotle AM, CEO Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Protecting people fleeing war, conflict and persecution is both a moral and legal obligation for a country like ours. At the end of 2015, 65.3 million people were either an asylum seeker, internally displaced or a refugee. Of the 65.3 million displaced people, 21.3 million are designated refugees with over half of them under the age of 18, an increase of 41% for that age group since 2014. Every person should know that they have a right to protection under the refugee convention - every refugee should be confident that as a part of that they will be properly cared for and every persecutor should fear that they will be brought to justice. Refugee resettlement is about protection, it is about sanctuary from persecution, it is about nation building and it is about justice. In the context of Australia’s contribution to this critical international issue, there is one inescapable starting point for the impact of policy on the protection, settlement and care of refugees.

In this presentation Paris Aristotle will explore on how current policy creates two major classes of people recognised as refugees in Australia, and the different ways in which they are treated have major implications for their wellbeing and settlement.

Australia is one of the top three countries in the world for accepting refugees referred by the UNHCR for resettlement, which is one of the best resettlement programs in the world, providing a diverse range of assistance and care to humanitarian program arrivals each year that we can be very proud of. However, the same cannot be said about our historical and current approach to managing asylum seekers. This presentation will further elaborate on the current global refugee and humanitarian crises with more of a focus on Australia’s policy of treating asylum seekers. Finally, the presentation concludes with some recommendations for changing these policies.
Plenary 2: Clinical perspectives on refugee trauma recovery and resettlement

MC: Professor Zachary Steel, St John of God Professorial Chair of Mental Health, School of Psychiatry, University of NSW, NSW

The role of torture and trauma recovery services in refugee mental health and resettlement

Jorge Aroche, CEO NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Experiences in the 1980s demonstrated that mainstreaming refugee trauma treatment into regular mental health services didn’t adequately address the complex needs of people from refugee backgrounds resettling in Australia. This led to the establishment of specialist torture and refugee trauma services around Australia that integrate clinical and community development approaches with interventions to foster a positive recovery environment. The Australian specialist torture and refugee trauma services are founded on four pillars:

1. Understanding of the refugee experience and the geopolitical context in which the trauma took place from a human rights solidarity perspective
2. Understanding of the nature of torture and refugee trauma, and the interventions that can help achieve results with traumatised clients
3. Cross cultural competence in adapting and utilising evidence based and traditional treatment approaches
4. Learning how to support staff working with horrific stories on an almost daily basis so they can remain effective and healthy

This keynote presentation will explore the complex challenges faced by people from refugee backgrounds resettling in a high income Western country, including the main presenting psychological symptoms, the implications for resettlement and integrating into a new society, and mental health. The presentation will outline how specialist torture and refugee trauma services work clinically with clients, and how these are complemented by community and systemic approaches. The positive results achieved through these specialised interventions will be presented using evidence from neuroscience assessment tools.
New directions in refugee mental health research: Informing interventions

Dr Angela Nickerson, Senior Lecturer and Director Masters of Psychology (Clinical) Program, Refugee Trauma and Recovery Program, University of NSW, NSW Australia

While rates of psychological disorders are elevated amongst refugees and asylum seekers, many individuals adapt well following persecution and displacement. Little is known, however, about the pathways to psychological distress and resilience amongst refugees. In recent years, there has been increasing research investigating processes underlying psychological outcomes in individuals from refugee backgrounds. This presentation will outline some of the recent advances in research examining cognitive, memory and emotion processes amongst refugees. In particular, recent studies demonstrating the impact of emotion regulation on refugee mental health will be presented. The importance of understanding these processes for the development of effective interventions to treat psychological disorders in refugees will be discussed, and future research directions will be outlined.

A clinician's perspectives on refugee trauma recovery and resettlement

Dr Stuart Turner, Psychiatrist, Trauma Clinic London UK

Clinical practice occurs in a context. In this presentation, Stuart Turner will present his experience of some of the key international policy failures (chiefly from a European perspective) as they affect the resettlement and recovery of refugees. These include, for example, the current death rates from crossing the Mediterranean (more in each of 2015 and 2016 than were killed in many recent European and N American disasters - including the attack on the World Trade Center). Examples of the difficulties involved in determining status using the Refugee Convention will be illustrated. This will lead on to a consideration of the general issues involved in providing treatment. Being a refugee is not a diagnosis and so all treatments have to be based on a prior assessment/formulation. He finishes with a challenge for services in developed countries - to help develop strategies for the large refugee populations elsewhere.
Plenary 3: Community development perspectives on refugee trauma recovery and resettlement

MC: Honorary Adjunct Associate Professor Eileen Pittaway, University of New South Wales, NSW Australia

Exploring integration pathways
Dr Alison Strang, Research Fellow and Psychologist, Queen Margaret University, Edinburgh, Scotland, UK

This keynote presentation will outline the ‘Indicators of Integration’ framework, developed by Dr Strang and colleagues through UK Home Office funded research exploring a wide range of theoretical, practice and grassroots perspectives. The indicators of integration identified include: markers and means (employment, housing, education, health); social connections (social bridges, social bonds, social links); facilitators (language and cultural knowledge, and safety and stability); and foundation (rights and citizenship). This framework is now being used to support policy development in a number of different countries.

Alison will explore some of the strategies employed in Scotland to assist people from refugee backgrounds integrate into Scottish society during the asylum seeking process and upon being granted protection. She will report on the Holistic Integration Service a partnership of organisations supporting new refugees led by the Scottish Refugee Council. Using data from the service she will share insights into the impact of access to rights such as welfare benefits and housing on refugees’ integration experiences, and examine the centrality of the personal connections made between people.

Finally Alison will explain the development of the ‘New Scots: Integrating Refugees in Scotland’s Communities’ strategy for refugee integration in Scotland which she has chaired since its inception in 2012. The strategy, structured according to the indicators of integration framework, is led by a core group steered by Scottish Government, local government and Scottish Refugee Council, comprising representatives from refugee community groups and key stakeholders from each sector. The partnership is built on the understanding that integration is “… a two-way process that involves positive change in both the individuals and the host communities and which leads to cohesive, multi-cultural communities” and benefits from a close interdependent relationship between policy, practice and research.
Yes we can; but together: Social capital and refugee integration: A practitioner’s view
Susan Elliot, Founder of RASNZ, the Auckland Refugee Council (ASST) and the Auckland Refugee Family Trust

This keynote address will discuss how the concept of social capital appears to be embedded in the goals of the New Zealand Refugee Resettlement Strategy, especially in the goal of participation. It will explain how the New Zealand sector has evolved from a grassroots charity approach to a situation where people from refugee backgrounds are integral to policy and service development.

The concept of social capital refers to the relationships between people and their social networks which is based on reciprocity, trust, shared norms and social agency. This leads to cooperation, openness and compromise. It has been likened to the glue that holds society together. Refugee experiences can greatly disrupt a person’s sense of control and connections with others.

Susan will explain the different types of social capital: bonding, bridging and linking, and how they are crucial for successful integration into a new society following persecution and forced displacement. Networks of social relationships ensure people from refugee backgrounds can live meaningful lives. Relationships cement concepts of citizenship and refugee rights – social, cultural and economic (e.g. employment, housing, education and health), and civil and political rights (e.g. language, security or residency/citizenship). She will provide an example of a project called ‘WISE’ implemented in Auckland to strengthen and build social capital in refugee resettlement. She will also speak about the fostering of bridging social connections between the Maori and refugee communities.

The presentation concludes by discussing the potential of social capital to add to our understanding of achieving refugee integration through fostering community connections and provides a critique of community approaches versus individualised approaches to trauma which can inhibit people from a refugee background achieving their full potential and realising their human rights.

Community development perspectives on refugee trauma recovery in resettlement
Tracy Worrall, Chief Executive, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), QLD Australia

Abstract not available
Building an evidence based practice: Use of brain imaging in clinical assessment and evaluation of treatment outcomes
Mirjana Askovic, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

In this presentation we will explore the benefits of implementing use of brain imaging techniques such as Electroencephalogram (EEG) and Event Related Potentials (ERPs) to assess the refugee clients with trauma related complex and chronic symptoms. Preliminary data identifying abnormal brain patterns underlying Post-Traumatic Stress symptoms and data supporting the effectiveness of Neurofeedback interventions aimed to alter these dysfunctional patterns will be presented. In addition, case vignettes will be used to illustrate how an ongoing data analysis can help us evaluate the outcomes of our interventions and contribute to the improvement in our clinical services.

Event-related potential in trauma-affected refugees
Jessica Carlsson, Competence Centre for Transcultural Psychiatry Denmark, Hanieh Meteran, Competence Centre for Transcultural Psychiatry Denmark, Bob Oranje, Mental Health Centre Glostrup, Birte Glenthøj, Mental Health Centre Glostrup, Erik Vindbjerg, Competence Centre for Transcultural Psychiatry, Denmark

Background: Evidence of abnormalities in cognitive and information processing in post-traumatic stress disorder (PTSD) has been accumulating over the years. By means of electroencephalography (EEG) this study sets out to investigate these neural substrates to PTSD among trauma-affected refugees living in the capital region of Denmark. Trauma-affected refugees are typically characterized by an extensive trauma history, likelihood of torture and rape, and often conflict-related to death of family members.

Avoidance often takes the form of social isolation, making patients susceptible to depression and cognitive understimulation. In our clinical experience, patients will often display hyperarousal to unpredictable social situations, while being under engaged in relation to routine activities. We would expect this relegation of resources to reflect in deficits in psychophysiological measures. Methods and materials: The design is a cross-sectional study of 25 trauma-affected refugees with PTSD and 25 healthy control refugees matched on gender, age and country of origin. Study participants undergo an interview and a psychophysiological assessment. The diagnosis and symptom severity are assessed using the Clinician Administered PTSD Scale (CAPS), a validated ‘golden standard’ structured interview, and Harvard Trauma Questionnaire (HTQ), a 16-item self-report rating scale. In the psychophysiological assessment participants will be examined using the Copenhagen psychophysiological test battery (CPTB), which has been developed and validated in the Glostrup laboratory. The battery includes paradigms which assess prepulse inhibition of the startle reflex paradigm (PPI), P50 suppression, selective attention and mismatch negativity (MMN).

Results/Discussion: The collection of data will be completed in October 2016 and results will be presented at the conference.
The impact of torture of the fear processing in the brain
Belinda Liddell, Jessica Cheung, Miriam Den, Pritha Das, Tim Outhred, Kim Felmingham, Gin Malhi, Angela Nickerson, University of New South Wales, Refugee Trauma and Recovery Program, Mirjana Askovic, Jorge Aroche, Mariano Coello, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) and Richard Bryant, University of New South Wales, Refugee Trauma and Recovery Program, NSW Australia

Torture is characterized by being severe, uncontrollable and interpersonal, and may have specific and long-term effects on brain function. Other groups who have experienced traumas that share these qualities (e.g. domestic violence, childhood maltreatment) have modelled distinct changes in neural responses to trauma reminders or fear-based cues, including overall reduced fear responsivity, reflected in over-activation of medial prefrontal regions. Furthermore, neuroimaging studies of PTSD tend to focus on associations between brain activity and clinical symptoms, without accounting for the effect of current stress – an important consideration for resettled refugees. In this series of functional magnetic resonance imaging (fMRI) studies, we examined the neural correlates of fear processing disruptions in a sample of 80 trauma-exposed refugees, 30 who are survivors of torture. In two tasks, participants viewed fear face stimuli or, or were instructed to engage in emotional regulation (i.e. cognitive reappraisal) strategies vs naturally viewing threat-related images. The findings indicate that PTSD symptoms, torture experiences and current levels of settlement stress had different effects on fear processing pathways: torture exposure was associated with heightened engagement of prefrontal regions during fear face and negative scene processing, mirroring patterns of emotion over-modulation, whereas current stress was correlated with arousal centre of the brain. Torture survivors also demonstrated reduced cognitive reappraisal success, supported by both behavioural data and increased activation of amygdala, ventral striatum and insula. The findings indicate that torture exposure may have a significant and long-term effect on fear processing mechanisms in the brain. Clinical implications and

The use of neurofeedback as a clinical intervention for refugee children and adolescents
Trix Harvey, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

This presentation will focus on the work of STARTTS Neurofeedback clinic in providing Neurofeedback treatment to refugee children and young people in the school setting. Neurofeedback is a specialised field of biofeedback therapy with more than 40 years of research and clinical applications. Research has shown Neurofeedback to be effective with a wide range of diverse conditions including attention deficit hyperactivity disorder (ADHD), autistic spectrum disorders, anxiety, depression, post-traumatic stress disorder (PTSD), learning difficulties and sleep disturbances amongst others. In this presentation we will explore different aspects of the clinical application of Neurofeedback at schools and describe the assessment and therapy process. Several case vignettes will be used to illustrate the effectiveness of Neurofeedback in addressing psychological and cognitive difficulties and improving learning outcomes for refugee children and adolescents. Pre to post treatment changes were measured using subjective and objective measures.
A2. Clinical – Children and Young People

Supporting children’s recovery from refugee trauma: Systemic and holistic work with children, families and schools
Esme Dark, Victorian Foundation for Survivors of Torture and Trauma (VFST), VIC Australia

Trauma is healed in the context of safe, supportive relationships. This paper will present a rationale for the importance of working systemically and in partnership to support children’s recovery. The evidence base for the importance of working with systems will be outlined.

Given the importance of safe, positive relationships in healing from refugee trauma the paper will emphasise how important it is for those around a child to support the child’s recovery from trauma and dislocation; the role of parents or caregivers, a connected family and supportive educational context where the child feels safe and engaged will be discussed. A framework for recovery using a relational approach to healing will be outlined and this will be supported by a case example detailing evidence from both a clinical and school perspective. Evaluation outcomes will be discussed using both qualitative and quantitative data.

Those working therapeutically with children need to consider the child, family and school in their interventions. Working holistically can allow them to implement broader system changes which promote engagement and success for individual children as well as others in school, both now and into the future. The paper will highlight the importance of counsellors and school staff bringing together their collective expertise to support children and young people and highlights how this helps to ensure positive settlement outcomes in the school setting and beyond.

Giving yourself a “brain freeze”- Reducing self-harming behaviour in refugee children and young people with complex trauma presentations
Sarah Kristensen and Katie Brooker, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), QLD Australia

Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) counsellors have observed relatively high rates of self-harming behaviour in children and young people from refugee backgrounds. These vulnerable clients describe self-harm as a way to manage dissociative symptoms or cope with intense emotional distress.

Concurrently, Dialectical Behavioural Therapy (DBT) has emerged as an evidence-based intervention for clients with complex trauma presentations and self harming behaviours (Granato et al, 2015; Landes et al, 2016). However, the use of DBT strategies with refugee background young people requires flexibility and cultural sensitivity. An adapted version of DBT has been applied to a small cohort of refugee children and young people with the aim of reducing self-harming behaviours. These children and young people are from a variety of cultural and religious backgrounds, ages and genders; however they all presented with complex trauma history, severe PTSD symptoms, regular self-harming behaviours and/or high risk behaviours. These complex trauma symptoms were exacerbated by experiences of intergenerational conflict, domestic and family violence and experiences of neglect.

This paper will outline and explore the effectiveness of adapted DBT strategies with this vulnerable client group, including inclusion in safety planning. Case studies will be provided to illustrate the cultural and systemic complexities facing at risk refugee children.
and young people who self-harm. While our work has seen a reduction of self-harming behaviours, increased distress tolerance and improved emotion regulation there are also some cases where recovery has been limited so far.

We will look at the inclusion of stakeholders, parents and carers to assist the children and young people in their recovery, and the importance of advocacy in reducing shame.

Strengthening cultural relationships and improving emotional regulation through drumming
Mehak Khandeparkar and Nellie Anderson, Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS), Adelaide SA Australia

Children from refugee backgrounds present with symptoms such as hyperarousal, social isolation, acculturation issues and low self-confidence. This paper describes the use of Holyoake's DRUMBEAT program, an evidence-based intervention that engages people through rhythm. Research shows that drumming impacts the primal brain structures damaged through trauma and provides an avenue for creative self-expression and dialogue. In particular, the intervention aimed at breaking cultural barriers and allowing the participants to develop positive and trusting relationships with others. It also aimed at helping them learn about emotions and ways of self-regulation, increasing their self-confidence, and sense of belonging. A number of techniques harnessing fundamental cognitive and sensorimotor skills were incorporated into the group sessions. These included creating group goals, problem-solving, group games, opportunity to lead the group, working with analogies and teamwork. The program was delivered over 10 sessions, to two groups of Primary School children belonging to refugee backgrounds. There were 15 participants from diverse cultures, with the majority being new arrivals from Syria. The outcomes of the interventions were measured by qualitative and quantitative pre and post evaluation tools, including feedback from teachers and other staff at the school. Quantitative findings suggested an improvement in children's self-esteem. This enhanced their level of participation in the group, especially for the Syrian cohort. Participants reported that they enjoyed being part of the group and valued the rules about listening and respecting others. It was also observed that over time, the children were more tolerant and compassionate towards others in the group.

Sandplay therapy with young refugees
Chiara Ridolfi and Sanja Stefanovic, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Sandplay is nonverbal form of therapy that allows the person to connect with the preverbal level of the psyche. In this modality, children or young people are asked to create scenes or abstract designs in tray of a specific size, using sand, water and miniatures. The therapist holds the space and allows for the creation to happen in a safe location. Sandplay springs from Jungian theories and the principle that given the proper conditions, there is a tendency for the psyche to heal itself.

The use of this therapeutic modality has been particularly effective with refugee children and young people. Its nonverbal principle allows the therapist to work with limited language skills and verbalisation as well as reach the traumatic experiences that are often stored in the body and may not be accessed through verbalised memories. In this presentation, we will briefly touch on the theoretical framework behind this model will be discussed and case vignettes that illustrate the benefits of sandplay in working in the trauma field with young people of refugee background will be presented.
A3. Clinical Assessment and Screening

A screening tool for identifying mental disorders in asylum seekers and new refugees: The STAR-MH
Debbie Hocking, Cabrini Institute, VIC Australia

Despite the high prevalence of mental disorders in asylum-seekers and refugees (ASR), there is no extant sensitive and brief screening tool designed to be administered by non-health trained workers. We report the results of a pilot study for such a tool – the STAR-MH. The STAR-MH was developed through an iterative piloting process. Adult ASR without a known current psychiatric diagnosis were recruited through two agencies which provide for the health and psychosocial needs of ASR in Melbourne, Australia. Participants were administered the 9-item STAR-MH by non-mental health workers and subsequently interviewed (MINI 6.0) to determine psychiatric morbidity. Data was analysed by Rasch, CART and ROC analyses. Sensitivity/ specificity analyses determined the most accurate cut-off score to detect PTSD &/or Major Depressive Disorder (MDD).

Findings are based on 192 ASR from 36 countries. The median age was 33 (IQR=28–43) and the majority was male (70%), had arrived by boat (54%), and required an English language interpreter (65%). Median screening time was 6 minutes (IQR=5–7) with a screen-to-interview time of 5.5 days (IQR 0.0–9.0). 32% met criteria for at least one clinical diagnosis – 30% for MDD, 20% for PTSD – despite only 27% of these individuals having received mental health treatment in Australia. A cut-off score of ≥ 2 produced 0.93 (SN) and 0.74 (SP) for PTSD &/or MDD with a ROC of 0.91 p<.0001.

The STAR-MH is a simple, efficient screening tool to facilitate mental health referrals for adult ASR at their agency of first presentation.

Adversity and resilience amongst resettling western Australian paediatric refugees
Gemma Hanes, Princess Margaret Hospital for Children, WA Australia

Background: Refugee children are exposed to multiple negative experiences. Cumulative adverse childhood experiences have long-term consequences and may manifest within and influence health, educational and psychosocial domains. The Princess Margaret Hospital Refugee Health Service (RHS) undertakes multidisciplinary screening of refugee children 5 years), family separation/death, interrupted schooling, detention experience.

Results: Initial SDQ data were obtained from 204 patients (mean age 9.2 ± SD 4.4 years) with follow-up SDQs available in 143. One third (37.3%) had at least one psychological symptom identified based on initial screening proforma. Multiple R-ACE were disclosed with 126/201 (62.7%) experiencing ≥3. African ethnicity, age >10 years, separation anxiety on initial proforma, and nil formal parental education were associated with higher R-ACE. Initial SDQ results varied with age/ethnicity, however peer problem scores were consistently elevated. Total difficulty SDQ scores did not capture psychopathology at expected frequencies. Improvement in follow-up SDQ results were appreciated for children aged 4-10 years. Most patients (80.2%) disclosed improvement in health status following RHS involvement.

Conclusion: Refugee children have complex backgrounds with exposure to multiple traumatic events. Comprehensive standardised health and psychological screening is recommended to target intervention. Further validation of culturally age-appropriate mental health screening tools in this population is required.
Development and validation of a computerised self-report assessment platform at STARTTS
Jorge Aroche, Mariano Coello, Shakeh Momartin, Russell Downham, Amina Iqbal, Helen Bibby, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Background: Paper-based questionnaires present challenges when assessing clients from CALD communities with limited traditions of written language. When interpreters are used to read questionnaires aloud, this may reduce standardization, introducing uncertainty when comparing responses across time and between participants. Computerized administration of questionnaires allows items to be presented together with pre-recorded audio in the client’s preferred language, preserving standardized presentation to non-literate individuals. One such platform (“MultiCASI”) is being trialled at STARTTS, in collaboration with refugee trauma services internationally.

Aims: 1) To assess the validity and acceptability of a computerized self-report assessment platform compared to paper-based questionnaires, for refugees presenting for counselling. 2) To identify areas for improvement in future implementations of computerized self-report assessment platforms.

Methods: A pilot study compared clients’ acceptability of the questionnaire administration between two groups of 30 participants: one group completed computerized questionnaires, the other paper-based questionnaires. The current study is comparing the acceptability and validity of these two forms of administration in a larger sample who are using both methods of questionnaire completion.

Results: The pilot study showed no significant differences in acceptability of the mode of questionnaire administration between groups. We will present data from the larger study on the procedural validity of the computerized format.

Discussion: Computerized administration of questionnaires provides a promising alternative to translated questionnaires for refugee clients with limited literacy. We will discuss our experiences with introducing the computerized platform to counsellors and clients, and our progress with developing a new, specialized computer platform for refugee services (“CAMLAP”).
The use of TOVA test in the clinical practice with refugee children
Sejla Murdoch, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

In this presentation we will explore the benefits of using the Test of Variable of Attention (T.O.V.A.) when assessing refugee children who are presenting with trauma related symptoms.

In our clinical practice we use TOVA with children from age 4 to 18 to assess for difficulties in attention, focus and impulse control and to design treatment protocols when using neurofeedback intervention. We also use TOVA to evaluate treatment outcomes when running groups or providing individual based interventions.

To illustrate the use of TOVA in our clinical practice, we will present several case vignettes where TOVA was used in the process of assessment, treatment and for the evaluation of treatment outcomes.

In addition, we will also discuss the results of our preliminary data analysis done on a sample of 120 children assessed with TOVA test as part of our routine clinical assessment. Preliminary data analysis indicated some marked differences in TOVA performance between children from different ethnic groups and with different clinical presentations. The clinical implications of this results will be discussed.

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In addition, we will also discuss the results of our preliminary data analysis done on a sample of 120 children assessed with TOVA test as part of our routine clinical assessment. Preliminary data analysis indicated some marked differences in TOVA performance between children from different ethnic groups and with different clinical presentations. The clinical implications of this results will be discussed.
A4. Asylum Seekers

Attachment-based group work for asylum seeker parents: the role of torture and trauma services

Helen McDonald and Tanya Van Bael, Queensland Program of Assistance of Survivors of Torture and Trauma (QPASTT), QLD Australia

Research suggests that asylum seekers have higher rates of mental health problems than the general population (Robjant et al. 2009; Asgary & Segar 2011; Bernardes et al. 2010). Studies also show that asylum seeker parents and their children in held detention exhibit symptoms of depression, anxiety, and post-traumatic stress (Steel et al. 2004; Mares et al. 2002). Research of families in detention has also found that children have experienced attachment problems, behavioural disturbances and separation anxiety, while parents have reported a decrease in their parenting capacity (Newman & Steel 2008). Release from held detention does not necessarily bring an immediate reduction in mental health problems. At the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), it appeared there were particular parenting and family relationship difficulties for asylum seeker families who either had spent time in off-shore detention or were on a negative protection pathway.

In response to clients’ needs QPASTT has run three attachment-based groups for asylum seeker parents. We used the Circle of Security (Cooper, Marvin, Hoffman & Powell 2006) relationship-based attachment parenting group model to structure three groups, held across 2015-2016. Data collected during the group work and feedback from participants indicates that this group work was positively received and parents reported higher levels of confidence in their parenting.

Building on this experience, this paper explores the scope and benefit for torture and trauma services offering attachment-based group-work to asylum seeker parents. In acknowledging the mental health needs of asylum seeker parents and their children, these attachment-based groups address a gap in the literature.

Making meaning through storytelling: Working with asylum seekers in South Australia

Teresa Puvimanasinghe, Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS), Adelaide SA Australia

Research suggests that asylum seekers have higher rates of mental health problems than the general population (Robjant et al. 2009; Asgary & Segar 2011; Bernardes et al. 2010). Studies also show that asylum seeker parents and their children in held detention exhibit symptoms of depression, anxiety, and post-traumatic stress (Steel et al. 2004; Mares et al. 2002). Research of families in detention has also found that children have experienced attachment problems, behavioural disturbances and separation anxiety, while parents have reported a decrease in their parenting capacity (Newman & Steel 2008). Release from held detention does not necessarily bring an immediate reduction in mental health problems. At the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), it appeared there were particular parenting and family relationship difficulties for asylum seeker families who either had spent time in off-shore detention or were on a negative protection pathway.

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indicates that this group work was positively received and parents reported higher levels of confidence in their parenting. Building on this experience, this paper explores the scope and benefit for torture and trauma services offering attachment-based group-work to asylum seeker parents. In acknowledging the mental health needs of asylum seeker parents and their children, these attachment-based groups address a gap in the literature.

**Uncharted waters: Assisting asylum seekers in the era of sovereign borders**  
*Ida Kaplan, Victorian Foundation for Survivors of Torture (VFST), VIC Australia*

Unprecedented numbers of asylum seekers awaiting refugee status decisions and the diversity of their social and legal circumstances have posed significant challenges to Australian refugee counselling services. Alongside asylum seekers who have arrived with visas and undergo normal processing, counselling has been provided to asylum seekers who have waited years for the assessment of their claims; who have been detained for up to six years owing to their security or character status; and who have been transferred from a regional processing country. This session presents three related papers. The first describes the policy and legal context which determine asylum seekers’ circumstances and how psychological treatment and advocacy have had to adapt to these circumstances. The second presents our observations about the ability of psychological interventions to assist adults, children and families in detention and in the community while waiting for RSD or removal to a regional processing country. Undertaking thorough psychosocial assessment which identifies the focus of treatment and ascertains the asylum seeker’s capacity to undertake trauma focused work despite the uncertainty of their situation will be discussed. The third paper presents the various ways psychological evidence and the preparation of reports can contribute to ensuring the asylum seeker’s claims are understood and fairly adjudicated by decision makers.

While the Australian asylum system has some unique features, such as mandatory detention and transfers to offshore processing, many of the challenges besetting the provision of psychological treatment of asylum seekers are universal.

**Complex trauma, dissociation, delusion: Presentation of symptoms of an asylum seeker and role of a psychologist in clarifying it with the legal system**  
*Frozan Esmati, Refugees As Survivors New Zealand (RASNZ), Auckland New Zealand*

The process of asylum seeking in New Zealand can be taxing and challenging for both asylum seekers and the immigration.

This presentation will discuss the complex and demanding efforts required by psychologist to meet the challenges of providing support to an asylum seeker in New Zealand with the Immigration Protection Tribunal (IPT) through the use of a case study of a 30-year-old Palestinian female with complex trauma.

The presence at the Tribunal entailed clarification on the diagnosis, provision of insight on credibility of client within the framework of therapy, provision of insight on the influence of the culture on the symptoms and impact of the decision on the presentation of symptoms. In this study each of the component will be investigated and discussed.

The preparation of the psychologist and the consultation with other professional’s involved in the case will be examined. The presentation will go onto discuss the benefits of such involvement to the client and her family as well as the legal system. Additionally, the challenges involved in ‘psychologist as an expert witness’, maintaining an unbiased perspective, avoidance of ethical pitfalls and the impact on the long term therapeutic relationship between the psychologist and client will be explored.
A5. Education and Employment

Working therapeutically in an educational and employment setting – Using a holistic inter-services approach
Letitia Casagrande and Maria Virginia Eroles, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), QLD Australia

Survivors of refugee trauma can find it very challenging to engage in education and economic participation in settlement. This paper outlines the Support, Skill and Connect Program that was designed and piloted in 2015 by the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) in collaboration with TAFE Queensland Brisbane. The program sought to address the gap in effective service responses for adults of a refugee background who had been in Australia for more than 6 months but continued to have low levels of English language and literacy, as well as limited social and professional connectedness.

The program used both a micro and macro approach by working with individuals, groups and the employment and education systems. It had two primary aims:

- To strengthen the confidence, resources and social connectedness of adult English language students from refugee backgrounds thereby enhancing their capacity to recover from their past traumatic experiences and engage within an employment and vocational context; and
- To work collaboratively with relevant stakeholders to enhance their capacity to effectively respond to individuals and families affected by torture and trauma.

The evaluation of the program has shown positive psycho-social outcomes for the participants. This has included increased levels of social connectedness, reduced learning barriers and increased confidence in understanding and navigating employment and education settings and systems. Working on a macro level with relevant stakeholders proved challenging but pivotal to the outcomes. The positive outcomes of the program highlights the critical role of inter-services approaches in responding effectively to the need of refugee survivors of torture and trauma.

Ucan2 – An integrated approach to supporting recovery from trauma and resettlement
Gillian Kerr, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Disruptions to the lives, social connections and education of young people from refugee backgrounds who arrive in Australia are extensive. The skills and needs of these young people are generally not recognised in a traditional classroom where they may be unable to access the curriculum, leading to disengagement from education and training. Young people are often reluctant to engage with individual counselling to support recovery from trauma but benefit enormously from participating in a group program with other young people who have had similar experiences.

Ucan2 puts into practice two frameworks: the Victorian Foundation for Survivors of Torture’s Framework for Recovery from Trauma and a conceptual framework of understanding integration by delivering on all 10 core domains of Ager and Strang’s integration model.

Ucan2 is an education and settlement program that facilitates and supports the social inclusion of newly arrived young people from refugee backgrounds between the ages of 16 and 25. The program assists with recovery from trauma and settlement in Australia.
It builds on young people’s strengths, integrating their past and present experiences and supporting their future. By fostering partnerships between education providers, social support and training and employment services, Ucan2 provides participants with:

- Access to and engagement in education, training and employment
- Mental health and wellbeing support
- Social connections and networks.

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**Putting the HeART in language learning**

Anne Ooms and Annie Morris, TAFE Queensland, QLD Australia

Initiated in early 2015, The HeART project delivers visual art, drama and movement activities in the Adult Migrant Settlement program at TAFE Queensland Brisbane, with a particular focus on youth, refugee and SPP clients.

The effects of trauma on language learning outcomes include: impairment of short term memory, disassociation, lack of focus, hypervigilance and depression. Refugee clients illiterate in L1 have a reliance on concrete thinking. This impacts on their capacity to utilise systems of symbolic representation needed for second language acquisition and causes anxiety. Combined effects of trauma and illiteracy impact on motor skills and spatial and kinaesthetic awareness, crucial components of language learning. Creative processes provide clients with a bridge between the concrete and abstract.

The intervention comprised workshops in visual art and drama, excursions and community projects. An objective is to provide opportunities for wider, social connections. The primary focus is to nurture process, personal relationships and healing.

The success of these interventions was measured through: changes in student behaviour, class dynamics, community opportunities, student and teacher feedback and support for experienced artists among the student body.

The drama class enables positive, collaborative engagement which assists in building trust and confidence. It encourages belonging and self-respect through non-threatening self-expression. Pleasurable movement activities support motor skills development.

The visual art workshop has resulted in exhibitions, a relationship with Art From The Margins and collaborations with Brisbane artists. Making art induces calm, safety and relaxed communication. Learning technical skills increases confidence, focus and fine motor skills. Participants talk of feeling peaceful and happy. Displays of their work gives them pride and identity. Beauty is fundamental to wellbeing.
A6. Community Interventions

Performing for healing or healing for performance - Mapping the seemingly competing intersectionality of healing practices and community development involving the arts with performance outcomes in relation to the rigours of theatre performance

Jiva Parthipan, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Cultural development at STARTTS - NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, has been involved in various cultural initiatives to include dance, music and theatre practice with emerging refugee communities in Australia for the last four years funded by the Australia Council for the Arts. The assorted team of counsellors, psychologists and professional artists, mainstream venues, Centre for Refugee Research at University of New South Wales and community development officers have worked with refugee youth and community participants to develop work intra and inter arts and cultural practices. Firstly the paper will analyse and map the healing processes employed by the project. Secondly it will analyse the works in relation to the development of cultural capital within various communities with support offered by STARTTS and then look at how this was transformed for public performance with its own set of rigours. Finally the paper will dissect the perceived dichotomy of the above mentioned methodology employed by the project and highlight curatorial, directorial, marketing and community arts development processes undertaken to bridge this gap. The process and outcome of a theatre based show with its expectations of time, technical requirements, finance and artistry will be juxtaposed with the need of the community and healing needs. Utilising video documentation, theory, practice and evaluation, the paper will assert that the harmonious elements of the methodology are more robust than the divergent aspects initially purported.

Women’s story-telling in The Third Space: A means for empowerment and a model for practice

Paula Abood, Amrit Versha, Geneve O’Connor, The Third Space, NSW Australia

“... a third space, where the transformational value of change lies in the re-articulation, or translation, of elements that are neither One ... nor the Other ... but something else besides.” (Homi Bhabha, The Location of Culture, 1994)

Straddling formal community-development contexts and the cultural realm, The Third Space works with refugee women to create platforms to speak and be heard. Not only is story work in The Third Space about engaging women to connect, express, learn and heal in empowering and nurturing ways, it is also about fostering creativity in all its diversity to facilitate critical dialogue among and between disparate groups. As complex and exacting as this work is, women share their insights, experiences and knowledge in their own language and on their own terms, and grow feminist solidarity across networks and community. Women’s story-telling in The Third Space requires a critical, feminist and postcolonial praxis that upholds the core values of mutual respect, reciprocity, dignity, trust, and reflexivity. These values are underpinned by a participatory worldview founded on cooperation, collaboration and democracy rather than competition (Ledwith Community Development: A Critical Approach, 2006). Free market politics and competition in community sector has left limited space for critical education and critical consciousness, a process at the heart of community development with refugee communities. Practical story-work projects support refugee women to engage in critical dialogue to learn about their everyday reality and act together to bring about change
for themselves, their families and communities: “Personal issues become local projects, projects become causes, and causes become movements for change” (Sivanandan cited in Cooke, Radical Community Work, 1996). Women’s Story Telling in The Third Space is therefore a vital means for true empowerment, and a model for transformative practice.

**Iraqi youth dance project**

*Lina Ishu and Jiva Parthipan, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia*

This paper discusses the process and outcomes of a dance group intervention for Iraqi young people representing a range of Iraqi communities including Assyrian, Mandaean, Chaldean, Kurd, Arab, Christian and Muslim who experienced dislocation, prolonged exposure to war and associated trauma.

The potential of dance/movement program is explained through its impact on the core-self and body image. The dance/movement program works on the principle that mind and body co-exist in a state where health of one affects the other.

The 16 sessions program was led by a multidisciplinary team and applied a holistic approach to healing in line with STARTTS model of best practice.

Alongside training in dance, weekly sessions also included time for the group to explore identity and belonging, explore their cultural inheritance such as learning more about different Iraqi musical traditions and costumes, or to discuss issues of concern in daily life, such as helping participants to negotiate cultural and religious restrictions to taking part in dance and public performance.

Post-program evaluation suggests the use of a non-verbal modality provided a readily accessible means by which they could learn about themselves in any given moment without having to engage with painful emotions in a more direct verbal manner which can be overwhelming particularly for refugee children and young people.

“I didn’t dance before, so I learned it. I was surprised. I was surprised of my ability, was thinking that I put so much energy. Because I think that no one is going to dance but when I see everyone shouting and liking the dance I put more energy into the dance” (Participant, IYP)

**Meaningful being: The experiences of young South Sudanese Australians**

*Susannah Tipping, Victorian Foundation for Survivors of Torture (VFST), VIC Australia*

The last two decades has seen a huge increase in research and the development of trauma recovery programs for refugees and asylum seekers. To date, the research has been dominated by a quantitative paradigm for understanding risk and protective factors for mental health and wellbeing. There is a relative dearth of studies where the role of systemic, social and personal factors on wellbeing are explored. An even smaller volume of work explores personal belief systems and existential meaning from the refugee perspective.

The current paper explores meaning in life, social connectedness and quality of life in young South Sudanese Australians aged 18 to 30 years, who formed a significant portion of Australia’s humanitarian intake in the 2000s. The research was informed by a range of theories and frameworks, including psychosocial trauma frameworks and social psychological theories.
The study engaged mixed methods, utilising quantitative measures and a semi structured interview. Results indicate the dynamic, contextualised, and relational nature of being, with micro and macro factors playing prominent roles in the lives of South Sudanese Australians. The impact of trauma on the experience of meaning in life in the past, present and future was evident. Exposure to traumatic experiences played a key role in the development of personal beliefs, including beliefs about peace at the individual, relationship, and societal level. Education and family were reported as key sources of meaning in life. The prominent role of Australian systems and structures in the lives of young people also stood out. A model to represent the findings was developed and the research points to the potential of peace building with diaspora communities. The last two decades has seen a huge increase in research and the development of trauma recovery programs for refugees and asylum seekers. To date, the research has been dominated by a quantitative paradigm for understanding risk and protective factors for mental health and wellbeing. There is a relative dearth of studies where the role of systemic, social and personal factors on wellbeing are explored. An even smaller volume of work explores personal belief systems and existential meaning from the refugee perspective.

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A7. Service Delivery

A memoir of making a complex care clinic with refugee families in mind
Anita Datta, Liverpool-Fairfield CAMHS, NSW, Australia

BACKGROUND: It is estimated that of the 59.5 million people who are refugees from around the world, over half are under the age of 18 years. Despite forced migration being one of the dominant narratives in Australia and worldwide at present, the psychological health of refugee children remains poorly understood. Further, there is limited evidence base on the development and delivery of comprehensive mental health services for refugee children and their families. This presentation outlines a pilot service model for a consultation and liaison service in partnership between a Sydney based CAMHS team and local NGOs to provide specialist mental health care to child and adolescent refugees and asylum seekers with trauma related illnesses.

OBJECTIVE: The aim of the presentation is to promote discussion around how to provide ethical and effective mental health care for refugee and asylum seeker children within our existing framework of mental health services and the wider political climate.

METHOD: A narrative description of the service from its conception through to the present state is provided using a multi-systemic framework. Particular attention is paid to the challenges, barriers, successes and surprises alongside issues of feasibility, acceptability, cultural sensitivity, adaptability and effectiveness. This is supplemented by a case study and a literature review of service models from around the world.

CONCLUSION: Innovative models of care informed by transcultural and systemic perspectives incorporating resilience framework, community collaboration, and focussed ethnography are critical in delivering specialist CAMHS services to refugee and asylum seeker children and their families.

Toward an integrated service system for refugee and asylum seeker mental health
Tanya Sofra and Laura Ribarow, HealthWest Partnership, VIC Australia

This presentation describes a systems level project that promotes an integrated model of mental health care for refugees and asylum seekers in Melbourne’s west. The initial hypothesis for the project was that improved integration of all systems responsible for the mental health care of refugees and asylum seekers would improve service quality and care outcomes for these clients.

Since late 2013 this project has brought together providers of public mental health services in Melbourne’s metropolitan west to collaborate with settlement services, specialist refugee health agencies and other providers to address systems delivery challenges associated with the need for more highly integrated care. Our initial focus has been on systems providing trauma informed mental health care for adult refugees and asylum seekers, and on mental health and wellbeing pathways. More recently the project has sought to build the capacity of the associated workforces. Increasingly we are looking to incorporate mental health promotion and community participation, with a focus on younger people.

Our primary target group has been the staff involved in the process of designing, and delivering trauma related mental health services. Our early interventions addressed the low levels of cross-sector knowledge and the fragmentation in the service system, and
Resettlement experiences and support needs of people living with disabilities from refugee backgrounds
Philippa Duell-Piening and Assunta Hunter, Victorian Refugee Health Network, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

The 2010 Inquiry into Migration Treatment of Disability by the Joint Standing Committee on Migration, found health requirements in the 1958 Migration Act unfairly discriminated against people who are refugees living with disabilities. In November 2012 the Australian Government responded to the Inquiry’s recommendations stating that from 1 July 2012, “a humanitarian visa processing officer will not consider any costs for health or community care services undue.” Refugee and Humanitarian Programme entrants were provided access to a waiver of the health requirements.

Since 2012 increasing numbers of people living with disabilities have arrived through the offshore Refugee and Humanitarian Programme.

People living with disabilities from refugee backgrounds have diverse support needs which have placed new demands on service systems. The absence of data for service planning, systemic and structural obstacles to timely assessments, unsuitable housing stock for people with mobility issues, newly arrived communities’ lack of familiarity with service systems and disability service providers’ lack of experience of working with people from refugee backgrounds, are some of the themes that have emerged.

The Victorian Refugee Health Network is conducting a needs assessment and gap analysis including reviewing policy, reports and literature, and interviewing service providers to better understand the resettlement experiences and support needs of people living with disabilities from refugee backgrounds. Preliminary findings, case studies and next steps will be discussed in this presentation.

The impacts of adversity: Understanding the complex social and psychological reasons for asylum seekers and refugees attendance at primary health care services
Christine Phillips, Companion House and Australian National University, ACT Australia

Primary Care physicians in Australia are increasingly seeing asylum seekers and refugees with complex issues given the current political climate of uncertainty for this vulnerable patient group.

Aim
To describe the attendance patterns of refugees and asylum-seekers to primary care, and understand the specific heath needs of this population as they settle into Australian society.
Methods
Descriptive study of health care consultations of all patients of a refugee primary health service (1 July 2011 - 31 June 2013), until they left the service, or until 28 February 2014. The types of health presentations including psychosocial issues were identified and described in comparison to Australian population presentations.

Results
471 patients (69.4% male), had 2527 consultations over 447.8 patient-years of observation. The main differences between attendance by refugee/asylum seeker patients and the overall Australian population to general practices are attendances for psychological reasons (27.2/100 encounters), endocrine and metabolic (12.11/100 encounters), and social reasons, including issues related to housing, family disruption, poverty (39.37/100 encounters).

Conclusions
Attendees to a refugee health service in the post-settlement period have markedly higher rates of attendance for catch-up primary health care, and social and psychological care. Asylum seekers as a specific group can have different health issues to those settling under permanent humanitarian visas. The forty-fold increase in attendance for social problems and three-fold increase in attendance for psychological reasons indicates the vulnerability of this population who often live in conditions of destitution. It is important to understand specific health needs so as to provide whole person care.
B1. Post Traumatic Stress

The effects of torture controllability on symptom severity of posttraumatic stress disorder, depression and anger in refugees and asylum seekers: A path analysis

Lillian Le, University of New South Wales, NSW Australia

Refugees and asylum seekers are exposed to extreme violations of human rights. Among these traumatic events, torture represents one of the most common types of trauma exposure experienced by refugees and asylum seekers. Studies have demonstrated that there is a high correlation between torture exposure and poor mental health outcomes, including greater symptoms of posttraumatic stress disorder (PTSD), depression, anger, and somatic complaints. Despite this, research remains scarce regarding the mechanisms underlying the effects of torture exposure on psychopathology. Theoretical models of PTSD suggest that the uncontrollable nature of a traumatic event, rather than the exposure to trauma itself, influences the development and maintenance of PTSD. This study therefore explored the relationship between torture controllability, emotional responses during torture, and long-term symptoms of PTSD, depression and anger. Data was collected from a convenience sample of 108 adult refugees and asylum seekers in treatment at two psychiatric clinics in Zurich and Bern, Switzerland. A path analysis revealed that torture controllability was negatively associated to PTSD, depression and anger. Furthermore, the effects of torture controllability on psychological symptoms were mediated by anger, but not fear, responses during torture. The present findings provide support for the notion that the uncontrollability, and not the frequency, of torture exposure contribute to the expression of psychopathological symptoms in the long-term.

Predictors of positive treatment outcomes for trauma-affected refugees - Results from two randomised trials

Charlotte Sonne, Competence Centre for Transcultural Psychiatry, Denmark

Background: The treatment effects in trials with trauma-affected refugees vary considerably between studies, but also between patients within the single studies. However, we know little about why some patients benefit more from treatment than others, as few studies have analysed predictors of treatment outcome. Identifying predictors of positive treatment outcomes is however important in order to be able to improve treatment results for refugee patients.

Objective: To identify predictors of treatment outcome for trauma-affected refugees.

Method: Data was derived from two trials, with a total number of 320 adult refugees with PTSD, who had all participated in a six-seven months bio-psycho-social treatment programme at the Competence Centre for Transcultural Psychiatry (CTP), Denmark. The primary outcome measure was PTSD symptoms measured on the Harvard Trauma Questionnaire (HTQ). Associations were analysed between pre- to post-treatment HTQ score changes and the following baseline variables: age, gender, refugee status (refugee versus being family reunified), torture exposure, previous stays in refugee camps (outside Denmark) or asylum centres (in Denmark), duration of the stay in Denmark, presence of psychotic symptoms at baseline and depression and anxiety symptom level at baseline measured by Hamilton rating scales.
Results: Preliminary bivariate analyses have shown HTQ changes to be associated with female gender, younger age, being family reunited with a refugee (vs. being a refugee), shorter duration of stay in Denmark, and lower levels of depression and anxiety at baseline. More analyses including multiple regression analyses are currently undertaken and final results will be presented at the conference.

Conclusion: Results will identify subgroups of refugee patients who do and do not benefit from a bio-psycho-social treatment programme and form the base for providing effective personalised treatment programmes for refugees on an evidence base.

Applications of EMDR and EEG in the treatment of clients suffering from PTSD
Gordana Hol-Radicic, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Eye Movement Desensitisation and Reprocessing (EMDR) technique has been successfully implemented with a number of clients that were referred to the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) Sydney.

This presentation demonstrates the utilisation of the EMDR technique in a female 22 year old Tibetan client, who suffered a severe form of PTSD that was inflicted by multiple events of grievous and violent torture. As a part of the treatment EMDR technique was applied with the aim to assist processing of PTSD symptoms. In particular, emphasis was placed on the elimination and analysis of intrusive memories, continuous anxiety, vivid night flashbacks and disturbing nightmares with the aim to monitor changes in neurophysiology by implementing Electroencephalography (EEG) biofeedback.

Over the course of the treatment, provided on a weekly/bi weekly basis, EEG was used to precisely monitor neuronal activation during the EMDR sessions. It was noted that processing of the trauma occurred when the beta brain waves appeared in the frontal and orbito frontal lobes. The manifestation of the beta brain waves signalled the activation of the executive brain functions including intellectual responses associated with the logical thinking, capacity to memorise, analyse and make decisions that require a good focus and concentration. The presence of the beta brain waves indicated that client was actively processing trauma, which was “locked” or “frozen” in the nervous system. This further highlights clients’ capacity to engage with traumatic memories and their readiness for trauma processing.

In the future, detailed studies with the wider group of clients with similar symptomatology may need to be conducted with the aim to identify the timing of trauma-processing initiation. This would also assist in providing more focused and timely treatments to PTSD sufferers.
Moral injury appraisals in traumatised refugees
Joel Colbourne-Hoffman, Refugee Trauma Recovery Program, University of New South Wales, NSW, Australia

Refugees are often exposed to a number of traumatic experiences, that can lead to elevated rates of posttraumatic stress disorder (PTSD). While PTSD has largely been conceptualised as a fear based disorder, refugees often report emotions such as anger, guilt or shame. These may be a result of moral injury, which refer to appraisals that violate deeply held moral beliefs and frameworks. This study investigated the factor structure of the Moral Injury Scale (MIS), to see if moral injury appraisals differentiated, depending on whether the appraisal was made externally (violation from others) or internally (violation from oneself). Additionally, we were interested in how these factors would be related to key predictor (age, gender, trauma exposure) and outcome (PTSD symptoms, anger, depression) variables. A diverse group of 222 refugees was used in this study. Confirmatory factor analyses revealed a two factor structure (external and internal) in line with our hypothesis. Structural equation modelling indicated that both factors were predicted by higher trauma exposure. Additionally, higher moral injury in both factors was associated with higher levels of anger and depression. Unexpectedly, if moral injury was appraised externally this was also associated with higher PTSD symptom clusters, but internal appraisals did not find this association, and in fact, predicted lower levels or re-experiencing symptoms. Therefore, the underlying mechanisms of each factor may be distinct, which will have important implications in designing treatments that are effective for moral injury.
B2. Expressive Therapies

‘Tekoon bede’: Cross cultural applications of expressive therapies with families from Iran
Chanelle Burns and Toril Pursell, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Last year in 2016 Foundation House facilitated a five-week pilot program was for young children and their parents with asylum seeker backgrounds from Iran currently residing in Melbourne, VIC. The children were all male age 5-6 years. The families were all living in the community, from mixed religious backgrounds and both parents of the children participated. The program was a group called ‘Tekoon bede’, named after a contemporary Iranian song, and employed music, movement/yoga and art-based activities with guest facilitators and a Farsi interpreter.

The aim of the program was to engage these families in order to strengthen child-parent and peer relationships, develop a sense of safety, mastery and confidence, and to support regulation of emotions. ‘Tekoon bede’ also sought to introduce playfulness and spark social and community connectedness. There was a commitment to the families informing the development of the program. The pre and post consultation with parents contributed to the development of the program and to exploring the impact of the group on the families. The information gathered was qualitative in nature with first-hand accounts, self-reports, observation and photo documentation.

‘Tekoon bede’ was informed by principles of how movement, music, rhythm, and other expressive practices can generate healing, foster relationships as well as enhancing physical and emotional regulation and balance. While there is a growing literature around the value of relationally-focussed, brain-based and body-oriented practices, we realised that there is very little written about the application of these ideas, especially in a group context and when working across language and culture. As such, it seems timely to share about ‘Tekoon bede’, to generate new thinking and dialogue, and to contribute critically to the body of knowledge about expressive and experiential approaches to therapeutic work.

Developing an on-line intervention targeting mental health stigma in refugee men
Yulisha Byrow, University of New South Wales, NSW, Australia

Refugees report elevated rates of psychological disorders including posttraumatic stress disorder (PTSD). Despite this, levels of help-seeking for mental health difficulties are low, especially amongst refugee men. This presentation reports on the development of an online intervention targeting stigma related to PTSD in refugee men from Arabic, Farsi and Tamil-speaking backgrounds. Qualitative interviews were conducted with community leaders, representatives, and service providers to understand the nature of mental health stigma in these communities. This information was combined with the broader evidence-base to design “Tell Your Story”, an online intervention comprising videos, psychoeducation and interactive activities. Techniques used in this intervention were based on best-practice principles for stigma reduction, and adapted for the three target cultural groups. This presentation will describe the components of the intervention, as well as the development and implementation phase of “Tell Your Story”.
Building a renewed sense of purpose and agency after trauma
Vivianna Rodriguez Carreon, University of Sydney, NSW, Australia

Finding purpose, human or institutional, after a traumatic experience within a conflicted context is extremely challenging. Yet this is a must in times of growing global unrest. This paper explores the human consciousness of those seeking new meanings in their participation after experiencing trauma. According to a recent study from 162 countries only 11 are not involved in conflict. By using dynamic scenarios on the mobility of violence, this paper will provide a panoramic perspective of the problem area and propose new methods to approach healing with a renewed sense of purpose. In particular, the paper provides a phenomenological exploration of both concepts trauma and creativity in rural communities.

Institutions are also broken and losing their most valuable resource, the human capital and agency of their people. I describe human agency as the capability for human beings to make choices with freedom. The flourishing of human agency is obstructed when agency enters into survival mode (Rodriguez Carreon, 2015). As Ul Haq clearly stated on the first Human Security Report “when people travel, they bring much dynamisms and creativity with them. But when only their poverty travels, they bring nothing but human misery” (1995, 39), so how do survivors re-encounter again with the dynamism and creativity overshadowed by traumatic memories? This paper is the continuation of my former research in human agency and empowerment. This paper aims to explore the existing methods of healing used in communities. What is the existing dynamic between the concepts of both trauma and creativity? The main argument is that trauma is the antithesis of creativity, and the capacity for imagination to renew the sense of purpose is crucial for the people in mobility. This paper will explore the literature of contemplative studies and ask the question: how forgotten contemplative practices can regenerate wellbeing after trauma -used in other cultures to redefine their sense of agency?

Treehouse Theatre Projects: The magic of performance in youth trauma recovery
Catherine Maguire-Donvito, NSW Department of Education, NSW Australia

Using therapeutic drama and performance, Treehouse Theatre projects are trauma recovery and resilience building programs targeting refugee students from 2 Western Sydney high schools. Students are recent Humanitarian entrants from Iraq, Afghanistan, Sri Lanka, Bhutan, Liberia, Congo, Sudan and South Sudan. Almost all are in the early stages of learning English. Therapeutic drama projects include the “Tree of Life Project”, based on the model developed by Ncube (2006) and the “Suitcase Project” based on the model developed by Clacherty (2006).

Both programs are designed to meet the trauma recovery goals outlined by Herman (1997) regarding the restoration of safety, attachment, purpose and dignity. The therapeutic drama process is developed from Narrative Therapy models of therapeutic practice and is supported by Outsider Witness practices described by Carey and Russell (2003). Therapeutic Research in Narrative Exposure Therapy (Schauer et al, 2005) also provides therapeutic underpinning of Treehouse projects with the notion that repeated exposure to traumatic events, though controlled story telling, and in the case of Treehouse programs, repeated rehearsal and performance, leads to reduced symptoms of anxiety, fear and feelings of social exclusion. Performance in professional theatres also helps to educate high school student audiences about refugee issues so that the schools and the Australian community can be more accepting and welcoming of refugees. Formal evaluation of Treehouse programs is still in the preliminary stages. However, participant responses to counsellor developed cast surveys at the completion of every project are overwhelmingly positive. Qualitative responses collected from audiences and teachers are similarly positive. This presentation will present all current interview and survey data.
Facilitating participation in quality early childhood programs for families from refugee backgrounds  
Cherie Lamb, University of New England, QLD Australia

Children from refugee backgrounds are less likely than children from the general population to participate equitably in quality early childhood educational programs such as kindergarten. Children who do not participate are at elevated risk of not succeeding in the formal education system (Brooks-Gunn & Markman, 2005, Sims et al., 2014; Thorpe et al., 2011). They run the risk of exclusion in their teenage years, which may lead to acculturation stress (Khawaja & Milner, 2012), limited coping strategies, limited access to higher education and employment, and reduced financial opportunities (Brough, Gorman, Ramirez, & Westoby, 2003; Gorman, Brough, & Ramirez, 2003).

The purpose of this study was to discover strengths-based strategies currently used by family support workers and early childhood educators to assist families with refugee experience to overcome access and participation barriers ultimately leading to social inclusion, maintenance of cultural and linguistic identity and effective cross-cultural integration within the context of a diverse society. By drawing upon examples of partnership models, participatory frameworks and community development strategies, the study explored current access barriers, examples of promising practice, a range of practical strategies that practitioners can implement, and future steps required to facilitate equitable participation at a population level.

This qualitative study was located in three areas of South East Queensland including the Logan, South Brisbane and Toowoomba/LOCKYER VALLEY regions. It was conducted through in-depth, semi-structured interviews with 40 participants consisting of parents of young children from refugee backgrounds, family support workers and kindergarten teachers who had direct experience working with families from refugee backgrounds. Participants were sourced through seven organisations funded through the Pre-Kindergarten Grants Program 2013-2016, an initiative of the Queensland Dept. Education.

The early years – supporting families with young children  
Kath Cooney, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

The importance of a child’s early years to all aspects of their future positive development has been recognised globally and in Australia. High quality, timely and sustained Early Childhood Education and Care (ECEC) has been associated repeatedly with benefits for children’s development, with the strongest effects for children from disadvantaged backgrounds. In Victoria there has been significant investment in evidence based programs to target families experiencing vulnerability, alongside universal services. However there continues to be significant concerns around access and levels of participation for children and families from refugee and asylum seeking backgrounds.

In 2016 the Victorian Department of Education funded Foundation House to build on its previous work in the early years sector. Subsequently the Foundation House Early Years program was initiated, with the objective of improving heath, development, wellbeing and educational outcomes for children and families from refugee backgrounds by supporting Victorian early years services to work effectively for and with families of refugee and asylum seeker backgrounds.
By working in partnerships with local government, state government, communities and early childhood services, Foundation House has achieved significant outcomes. Place-based ‘whole of organisation’ collaborations that incorporate meaningful community engagement practices and monitor outcomes by cycles of continuous improvement have been demonstrated as an effective mechanism to support the access and levels of participation for children from refugee and asylum seeking backgrounds. This presentation will describe the Foundation House Early Years Program, including the resources that have been developed and highlighting the ways this results in more positive settlement outcomes measured in evidence based processes.

Complexities, challenges and joys of early childhood work with refugee families

Rosemary Signorelli, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

This presentation addresses the complexities, challenges, and joys of working with 0-5 years and their caregivers from various refugee backgrounds. The child may be affected by direct traumatising events, perinatal stresses, disrupted attachment, the parents’ trauma, forced separation from significant others, and past deprivation. Children may be impacted by the caregivers’ ongoing stressors, feelings of guilt, and difficulties with appropriate limit setting. Clinical and research data indicate that these complexities may result in delays in many developmental areas, at a critical period of brain development.

Integrative developmental interventions aim to enhance the child’s trauma recovery and development, strengthen the parent-child relationship, enhance the parent’s knowledge, skills and confidence, and prepare the child for participation in preschool or school. Improvements are seen in the child’s development across several areas, as measured through observation and early development assessment tools. Some parents require ongoing therapy before they can fully engage in strategies that address the child’s specific recovery goals. Cross-cultural differences in child rearing may reduce the parents’ involvement in interventions that incorporate Western evidence based approaches. Other challenges include the physical resources required for work with this age group, engagement of fathers, countertransference, and the need to support the child’s experience of separation and transitions.

The results can be very rewarding, as the child’s development progresses, and gains are made in regulation, resilience, communication, relationships, and participation in mainstream early child programmes. This can be complimented by the caregivers’ increased parenting skills and confidence. Longitudinal studies are needed to identify the child’s changing needs at later developmental stages, and evaluate the long term effectiveness of early interventions for this client group.
The use of the neuromodulation techniques in treatment of preschool age children from refugee like backgrounds
Sejla Murdoch, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

The impact of trauma and refugee experiences on preschool age children can be devastating but is often overlooked until the issues become more obvious to either parents and/or service providers.

In this paper we will explore the impact of early childhood trauma on sensorimotor integration, an area that has so far received little attention. In our experiences, refugee children frequently present with sensory-motor integration issues such as problem with auditory processing, issues with gross or fine motor skills, poor attention and focus and sensitivity to touch and sound. In addition to this, they also present with learning and developmental difficulties, hyperactivity, chronic and long term sleeping problems as well as issues with anger and irritability.

We will discuss how neurofeedback and other neuromodulation techniques can help in addressing sensorimotor integration and other developmental difficulties. We will use case vignettes to illustrate the process of assessment, treatment and the evaluation of treatment outcomes. We will also explore how neuromodulation techniques get integrated with other modalities of care when working with pre-school children and their families. The impact of trauma and refugee experiences on preschool age children can be devastating but is often overlooked until the issues become more obvious to either parents and/or service providers.

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B4. Asylum Seekers

A psychological and human rights audit of asylum policy – can harm be avoided?
Guy Coffey, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

This paper discusses the tension between the psychological needs of asylum seekers and the legal and policy framework which they enter when arriving in Australia, with a particular emphasis on detention policy. The presentation attempts to ‘audit’ detention and RSD law, policy and practice and proposes a framework for the reception of asylum seekers which is compatible with both protecting them from psychological harm and the need to resolve identity and security issues. Studies of detained populations have identified a range of practices that appear to be harmful to mental health. A question asked is the extent to which demonstrably harmful policies are necessary to achieve the legitimate border control objectives which detention is said to advance.

Keeping hope alive: Torture and trauma counselling on Nauru and Manus Island
Guy Coffey, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Since February 2013, FASSTT counsellors employed by Overseas Services to Survivors of Torture and Trauma have provided counselling and support to over 800 torture and trauma survivors on Nauru and Manus Island.

Clients commonly present with a range of psychological and somatic symptoms including suicidal ideation, high levels of anxiety, intrusive thoughts and ruminations, sleep disturbances and nightmares, heightened startle responses, poor concentration, memory loss, lethargy and depression. These symptoms are often consistent with formal diagnoses of depression, anxiety and posttraumatic stress disorders and are strongly indicative of the exposure to torture and other traumatic events that survivors describe having experienced in their countries of origin. Client presentations are also influenced by factors associated with life in an environment that is not conducive to recovery from trauma. The length of time it has taken to process protection claims, the absence of viable resettlement options, the loss of autonomy and sense of agency, the extremely challenging living conditions, and the ongoing uncertainty about the future contributes to aggravating symptoms and impedes the survivor’s ability to recover.

The impact of visa insecurity on refugee mental health
Elizabeth Newnham, The University of Western Australia, WA Australia

Current regional conflicts are creating a surge in global migration. In response, Australia has adopted a range of restrictive visa policies that have potential to create uncertainty for refugees and asylum seekers. The current study aimed to determine the effect of visa insecurity on mental health outcomes within a clinical sample of refugees in Australia. The sample comprised 781 treatment-seeking adult clients (53.9% male) attending a clinic for torture and trauma survivors. Country of origin was most frequently identified as Afghanistan (18.1%), Iraq (15.3%), Iran (15.1%) and Myanmar (8.2%). The Hopkins Symptom Checklist was administered at treatment admission, with the help of an interpreter where necessary. Latent class analyses identified four groups varying in severity of symptoms. Combined depression and anxiety severity was significantly associated with female gender and visa insecurity. Refugees with insecure visa status were five times more likely to report severe symptoms than low-level symptoms. The findings suggest that for refugees living in the community, temporary status visas play a significant role in ongoing distress.
Deciphering despair: A study of self-harm among asylum seekers
Kyli Hedrick, University of Melbourne, VIC Australia

Concerns regarding self-harm among asylum seekers in Australian immigration detention have been frequently and persistently raised by academics, health professionals, human rights organisations and refugee advocates, among others, over the past two decades. Despite these concerns, however, little systematic information exists regarding the incidence and nature of self-harm, as well as precipitating factors for self-harm among the immigration detention population. This is largely due to the lack of monitoring processes by successive government departments responsible for asylum seeker policy. As asylum seekers carry many of the established risk factors for self-harm, and self-harm is strongly associated with suicide, the ongoing lack of monitoring of self-harm in Australian immigration detention clearly may have serious implications for the health of detained asylum seekers. The aim of the present study, therefore, is to fill several gaps in government monitoring, and consequently in the literature, regarding key factors associated with self-harm among asylum seekers in Australian immigration detention. Via a retrospective analysis of self-harm incident reports from a 12-month period to July 2015, obtained under Freedom of Information, the current study will examine the incidence of self-harm, precipitating factors for, and methods of, self-harm, and whether these factors vary by detention type (on-shore, off-shore or community detention). The implications of these findings for the health of asylum seekers, as well as broader self-harm prevention strategies, will also be discussed.
B5. Schools and Young People

VFST schools support program 2007 - 2017

Samantha McGuffie, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Many children and young people who arrive in Australia under the refugee and humanitarian program have not been able to attend school or may have had disruptions to their schooling. In addition to developing knowledge and understandings of formal schooling in Australia and learning a new language, students of refugee background have suffered severe emotional and physical deprivations. The impact of trauma in the context of learning is difficult for students and their families. It is also presents gaps in knowledge, understanding and readiness for teachers and the broader education system as they receive students and families from refugee backgrounds as part of the school community.

The VFST has a long history of working in partnership with schools to build their capacity to support the education and wellbeing needs of refugee background students, their families and communities. Since 2007 Foundation House has been funded by the Department of Education and Training to provide a Schools Support Program across metropolitan Melbourne and regional Victoria. Based on a whole-school approach the Program has worked in partnership with over 190 schools. This presentation will outline key tools and change processes that have contributed to significant development and partnership work with the education sector in Victoria. This presentation will highlight the importance of this work in advocating for social inclusion for students and families from refugee backgrounds and change processes that are relevant and possible in other contexts.

Collaboration in Canberra: FASSTT’s Companion House and Dickson College’s Refugee Bridging Program working together with students from refugee and asylum seeker backgrounds

Deborah Nelson, Companion House Assisting Survivors of Torture and Trauma, ACT Australia

In this presentation we will describe how a collaborative effort between a secondary college and a FASSTT agency can enhance torture and trauma recovery and resettlement for students from refugee and asylum seeker backgrounds. The Refugee Bridging Program is a unique educational program in Canberra. It was established in 2009, and its design is based on Companion House’s trauma recovery goals; hence, there is a natural synergy with Companion House Assisting Survivors of Torture and Trauma.

For young people from a refugee background, educational achievement can be a powerful goal. However, there are multiple factors (e.g. effects of past trauma, lack of education in home country or in refugee camp, family pressures and upheavals, multiple losses and fears for family members who remain in unsafe situations overseas, etc.) that can interfere with this crucial settlement goal. We will draw on examples of our work to describe how Companion House and Dickson College have addressed these challenges in ways that preserve the young person’s dignity and agency.
For young people from an asylum seeker background, the above challenges are compounded by government policies that impose structural barriers in relation to educational pathways. All of the unaccompanied minors in Canberra attended Dickson College, so this issue affected a significant proportion of the Refugee Bridging program class over a 3 year period. We will discuss how Dickson College and Companion House worked together to address these barriers in the case of unaccompanied minors.

Through discussion of de-identified examples, we hope to show how this working partnership offers a holistic response to young people who have survived torture and trauma, including unaccompanied minors and students with highly complex needs.

**S.T.A.R.S. for settlement and learning**  
*Jane Wallace, Kim Cootes, Gemma Jenkins, NSW Department of Education, NSW Australia*

In order to succeed at school, students from a refugee background need to feel safe and to establish positive and nurturing relationships. They need to feel connected with their community. They need to learn new skills and a new language in order to participate, to find connections, gain confidence and become competent in their new environment. One way to view the needs of students from refugee backgrounds during resettlement is described in the S.T.A.R.S. model, which proposes that the key elements for successful settlement are Safety, Trust, Attachment, Responsibility and Skills (UNICEF, Margaret de Monchy, 1999).

The S.T.A.R.S. model informs the STARS in Schools: supporting students from a refugee background professional learning currently being delivered in NSW public schools. This course assists school leaders and teachers in developing whole school approaches and teaching practices that help refugee students feel safe, develop trust and attachment, take responsibility and develop the skills needed for participation and learning at school in Australia.

This session looks at how the S.T.A.R.S. model is explored within professional learning and used at Fairfield Primary School to inform whole school practices, pedagogy and classroom environments that assist students from refugee backgrounds to recover from trauma, engage successfully in learning and participate actively in the school community.

**From Roots to Leaves - Tree of Life - Camp experience**  
*Lina Ishu, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia*

This paper discusses the process and outcomes of Tree of Life – Dulwich Centre application at STARTTS youth camp for young women who have experienced dislocation, prolonged exposure to war and associated trauma.

It is believed that attending camps supports young women to develop supportive relationships with fellow participants and staff, through engage in challenging activities, making decisions and participating in new activities. The camp ran for four days with 25 young women aged between 14-18 years old, and was led by a multidisciplinary team and applied a Biopsychosocial approach to recovery in line with STARTTS model of best practice.

The Tree of Life session included the various stages of Tree of Life model. Four themes were generated: first, a sense of community, young women and staff relationships developed both at the camp and outside of the camp, through sharing personal stories and experiences. Second, participants reconnected with important aspects of their lives, rediscovering identity which helped them to plan their recovery and settlement.
Third, use of tree as a creative metaphor, how young women control their lives. Fourth, the presence of outsider witness, young women listened to the stories and then talked about their own feelings and also expressed how that version touched them and resonated with their own life story. From this secure base, young women fostered group cohesion, worked with differences, enhanced social wellbeing and instilled hope for the future.
B6. Community Interventions

Empowering refugee community leaders from emerging communities; ASeTTS Community Leadership Development Project

Tharanga De Silva, Association for Services to Torture and Trauma Survivors (ASeTTS), WA Australia

Rebuilding social capital and strengthening the capacity of refugee community leaders is the key to the recovery of members of collective communities. Collective communities often recover from trauma as groups or as a whole community. Most of the clients that ASeTTS works with are members of collective communities who arrived in Australia from various countries. Some refugee communities have strong leaders but do not have second level leadership. With some others there are members who would like to become leaders but have less confidence due to lack of skills in running community projects/associations. ASeTTS community development team often receives requests from community groups to assist them to write grant applications, register their associations, design community projects or connect them with funding organisations and local government authorities.

As a result, ASeTTS decided to design a project to assist community leaders to build on their skills in managing and leading community groups. The project was inaugurated in 2015 as a pilot project. It is a six month free course offered by ASeTTS with the support of experts from various organisations including ASeTTS who volunteered their time as workshop facilitators. The course covered 4 main modules namely, leadership, community project designing, community association management and non-violent conflict resolution. The course included 11 fortnightly workshops held on Saturdays and one cross-cultural event organised by project participants to improve connections. For the completion of the project, ASeTTS organised a networking meeting along with the graduation ceremony with project participants and funding organisations for them to build direct connections. With the success of the group run in 2015, ASeTTS decided to facilitate another group in 2016 with a new group of leaders which was completed in August 2016. To date, ASeTTS has trained 39 community leaders originally from 16 different countries.

Sporting Linx - Linking leadership potential

Mark Davis, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Sporting Linx is a Sports/Healthy lifestyle program established in 2011. It was designed as a sports-based tool for the engagement of young people (14-18 years) and as the name Sporting Linx suggests, is about creating a platform for connection (Links). The tag line for the program is, ‘Linking Leadership Potential’. Thus, a major focus of the program includes the concept of linking leadership to young people being responsible for leading in their own environment. In addition, the program aimed to select those young people with significant leadership potential and provide them with opportunities to develop and use these skills to improve the well being of those around them.

The program seeks to establish opportunity for social contact between young refugees, local peers, teachers and local community and sporting groups. All of these opportunities focused on the skills and knowledge needed to lead on a personal and community level building social capital. Utilising professional coaches and support staff, the program
Community-based psychosocial interventions for refugees living in Australia
Wendy Lambourne and Raphael Manirakiza, Department of Peace and Conflict Studies, University of Sydney, Lydia Gitau, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

In Australia, a variety of community-based approaches has been pursued in addition to individual therapeutic interventions in order to assist in dealing with refugee trauma recovery and resettlement issues. NSW STARTTS, for example, conducts community development activities in addition to clinical approaches which are seen as complementary responses to address the impact of trauma on individuals' participation in their community and the community's ability to support individuals and their families. Their community development work draws on a number of theoretical approaches, including community capacity building, social capital building and assets based community development designed to increase the internal strengths and capacities of refugee communities.

This paper will present preliminary results of a research project involving an analysis of such community-based interventions being provided by STARTTS and other FASSTT member agencies. These interventions include various community arts projects, Families in Cultural Transition (FICT) and peace leadership training through participation in Alternatives to Violence Project (AVP) workshops. The findings build on research in psychology and psychiatry on individual healing, in anthropology and sociology on intercultural treatment of trauma, and in social psychology on the wider implications of collective healing and peace processes (Drozdek 2010). The interdisciplinary approach aims to forge new connections between research in these separate disciplines to create new insights about healing and psychosocial transformation in different cultural contexts. The presentation will include comparison with the results of research about community-based psychosocial interventions being conducted in Burundi with communities recovering from mass violence.
Wagga Wagga, a rural town in NSW has become the home of people from a number of African communities, predominantly South Sudanese, and smaller numbers of Burundians, Sierra Leonians, Liberians, as well as other people of African origin. The majority of Africans have a refugee background and have come as humanitarian settlers to Wagga, while others have joined family, and a minority have come as skilled migrants. The Community organisation WAfrica is the community organisation for all the Wagga African communities.

This presentation is a case study of the collaborative process involved in running the first Africa Family Fun Day in Wagga for the broad African community including children and adults. Aspects of refugee trauma addressed by the project included increasing trust bonds disrupted by systematic violence and providing a focus on safe past memories. The project very successfully increased social cohesion within the diverse African Communities, and facilitated focus on fun experiences linked to the past, by providing participatory workshops on traditional African child’s toy making and games along with the sharing of diverse African food from the different communities. The project was evaluated by attendance and participation on the day as well as verbal feedback opportunities and interest in future similar events being held.

The journey of STARTTS collaboration with WAfrica to plan and run ‘Africa Family Fun Day’ in 2015 and the lessons learnt is the focus of this presentation. The presentation includes a film of the day. Issues of tensions, enablers and barriers around expectations, ownership, meaning of collaboration, process and outcomes are examined in relation to this community development project. Strategies to address difficulties and limitations are highlighted to assist future programs. The case study findings will provide insights that will be worth considering in the planning and implementation process of similar projects.
B7. Service Delivery

From little things big things grow: Towards a framework for sector reform to support people from refugee backgrounds in their recovery
Sue Casey, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Service sectors such as health, education, employment and community services play a crucial role in supporting recovery of individuals, families and communities from refugee backgrounds. The Victorian Foundation for Survivors of Torture has a unique integrated trauma recovery model that includes improving the capacity of services systems and client communities to promote the wellbeing of survivors.

This paper will focus on successful approaches to long term sector reform based on the work of the Victorian Foundation for Survivors of Torture in the areas of education, health, employment and community services using policy and practice examples.

The interventions to support sector development include: establishing dialogue between refugee-background communities and service providers; active partnerships between specialised and mainstream services, policy advisors and researchers to support service-level and broader sector development using principles of co-design; supported by professional and organisational development and resource development. A key part of the success is early strategic investment to develop and trial models of program delivery that can then be scaled up. Research partnerships play a crucial role in building the necessary evidence regarding effectiveness of particular approaches.

“Damaged” and “Difficult”: Deconstructing the disempowering discourses that dominate refugee resettlement
Marieke Jasperse, University of Otago, Wellington, New Zealand

Trauma and the risks of trauma work tend to dominate discussions of refugee resettlement, effectively pathologizing refugees, in addition to those who work with them. This preoccupation with trauma does not allow for alternative discourses of resilience and ignores the detrimental effects of negative resettlement experiences such as prejudice and poor access to support and services. It also disregards the opportunities for personal and professional growth documented in studies exploring the experiences of professionals working in resettlement.

This critical discourse analysis, informed by post-structuralism and post-colonialism, explores the extent to which a cross section of professionals (psychiatrists, psychologists, counsellors, social workers, cross cultural workers, and interpreters) engaged in refugee resettlement in New Zealand, reproduce and/or resist these disempowering discourses. The importance of reflecting on the representation of resettling refugees will be reiterated and implications for successful resettlement identified.
Talking about health and experiences of using health services with people from refugee backgrounds

Lauren Tyrrell, Victorian Refugee Health Network, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Health care can of itself make a significant contribution to the psychological recovery and positive resettlement of people from refugee backgrounds (Foundation House 2012), however many face barriers to accessing health services in Australia. There is increasing recognition that consumers should be meaningfully involved in health policy, planning and service delivery, and evidence that consumer involvement leads to improvements in quality, safety and patient experience of healthcare services. People from refugee backgrounds are underrepresented in processes designed to inform healthcare service planning and delivery, such as surveys, consultations, advisory committees and complaints mechanisms. This project aimed to consult with people from refugee backgrounds and people seeking asylum in Victoria about their health and experiences of using healthcare services. We engaged with bicultural workers employed in health, community, and settlement services to advise us about the consultation strategy and to conduct consultations with refugee background communities they work with. This approach was effective at reaching under-represented groups, such as people who are newly arrived, people seeking asylum, and women. Consultations were conducted with 115 people and groups from refugee backgrounds across Victoria. Thematic analysis of the consultation responses identified eight key themes impacting on the health, wellbeing and healthcare service access of people in this cohort: healthy eating and food security; social connectedness; physical exercise and sport; health information and knowledge about health service systems; communication with health providers; accessibility and appropriateness of services; mental health; and income and employment. The project has informed a range of recommendations for healthcare services and various levels of government on how to provide more accessible and appropriate healthcare services for people from refugee backgrounds.
Engaging and supporting general practice in refugee health
Samantha Furneaux, Victorian Refugee Health Network, Victorian Foundation for Survivors of Torture (VFST), Philippa Dueil-Piening, Victorian Refugee Health Network, Victorian Foundation for Survivors of Torture (VFST), Sarah Christensen (IPC Health), Sue Jaraba (IPC Health), Maria Loupetis (EACH Social and Community Health), Ruth Varenica (IPC Health), VIC Australia

People from refugee backgrounds, including people seeking asylum, can experience complex physical and mental health conditions as a result of human rights violations, torture and trauma, disruption of basic services, poverty and hardship, and prolonged periods of uncertainty (ASID/RHeaNA 2016). Timely access to health care is crucial for optimising health outcomes and addressing health inequities. General practice is a major provider of health care in Australia to people from refugee backgrounds. More general practices are needed who are willing, able and confident to deliver health care to people from refugee backgrounds. This project developed and trialled an approach to engaging and collaborating with private general practices to deliver accessible and appropriate health care to people from refugee backgrounds. The project was approved by an institutional ethics committee. Interviews, discussion groups and surveys were conducted with refugee health professionals, general practice staff, and community liaison workers. A multi-sectoral project advisory group informed the design. The Victorian Refugee Health Network partnered with two community health services and worked with refugee health nurses to co-create and trial tools and resources to support general practice in refugee health. The tools support conversations with practice staff about their motivations, values and challenges when working with people from refugee backgrounds, which informed the development of practice-led action plans that were trialled with six general practices. The project found that utilising co-creation principles promotes a strengths-based approach to working with general practices; values-based interviews can assist in the development of ongoing relationships with the practice; and that general practice engagement requires time, flexibility and skills. The tools are available to be used by others who wish to engage general practice in refugee health.
C1. Supporting Clinicians and Others

The role of the clinical supervisor in managing vicarious trauma and fostering vicarious post traumatic growth
Stephanie Long, Queensland Program of Assistance of Survivors of Torture and Trauma (QPASTT), QLD Australia

Working with trauma survivors changes you. Trauma work has a personal impact that can affect the trauma worker's perceptions of themselves, their relationships with others and their view of the world - recognised as vicarious trauma. Trauma workers, and more frequently supervisors themselves, identify supervision as a protective factor against vicarious trauma. However, there is limited research on what actually happens in supervision and how this may be connected to efforts to reduce vicarious trauma. Additionally, studies find that trauma workers consistently identify both positive and negative impacts of the work yet the body of research on vicarious post-traumatic growth is relatively small. Cohen and Collens (2013) propose a model of the co-occurrence of vicarious trauma and vicarious post-traumatic growth based on a meta-analysis of 20 published qualitative studies of trauma workers’ experience. The model was examined through 11 semi-structured interviews with supervisors of refugee torture and trauma counsellors working in member agencies of the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT). The thematic analysis of the interviews identifies commonly used supervision processes and useful insights into the interplay of vicarious trauma and vicarious post-traumatic growth, extending the Cohen and Collens model. A striking result was the emphasis on looking for signs of growth and resilience within the client and the counselling process. The results of this study inform current and potential supervisors of useful supervision practice, supervisees of the potential support they can gain and inform organisational priorities for the structure of supervision.

Reflective practice approach to supporting professionals and organisations who are working with people from refugee backgrounds
Conrad Aiken, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

The internalisation of terror and subsequent psychological presentation and the impact of trauma on families and communities, impose major challenges for professionals when engaging and working with people from refugee backgrounds. These challenges exist in a wide range of contexts; including but by no means limited, to counseling and health services, settlement support services and education. They are manifest at the individual worker level and are mitigated or intensified by the operations of socio-political, sector level and organisational systems.
It is common for professionals to experience emotions that can impact on the quality of their immediate work. Crucial capabilities such as the professional and their organisations’ capacity to identify and maintain appropriate boundaries and the ability to listen to and understand the experiences of survivors of extreme violence, can be affected. Furthermore professional’s emotional responses and challenges to their sense of efficacy and even the ways in which their world views are shaped affect their personal and professional lives beyond their current day to day work tasks. The need for reflective processes to manage the inherent risks and learn from presenting challenges has been well documented.

Reflective practice groups are a specific intervention that can be utilised to support professionals to reflect and consider in context; firstly, the role they play (and are systematically restricted from playing) in their clients’ lives and secondly; the ways in
Clinical supervision: Managing unbearable projections
Rise Becker and Robin Bowles, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

This paper is a development of previous work by the authors who have been clinical supervisors in the field for many years. The focus of this paper is on the role of the supervisor in helping the therapists to receive the dissociated, fragmented and projected aspects of refugee clients’ traumatic experiences. A growing literature describes how listening to traumatic experiences can affect the practitioner. We will use case material to show the effect on the therapist of listening and sitting with refugees who have been subjected to extreme brutality and loss. We discuss how supervision can help the practitioner maintain the therapeutic process. The paper examines current research, and explores some core issues in the supervision process in this field of practice.
**C2. Trauma and the Body**

**Physiotherapy to heal the pain of trauma stuck in the body**
*Veena O’Sullivan, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia*

Traumatised clients tend to dissociate traumatic memory from feelings, as well as accompanying physiological sensations. Thus emotional trauma gets trapped in the body, often somatised in the form of chronic physical pain. The high prevalence of chronic pain among traumatized refugees is well documented. As the pain matrix involves many aspects of the central nervous system, physical pain is rarely an isolated sensation, and is almost always accompanied by emotion and meaning. Psychological distress exacerbates pain perception. Physiotherapy for survivors of torture and trauma requires an integrative approach which considers mechanical, neuro-physiological processes, as well as psychosocial variables.

This presentation will describe a bio-psycho-social model of physiotherapy used in the treatment of a middle aged female Hazara refugee. The client had chronic pain low back pain and headaches. The resulting dysfunction limited her ability to cope with daily tasks. Pain limited movement and restricted her activities. She had difficulties with resettlement, including applying for a job. Physiotherapy aimed to help the client to learn to respond constructively to pain and to facilitate the flow of movement. A comprehensive range of conventional physiotherapy techniques such as joint mobilisations, soft tissue release, stretching and strengthening exercises, coupled with acupuncture / musculoskeletal dry needling and cardio-vascular exercise were implemented over a period of time to reduce pain and improve function. Specialised skills of facilitating body-mind awareness, breathing exercises and education on pain mechanisms were used to assist the client in understanding how the body stores unhealed psychological pain and distress. This, also, provided her with tools on how to prevent and release pain and work towards her own healing. Working collaboratively with the client’s counsellor augmented the process and improved her quality of life.

**Yoga for refugees healing from torture and trauma: A mixed methods evaluation**
*Danielle Begg, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) and The Vasudhara Foundation, Kedar Maharjan, Mariano Coello, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia*

Background: As worldwide displacement continues to increase, so too does the number of refugees experiencing torture and trauma. There is increasing recognition of the importance of the brain and body in the development and maintenance of trauma-related symptoms and increasing interest in the use of mind-body therapies such as yoga as part of multi-modal treatment. However, there has been very little published research on the use of yoga with refugees.

Aims: 1) To assess the feasibility and acceptability of a yoga group program for refugee participants. 2) To identify possible physiological, psychological and interpersonal benefits of the program. 3) To explore counsellor and participant attitudes and opinions about the program.

Methods: Following the success of a two-month pilot, The Refugee Yoga Project offered free weekly yoga classes in South Western Sydney to eight groups of refugees.
They were co-led by a yoga instructor and a counsellor, with the support of an interpreter. We collected physiological and self-reported psychological data at three time-points (baseline, mid-point and follow-up), held client focus groups and conducted qualitative interviews with counsellors. Process outcomes (attendance and client satisfaction) were also measured.

Results: Preliminary data provides evidence for the acceptability and sustainability of this program for refugee clients, with benefits observed across physical, psychological and interpersonal domains. We will present both quantitative and qualitative outcomes and discuss the challenges of implementing a multi-method evaluation with this client group.

Conclusion: Weekly yoga classes show promise as an adjunct treatment for refugees who experienced torture and trauma. We will discuss our experiences with tailoring both the program and the evaluation to participants with a range of backgrounds, physical abilities and literacy levels.

“In Shape – A lifestyle modification program”  
Rocio Martinez and David Perez, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Congruent with STARTTS’ BioPsychoSocial approach ‘In Shape’ is a multilingual lifestyle modification program developed by Fairfield City Council. The program has been developed in accordance with the existing BHE (Bilingual Health Educators) program guidelines and provides psycho education about the benefits of good nutrition in combination with a program of functional exercise tailored to the needs of each group and based in accordance with the Australian Guidelines of recommended exercise intensity.

The ‘In Shape’ program is based on a goal setting system whereby the aim is to improve the nutritional habits and physical activity levels of the participants, in order to enhance their mental health and general wellbeing. Another important aim of the program is to learn different tools to overcome mental barriers and increase motivation with the purpose of sustaining healthy habits.

‘In Shape’ provides opportunities for social connectivity and support, and adopts a holistic approach in accordance with STARTTS’ best code of practise.

‘In Shape’ is for both men and women from a refugee background which can be adapted to various age groups and is translated into simple English with translation of (most) resources of the program that could facilitate its delivery in the following languages; Arabic, Assyrian, Karen, Vietnamese, Italian, Spanish and Khmer (Cambodian). Participants can self-refer or be referred to the program by their counsellor.

The evaluation process includes pre and post assessment tools such as the Hopkins Symptom Checklist 25, Harvard Trauma Questionnaire, DASS-21, Generalized Self-Efficacy Questionnaire as well as a physical assessment to ascertain the positive changes in the participant’s BioPsychoSocial wellbeing.

STARTTS has implemented four ‘In shape’ programs with communities from Iraq, Afghanistan, and various South American countries. The evaluation has shown improvements in nutritional habits and overall mental and physical wellbeing.
Reconnections- Chronic pain group
Matthew Seabrook and Ghani Nasery, Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS), Adelaide, SA Australia

The prevalence and complex nature of pain amongst survivors of torture/trauma is vast and adversely impacts on their health and wellbeing in many ways. The basis of this program was to facilitate a broader understanding of chronic pain issues and management in a cross-cultural context for refugee groups with a history of torture and complex trauma. Furthermore, the program aimed to improve client’s quality of life, restore hope, confidence, trust and build upon broad social/cultural connections. The group consisted of 8 males and 4 females from various cultural backgrounds who were clients of STTARS and who had a history of unresolved chronic pain. The sessions ran for 4 hours every fortnight for 16 weeks during 2016. Our overall approach to self-management was to explore multiple strategies for individuals living with chronic pain including nutrition and diet, exercise, sleep hygiene, medication management, mindfulness and relaxation techniques, group discussions and individual storytelling. The participants were all asked to complete a pre and post pain score evaluation and a chronic pain impact worksheet. Upon completion of the group sessions, clients reported a decrease in their pain scores and an increase in their daily coping strategies. Interestingly, despite the cultural diversity of the participants, many shared similar cultural views of the origins and expression of their pain that conflicted with the western discourse of pain origins and management. As such, an understanding of how collective culture, trauma and grief shapes pain perception in our clients is imperative in supporting them beyond the western paradigm of pharmaceutical approaches.
C3. Clinical Treatment Approaches

Responding to refugee trauma: Explorations in narrative practices with people from refugee and asylum seeking backgrounds
Chanelle Burns and Emma Preece Boyd, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Narrative therapy is a therapeutic practice that is informed by the idea that people know themselves through stories. It sees people’s lives and identities as multi-storied; though often there are dominant stories that can be highly problem-saturated. Narrative therapy seeks to discover and richly describe preferred, alternative stories. Narrative therapy sees people as separate to problems and is known for the idea, ‘the person is not the problem, the problem is the problem’. Narrative therapy positions people as experts in their lives and views them as having skills, knowledge, abilities, values, and commitments.

Narrative therapy has been drawn on to respond to trauma in a range of contexts. Michael White, co-founder of narrative therapy said:
When a person has been through recurrent trauma, their ‘sense of myself’ can be so diminished it can be very hard to discover what it is they give value to. This is because recurrent trauma is corrosive of what people treasure in life. It’s a violation of their purpose in life and of their sentiment of living. (2004, p. 46)

This paper will explore the application of narrative therapy as a response to experiences of trauma for people from refugee backgrounds. In the context of working with people from refugee backgrounds who have experienced trauma, this paper will consider:

- How might practices that seek to thicken multiple stories of self contribute to wellbeing?
- How might practices that position people as experts in their own lives contribute to wellbeing?
- How do practitioners engage with stories of trauma, while also hearing stories of resistance?

This paper will present some narrative principles as particularly relevant to responding to refugee trauma. It will explore useful narrative practices such as, double listening, documentation, and witnessing. Finally this paper will particularly use stories of practice from our work as Counsellor Advocates at Foundation House.

Results from three consecutive randomised trials on the treatment effect among trauma affected refugees: What have we learnt and where should we go from here?
Jessica Carlsson and Charlotte Sonne, Competence Centre for Transcultural Psychiatry, Denmark

For many years there has been a lack of high quality studies looking at treatment outcome among trauma-affected refugees. Results from previous studies have pointed to a high level of emotional distress, a complexity in mental health and social problems and ongoing stressors affecting the present mental health. Since the Competence Centre for Transcultural Psychiatry (CTP) in Copenhagen was established in 2008, research on treatment outcome has been one of the primary focus areas. So far, three pragmatic randomised trials have been finished with a focus on the following treatment modalities:
1. Flexible cognitive behavioural therapy (CBT) and psychoeducation in combination with pharmacological treatment (sertraline and mianserin)
2. CBT with a focus on either stress management or cognitive restructuring
3. Pharmacological treatment with either sertraline or venlafaxine

The objective of this presentation is to describe the rationale, design and results from the first three randomised trials carried out at CTP and to on the basis of these large and methodological rigorous studies, summarize and discuss the results so far. Finally future directions for treatment outcome research will be discussed.

**Cross cultural assessment and treatment of psychological trauma and PTSD: Western conceptualisations and eastern experiences**
*Neeraja Sanmuhanathan, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia*

War has a catastrophic effect on the psychological health and well-being of nations, communities, families and individuals. Refugees and asylum seekers represent a diverse range of cultural, religious and ethnic backgrounds. The relationship between trauma and culture is both significant and bi-directional. Trauma theorist Jerome Kroll and Laurence Kirmayer perceived the notion of trauma as a timeless, biological response to adversity that occurs independently of culture as naive. The experience of psychological trauma and the emotional reactions differ from culture to culture. Many Eastern communities have existed as a collective self for generations and it is crucial to acknowledge this in our current trauma approaches.

Culturally appropriate psychological trauma work can be achieved with an understanding of traditional cultural practices, through the use of religious symbolism and folk stories, re-telling trauma experiences through culturally appropriate language, exploring cultural norms and traditional ways of coping with stressors and providing psycho-education to reduce mental health stigma. Clinical interventions, culturally appropriate models, therapist’s awareness of their own cultural biases and challenges to therapy will be discussed.

**Breaking the silence through MANTRA: Empowering MAN survivors of Torture and Rape**
*Pearl Fernandes and Yvette Aiello, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia*

The intense dread many individuals seeking asylum experience when they are expected to think and talk about their past may be directly linked to the extreme forms of torture and sexual violence they have endured. Specific forms of torture, especially details of sexual violence are seldom mentioned by men even in the safety of a therapeutic relationship. It is likely that desperate acts, such as self-harm are considered by survivors in efforts to cope with the humiliation, intense pain and the sequelae of torture and sexual violence.

Many individuals seeking asylum may not be ready or able to process their horrific traumas even when threatened with forced repatriation. Therapeutic approaches have generally relied on a combination of strategies to sustain and facilitate improvements in functioning. However, it has been observed that symptoms could persist, and an inability to form coherent narratives and integrate the past is a potential barrier to healing.

The authors therefore adopted a combination of group and individual treatment approaches to assist survivors to form a meaningful narrative of their past, by integrating
multiple strategies, incorporating principles of NET (Narrative Exposure Therapy), cultural narratives and practices such as pranayama and mantras in a culturally sensitive manner.

Evaluation and psychometric measures indicate that these interventions contradicted the long standing belief that individuals seeking asylum may not be ready or willing to process their difficult past prior to the resolution of their claims for protection. As survivors began to integrate and construct a narrative of their past traumas the intensity of their symptoms of anxiety, avoidance and arousal decreased, and survivors became increasingly confident to share their traumas. Assisting clients to narrate trauma experiences, gradually led to habituation to these experiences. The reduction in anxiety and the intensity of the emotional response to the traumatic memory led to the onset of a recovery process.
C4. Families

Countering parent blame with mothers from refugee backgrounds: The impact of parent-blaming discourses on parents and children settling in Australia
Emma Preece Boyd, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Domestic violence and feminist practitioners have long been aware of the impact discourses of parent and mother-blame that may affect parents whose children have experienced violence or trauma. This paper will explore the characteristics of parent blame, client’s experiences of it’s impacts and small, but deliberate practices that may counter it’s effects. Self-blame and guilt can co-opt parents into hopelessness and false conclusions about responsibility and agency (Gaddis, 2004). For refugee background families there are many opportunities for invitation into ideas of parent blame that internalise responsibility within the parent, rather than structurally - global conflict, forced migration, domestic immigration policy and illegal confinement of children (Australian Human Rights Commission, 2014).

Narrative therapy is a post-structuralist therapeutic practice that views peoples lives as multi-storied and endeavours to assist people to richly develop stories of their values, survival and commitments while addressing and acknowledging problematic stories of trauma or difficulties. Narrative therapy emphasizes the need to attend to discourses and politics that may impact negatively on survivors of trauma and the stories that they tell of themselves.

In this paper I will discuss narrative practices such as, externalising parent blame (White, 2007), deconstructing its effects as a dominant and unhelpful discourse and considering what may be absent but implicit in feelings of self-blame, guilt and distress (White, 2000). Some questions I will seek to address are:

- How might naming and multi-storying parent blame in refugee background families help to address feelings of shame and guilt?
- How do parent blame discourses affect parents from refugee backgrounds who have experienced dangerous journeys or detention upon arrival?
- Can naming and responding to parent blame support Mother’s who report feeling disempowered in their parenting?

These ideas have been developed through my work with Mothers in particular and therefore this paper will present much of their wisdom and observations of the impact of parent blame on their lives.

Mainstreaming mental health into the Families in Cultural Transition Program
Susan Cunningham, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

The Families in Cultural Transition (FICT) is a group based psychosocial education program established by the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), that focuses on the impact of refugee experience and the challenges families may experience in Australia post settlement. The program adopts experiential learning approaches and is delivered by trained bicultural facilitators in the community language of the participants. Topics address practical, conceptual and emotional needs from budgeting and support services to communication in families, gender, youth and children.

In order the address the issue of poor knowledge and understanding of the nature and treatment of mental health problems in a more holistic way, a range of activities aimed at
promoting mental health wellbeing was developed under the title “We Can Do This”. These activities are integrated into the existing FICT modules and emphasise the considerable strengths and personal resources refugees bring with them, while acknowledging that pre and post migration factors may play a role in their wellbeing in a resettlement context.

This presentation outlines how this set of wellbeing and psycho-education activities was mainstreamed into the FICT program, including how participants from six refugee communities reported the value of these activities.

Refugee families taking strides with practical case management support and sensitive trauma informed approaches
Gail Westcott, Settlement Services International, NSW Australia

This presentation will outline the approach SSI case managers use with newly arrived refugee families, which is guided by strength based, culturally responsive principles, trauma informed methods and collaboration with community services. Several unidentified case studies will be discussed to enable participants to understand how the families, adults, children and young people create their new lives and work through their challenges.

Many professionals are curious about the work and support offered by a well-informed consistent case management approach, this presentation will highlight some key aspects of the assessment process for case support and how clients benefit. The unique Clinical Practice Unit at SSI provides case managers and team leaders with an opportunity to discuss complex case matters and reflect on aspects of the case from a holistic systemic framework. This brings a helpful review of progress, challenges and opportunities to take forward.

Settlement Services International (SSI) is working with many hundreds of new arrival families within humanitarian entrant program and an asylum seeker program. It is the largest not-for-profit Humanitarian settlement organisation in Australia. SSI also provides accommodation support, multi-cultural foster care, disability support and employment services.

Reification, silence and contradiction in Tamil refugee families: How parents and children approach past loss and trauma
Lux Ratnamohan, Psychiatry Research and Teaching Unit, Liverpool Hospital, NSW Australia

How do Tamil refugee families communicate about past loss and trauma? What narratives do parents give their children about the past? What secrets do parents keep from children and why? How do children construct their own accounts of histories beyond the grasp of direct memory? And how is the narrative coherence of children and parents implicated in the wellbeing and resilience of families? The literature on refugee trauma has privileged disclosure over silence, connecting re-telling and authorship with mastery and agency. Such lines of argument blur as one moves from the clinic to the home, from the therapist-client relationship to the parent-child relationship and from Western to non-Western cultures. Using inter-generational attachment narratives of children and parents from 35 Tamil refugee families that arrived in Australia in the post-2009 period, I will provide an account of the orientations families take on approaching the past and the strategies parents use to communicate past loss and trauma to their children. I will show that families adopt one of two orientations to the past: reification or silencing. Regardless of the orientation a family takes, I will suggest that what really matters is the capacity of parents to provide their children with coherence around contradictions.
C5. Schools and Young People

Beginning school well
Sue Pigott, NSW Department of Education, NSW Australia

The Beginning School Well (BSW) program is an early intervention program for refugee children and their families prior to their entry to school. Since 2009 approximately 50 schools have participated. The program addresses the extreme stress and multiple traumas that many refugee families experience in their country of origin. It is based on research that shows children who make a good start to school are more likely to participate actively in their education and achieve better lifelong outcomes.

The program is a community based intervention targeting prior to school age refugee children and their families. It is based on the establishment of a supported playgroup providing play based sessions in a welcoming environment facilitated by a trained coordinator. The families are supported by a local mentor who speaks the family’s home language and understands the complex needs of refugee families.

The program aims to:
- develop positive relationships between refugee children and their families, mentors, and teachers
- enhance feelings of confidence and trust for refugee children entering school
- ensure refugee children and parents feel safe, welcome and valued members of the community
- assist refugee children to develop positive social skills, attendance patterns and dispositions for learning
- increase capacity of schools to support refugee families and their children.

The program has demonstrated strengthened confidence and resilience of refugee families and a sense of belonging to their community. This has been achieved through mentoring which improves the refugee trauma related issues as measured by the parent and teacher surveys collated pre and post intervention. More positive settlement outcomes have been measured by the attendance of refugee parents at the playgroup and school transition programs and through case studies. Schools have identified and reported on targets based on the aims of the program in their Management Plans.

Supporting high school students from refugee backgrounds transition to higher education: LEAP-Macquarie Mentoring (Refugee Mentoring)
Ruth Tregale, Fredrick Gombe, Subhash Koirala, Macquarie University, NSW Australia

Between 2015-16, the largest proportion of humanitarian visa applications in Australia were from 15–19 year olds (UNHCR Global Trends 2015). Education is key to effective resettlement, leading to better employment and health outcomes for individuals and economic benefits for society as a whole. Yet while the journey through education towards employment is challenging for every young Australian, it presents additional difficulties for students from refugee backgrounds, given that they have often experienced years of instability, trauma and disrupted schooling. Australian schools often struggle to provide
resources to fully support this very motivated and academically able cohort, and the social and cultural capital needed to navigate education and career pathways is generally lacking. The LEAP - Macquarie Mentoring (Refugee Mentoring) program addresses this challenge in an innovative way. Volunteer university student mentors, many of whom themselves come from refugee and migrant backgrounds, are matched with high school students from refugee backgrounds for weekly peer-to-peer mentoring sessions covering topics such as goal setting, time management, career pathways and the university environment.

This paper examines the impact of the LEAP-Macquarie Mentoring (Refugee Mentoring) program through mixed-method approach. High school students from refugee backgrounds (n=624) in NSW completed a paper-based survey and semi structured interviews were completed with 83 mentees. Key findings highlighted that the LEAP-Macquarie Mentoring (Refugee Mentoring) program supported students in making a smooth personal, social, and academic transition from high school to university, helped them develop leadership potential, and provided them with a connection to community. In the long term this works to re-establish social capital, enhances resilience and empowers students to be role models.

Schools and families in partnership
*Maureen O’Keefe and Kath Cooney, The Victorian Foundation for Survivors of Torture (VFST), VIC Australia*

Many students from refugee backgrounds are highly likely to be disadvantaged when attending school in Australia. In addition to experiencing the trauma of war, displacement and disruption to education, students and their parents/carers may be unfamiliar with the Australian school system. Whilst many students may be multilingual, they may have limited English language skills, particularly for academic purposes. Whilst parents/carers will have high aspirations for their children’s education, many parents/carers from refugee backgrounds may have had limited access to schooling themselves, have different cultural expectations of parental engagement in school and be unsure about their capacity to contribute to their children’s education.

This paper will explore the opportunity for schools to recognise the strengths parents bring and the contribution they can make through opportunities for authentic engagement with schools. Schools and Families in Partnership: A desktop guide to engaging families from refugee backgrounds in their children’s learning (VFST 2015) is the culmination of a project which brought together school leaders and parent advisory groups across metropolitan and regional Victoria over a period of 18 months. Primary, secondary, city and rural schools, chosen because of their inherent understanding of the refugee experience and the capacity of school to be a site of recovery during resettlement, were involved in the development of this resource. A background paper, Educating children from refugee backgrounds; a partnership between schools and parents has informed the development of the desktop guide. The resource reminds schools that whilst some parents/carers from refugee backgrounds may not be formally educated, they should be recognised as co-educators of their children. Such recognition supports recovery and aids resettlement.
Resilience through a cultural activity on the road to wellbeing, Project Bantu: a group approach
Edielson Miranda and George Pearson, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Project Bantu is an intervention program that introduces the Afro-Brazilian art form of Capoeira Angola to young people from refugee backgrounds. The project combines the healing potential of musical and physical expression to provide a range of social and learning outcomes. It aims to integrate the three levels of individual existence: cognitive, affective and social development that promotes empowerment, respect, self awareness and developing individual strengths to succeed and face the challenges of life.

Capoeira Angola can be used as a form of psychosocial intervention. Based on dance and martial art, it gives young people a chance to connect with their own bodies and with their peers within a safe container. The activities in the program aim to create a bridge between mind and body, a mindfulness exploration using music rhythms and body movements. This paper will outline the theory and historical context behind the program, how this approach has been used to foster healing with young refugees in the schools in Western Sydney and will include an experiential component. It could also run as a one and a half hour practical if possible.
C6. Community Interventions

From xenophobic community to learning community: Creating safety and local solutions for torture survivors in a rural Minnesota context
Andrea Northwood, The Center for Victims of Torture, USA

This paper will describe lessons learned from a 9-month government-funded project to build a “learning community” focused on improving coordination and integration of behavioral health services for war-traumatized refugee populations in St. Cloud, MN, USA. St Cloud is a small city in a rural area experiencing considerable xenophobia and racial tensions in response to an influx of 10,000 Somali refugees over the past decade. We measured achievement of the project’s goal through the following:

a. Recruitment, hire, and usage of a trusted local leader in the Somali-American community to ensure project credibility and ensure Somali community participation so that Somali community input could drive the process, which it did: the largest attendance in focus groups and trainings, and the most solutions generated, came from Somali community members themselves. We see this as a measure of success for a key sub-goal of the project: to engage the communities of survivors in their own healing.

b. Recruitment of diverse constituencies to attend focus groups and constituency-specific trainings that identified local needs and local solutions to improve coordination and integration of behavioral health services for St Cloud’s refugee populations. This included behavioral health providers; front-line community members who encounter behavioral health concerns working in the schools, public health nursing, child protection services, domestic violence, and basic needs/social service agencies; and refugee community members, including patients and their family members.

c. Integration and networking of normally segregated communities via a full-day conference in which the different constituencies received separate-track training they had previously identified that they need to begin addressing refugee behavioral health for the first half, followed by a half-day of working together in integrated small groups to build relationships, engage in bi-directional cross-cultural dialogue on the project’s topic, and identify next steps.

d. Establishment of an ongoing learning community in St Cloud that outlives the grant and is not led by the grantee but instead by the community, including significant refugee community representation. This community task force continues to meet monthly to implement local solutions generated as ideas during the grant period. Their immediate priority is to build a sustainable network of local providers, culturally relevant resources, and point-persons who have regular contact, trust, and opportunities to share knowledge with one another. They see this as a necessary first step and springboard for creating further improvement in community systems promoting behavioral health integration.
How does community, friendship and trust have a role to play in getting people the support they need?

Megs Lamb, Multicultural Communities Council of SA, SA Australia

Community, Friendship and Trust. These three things create a space where new arrivals open up, talk about their experiences and allows new friends to support them in seeking support and services for torture and trauma.

Through community and through friendship, with a guided, trusted and gentle hand, the stigma around mental health can be reduced and new arrivals are more willing to access services when people they trust recommend the support.

We will talk about how trust, friendship and community have a part to play in successful referral of people to services for Torture and Trauma, with real life cases and how communities and services can work together to get people what they need and the ongoing benefits to society when people are seeking support and treatment.

For many new arrivals, more specifically Refugees and Asylum Seekers, are living with side effects of long term torture and trauma and don’t even know it. For most, this has been their daily “norm”, some moments, days or weeks are worse than others, but it is still their “norm”. How do our new neighbours even know they have PTSD or other effects of torture and trauma, if they don’t have a language for it and how do they seek support and medical attention if mental health is a “western problem”. How does Community, Friendship & Trust have a role to play in getting people the support they need.

Refugee Communities Advocacy Network: Our lives, our voices, our decisions

Rebecca Eckard and Shukufa Tahiri, Refugee Council of Australia

The Refugee Communities Advocacy Network (RCAN) is a group of refugee community members coming together to fill a void: the often unrecognised voice of people from a refugee background advocating on issues that matter most to them. Refugee community members have long voiced their frustration over their absence from key discussions and decisions in relation to the issues that impact their lives the most. RCAN supports community members to have the opportunities to rectify this deficit.

Initiated by the Refugee Council and supported by the Victorian State Government and the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), RCAN builds on the strength of refugee communities and supports them to amplify their voice at all levels of government and also with businesses, organisations and services.

Using a strengths-based approach, RCAN aims to support the recovery of people from a refugee background (including people still in the process of seeking protection) as they live and settle in Australia. As one RCAN members said, “refugee communities as a collective should not only be talked about, but talked with.”

Over 20 different refugee communities participate in RCAN and ongoing work contributes to a national body that has a stronger and more effective influence on key government policy decisions that affect refugee communities.
A well-known phenomenon amongst practitioners in the field of settlement and refugee community development is the idea of community fragmentation as result of the political violence. Most of the refugee communities are from place where they have experienced political violence of some sort. In some cases, a portion of the community turned against the other and vice versa.

Martin –Baro who popularised the concept of political violence in the context of State sponsored Terrorism highlighted some of the impacts of political violence on community as being phenomenon that leads to breakdown in relations, narrowing of frame of mind and restricting ability to organise and mistrust in authorities and other members of the community. As a result, even when in the settlement context, most refugee communities still remain fragmented to certain extent.

Community development is about bringing community members together to act on issues that will affect their lives and interests. If community is fragmented, individuals will find it difficult to corporate and achieving good outcomes from community projects will mean more frustration and more efforts on the part of community leaders. This makes refugee community leadership a difficult task; which not only affect the individual leader but also the general wellbeing of the community membership as a whole.

This paper presents a case study that showcases an effective refugee community leadership that adopted elements of the Asset Based Community Development (ABCD) approach to deliver successful outcomes. The paper will discuss lessons learned from the process, which include challenges and how they were handled. Specific aspects of trauma impacts within the refugee communities will be highlighted and practical examples will be provided on how these impacts were addressed.

Focus will be on four key elements of the ABCD approach and how these elements were operationalised from start to end that lead to one of the most success.
C7. Service Delivery

Securing our sector: Embedding outcomes evaluation centre wide
April Pearman, Association for Services to Torture and Trauma Survivors (ASeTTS), WA Australia

Torture and trauma rehabilitation centres are under increasing pressure to demonstrate outcomes in order to secure public and private funding. In Australia, some sources of government funding had previously only required output level results. With limited time and resources for evaluation, embedding outcomes evaluation in internal practices ensures results are demonstrated and lessons learned. Taking a centre wide approach ensures consistency and demonstrates professionalism. At ASeTTS, programs had grown organically in response to clients’ needs and funding availability. As such program documentation and evaluation had varied. ASeTTS management and staff sought to tackle this problem as a whole centre. ASeTTS staff drew on best practice program management techniques from the not for profit, public and private sectors. The ‘ASeTTS Program Management and Evaluation Toolkit’ was developed with templates for five key documents to be completed across the life cycle of a program. The documents include; a Concept Proposal (for programs at the idea stage), a Program Document (for the program design stage), an Evaluation Report and a Lesson Learned Document. The same templates were used across the centre, including different programmes and disciplines. Staff received training and Individual drafting sessions were conducted with staff for each program with evaluation expertise support available. ASeTTS staff completed Program Documents for 22 programs across the centre (including all direct and capacity building services). As a result, corporate memory has been captured to improve staff induction and handover. Staff were up-skilled in project management and outcomes. Taking a centre wide approach has helped to build buy-in from staff as they can see they are not alone in learning something new and completing the documentation. Evaluation reports have been used to support funding applications and improve programs, positioning ASeTTS well in a competitive environment.

Obtaining informed consent in evaluating trauma and recovery and settlement services
Atem Atem, Australian National University, ACT Australia

One of the challenging areas in the provision of trauma recovery services and indeed in the provision of settlement services to newly arrived refugees and humanitarian entrants is effective evaluation of services. Evaluation of services involves, among other things, finding out from clients whether they found the services useful and whether their needs were met. Obtaining informed consent from clients to participate in research evaluation is an important principle in the evaluation of services. How do we know that a client has given informed consent? Do clients really understand informed consent? Drawing on my experience carrying out fieldwork for my PhD, I reflect on the challenges I faced in obtaining informed consent and argue that for some client groups it is difficult to tell whether informed consent is obtained. What is usually considered as informed consent is a form of consent given under the impression that one is obliged to give consent to reciprocate the fact that a service has been received for free.
Clinical information systems: The gadget that turns data into evidence based decisions
Carlena Tu, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

New generation clinical information systems use cutting-edge technology by collecting data at its source allowing clinicians to focus on service delivery enhancing clinical outcomes for clients whilst providing enriched data for evidence based service management decisions, provide an abundant supply of data for research purposes and establish undeniable evidence of the importance for the existence of the service to funding bodies.

Such a system has been implemented at STARTTS since January 2016 and has assisted clinicians in making better decisions for their clients, management to make better decisions for the service, researchers to establish evident trends and it supports the agency’s fundraising efforts to acknowledge obvious evidence of the importance of the existence of the service.

The client information system at STARTTS enables optimised service delivery from the moment a client is referred with a waitlist prioritisation system alarming the service when a client has exceeded their recommended waiting time.

Information is also amassed pertaining to both the client’s attributes as well as approaches and techniques used by clinicians in each episode of intervention. The clinician is recommended pathways to combat triggers such as suicidal ideation and domestic violence.

Trends of symptomatology between clients with similar demographics are established and the evaluation of interventions and their impact on those symptoms is supported.

Statistical reports can also be provided to attract and retain funding ensuring the survival of STARTTS as a torture and trauma service.

Client information systems vary due to different service needs but the value of developing situationally appropriate data collection systems to ensure the survival and thriving of torture and trauma services is universal.

The Treatment and Research Integrated Model, TRIM – How make the most of your clinical data in a refugee health setting
Charlotte Sonne, Competence Centre for Transcultural Psychiatry, Denmark

Although more treatment outcome studies for trauma-affected refugees have been published in recent years, most are limited in design and quality. The paucity of data possibly reflect a combination of methodological challenges in performing research in a transcultural setting, problems in collaboration between researchers and clinical staff as well as a lack of resources for undertaking larger research projects.

The Treatment and Research Integrated Model (TRIM) is invented at Competence Centre for Transcultural Psychiatry (CTP) in Denmark and has gained international interest due to its simple, yet structured approach of optimising the use of clinical data for research purposes. The aim of the TRIM model is to involve all personnel in generating research data of high quality with minimal impost in terms of additional costs and time commitment.

The rationale behind the model is presented, demonstrating the feasibility of integrating outcome research into real-life clinical practice settings. While challenges remain in carrying out treatment outcome studies among trauma-affected refugees, they can be overcome by careful consultation and negotiation in a setting where there is an
established ethos of commitment to the scientific endeavour. Ultimately, identifying the most effective interventions will provide better treatment and quality of life for the large number of trauma-affected refugees seeking assistance for mental health problems.

Through this presentation, different elements of the model are discussed with examples of implementation in various kinds of studies. Focus will be on providing practical advice and guidance towards integrating research in clinical facilities that are working with mental health among trauma-affected refugees.
POSTER PRESENTATION ABSTRACTS

A day of mental health practitioners in settlement and support services
Changiz Iranpour, Ariana Kenny, Mariham Basta, Marist180, NSW, Australia

A mental health Practitioner (MHP) has a psychology or counselling background working in Settlement and Support Services (SASS) directorate to provide mental health support to clients who are part of the MYC community SASS program; to promote emotional growth and resilience in preparation for their future; to ensure clients receive the best possible access and referrals to mental health services and support. A MHP provides activities this may include assessments, training, therapeutic services and consultancy as requested, and work across residential services and case management clients. They provide an ongoing automatic services for residential services - no referral needed, however, this service is available for the SRSS clients only based on an internal referral and are limited to short sharp interventions.

Summary of MHP’s duties and responsibility is included:
Provision of appropriate culturally sensitive support, administering Wellbeing Screening Instrument (WSI), developing a range of strategies to ensure appropriate treatment is provided in line with evidence based practice, working with the other team members and communication related living skills, assisting the client with their transition in to the community, identifying and responding to individual client needs through the development and implementation of tailored support and safety plans, and building collaborative relationships with other service providers.

African companions: Addressing the impact of substance use in refugee communities
Piath Machut, Drug and Alcohol Multicultural Education Centre, NSW, Emmanuel Kondok, Community of South Sudanese and other Marginalised Areas Association, Alison Jaworski, Drug and Alcohol Multicultural Education Centre, NSW, Australia

The link between experiences of refugee trauma, post-traumatic stress disorder and substance use has long been recognised and there is growing understanding of the long-term intersection between substance use and poorer resettlement outcomes (Goren, 2006; Horyniak et al 2014). Despite this, to date there have been very few interventions at the community level that have specifically addressed substance misuse behaviours so as to assist refugees rebuild and maintain healthy and fulfilling lives.

African Companions is a community-based peer education and health promotion intervention to reduce alcohol and drug harms in African refugee-background communities living in Western Sydney. Peer education has been shown to be an effective way to decrease substance use-related problems (MacArthur et al, 2015). As peer educators share characteristics with their target audience, they act as credible sources of information, are able to be powerful role models, and can have a greater community influence. Peer educators themselves also experience benefits from their role, such as increased self-confidence/self-efficacy and skill development (McDonald et al, 2003), which can assist with successful resettlement and trauma recovery.
This poster presentation will provide a brief overview of how the project has evolved to adapt to changing community needs over time and major project activities. Results from peer educators’ pre and post-training surveys and field notes that describe the impact of the project on African communities’ knowledge, skills and confidence in both preventing and responding to alcohol and drug harms will also be presented. This project was funded by Dooleys Lidcombe Catholic Club.

Comprehensive assessment of refugee and asylum seeker children and adolescents: A review of Refugee Health service referrals
Christine Rowcliffe, Redvers Stellenberg, Sarah Cherian, Princess Margaret Hospital, WA Australia

Background: Princess Margaret Hospital for Children’s Refugee Health Service (RHS) co-ordinates and manages health care for newly arrived refugee children and adolescents. Since 2012, increased numbers of asylum-seeker presentations were noted. Methods: Referral reasons were compared to diagnoses, identified following standardised holistic RHS review. Data was analysed using SPSS. Results: Between October 2013 and December 2014, 310 patients were reviewed. 81.7% referrals (254/310) were from the Humanitarian Entrants Health Service. 15.2% (47/310) referrals had previous detention experience. Analyses of RHS referrals demonstrated significant differences in mean number of issues identified by referral sources compared to the completion of initial RHS assessment (all referrers: mean 2.3 ± SD 1.2 issues versus RHS assessment: mean 5.1 ± SD 2.1 issues, p <0.001). Only 6/310 referrals (1.9%) had no additional problems. Detention impacted on acuity of referrals, with significantly more receiving urgent triage ratings (34/47; 72.3% urgent versus 13/47; 27.7% non-urgent, p<0.001). The effects of detention on this cohort were marked, with significant differences in the frequency of psychological, educational and parental mental concerns identified by the RHS. Conclusion: The complexity of identified issues encompassed all health. However, many referrals were for abnormal screening results without acknowledging broader psycho-social concerns. The significant difference in issues identified highlights the specialist knowledge and skill base of the RHS service. This audit demonstrated that multidisciplinary team review and improved standardised RHS assessment identified higher percentages of developmental, educational, psychological and socio-economic concerns, factors important in ensuring positive resettlement trajectories. The adverse health impact of detention highlights the need for comprehensive paediatric refugee assessment of all detained children and adolescents.

Asylum seekers: The question of hospitality from a decolonial perspective, disrupting Ideas of the nation and the national
Ana Maria Holas, Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS, Adelaide), SA Australia

This paper aims to examine the Australian hegemonic violence exercised against refugees and asylum seekers who are attempting to settle in Australia by seeking recognition of their claims for protection and a humanitarian response. This paper aims to expose some of the political claims arising from the refugees and asylum seekers’ presence, which disrupt the idea of Australia as an egalitarian and fair nation. At the same time, this paper wants to explore the tensions and opportunities that their claim for hospitality offers to disable Australian hegemonic violence positioning refugees and asylum seekers in particular, as mere objects, subjected to hegemonic power thus, undermining their rights to settle and to seek and attain sanctuary. However, creating ethical spaces including the right of belonging.
Australian immigration detention: How should clinicians and professional bodies respond?  
Ryan Essex, University of Sydney, NSW Australia

The damaging nature of Australian immigration detention has been well established. Since the introduction of mandatory detention close to 25 years ago these environments have witnessed countless instances of violence, abuse, riots, self-harm and suicidal behaviour, in addition to having a devastating impact on the health and wellbeing of those detained. Clinicians and professional bodies have been engaged with these issues for a number of years and advocated for change, however Australia’s present policies are arguably more damaging and regressive than ever. How should clinicians and professional bodies respond? To this point the Australian government has failed to respond to advocacy, protest and even civil disobedience, but can more be done? Potential courses of action will be discussed along with the roles of clinicians and professional bodies in promoting clinical, systemic, political and social change.

Bridge to Justice: A trauma informed approach to legal assistance  
Anne Mainsbridge, Friends of STARTTS, NSW Australia

Many refugee survivors of torture and trauma struggle with legal problems, ranging from simple fines and debts through to complex matters of civil, administrative and criminal law. Most clinicians are not trained to deal with legal issues, and valuable clinical time can be lost trying to refer clients to legal services. Even when clients are connected with lawyers, the quality and effectiveness of legal service provided can be compromised by cultural barriers, communication problems and lack of awareness of the complexity of refugee trauma and its impact on mental health. Clients can be re-traumatized by the legal system and all too often, unresolved legal issues can hinder resettlement and recovery from trauma.

Bridge to Justice (BtJ) is a project of Friends of STARTTS (FOS). Established in 2015, it seeks to improve access to justice for clients of STARTTS through the provision of holistic, trauma informed and culturally sensitive legal support. Clients are provided with supported referrals to legal services and are assisted to follow through with any legal advice they are given.

What makes BtJ unique and innovative is that a lawyer is placed within a clinical service and works closely and collaboratively with clinical staff to identify and assist clients with legal issues. In keeping with the STARTTS framework of client empowerment, BtJ seeks to build client trust in the legal system and to improve client knowledge of legal rights so that in the future, legal problems can be approached with enhanced confidence and capacity. BtJ also seeks to build the capacity of lawyers to work effectively with refugees and asylum seekers by providing education and training on trauma informed legal practice.

Drawing on the different perspectives of clients, clinicians and lawyers, this presentation will review the first 12 months of BtJ and discuss future initiatives.
Capturing the skills and knowledge of children from asylum seeking and refugee backgrounds

Emma Preece Boyd, Chanelle Burns, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Narrative therapy is a post-structuralist therapeutic practice that views people’s lives as multi-storied and endeavours to assist people to richly develop stories of their values, survival and commitments while addressing and acknowledging problematic stories of trauma or difficulties. Narrative therapy positions people as experts in their lives and views them as having skills, knowledge, abilities, values, and commitments.

Therefore, if people are viewed as having skills and knowledge on how to survive, thrive and overcome challenges, it is the role of the Narrative Therapist to draw out this wisdom through asking questions and enquiring into a person’s history. As Narrative therapy views therapeutic work as collaborative, this type of enquiry is defined as co-research, between therapist and client.

The process of co-research into the insider knowledge of people who have survived trauma create rich landscapes for recovery and healing from traumatic events. Further, through the articulation, documentation and witnessing of these knowledges, survivors are not only supported in their own recovery, but are able to contribute to the recovery of others.

"""When persons are established as consultants to themselves, to others, and to the therapist, they experience themselves as more of an authority on their own lives, their problems, and the solution to these problems"""" (Epston & White, 1992).

Narrative therapy has a long history of documenting the knowledge of clients in therapeutic conversations and Chanelle and Emma will present, in poster form, documentation co-created with people from refugee and asylum seeking backgrounds that detail survival skills, recovery skills and settlement knowledge. This presentation of unique insider knowledge of we hope will demonstrate the value of consulting and documenting the skills and knowledge of survivors of refugee trauma.

Chameleons at the gate - The integration experiences of young refugee women in Aotearoa New Zealand

Ana Sharpe, Refugees as Survivors New Zealand (RASNZ), Auckland New Zealand

At the Mangere Refugee Reception Centre in Auckland, refugees from many parts of the world begin their journey of integration into a society which is often vastly different from the one which they have recently left. Integration into a new society can be confusing, is sometimes difficult and few traverse the terrain without acquiring a good few bruises.

For some the journey is more difficult than for others. In order to support young people to integrate more comfortably into what is sometimes a strange and even conflicting new culture, RASNZ, facilitates a group programme for adolescents aged between 13 - 18 years. However, from observation, it appears that adolescent girls from some cultures may experience particular difficulties in their integration journey.

In clinical sessions, adolescent girls often express frustration, grief and anger at their position in their own society. However, they will often conclude with, “But what can we do? This is our culture.”
Community support - A vital tool in educating young people of refugee origin. Short Film – Wings
Sarah King, Richmond Tweed Regional Library, NSW Australia

This short film showcases the benefits of Community support in education for young people with a refugee background and is seen as an integral part of settlement for young people in a new country. It investigates vital support systems necessary to assist these young people to become successful in their academic studies. They are most often caught in a web of persistent negative assumptions that are deleterious to their desires and motivation for high achievement in educational institutions. courage, determination and perseverance have been noted in some research studies, but are mostly not given prominence (Cassity and Gow, 2005; Earnest, Housen & Gillieat, 2007).

The project is based on an empirical research, and it collaborated with four young people from different parts of Africa, resettled in Lismore, New South Wales. Wings was produced using three stages of engagement; discussions/analysis, filming and editing. Each stage was directly informed by attributes of a participatory research paradigm. It breaks language barriers and can be easily accessed. It serves as an exemplar and reference for other researchers dealing with refugee issues.

Volunteers provided assistance with homework and assessments in a social and friendly atmosphere. They asked questions, chat and laugh and make mistakes with no fear of judgment. The young people socialized with their peers with similar cultural background where they felt more comfortable. The more support they received, the more they developed an inquisitive mind; seeking answers and gaining knowledge and understanding of their studies. We see a sense of community, friendship, self-sacrifice, resilience and mutual gains.

Ethical dilemmas in a time of border control
April Pearman, Association of Service for Torture and Trauma Survivors (ASeTTS), WA Australia

In 2015, in the name of ‘border control’, the Australian Government passed legislation banning all practitioners from speaking out publicly about anything they see or hear in immigration detention centers in Australian and the offshore centers on Nauru and Manus Island. As a result any practitioners speaking out can be charged with a criminal offence and face up to two years imprisonment. The law limits freedom of speech and government accountability, and sets a dangerous precedent for the treatment of asylum seekers in developed countries.

Prior to the introduction of the Australia Border Force Act 2015, staff working within detention regularly advocated for asylum seekers on an individual and systemic levels. On a systemic level, ASeTTS partnered with university researchers to analyse and publish clinical data collected in immigration detention, contributed to inquiries and consultations
Evaluation of the effectiveness of neurofeedback in treating PTSD and associated cognitive deficits in traumatised adult refugees

Mirjana Askovic, Anna Watters, Mariano Coello, Jorge Aroche, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Anthony Harris, University of Sydney, NSW Australia

This pilot study aims to evaluate the effectiveness of neurofeedback treatment for traumatised refugees presenting with high levels of post-traumatic stress, using objective and subjective measures under relatively controlled conditions. Subjects consisted of 30 adult clients referred to STARTTS’ Neurofeedback Clinic. The participants were split into two groups. Fifteen participants received 20-30 neurofeedback training sessions while 15 participants continued to receive counselling treatment by their referring counsellors while on the waiting list for neurofeedback.

The clients receiving neurofeedback were taught to enhance alpha brainwave activity and/or sensory-motor rhythm activity to promote calm and relaxed states. Post-training changes in EEG/ERP activity, psychological functioning and cognitive performance were assessed and compared to the results collected at baseline. The participants on the waiting list were assessed at baseline and again after 3 months of waiting. The post-training test results compared to the baseline measures indicated positive changes in several domains, while the results of the participants on the waiting list showed minimal or no change. Our findings suggest that neurofeedback can be an appropriate and efficacious treatment modality for PTSD in refugee population that warrants further investigation.

On asylum seeker wellbeing in detention, publically participated in events of support and maintained a presence on social media advocating support of asylum seekers. ASeTTS can no longer publish research from clinical data or draw on experiences as evidence in advocacy work.

On an individual level staff can continue to advocate for their clients inside immigration facilities but cannot speak publically on behalf of their clients. If a client discloses abuse or witnesses human rights abuses, the staff member risks imprisonment if they speak out publicly. This new law further allows or even invites human rights abuses to occur without public awareness or consequence.

For practitioners the new law forces them to re-assess their ability to behave ethically under these conditions. For the agency, without the capacity to publicise mistreatment the question remains, should counselling services continue to be delivered under these circumstances?

The enforcement of secrecy also beg the question, how different is the Australian government from those which refugees are escaping?

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Facilitating sustainable resettlement through enterprise facilitation
Chuladej Dejrangsi and Ma Antonina Ortega, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

People from refugee backgrounds have skills that can contribute to the Australian economy but face significant barriers to obtaining employment such as poor English language skills, inadequate knowledge of Australian business culture, limited access to capital and existing services such as the New Enterprise Incentive Scheme (NEIS). They require a long-term investment which mainstream services may struggle to provide at a reasonable cost.

Enterprise Facilitation (EF) which aims to promote local economic growth in Western and South Western Sydney – are being adapted for people from refugee backgrounds. Yet how successful are these programs in meeting the needs of these communities and providing sustainable employment pathways? What is good practice and is it possible to engage in these programs but also be profit driven? The presentation aims to explore these questions.

The EF project assists would be entrepreneurs in establishing new businesses by providing a one stop advice and support service for all refugee entrepreneurs; tailored training appropriate for target groups; and mentoring and networking support to ensure establishment of a strong business.

Preliminary findings of the qualitative evaluation using the Social Capital methodology suggest positive outcomes and have benefitted the refugees who participated in the project. Improved self-esteem due to increased knowledge of Australian systems, improved financial status, increased self-confidence as a result of exposure and experience in doing business, feeling happy and less anxious, enhanced self-worth were some of the outcomes put forward by the project participants.

The project suggests that providing adequate support to refugees through enterprise facilitation is much needed in reaching out to refugees who fall between the gaps, and left out of mainstream government services related to self-employment. It is important in their resettlement process and attaining general well-being.

Facing the challenges of regulation problems in 0-5 year old’s from refugee backgrounds
Naila Hassan, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Regulation, in 0-5 year olds from refugee backgrounds, is affected by many interconnected factors. Unhelpful labels can be given to the child and their behavior, when the refugee experience is not taken into account, and this can affect the responses of caregivers and professionals.

Clinical observation and assessment at STARTTS, which are consistent with the trauma studies of Perry, Porges and Van der Kolk, show that children who come for therapy present with health issues, sensory processing problems, aggression, irritability, controlling behaviors, lack of focus, and speech delays. These presentations can all stem from, the brain’s survival system.

These children have not just faced one adversity but several layers of traumatising experiences. Of the ten adverse childhood experiences (ACEs) some of the children seen at STARTTS have experienced all ten of them, in addition to displacement, organised persecution, and deprivation. These symptoms can also be passed from one generation to the next.
The children’s lives have been chaotic and unpredictable from the moment of their conception, much earlier than their language development. Hence the common triggers are at an unconscious and nonverbal level. The impact of these layers of experiences means that normative development is delayed so they are continuing to rely on earlier skills. Rather than developing new competencies, their energy is invested in survival. The children referred to STARTTS are generally considered to be a problem for others, such as care givers, child care or schools.

A mix of therapeutic interventions is used, to include modalities such as play, music and movement, sensorimotor activities, and mindfulness. Repetitive, patterned, sensory, rhythmic activities (Perry) as well as other techniques. Our aim is not just to improve the symptoms but enhance and build on safe caregiving systems, by working respectfully with the parent who is then informed and empowered to work with the child.

Hazara young people with refugee backgrounds in Australia: Psychological distress and help-seeking
Cathy Copolov, Swinburne University of Technology, VIC Australia

Background and Purpose/Objectives: Little Australian research has investigated the explanatory models (EMs) of psychological distress and help-seeking among young adults with refugee backgrounds. Many young people with refugee backgrounds continue to experience high levels of psychological distress in the settlement country; however, it is not clear how they describe their own subjective health or the strategies they use to seek help. While there has been research on EMs among refugees from other ethnic backgrounds, little research has investigated EMs for young Hazaras. Methodology: This qualitative study uses an EM framework to describe psychological distress and help-seeking strategies among Hazara young adults with refugee backgrounds in Australia. Semi-structured interviews were conducted via Skype or telephone with 18 Hazaras (9 males and 9 females) aged 18-30 years residing in Victoria, Sydney and Perth. Results/Impacts/Outcomes: Psychological distress was described as thinking about your problems, loss of control over one’s future, cultural concepts of mental health and illness and stress and worry experienced differently by men and women. Seeking help for their psychological distress was shaped by different styles of coping used by men and women, barriers and access to services, patterns of use and satisfaction with services. Conclusions and Discussion: The current study offers insights into the subjective experiences of distress among this group and their experiences of seeking help including barriers and facilitators. This work will be helpful to service providers and others working with young Hazaras with refugee backgrounds.
Identification of health risk behaviours among adolescent refugees resettling in Western Australia

Dr Kajal Hirani, Princess Margaret Hospital for Children, WA Australia

Aim: To analyse the frequency and range of health risk behaviours in adolescent refugees resettling in Western Australia utilising an adolescent health questionnaire.

Background: Psychosocial assessments can enable early identification and management of health risk behaviours in adolescents. Adolescent refugees encounter traumatic stressors and are at risk of developing psychosocial problems. However, limited data exist nationally.

Methodology: Refugees aged ≥12 years attending the Princess Margaret Hospital Refugee Health Service (RHS) over 12 months were recruited. Sociodemographic data were obtained. Psychosocial assessments based on the “Home, Education/Eating, Activities, Drugs, Sexuality, Suicide/mental health” framework were undertaken. Adolescents were offered to be interviewed independently. Health concerns identified were managed by the RHS.

Results: 122 adolescents from 20 ethnicities participated; 65% required interpreters. Median (range) age was 14 (12-17) years. Many had nuclear family separation (80%) or at least one deceased/missing family member (49%). A third (37%) had lived in refugee camps. Most (86%) had residency visas and 20% had experienced closed detention. The median (range) time since arrival to Australia was 11 (2-86) months. 77% had lived in at least one transit country previously. Frequency of health concerns identified in each domain were: Home 87%; Education 66%, Eating 23%; Activities 85%; Drugs 5%; Sexuality 88%; Suicide/mental health 61%. Most adolescents (66%) required follow-up including referral to medical, educational and allied health services. 42% required education and counselling for specific health risk behaviours.

Conclusion: This study highlights the significant burden of psychosocial problems in resettled adolescent refugees, identified using a standardised psychosocial assessment tool. There is a need to engage early intervention and preventative strategies to address health risk behaviours in this cohort.

Integrated counselling and art therapy

Amanda Labron Johnson, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

This presentation shows examples of material from counselling and art therapy sessions with a male client, age 29 attending University in Regional NSW as an overseas student (refugee-like category). Client had experienced imprisonment and trauma in his home country for political/religious reasons. He is not religious. He also experienced loss of an idolized sister through accident at an early age for which he blames himself. The client presented with depression, suicidal intention, anxiety, low self-esteem and social isolation.

Counselling and art therapy were integrated to work with ‘being stuck’ in a fixed mindset and to increase safety from suicidal intention. Referrals to and collaboration with psychiatrist and body therapist contributed to positive change. Clinical goals included change in links between mental health, failure in exams and suicide. The counselling and art therapy integrated approach was shown to result in improved self-belief, inner flexibility and optimism. This was measured through meeting clinical goals, client verbal statements of change and clinical observation.
The practical art therapy sessions included observing flow forms in a water tray, studies of these forms in nature and Form Drawing as a therapeutic tool using crayon and large paper. This exercise was used with the client as a process of metamorphosis and change to address ‘fixed’ thought processes. The client worked with poetry which helped him express inexpressible emotions. Identity was another topic and the final session was a portrait session where the client sat for a pencil portrait drawn by the therapist. This was a process of ‘being seen’ reflected through the eyes of another which proved a positive therapeutic intervention. The presentation aims to show how art therapy can support client change and inner growth in a counselling practice.

**Key elements of program development and service delivery for young people of refugee background at risk**  
*Megan Leitz, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), QLD Australia*

Young people of refugee background are inherently at risk of self-harm behaviour and/or suicidal ideation due to a number of risk factors existing both pre and post arrival to Australia. Fortunately, they also tend to have many protective factors as well that can be identified and strengthened. Due to this unique combination of factors, program development and planning requires a range of soft entry points with a focus on prevention, targeted early intervention activities and flexible, yet responsive crisis management strategies.

Historically, funding for young people of refugee background at high risk of suicide and/or self-harm has neither incorporated the various targeted strategies nor the time required to adequately manage such vulnerable young people and the chronic elevated risk associated with their cases. Funding has been structured more traditionally for individual face-to-face counselling sessions without flexibility to be more available for the young people who have crises in between sessions.

Twenty five years of experience together with research in this area has given QPASTT vital information and skills in how to best support such vulnerable young people. QPASTT’s programs for young people have been developed based on a trauma recovery model framework (i.e., Judith Herman and Ida Kaplan (VFST)), primarily focusing on creating a sense of safety, fostering connections with others and helping increase meaning and purpose in life. Services for the young people must also be culturally appropriate, have multiple points of contact and types of interventions, and be specific in addressing the particular risk factors these young people face.

This presentation will illustrate the key elements of program design and will include a short case example to demonstrate effective strategies used to help manage young people at risk anywhere along the spectrum from prevention to early intervention to crisis management.
Learning from the voices of Families in Cultural Transition (FiCT) bicultural facilitators
Ma Antonina Ortega, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Families in Cultural Transition (FiCT) is one of STARTS’ foundational group based psychosocial education programs that has assisted people from refugee backgrounds over many years to increase their social connections and understanding of Australian systems and way of life.

The program’s strength lies in its delivery by bicultural workers drawn from the same community as the refugees, speak their language and understand both their culture and the Australian environment. Most of the facilitators come from a refugee background, practised their profession in their country of origin but had difficulty finding employment for the same field when they came to Australia. Since the program began, a total of 186 facilitators from more than 27 ethnic communities, were trained as bicultural facilitators.

They receive a 4-day intensive training to equip them with the proper mindset and practical skills in facilitating the FiCT sessions. They are also mentored by the project officers, and attend a professional development session yearly, to help enhance their skills in dealing with refugees.

Evaluation outcomes using the Social Capital methodology suggests that the facilitators’ involvement in FiCT opened up opportunities to employment, education and community engagement. Through FiCT, the facilitators gained insights on communicating with refugee groups, which led to their further understanding of the community's needs, strengths and potentials. This changed their way of thinking, becoming more receptive to other perspectives, and respectful of people’s culture. As a result, this has increased their confidence and self-esteem, and motivated them to be involved in community development either as volunteers, community leaders, support workers, or resource speakers. This has further led to new job opportunities, or aspirations for further studies. FiCT has not only benefitted refugees, but has also provided positive outcomes for its bicultural facilitators.

Limited English can be more dangerous than none at all! A critical case analysis of adverse events for refugees when accessing the health system without an interpreter
Katrina Anderson, Companion House and Australian National University, Janine Rowse, Christine Phillips, Australian National University, ACT Australia

Refugees are more likely to have limited English proficiency (LEP). Refugee patients with LEP are likely to suffer more frequent and severe adverse events in negotiating their health needs particularly if an interpreter is not available.

Aim
The aim of this study was to describe adverse outcomes described by patients attending a refugee health service attributable to failure of appropriate interpreter use when accessing health services across the health system.

Methods
This study was a clinical audit of all patient records of those attending a community based refugee health service between 1 July 2011 and 31 June 2013. Cases of interest relating to inappropriate interpreter use were examined in further detail in a critical incident analysis.
Results
Of the 471 patients included in the study period, 357 (74.5%) were documented as requiring an interpreter. 24 separate incidents of adverse outcomes related to failure of appropriate interpreter use were reported by a total of 21 patients (two patients reported multiple incidents). The majority (62.5%) of reported incidents involved obtaining informed consent. Incidents involving inappropriate ad-hoc interpreter use (16.7%), discharge medication instructions (12.5%) and other incident types (8.3%) were also reported.

Implications
This is the first study in Australia to explore the situations surrounding and repercussions of failure of health professionals to use appropriate interpreter services, from the unique perspective of a LEP patient’s description of events at a refugee health clinic. This research highlights the urgent need for proactive service policies and health staff education around appropriate use of interpreter as well as identifying ways in which refugee support services can empower clients to improve encounters with the health system after arrival in Australia.

Literacy: A human right – “ABC-ESL” = English language and literacy group
Megan Levy, Association of Service for Torture and Trauma Survivors (ASeTTS), WA Australia

“Group was created on identified needs from counselling Muslim female clients reporting husbands do not allow them to attend mainstream English classes. All participants had witnessed war or terrorist violence, presenting with PTSD, depression, anxiety, and significant acculturation issues due to language and cultural differences. All lived 2 years in refugee camp in Middle East. Regardless prior educational level, by not speaking, reading, and writing English all participants had become illiterate with two core problems: Inability to help their children with school tasks. Inability to incorporate into Australian main stream society and culture. Analysis Instruments: 1) General Self Efficacy Scale to assess self-coping mechanism, goals and resourcefulness in hardship. 2) Tailored ABC-ESL Survey to determine benefits and achievements. 3) Thematic analysis of counselling conversations.

Results
Self-Efficacy Scale results, participants see themselves, before arriving to Australia, as resourceful, pro-active and full of goals, once here scale decreases in relation to refugee experience and lost expectations. Low self-esteem, depression, anxiety, and helplessness increased with resettlement challenges.

ABC-ESL surveys results: Six months after attending group: more positive attitude and confidence when shopping as clients start to read and understand signs/labels and feel confident using public transport.

At 12 months clients venturing to make driver’s license written test and talking and teaching their young children some English words. Confidence and self-esteem increasing. TA identified themes: acculturation stress and failure to adapt to Australian culture, and effects on family roles and structure due to lack of oral and written English language. Intra-family problems due to loss of traditional role. Significant feelings of shame and guilt when mothers and grandmothers cannot help their children with school work.
Mental health concerns and problems for age under 17 in an unaccompanied minors program

Ariana Kenny, Marist180, NSW Australia

Children facing the complexities of trauma from an unstable, often violent history, frequently underlined by grief or loss are in the social media forefront of the refugee and asylum seekers crisis. Mental health presentation for children with trauma backgrounds can vary significantly based on variable such as resilience factors, stability of primary care and carer coping styles, as well as accessibility to mainstream health and social services (Fazel, Stein, 2002). This study aimed to explore mental health concerns and possible effective support for minors aged under 17 years for in the Unaccompanied Humanitarian Minors program. The factors explored include – mental health assessment techniques, child protection issues, behavioural issues, school attendance and access to mainstream mental health and support services. An internal retrograde file analysis from the last 2 years, as well as interviews of staff from each band. The hypothesised issues were that depending on the stream of service referral, there was a lack of standardised means of assessing mental health needs consistently employed across age cohorts, and minors with parents of varying coping styles were frequently the focus of higher level behavioural or child protection issues. Attendance at school, and access to mainstream mental health services should not be affected by band/status ‘categorisation’, however type of supports that could be engaged varied significantly. The case for evidence based consistency of practice to be able to determine mental health outcome measures of minors across bands was indicated.

Moral injury

Megan Levy, Association of Service for Torture and Trauma Survivors (ASeTTS), WA Australia

A study by USA Armed Forces Health Surveillance Centre found that for all military personnel medically evacuated from Iraq and Afghanistan between 2001 and 2012, the most frequent diagnosis was not physical battle wounds but “adjustment reaction,” presenting: grief, anxiety, depression, post-traumatic stress, mental disorders, and suicide.

Maguen and Litz forerunner researchers in moral injury, report that military personnel in combat and war operational experiences are confronted with ethical and moral challenges that may transgress deeply held beliefs undergirding a service member’s humanity. This serious inner conflict born from an experience at odds with core ethical and moral beliefs is called Moral Injury.

Nakashima believes:

- The most serious blind spot in military suicides is an absence of discussions about the moral impact of military training and its implementation in combat, e.g.: soldiers are trained to kill, which is regarded as criminal behaviour in civilian life.
- Moral injury is not PTSD. PTSD is an immediate injury of trauma, presenting: flashbacks, nightmares, dissociative episodes and hyper-vigilance.
- Moral injury has a slow burn quality that often takes time to sink in. To be morally injured requires a healthy brain that can experience empathy, create a coherent memory narrative, understand moral reasoning and evaluate behaviour.
- Moral injury is a negative self-judgment based on having transgressed core moral beliefs and values or on feeling betrayed by authorities.
- Moral injury is reflected in the destruction of a moral identity and loss of meaning.
- Symptoms include shame, survivor guilt, depression, despair, addiction, distrust, anger, a need to make amends and the loss of a desire to live.
There is a possibility, though not yet explored by author, that Moral Injury could also be present in T&T survivors who have faced e.g., moral choices, and suffered, witnessed or perpetrated violence, rape, sex-slavery, human traffic, etc. In which case it is presumed, it could negatively impact resettlement, health and wellbeing.

Process and case management in dealing with the clients and collaboration with other service providers in various aspects
Mariham Basta, Marist180, NSW Australia

Every client has universal and unique needs and existing skills. The case management process plays a major role in identifying those needs and using the client’s existing skills and strength to fulfill those needs and provide all additional resources in consultation with other service provider and government agencies. Assessing the client’s needs takes place through conversational interviewing, and at times formal assessments, these assessments help in identifying any areas of risk and safety concern which would be included in the development of a Safety and Support Plan (SSP) in consultation with a Mental Health Practitioner to assist staff and clients develop consistent and safe working strategies. Case planning in consultation with the client is a critical component of case management as is address their unique needs by clearly identifying their strengths, goals, and steps to get there. By involving the clients in this process and keeping them informed of its structure, clients feel empowered and in control of what is happening for them and as a result start taking some responsibility for the services they require and starting setting goals for themselves in consultation with their case manager and delegated guardians. As the case management evolves, more information usually becomes available to the case manager which is usually due a number of factors including; additional conversations with the client, changing circumstances, and the client achieving the goals set out. This paper will explore how different case planning styles (collaborative consultation versus standard case planning) impact on the client’s level of motivation and engagement in the case management process and working towards their goals.

RAHATT - Supporting and empowering mature aged women from Iraq
Yvette Aiello and Pearl Fernandes, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Rahatt means rest or relief in many languages, including Arabic, Assyrian and Chaldean. To a group of mature aged (55 years – 85 years) Arabic speaking refugee women in Sydney, RAHATT also refers to Reconnection And Healing after Trauma and Transition. These women are victims of the violence and human rights violations following the conflicts in Iraq and the recent offensive launched by militants of Islamic State (ISIS) and other Sunni insurgents in Iraq and Syria. In addition to coping with issues related to refugee trauma, grief related to death of family members, pain and loss of one’s homeland and witnessing its destruction, the women are also grappling with the challenge of transitioning to a new country, a new culture and adjusting to a new stage of life; growing old gracefully.

This presentation will bring together snapshots of interventions that were creatively included to engage the group and assist reflections. Metaphors such as “The Umbrella of Anger” and “The Suitcase of Emotional Baggage” and the “Tree of Life” assisted the group to share experiences and cope with the impact of the dominant grief and trauma narrative. The group have developed bonds and connections with each other and have simultaneously begun to find new meaning in their common values and way of life.
Reflections from the field: Drawing the context of Rohingya refugees and their education
Md Chowdhury, Auckland University of Technology (AUT), Auckland New Zealand

In this paper, we draw on the first presenter’s fieldwork in Bangladesh and Malaysia with the Rohingya people to examine the historical and current context of their flight from Rakhine state in Burma. During the last four decades, many Rohingya people have fled from Burma due to severe forms of discrimination, persecution and trauma. Historically, the Rohingya (Muslim) people have been the victim of riots and anti-Muslim violence by the Buddhist Rakhine in 1930 and 1938; followed by Buddhist nationalism in 1978, 1991, 1997, 2001 and 2012. Consequently, many of them have had to flee the country especially in 1978, 1992 and 2012. Following the violence that erupted in 2012, which caused several hundred deaths, 180,000 people took shelter into temporary displacement camps or isolated villages. From 2012 to 2015, many Rohingya people fled the country by sea hoping for refuge in neighbouring counties. There are 29,000 registered, and 14,000 non-registered Rohingya refugees, as well as 300,000 illegal Rohingya people in Bangladesh. The first presenter worked from 2012 to 2015 as a core staff-member of Muslim Aid-UK Bangladesh Field Office, an international NGO involved in providing humanitarian support to the 14,000 non-registered Rohingya refugees in Bangladesh. During that period he was also part of a four-member team that conducted an assessment of the Rohingya refugees in Malaysia. One of the key concerns that the Rohingya refugees living in these two countries faced was their limited access to formal education. This contextual work provides the backdrop for PhD research examining the educational aspirations, experiences and outcomes of young adult Rohingya people who have been resettled in New Zealand.

Refugee and asylum seeker children and families in Australian ‘alternate’ places of detention
Ryan Essex, University of Sydney, Poonkulali Govintharajah, Kidpsych, NSW Australia

The detention of refugee and asylum seeker children and families has been a particularly controversial aspect of Australia’s mandatory detention regime. The devastating impact of these policies have been well documented, often with a focus on children detained offshore on Nauru. While this attention is warranted, often overlooked are children detained in ‘alternate’ places of detention (APODs) and community detention on mainland Australia. Drawing on a number of years’ experience working with asylum seekers in these environments the impact of these policies will be discussed. Although preferable and superficially more appealing than other forms of detention, these environment remain unsuitable for children and families, doing little to buffer against the systemic harms promoted by Australia’s policies. Implications for clinical practice and advocacy will be discussed.
Responding to suicidality: Considerations for effective suicide risk management when working with asylum seekers
Tess Reddel and Emma Boles, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Working therapeutically with asylum seekers can present particular challenges and ethical dilemmas. There are a multitude of factors which can contribute to the development of psychological distress and emotional suffering in those who are seeking asylum. The experience of refugee trauma, displacement, dangerous journeys to escape their country of origin, detention and separation from family members can all result in a negative impact on mental health. In addition, resettlement challenges and uncertainty regarding the future further compound the history of trauma, culminating in a high level of psychological distress for those seeking asylum. The addition of stress associated with waiting for a protection visa determination, and limited access to services associated with visa conditions can create further complexity for therapeutic work. Ethical and professional challenges which may arise during therapeutic work with asylum seekers will be explored in this poster presentation, specifically relating to duty of care and suicide risk management. The potential impact this has on the therapeutic alliance and ultimately therapeutic outcomes for the clients with whom we work will also be discussed. Strategies for clinicians to continue to cope within this space will be addressed, and reflections and recommendations for future practice will be highlighted.
School's In for Refugees: A whole school approach to supporting students and families of refugee background (VFST 2011)
Maureen O'Keefe, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

Schools, and their inherent context of bringing children and young people together, play a vital role in supporting the recovery and aspirations of students and families of refugee backgrounds whose prearrival experiences include disruption to education and experiences of violence and other traumatic events. School’s in for Refugees: a whole school approach to supporting students and families of refugee backgrounds (VFST 2011) (updated 2016) is a resource for school staff (administrators, teachers and non-teaching personnel) in recognition of their unique position to aid the resettlement process for people whose lives have been disrupted by conflict, persecution and long term displacement.

The first part of this resource describes the refugee experience, including the complex transitions and challenges of resettlement for young people and their families. Each area of action of the whole school approach is also outlined: school policies and practices; curriculum, teaching and learning; school organisation, ethos and environment; partnerships with parents and carers; and partnerships with agencies. The second part includes good practice examples, professional learning activities, tools and resources. This unique resource informs professional learning workshops delivered by the VFST School Support Program and successfully supports all developmental work with schools to enhance their capacity to support students and families of refugee background.

The resource is available on the VFST website and those working in and with schools are able to adapt tools to their particular context.

Service efficacy: An evaluation of counselling for refugee survivors of torture and trauma
April Pearman, Association of Service for Torture and Trauma Survivors (ASETTS), WA Australia

It is important to be able to provide culturally-appropriate and effective interventions to assist survivors of torture and trauma in their country of resettlement. Counselling is a major form of treatment provided to survivors globally. This study investigated the effectiveness of a counselling intervention for 124 clients presenting at a torture and trauma service based in Western Australia. The Association of services to Torture & Trauma Survivors (ASETTS) has sought to systematically evaluate the effectiveness of counselling interventions with torture and trauma survivors and demonstrate positive mental health outcomes, through the embedding of evaluation and research into core centre work. In 2011 ASETTS instigated the use of a standardised instrument, the Hopkins Symptom Checklist-25 (HSCL-25), as part of clinical practice. This study involved the analysis of pre-existing non-identifiable data that was collected as part of routine clinical counselling assessment and intervention. A variety of standard client sociodemographic data was also collected. Clinicians administered the HSCL-25 during the client’s assessment phase to identify symptom severity. The HSCL-25 was administered again after approximately six counselling sessions, every further six sessions and at the point of case closure. Results were analysed to determine if there was a change in symptom severity from the Initial Assessment to Subsequent and Closure Assessments. Correlations between symptomology demographic factors and a range of other factors were investigated. In this study a high proportion of participants were symptomatic for anxiety and depression at initial assessment. This shows the high prevalence of mental health disorders among torture and trauma survivors accessing counselling services. The data analysis indicates that counselling has had a positive impact for anxiety and depression.
STARTTS Capoeira Angola program evaluation
Edielson Miranda, Mariano Coello, Lina Ishu, Shakeh Momartin, Helen Bibby, George Pearson, Laura Chappell, Kedar Maharajan, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

STARTTS Capoeira is an alternative intervention program that introduces Afro-Brazilian art form to young people from refugee backgrounds. The project combines the healing potential of music and physical expression to provide a range of social and learning outcomes. The Aims of the programme are: 1) To examine effectiveness of the programme, 2) enhance self-esteem and confidence 3) reduce school truancy.

The proposed evaluation will incorporate both qualitative and quantitative methods, including:
- Student self-report and teacher-report questionnaires
- Student focus groups using creative activities
- Brief student interviews

The proposed evaluation will incorporate both qualitative and quantitative methods, including:
- Student self-report and teacher-report questionnaires
- Student focus groups using creative activities
- Brief student interviews

Method
- Baseline pre-intervention assessment
- Demographic data
- Teachers: brief teacher-report questionnaires
- Follow-up assessment after end of each term depending on the length of terms.
- Brief student interviews conducted with varying timelines for different groups, including a ten minute interview to explore their attributions about the program.

Measures:
- Self-report Strengths and Difficulties Questionnaire (SDQ) (Goodman R., 1997)

Qualitative mode: 1) Social capital questions/activity 2) draw a picture to express their feelings about Capoeira, explain and elaborate.

The programme overall promotes empowerment and the goal of the evaluation is to demonstrate whether the intervention group can be attributed to the development of resilience, improved interpersonal relationship with peers and teachers, self-esteem and confidence, school attendance and self-discipline and the development of developing individual strengths to resettle and adjust to the school environment.
STARTTS student's placement and student clinic
Mariano Coello and Lucrecia Cardona, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

STARTTS has been involved in the provision of university student placements and professional internships for many years through its Student Clinic. The Clinic started as a strategy to improve the knowledge and experience of social and behavioural sciences students wishing to work in the area of torture and refugee trauma. Once their application is approved, students have very similar duties to those of counsellors and psychologists at STARTTS.

STARTTS provides placement opportunities for students currently engaged though not exclusively in the following disciplines: Forensic Psychology, Social Work, Counselling, Art therapy post-graduate programs of Masters in Psychology (Clinical), Doctor of Clinical Psychology or other appropriate Masters Programs in Psychology or students who are currently completing a Psychology Registration Program.

Placements enable interns to provide individual therapy to clients as well as group interventions where appropriate. The nature of shorter internships is usually exclusively focused on client assessments and facilitation of psychoeducation groups. Those participating in longer internships may also have the opportunity to engage in longer term therapy with clients. Opportunities also exist to become involved in clinical research projects where appropriate. Regular supervision by experienced Clinical Psychologists and Psychologists is provided, following induction and training program.

Since the inception of the student clinic in 2003, approximately 150 students have had the opportunity to provide assessments and psychotherapeutic interventions to our clients, who come from diverse backgrounds. While interns gain the opportunity to work with an experienced team of professionals in a multidisciplinary treatment setting, they also bring their own skills, experiences, perspectives and enthusiasm, making a significant contribution to STARTTS. The clinic has mutual benefits for students, the organisation and clients, whilst at the same time increasing the number of professionals who are skilled and confident in the provision of services in the field of refugee trauma and health.

Syrian colloquial Arabic idioms of emotion. An assessment and therapy tool to promote cultural formulation
Ruth Wells, University of Sydney, NSW Australia, Manar Hasan, Afifa Al Shafie, Fayza Abu Jado, Bright Future Jordan, Zachary Steel, University of New South Wales, Caroline Hunt, University of Sydney, Australia, Catalina Lawson, Rush Medical Centre, USA

Background: Many displaced Syrians are in need of psychosocial support, yet there are very few culturally appropriate therapy tools for Syrians. There is a need to support local mental health workers to provide sustainable, evidence-based interventions for Syrians living in countries of first asylum. These workers possess the cultural knowledge needed to adapt therapy tools. Objective: Design and implement a training program of a culturally tailored cognitive behaviour therapy (CBT) among Syrian and Jordanian psychologists working with Syrians in Amman, Jordan in order to collaborate to adapt therapy tools within the process of training. Methods: On the basis of our qualitative research into Syrian cultural factors affecting attitudes to mental health care in Jordan (2013-14), participatory techniques were used to determine a focus for skills training. Participatory group activities were used to adapt and translate a wheel of emotions using Syrian colloquial idioms of distress and wellbeing. Results: Participants in Jordan collaborated to develop an emotion identification tool, using local idioms of distress. Conclusions: The cultural knowledge
and field experience of Jordanian and Syrian psychosocial workers are invaluable for understanding how to tailor treatment approaches to the needs of displaced Syrians. Practitioners working with Syrians worldwide can employ the emotion wheel to encourage clinical encounters which enable Syrians to speak about their experiences in familiar idioms, and use this as a springboard to explore constructed social meanings which inform clients’ explanatory models and experience of displacement.

The experience of pain among asylum seekers and temporary visa holders attending STARTTS

Mariano Coello, Shakeh Momartin, Jorge Aroche, Helen Bibby, Lucrecia Cardona Velez, Sinead Berry, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

STARTTS receives approximately 3000 refugees and asylum seekers annually some of whom will be subject to the newly re-introduced Temporary Protection Visa (TPV) policy. Psychosomatic complaints have been identified as a common psychopathological outcome of exposure to trauma where clients may communicate distress in atypical ways, attributing them to physical ill-health with common presentations being headaches, chest pains or gastrointestinal complications. As most health assessments for TPVs occur at the primary care level, and given their limitations of access to mainstream health services, it is vital to have an efficient pathway to medical professionals.

AIMS: 1) To examine the relationship between pain and trauma related symptoms. 2) Identify predictors of pain (e.g. pre-existing conditions). 3) To explore individual’s comparison of how their pain was managed in their country of origin and in Australia.

Method
Preliminary results from a group of Tamil female participants will be presented in this paper, including demographics, pain management history, questionnaire completion and focus group discussion to examine current management of pain. We are aiming for groups of Arabic, Farsi, Hazaragi and Tamil speaking participants in the next phase of the investigation.

Materials
2. Five-item Somatoform Dissociation Questionnaire (SDQ-5) (Nijenhuis et al., 1997).
4. Faces visual analogue scale (Hicks et al., 2001), Body Map (Melzack, 1975).

Outcomes
Preliminary results revealed high incidence of pain symptoms, sufficient awareness of past trauma and current pain link, although few reported seeking psychological help for pain. Moreover, it was revealed that most participants were satisfied with their pain management in Australia compared to their home country.
The experience of traumatic injustice – A systematic review and meta-narrative synthesis
Haleh Abedy, University of NSW, NSW Australia

Background
Refugees often express a profound sense of injustice about experiences encountered during their pre-migration and post-migration journey. Some reported sense of injustice can be debilitating. However little is known about sense of injustice itself, the characteristics and risk factors, the association of injustice with mental health, as well as the extent to which therapeutic interventions can address disabling feelings of injustice.

Methodology
The research conducts a systematic review and meta-narrative synthesis of the injustice literature. Applied Protocol- Realist and meta-narrative evidence synthesis (RAMESES) methodological guidance in meta-narrative reviews. For the study we found the key articles in this filed. Formed the search terms. The research implemented a systematic review using six main data bases Medline, PsycINFO, Pubmed, Embase, Scopus, CINHAL, look for search terms which specified to find the articles with injustice content in different traditions.

Results
The optimized search strategy identified seven different research traditions that have looked at the experience of traumatic injustice since the 1980s. These traditions are Social Psychology, Post Conflict Mental Health, Moral Injury, victims of crime, transitional justice, and miscellaneous papers. We present an overview of these research tradition and key findings in relation to the phenomenology of injustice experiences and where available approaches to management.

Conclusion
The results demonstrate that injustice is a key issue of many people who have been exposed to organised violence and forced disablement. An important body of research has developed to understand this experience but the various traditions have only limited inter traditions citation.

The journey to a healed mind
Shaheen Kohsar, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

In this presentation, we will explore the benefits of neurofeedback treatment in addressing the mental health issues of a 54 year old female from Iran. The following will be discussed:
• The client presentation, trauma background and resettlement challenges
• The use of psychotherapy alone compared to counselling combined with neurofeedback

Summary of Presentation Outline:
“The aim of this presentation is to explore the role of neurofeedback treatment in the context of working with torture and trauma survivors. A case study of a 54 year old female from Iran will be used to illustrate how neurofeedback can enhance the outcomes of psychotherapy. We will describe changes in the client’s symptoms following a course of psychotherapy in comparison to the outcomes achieved after neurofeedback was introduced later in the treatment. We also aim to raise the awareness to the complexity of this clientele group, who are not only impacted by their history of torture and trauma, but face immense stress throughout their resettlement period. The value of neurofeedback when treating clients with such complex issues will be discussed. “In this presentation, we will explore the benefits of neurofeedback treatment in addressing the mental health issues of a 54 year old female from Iran. The following will be discussed:
• The client presentation, trauma background and resettlement challenges
• The use of psychotherapy alone compared to counselling combined with neurofeedback
The social work response to the discourse of ‘othering’ when working with asylum seekers

Shannon White, Deakin University, VIC Australia

This research paper is based on interviews with front line social workers in Melbourne who work directly with asylum seekers. The study explores the social workers’ professional experience working in the sector, as well as their understanding of the discourse of ‘othering’ and the impacts it has on both their professional practice and the asylum seekers wellbeing. Grove and Zwi (2006) describe ‘othering’ as a process of defining and securing one’s own identity by distancing and stigmatizing another. This can be seen as the predominant discourse surrounding the issue of asylum seekers in the Australian political and media landscapes.

Our analysis explored the social workers’ understanding of the historical policy context and political representation of asylum seekers. It explored the impacts that these policies and discourse are having on their professional practice as well as the wellbeing of the asylum seekers they work with. The results of the study highlight evidence of positive direct practice and pro-active community engagement, with workers demonstrating creative ways to address trauma and challenge the discourse within their professional practice.

Use of EEG and neurofeedback in treating trauma related symptoms in refugees

Mirjana Askovic, Anna Watters, Mariano Coello, Jorge Aroche, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Anthony Harris, University of Sydney, NSW Australia

People leaving in the aftermath of trauma suffer profound deficits in both physical and emotional regulation. As trauma therapists, we are constantly searching for ways to help our clients deactivate fear, rage and shame. From a neurobiological perspective, ability to self-regulate is tightly linked to the communication patterns in the brain. These patterns can be measured and altered in real time using Electroencephalogram (EEG).

In this presentation we will explore the benefits of implementing use of EEG at the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) to assess the refugee clients with trauma related complex and chronic symptoms. Preliminary data identifying dysfunctional brain patterns underlying Post-Traumatic Stress Disorder and data supporting the effectiveness of neurofeedback interventions aimed to alter these dysfunctional patterns will be presented. In addition, case vignettes will be used to illustrate how EEG assessment and neurofeedback intervention are used in the context of trauma treatment.

What makes people vulnerable to developing Posttraumatic Stress Disorder? A study of the beliefs of resettled Iraqi and Afghan refugees

Dr Shameran Younan, Mental Health, School of Medicine, Western Sydney University, NSW, Maria Gabriela Uribe Guajardo, Anita Yaser, Western Sydney University, Jonathon Mond, University of Tasmania, Mitchell Smith, Diana Milosevic, NSW Refugee Health Service, Caroline Smith, Western Sydney University, Sanja Lujic, University of New South Wales, Anthony Francis Jorm, University of Melbourne, VIC Australia

This study aimed to report on beliefs regarding the causes and risks of developing Posttraumatic Stress Disorder (PTSD) amongst two groups of refugees resettled in Australia, one that originate from Iraq and the other from Afghanistan. Utilising a culturally adapted mental health literacy (MHL) survey method, 225 Iraqis and 150 Afghans of refugee background who had resettled in Australia were surveyed. The majority of the Iraqi participants (52.9%) believed that being exposed to a traumatic event was the most likely cause for developing the problem described in the vignette, whereas the majority of Afghan participants (31.3%) believed that originating from a war torn country was the most likely factor for developing PTSD. Regarding risk factors associated with vulnerability, having been born in a war torn country was considered by one third of Iraqi respondents (34.3%) as the most likely risk factor in making a person vulnerable, while being rich was seen as the second most important risk factor (18.8%). Amongst Afghan participants the likely risks for developing PTSD were being born in a war torn country (48%), followed secondly by having fled Afghanistan prior to 2001 (22%). The results of this study indicate the need for health promotion and early intervention programs, and for mental health services to recognise that variation in MHL may be a function of many factors including the cultural origin of a refugee population. Such recognition is needed to develop more sophisticated approaches that address the actual beliefs of resettled refugee populations.
Working effectively with asylum seekers on a negative pathway: Developing a best practice model
Dominica Dorning, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Ferdinand Spangenberg, Australian Red Cross, Helen Bibby, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

The number of asylum seeker applicants undergoing refugee status determination in Australia has recently increased. It is predicted that instances of applicants receiving negative outcomes will also rise. It is common that asylum seekers with significant trauma presentations have difficulty engaging in the refugee determination process. Anecdotal evidence also suggests that negative outcomes on clients’ protection visa applications exacerbate psychological distress and contributes to the maintenance of PTSD symptoms. The wellbeing of individuals on a negative pathway may be further impacted by visa restrictions, lack of work/study rights, ineligibility for services, Medicare and/or financial aid. A broad array of knowledge and skills are required to work effectively with negative pathway clients. The results of a multi-disciplinary nation wide survey completed by counsellors, caseworkers, managers and lawyers working with negative pathway clients will be presented. Data gathered from the survey will assist in planning effective approaches to working with this client cohort, identify areas of training needed and consider the advantages/disadvantages of working collaboratively among service providers.
WORKSHOP ABSTRACTS

Workshop 1A: Developing culturally appropriate early childhood services with refugee communities?
Rosemary Signorelli, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

The workshop will examine various strategies to bridge the gap between the demonstrated need for early childhood work with refugee families and communities, and their apparent reluctance to take up available services. To address this dilemma, the systemic early childhood community engagement model that has been developed at STARTTS includes formal research, informal consultations, collaborative service design, flexible service delivery, community capacity building, cross-referral and follow-up, and ongoing feedback. In this context the system includes the family, refugee community, cultural influences, and the range of early childhood education, health, child protection, parent support and settlement services.

The workshop will include an exploration and review of:
- The need for early childhood intervention with refugees
- Potential barriers to participation in early childhood services
- The strengths, challenges and outcomes of the described community engagement approach, and
- Opportunities for the participants to consider how they may apply these approaches in their own setting.

Workshop 1B: Introduction to the clinical use of brain mapping and Neurofeedback with torture and trauma survivors
Trix Harvey, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

This workshop will explore the benefits of using brain mapping (QEEG) to clinically assess clients with complex and chronic trauma related symptoms. We will outline how different brainwave patterns relate to different symptoms and how these findings can inform psychological treatment. Through a case vignettes and a practical demonstration the participants will develop an understanding of how neurofeedback can assist clients to reorganise their brain-wave activity that in turn can help them change their emotional and physiological responses to trauma.

Workshop program:
- Introduction into brain mapping: demonstration
- Brainwaves and brain states
- How QEEG assessment can inform clinical practice
- The most frequent dysfunctional EEG patterns associated with PTSD
- Use of Neurofeedback to reduce symptom distress and improve physiological functioning: case study and demonstration
**Workshop 2A: The internalisation of trauma: How trauma manifests and is worked through symbolically in the psyche**  
*Lois Whiteman, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), QLD Australia*

In this workshop I will explore the centrality and effects of dissociation in severe and complex trauma. Drawing on the work of Donald Kalsched (amongst others) which elaborates the archetypal defences that severe trauma activate, I will demonstrate how the splitting process of dissociation manifests and is given symbolic form in dreams, nightmares, and other imaginal processes. These forms bring powerful inner destructive aspects of trauma into consciousness which in turn provide the foundation for therapeutic exploration, containment and integration.

The workshop will also address the value of this approach in the cross cultural context of refugee trauma and comment on its complementarity with other therapeutic processes in trauma work, eg the creation of safety within the therapeutic alliance, restoring attachment, it’s contribution to embodiment and body focussed therapies and interpersonal work.

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**Workshop 2B: Using art and other expressive therapies in refugee trauma recovery – An experiential workshop**  
*Farah Suleman and Elise McKenzie, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), QLD Australia*

When a person experiences trauma it can have a detrimental impact on their sense of wellbeing. People from a refugee or asylum seeker background have often experienced complex trauma. Research shows that the impact of trauma is both psychological and physiological, and trauma can be stored in the brain as sensory memory. This makes it important for non-verbal therapeutic approaches to be used as part of the trauma recovery process (Rothchild, 2000 & Schore, 1994). Non-verbal therapeutic approaches; like arts therapy, music therapy, play therapy, and dance/movement therapy; can provide a person with a safe way of accessing and exploring these experiences, with the aim of improving their wellbeing.

In this workshop we will provide an introduction to expressive therapies, with a focus on arts therapy, and explore its use with clients who have experienced trauma. The workshop will include elements of theory, case vignettes and experiential activities. This workshop is best suited to people who have limited experience using arts therapy.
Workshop 3: Biofeedback as a tool for self-regulation
Sejla Murdoch and Mirjana Askovic, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

Biofeedback therapies are non-pharmacological treatments that use scientific instruments to detect and amplify internal body activities too subtle for normal awareness, making information about one's body available to the conscious mind. They can be a useful adjunct to trauma treatment, are easy to learn and inexpensive. This one-day workshop will provide the theoretical background to Biofeedback and Heart Rate Variability (HRV) together with the opportunity to use the Biofeedback software. Since trauma clients are often experiencing serious ANS imbalance resulting from their PTSD symptoms, we are proposing the implementation of the HRV training as a standard adjunct to the counselling work with clients.

The main aim of this workshop is to give the clinicians a practical step-by-step guideline on how to:
- Use HRV in their practice
- Assess client’s breathing pattern and apply the appropriate breathing exercises.
- Use of Biofeedback Equipment and Software to assess, train and monitor clients progress
- Recognize the impact of trauma on Autonomic Nervous System (ANS)

Workshop 4A: Delivering evidence-based parenting interventions to exceptional populations: Ideas for bridging the gap
Margaret Weston and Fahima Saeid, Refugees as Survivors New Zealand (RASNZ), Auckland New Zealand

In this half day workshop Fahima Saeid and Margaret Weston who jointly lead the Refugees as Survivors New Zealand (RASNZ) Family Service will talk about how they have tailored the thoroughly researched Discussion Group series of Triple P (Positive Parenting Program) to fit the needs of families from diverse refugee backgrounds. The focus is on building capacity within the community and empowering the voices of parents themselves. Participants in the workshop will be able to share their thoughts and experiences of supporting parents to adjust to new social and legislative environments. All attendees will be invited to collaborate in the development of a vision of how this can be achieved, with the resulting template to be made available for all agencies represented.

Workshop 4B: Community led development and refugee background communities
Susan Elliot, Independent, New Zealand

This workshop will be based on the principles of community led development in relation to work with refugee background community in order to achieve greater change and more enduring outcomes for communities. The workshop will draw on the experience of the WISE Collective and the Safari Multicultural Playgroups both partnership projects resulting from the long-term relationship between Auckland Resettled Community Coalition (ARCC) and Auckland Regional Migrant Services Trust (ARMS). Implications for funding and funders will also be discussed.

Participants will be able to share their own experience and explore possibilities of including these principles in their own practice and organisations.
Workshop 5A: School’s In for Refugees  
Samantha McGuffie and Maureen O’Keefe, Victorian Foundation for Survivors of Torture (VFST), VIC Australia

School’s In for Refugees: A whole-school approach to supporting students of refugee backgrounds (VFST 2016) is a resource that supports schools and school-based professionals in their efforts to provide a high quality education to young people and their families of refugee backgrounds. This second edition (updated in 2016) has been produced in consultation with teachers and others in the community, health, family services and education sectors. It includes background information about understanding the refugee experience and the impact of trauma on learning, development and wellbeing. This resource also includes case studies, professional learning activities, templates and tools for teachers to use in their work, to assist planning and change processes in a school environment. This workshop will be practical and provide an opportunity for participants to work with the resources and tools in the School’s In for Refugees resource.

Workshop 6A: Building resilience through community engagement  
Dr Alison Strang, Queen Margaret University, Edinburgh UK

This half day workshop is for researchers, practitioners and policy makers who are exploring refugee resilience and wellbeing through community integration and inclusion. As a Scottish academic, Alison Strang has been closely involved in research and also the development of policy and practice to support refugee settlement in the Scottish context. Alison will explain the origins of the ‘Indicators of Integration’ framework (Ager & Strang, 2008) and outline some of the research that has built on this work. She will share findings from a series of studies that have developed understandings of social connection using participatory approaches to map refugees’ awareness and access to social resources in contrasting cultural contexts. There will be an opportunity to experience some of these participatory methods and to explore how they might be adapted for other settings. The workshop will provide an opportunity to look at a number of emerging models of practice developed in Scotland to helping refugees to improve health and wellbeing through focussing on building social connections including ‘Peer education for health’ programme and ‘Sharing lives and languages’. Finally, the workshop will consider the challenges of implementing policy to promote refugee resilience through inclusion. Using the example of ‘New Scots’ the Scottish refugee integration policy, and also local examples shared by participants, challenges and opportunities to influence policy processes will be explored.
BNLA is a longitudinal study of some 2,399 humanitarian migrants who arrived or were granted their permanent visas in 2013. The study was established to enable the Australian Government to better understand the factors affecting settlement outcomes for humanitarian migrants. Each participant is being invited to complete annual questionnaire surveys for at least 5 years. The questionnaires cover a wide range of issues including backgrounds, settlement experiences, physical and mental health (Kessler 6, PTSD8) among others. The first three years of data collection have already been completed. Data from the first two years is currently available for researchers (academic/government/NGO) to conduct independent analysis (The third year of data is expected to be available early in 2017). Data from the first survey indicated extremely high rates of mental health problems in the study participants. The BNLA datasets provide an empirical evidence base for helping understanding the factors (including mental health) which aid and settlement outcomes

The presentation will cover:

- Background and history of the study
- Details of the methodology
- An outline of the characteristics of the participants
- A description of the datasets (how they are structured, what they contain etc.)
- Advice on analysis approaches (what they can be used for, types of analysis possible)
- Some limited description of results of interest (focus on mental health)
- Details on how to access the data
EXPERT PANEL DISCUSSIONS – RAPPORTEUR NOTES

Panel 1: What makes for a successful resettlement program?

Panellists:

- Paris Aristotle AM, CEO, Victorian Foundation for Survivors of Torture (VFST), VIC
- Abdullah Alikhil, Afghan Pashtun Community, Executive Producer, SBS Radio Pashto Program
- Violet Roumeliotis, CEO, Settlement Services International, NSW
- Jamila Padhee, Deputy CEO, MDA QLD, QLD
- Mary Willems, Coordinator, Anglicare, NT

Rapporteur: Susan Maddrell, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Moderator’s questions to panellists

1. Is there such a thing as a service model, and is it something for which we should be striving?

- MDA: use two part model – work with clients and families, and work with community. Four areas of social determinants: basic needs (housing, employment, etc); engagement; outcome of belonging; wellbeing. Identify protective and preventive factors – people can be very well received, but without community to provide context.
- SSI: takes a broad view – Australia a culture of immigrants; settlement services and programs have come much later in the process for migrant settlement. Australia usually ranks in top 5 in Migration Integration Policy Index: we have a national settlement framework to which governments committed; very localised and nationally coordinated settlement delivery model.
- SBS reaching more than two million listeners with radio program – Settlement Guidance provides very basic information about consumer rights, mental health etc in community languages. SBS acts as a bridge and medium between communities and government; they have a good digital reach, particularly targeting youth.

2. Is integration the marker of success?

- Anglicare: many ways to measure success: the question is what do refugees want to achieve? Level of participation in community/host community/employment/education; to what extent do people feel they can participate, and what constraints do they face? Varies considerably from community to community, and faith to faith. Social inclusion is very personal.
- VFST: impact of large scale movement into Europe – population unnerved about capacity to deal with it. Sweden has moved from very high acceptance of migration to very sharp resistance. Continued focus on integration criteria, with testing prior to visa grant. Australia starting to talk about as well – “enforceable integration criteria”. Should be based on integration capacity of the country, rather than integration potential of the individual. One marker of successful settlement could be the extent to which the community is no longer seen as controversial, and has gone on to be part of the broader community: can’t think of a situation where communities have not become part of the broader community. Conundrum of competitive rather than collaborative work, where funding models put pressure on collaborative activities, problematic for effective settlement.
• SSI: Everyone needs to have sense of belonging: own family/community experience included a number of families which never identified with Australia. Role of settlement organisations/programs in supporting
• VFST: a more organic process has deeper roots. Look at way whole suburbs were Greek, for example, and how this has changed over time. Better to be organic than oppositional – the more we can support an organic process and smooth out the challenges the better. Challenges for older adolescent refugees who have lived in camps for a long time, who’ve had disrupted education and are too old to be in the relevant class in the education system: how do we tackle so that we don’t leave the vulnerable behind – what issues to tackle, what support to offer, for what issues should we stay out of the way and let the communities resolve.
• SBS: need stable environment for services to work. Afghan person hides identity because of a lot of political elements – don’t mention area came from because fear will impact reception. Reconstruction of earlier work needed after adverse media stories such as Send them Back, which was interpreted as exclusionary, despite food settlement service work. Important to have media outlets and government at the same table, in order to understand each other. Feedback from Afghan interpreter working in the frontline, who noted in SBS interview that a distracting issue was the comments of some politicians which directly attacked him for things which he hadn’t done. The key thing is to change the environment, then successful settlement organisations have to become involved in advocacy.
• SSI: integration is a two way thing. Leadership is critical – has impact on community and society. Good ordinary people who very influenced by leadership – if have open, wonderful leaders, people embrace multiculturalism. Leaders of settlement organisations not going to accept “other” notion.

3. What’s the impact of competition in terms of funding?
   a. One tension is not only getting objective outcomes, or integration – the other is how integration is viewed by the refugee; for example, the goal for the older Bhutanese in one community was to have a local temple where they felt at home. Refugees live a transitional life: integration is not a one-way street; it’s a fluid and context-dependent process.
   b. Integration is very individual: from personal experience of 17 years in a camp, the main objective is to bring children here (rather than the individual being primary). Extending funding length and cutting red tape would move the process from a quantitative tick box one to a longer-term qualitative one.
   c. Gaps and possibilities in settlement services (in mental health area) – nothing seems to get better for clients in terms of mental health – would we get a better fit through gap identification?
      i. Jamila – mental health is a very broad category – wouldn’t see clinical aspect of mental health as fitting their area. Working very closely with QPASTT (who are dealing with a more specific clinical focus) on project looking at bicultural identity – settlement services can’t do it on their own.
      ii. Many NGOs work very well together, in a context of complex needs and insufficient numbers of services
      iii. Complex grief and loss is a key gap for split families
      iv. Question is around broader social determinants of health rather than just mental health: social connectedness, employment etc are critical. Organisations don’t have to be HSS providers to make a difference: it’s important to widen the vision of which parts of a person’s life can be addressed, not just the hard end of torture and trauma, by building capacity to progress in other areas. The question is who can do what best: what can we do to support settlement organisations? People look at funding streams rather than what the best outcomes could be. Gap identification leads to a complementary process and outcomes.
d. SSI adopted a consortium model in NSW in terms of SGP services – the 23 partner organisations do what they do best on the ground level, delivering services, and are able to access innovation funding from SSI.

e. The question is are we giving people what they want – independence, etc? Is the government taking on all the findings of research and funding reports. QPASTT sees people who are being re-traumatised by what they are forced to do in the settlement process – employment, etc.

f. How will things like terrorism and the Donald Trump policy, which excludes some groups from entry to the United States, affect settlement and acceptance of refugees in Australia?

g. Good if the government understood the concept of business continuity in terms of funding rounds – better to have contracts which finish before the end of the financial year, to preserve service continuity.

h. Terminology is also important – labelling someone as a refugee makes it difficult for people to settle because they feel (and continue to feel) like outsiders.

i. Have to work hard alongside communities to expand understanding and dispel mythology.

j. Better not to label, but to work with vulnerabilities.

Moderator’s summary
Three main areas of discussion:
1. Identification of individuals’ notions of settlement, and how much voice they have
2. More systemic reflection on gaps, to deliver a more level playing ground

Need for stronger, higher level of public policy discourse

Panel 2: What happens when people are unable to resettle?
Challenges of supporting asylum seekers and TPV holders

Moderator: Professor Zachary Steel, St John of God Professorial Chair of Trauma and Mental Health, NSW Australia

Panellists:
- Joseph Szwarc, Manager Research and Policy Program, Victorian Foundation for Survivors of Torture (VFST), VIC
- Bernadette McGrath, CEO, Overseas Service for Survivors of Torture and Trauma, Nauru and Manus Island
- Thomas Albrecht, Regional Representative Canberra, United Nations High Commissioner for Refugees, Asia Pacific
- Shukufa Tahiri, Afghan Hazara Community, Policy Assistant, Refugee Council of Australia, Refugee Communities Advocacy Network
- David Manne, Human Rights Lawyer, Executive Director, Refugee Legal, VIC

Rapporteur: Lachlan Murdoch, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Rapporteur notes not available
Panel 3: Advances in refugee trauma interventions and research: Where to from here?

Moderator: Dr Stuart Turner, Psychiatrist, Trauma Clinic UK

Panellists:
- Mariano Coello, Clinical and Research Coordinator, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW
- April Pearman, Clinical Development and Research Manager, Association for Services to Torture and Trauma Survivors (ASeTTS), WA
- Dr Fatin Shabbar, Research and Teaching Academic, University of South Australia, SA
- Professor Richard Bryant, Director Traumatic Stress Clinic, Westmead Millennium Institute, NSW
- Dr Andrea Northwood, Director Client Services, Center for Victims of Torture (CVT), USA
- Dr Jessica Carlsson, Head of Research, Transcultural Competence Centre for Psychiatry, Denmark

Rapporteur: Dr Shakeh Momartin, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

On panel: Mariano Coello, Dr. Stuart Turner, Dr. Richard Bryant, Dr. Jessica Carlton (Denmark), April (Adelaide) Fatin Shabab, University of South Australia.
- We still know too little about refugee research in other parts of the world, but Australia and New Zealand are in leading positions in research.
- What do refugees and asylum seekers say they need from us? Is a range of services enough? Why don’t we do treatment used for other kinds of general traumas? Would that work?
- Questions raised by Dr. Turner: do we ever know if an instrument is working? Do we stop using it if we know it is not working? What about the methodological problems?
- We have to have an emphasis on resettlement. What are the ethical issues for refugees for resettlement?
- Mariano – We have to be in the pursuit of new ways and finding new methods to solve problems for refugees. We have seen thousands of clients at STARTTS, policies have changed for refugees, not all favourable and this has shaped the way we have worked with refugees over the years. We have to be careful how we approach communities. We discuss with community members/leaders on regular basis to see what is the best way of approaching specific client groups. We also work in partnership with universities to initiate our own research.

Guy Coffey (Foundation House)– Do we really give psychological treatment to refugees or is it really settlement help that we provide? Torture and trauma services have previously worked in isolation which is not similar to other trauma (general) areas.

April – What makes Torture and trauma different to other trauma services? Our service provision is different, how modified is our client population is important. Is it applicable to other population groups?

Richard Bryant– Academic changes in different disciplines such as veterans affairs, child abuse etc may have similarities with main stream services. It does not work well with refugee services and populations. We can use it as a starting point but then adjust it to refugee populations and services. It has to be meaningful. The only way academics can work in a productive way is to work with service providers such as STARTTS.
Andrea- Sociohistorical context gives better understanding to what happened than a single torture event.
Fatin- Iraqi women research, framing of suffering has different dimensions of spiritual, way of understanding of trauma.

Jessica – We have ethical responsibilities for doing research in an ethical way. There are many similarities between trauma in different areas. We need to simplify things to get better results. Heterogeneous populations have to be considered.

US worker - Questions: How do you bring together power of refugees and community development model together. How to advocate for our clients best ? How can we as therapists work with academics to have better results?

Difficulties of refugees – Why are they difficult and resistant to therapy sometimes? They are complex populations, nature of trauma complicates the trauma and healing process. The trauma is also interpersonal and they have to learn to engage with the world later on.
-What is the character of the refugee? – ripple effect (Richard Bryant) therapy gets affected by complex trauma and the accumulation of trauma. Grief is very prevalent, more than PTSD might be grief. Complexity of refugee trauma are many. More research is necessary for refugees. We have to follow client’s lead for getting better results. We cannot just follow a set manual for refugee clients, we have to follow what they need and what is best for them. (Andrea), they are going through a difficult time and they need more pragmatic RCTs to get results.

-Fatin – How much are we ready to work on different client problems? Unorthodox methods for Iraqi women does not work, not ready for that and not appropriate for all. Torture and trauma therapies are not like other therapies. Grief is important for refugees to consider. Is it culture or is it trauma? How people manage their grief is different. How would refugees and veterans differ in dealing with grief?

-Difference between a trauma and grief in schools for student refugees. Things trigger grief and have to be managed. Must be contained as they have accumulated grief and trauma.
-Refugee children (Anita Data) how to have effective treatment for refugee children? It is recognized that there are child refugees effected. More studies coming out for young age trauma. Need for understanding and research for young people. Humanitarian aspect of child research. Jordan and Lebanon study by Bryant, Syrian children need help, resources, family networks.-Hard to work with cultures, because everyone brings their own culture. Therapists also has own culture so sometimes struggles to understand.
-We have to work in a system of family and community not individualistic. We have to be sensitive to culture . -We aim to get it right what cultures need, which therapy etc. but not possible all the time. We have to collaborate with communities.

US worker- In a US study, Ethiopian groups have given therapists 8 different ways that they grieve. To specify exactly way to grieve is difficult in sociohistorical content.

-Different stages of grief in Bosnian refugees. Important to pick which treatment for which client, stages of healing in the clients healing process.
-ICD- prolonged grief might have new diagnostic criteria. ICD is by WHO, it is very sensitive to cultures. Culture is the relevance point. Recognising that culture is central to grief.
It is important for people who do research and therapy/intervention to come up with a good way to deal with grief and difficult clients and treat it differently to PTSD and depression.
Panel 4: Relationships and trauma recovery: How to best work with and assist refugee communities to build social capital?

Moderator: Susan Elliot, Refugee Practitioner and Lecturer, New Zealand

Panellists:
- asmina Bajraktarevic Hayward, Community Services Coordinator, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW
- Fernanda Torresi, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), QLD
- Yamamah Agha, Settlement Services International, NSW
- Om Dhungel, Association of Bhutanese in Australia

Rapporteur: Hamed Turay, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

As chair for the panel, Susan Elliot, informed session participants that she advocated for the establishment of STARTTS equivalent in New Zealand 30 years ago. She encouraged panellists to look at how they have assisted refugee communities build social capital, both within their communities and outside. Other concepts she mentioned included trust building, reciprocity, and compromise to find a way to live together. Social Capital she concluded “is an invisible glue that keeps our world together” and cited neighbourhood watch as a perfect example of social capital building that keeps communities safe.

Session Objective:
To identify:
How our (work will help communities build social capital, between people and their networks. The use of strength based approaches in service delivery, a shift from focussing on deficiencies.

Key points from panellists
- That connection and empowerment are essential for recovery from trauma (Judith Herman). Building relationships is the first step to building connections.
- That state sponsored terrorism targets relationships and divides populations (Martin-Baro, 1989). State Terrorism destroys social capital in a systemic and deliberate way. Thus, a goal of collective recovery should be to help rebuild the social capital and address the direct consequences of exposure to State Terrorism. This theory led to the collaboration between STARTTS and UNSW to collaborate with refugee community leaders to develop Indicators of social capital and tools to measure those. This approach is useful when evaluating projects aiming to address the impact of State Terrorism on a community level. This research also resulted in development of the concept of Social Capital Enablers. Further information is available from STARTTS.
- That Asset Based Community Development (ABCD) as a community development model is based on focusing on the strengths and starting with what is present in refugee communities rather than what is missing. It interacts well with the Social Capital Model as even when assets are identified, they need to be connected to be powerful together. Social Capital make that link.
- Reference to the African Mental Health Learning Circle model at STARTTS, a strategy that brings together mental health service providers and African community leaders based in Western Sydney into group discussions. The aim is to discuss and raise awareness about mental health issues and suicide that affect African communities and how these issues can be addressed. The Learning Circle is based on the model...
of mutual learning between African community leaders and mental health service providers. It acknowledges the knowledge and wisdom both stakeholders’ possess.

- In order to build on our own social capital as Service Providers, SSI according to Yamamah works closely with different agencies such as Local Councils for the use of council facilities, so that refugees can connect and socialise with other people.
- Building programs around refugees such as Social Enterprise assist refugees build on their social capital by setting up businesses that will allow them relate with other people (SSI & STARTTS have supported the establishment of over 50 businesses, refugee kitchen and community gardens).
- That the use of bottom-up approach facilitates social capital building.
- Focus on the strengths of refugees, talk about their passions, and tap into assets that people bring.
- Identify gaps in service delivery and approach other services if you are not the right service, which encourages collaboration/partnerships.
- Focus on strengths fosters independence.

Questions

How do you work with communities with divisions?

- The essence of our work is to work with those divisions, and understand what is fuelling those divisions. After building relationships with each side, you may find out what could encourage them work together.
- Be transparent and highlight the importance of working together for the benefit of the whole community. Emphasise the power of joint approach for lobbying and advocacy.
- Respect those differences, and timing is everything (find the right time/opportunity to intervene).
- Make sure you have the permission/authority to bring people together.
- There is the potential to get aligned with one group, which further destroys community cohesion.
- Don’t force them to work together but emphasise the usefulness of this.
- Always remember that the hook that gets people together is when they have common purpose/interest.
- In Queensland and South Australia two settlement service agencies reported organising refugee community ‘leaders’ dinner’ and ‘welcome dinners’. The Welcome Dinner in Adelaide specifically brings different people together including people from mainstream to develop authentic relationships. No political or faith conversations allowed, only see each other as people.

Interested to know how we as service providers build on our own social capital – we are stronger together mantra, how do we build that strength authentically?

- The formation of SSI is a clear example, MRCs came together to work concertedly. It increases the use of peoples lived experiences in terms of settlement and policy issues.
- Competitive Tendering processes have a direct impact on the sector social capital.

What can we do as FASTT Network to build social capital?

- This is something to put on FASTT Directors agenda.

It is inspiring to hear about your projects, which highlights the importance of making connections with mainstream society. In Scotland, refugees who easily find employment are those with established communities – are there any example of projects that assists refugees find employment?

- When people arrive we look at skills on demand, guide them to study and acquire local qualifications, and encourage them to volunteer. People studying childcare for
example look after kids at community events, those studying Aged Care similarly look after older people during excursions/outings.

- We focus on what we do and identify gaps, link qualified refugees with appropriate professions to volunteer and guide them through bridging courses/programs. Example, Alliance Insurance employs ten refugees every year.
- STARTTS works closely with Bright Employment (http://www.brighthospitality.org.au/bright-employment/) and a good number of refugees have gained employment through such collaboration.

The work with refugees in Australia does not match the impression of Australia’s treatment of refugees internationally – How can we harness community asset to help at the global level?

- We need to change the debate at the global level from sharing the burden to sharing the opportunities, show more care by settling increase number of refugees in Australia.

We are usually funded and expected to reach targets and funding agencies are often inflexible, the reality on how long it takes to build social capital in communities makes it hard. How do we work around these?

- Try hard to have a good relationship with your contract managers and communicate with the appropriate departments. Ensure you document your approach and the reasons you want to take a particular route then negotiate with your contract managers. Make sure you have a good reporting and acquittal record in the past and are perceived as a reliable service.

Refugees mostly reside where their communities are, which makes it harder to relate with mainstream society.

- There are many examples of projects that work on Bridging Social Capital. One of STARTTS current projects involves a collaboration between Western Sydney High Schools with high numbers of refugee students and the Conservatorium of Music High School. The project builds bridging social capital via music.

- Another good example is the Cultural Exchange Project run by the NSW African Women’s Group where groups of refugee and migrant women travel to rural/regional NSW and are billeted by local women. The visit includes sharing stories, food, culture and tour of the local community venues and tourist attractions. It is a process of mutual learning and cultural sharing.
- Encourage refugee community members to participate in mainstream activities as well as celebrating internal cultural activities.
Panel 5: How can health, mental health and refugee trauma services best work together to assist individuals and families with complex needs?

Moderator: A/Prof Roger Gurr, Former Director of Mental Health, Western Sydney Area Health Service, Clinical Director Headspace Youth Early Psychosis Program, NSW Australia

Panellists:
- Dr Ida Kaplan, Direct Services Manager, Victorian Foundation for Survivors of Torture (VFST), VIC
- Dr Christine Phillips, Medical Director, Companion House, ACT
- Dr Mitchell Smith, NSW Refugee Health Service, NSW
- Raphael Manirakiza, Burundian Community, Clinical Psychologist, NSW
- Representative of a mental health service
- Dr Martin Cohen, Deputy Commissioner, NSW Mental Health Commission, NSW

Rapporteur: Carlena Tu, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

The panel were asked to introduce themselves and explain why they believed that integration of trauma centres, general health and mental health services would benefit clients.

Roger Gurr – STARTTS and Headspace
Roger explained that 50% of clients that presented at Headspace have experienced some form of trauma. It was evident that there were strong ties between mental health issues and the experience of trauma.

Dr Martin Cohen – NSW Health Mental Health Commission
Martin explained that the Mental Health Commission was responsible for the provision of mental health in public, private and community health. One of their key strategies was to work on racism and xenophobia in the community. They also believed that trauma impacted on a person’s ability to contribute to society which therefore enhanced the fears of society.

Dr Mitchell Smith – Refugee Health Services
An Early Childhood team was recently established at Refugee Health Services. He believed that the entire Mental Health system needed to be fixed. More patients were presenting with “complex needs” but what was the definition of that?

Dr Ida Kaplan – VFST
Ida believed that service expansion has occurred rapidly in recent years but there was also the danger of siloing into different areas. Clients should receive integrated healthcare and early intervention.

Dr Christine Phillips – Companion House
There was only 1 GP at Companion House 22 years ago but there are now 6 GPs and 1 Paediatric Registrar. Funding and resources is always a problem.

Raphael Manirakiza – USYD, Parramatta MRC, FACS, Together for Humanity, STARTTS (FICT)
Raphael arrived late and noted his various positions at different organisations. He also explained that his professional background is Clinical Psychologist but he is not qualified in Australia.
Issues Raised
1. Lack of flexibility
   a. Clients were excluded due to walls of criteria
   b. Referral criteria was too strict for both Torture & Trauma centres and Acute Mental Health
      i. Raised by Refugee Health
   c. Clients often fell between Torture & Trauma centres and Acute Mental Health
      i. There mental health symptoms were too high for the T&T centre but not high enough for Acute MH
   d. Service delivery – not enough home visits
2. Lack of case management
   a. This should not be relied upon settlement case workers
   b. Should be by a health professional
   c. GPs should case manage but the load is too high for complex cases
      i. GPs need extra support
      ii. They need at least 20 minutes per patient but can often only see patients for 6 minutes
      iii. Darwin GPs are great at case management but boundaries become an issue due to the small population
3. Seeing each other as competition for funding

Strategies Suggested
1. Network and learn more about each other
   a. Even if it isn’t across disciplines but just within the discipline
      i. E.g. if GPs can’t liaise with T&T centres, they can liaise with each other to discuss the problems they are having with their patients and support each other
2. Establish MOUs
   a. Companion House had established one with Public Health
3. Engage with private psychologists
   a. Companion House found that they were more willing to participate than expected
4. Work on constrained purposes
5. Co-location
   a. Health is described as being spiritual, mental and physical.
   b. Why are T&T centres, health and mental health located at 3 different places?
   c. Advocate for co-location
      i. Illicit funding and economic viability
      ii. Supervision for clinicians
      iii. Currently activity based
      iv. Easier for smaller services
   d. Primary Care Headspace is a consortium of services
   e. Talk to Public Health Networks
      i. T&T centres have no initiative to speak to PHNs but it isn’t too late
      ii. Multi-dimensional approach
      iii. Pilot and show results
      iv. Leadership is required
      v. Advocate and drive change
6. Culture awareness competency
   a. Faith Leaders should play a part
   b. Community based and culturally diverse workers

7. Outreach
   a. 202 visas mean that clients are already linked to people in Australia
   b. These people may not be in a position to refer
   c. Change your points of access
      i. English classes
      ii. Schools

8. Case conferencing
   a. Use Skype

Success Stories
Perth
2. Less returning clients.
3. Perseverance is vital to achieve holistic care.
4. You need to be flexible -> change, review and audit
5. They receive funding by different streams

Aboriginal Health
1. Prime example of how cultural and holistic approach has worked within a community of people.
Panel 6: Children and the school environment: How do we ensure interventions are trauma and attachment informed?

**Moderator:** Elisabeth Pickering, School Counsellor, NSW Department of Education, NSW Australia

**Panellists:**
- Samantha McGuffie, Coordinator Schools Support Program, Victorian Foundation for Survivors of Torture (VFST), VIC
- Naomi Brown, Children's and Youth Coordinator, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), QLD
- Mikhail Kallon, Sierra Leonean Community, School Learning Support Officer, NSW Department of Education, NSW
- Kim De Deckker, School Counsellor/Psychologist, Refugee Student Support Team, NSW Department of Education, NSW
- Stephen Said, Head of Student Wellbeing and Pastoral Care, Sydney Catholic Schools, NSW

**Rapporteur:** Lucrecia Cardona, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Intro: Elizabeth Pickering
- There was little information about the effect of war in children and the relationship between trauma and attachment before 1990.
- Rehabilitation and recovery also take place in non-clinical settings like schools.
- Non-clinical environments that are trauma informed could also work for recovery.

General Questions:
1. Do we need trauma informed schools?
2. Do we need to start using trauma and attachment informed observations?
3. If yes, who is responsible for implementing these?

Panel Discussion:
1. Explain your connection with refugees at schools:
   - Teachers capacity building

2. Clarify your understanding of trauma and attachment informed environment/interventions:
   - Trauma and attachment informed environment/interventions means the need to look at Neurological parts of trauma and understanding what happens in the brain.
   - It involves looking at the impacts of trauma through "neurological lenses".
   - Understanding that trauma impacts everything and how students could respond to traumatic experiences, keeping in mind what happens in their brains and how that impacts their responses/behaviours.
   - It is important to understand attachment in the context of refugee trauma. The way that children develop attachment is different when traumatic experiences like death, separation, losses, etc. are present.
   - Also, it is important to take into consideration that recovery after trauma it's closely related to connection and attachment.
• Teachers need to access the information like the one is being discussed in this panel, so they can understand what is behind their student’s behaviours. If teachers are trained and understand behaviours coming from students that had been exposed to traumatic experiences, they will stop reacting and start responding to student’s behaviours and needs.

3. What sort of interventions can be classified as trauma and attachment informed?
• Interventions orientated to reflecting and restoring connections.
• Interventions that create new relationships based on trust.
• It is important to go back to basic brain talk; it works for children and teachers.
• Recommended resources to check:
  - Mind up: mindfulness program
  - https://mindup.org/
  - Proactive program from Westmead Hospital (I found a book only, not the program, maybe that is what they were referring to)
  - Cool kids program, Macquarie University

4. What are the different levels of T&A (trauma and attachment) informed interventions?
• One on one
• School interventions
• Group work
• You could really do anything!
• The real need is for a T&A informed system that includes: government, local governments, schools, health system, etc. however, “while we wait for that to happen, we need to start somewhere.”

5. How schools can provide T&A interventions?
• Definitely not alone, there is a need for more people in the field with the necessary expertise, more interagency work, more networking.
• Schools need more psychoeducation about the power of attachment and what trauma does to bodies and brains, not only teachers, but everybody, principals, admin staff, etc.
• We can only do it if schools are safe, and inclusive.
• There is need for a T&A framework that guides all the interventions at schools.
• REST (Refugee… support program) It is a recovery framework based on dignity and values (I couldn’t catch the complete name of the program, it was mentioned by Samantha)

6. Please describe T&A informed interventions that you are personally involved in and are/were successful:
• Diversity program (?)
• Sports work really well when students don’t speak English. Also arts, and telling stories through art, it is empowering and encouraging for young people and brings awareness to the audience.
• Bridging program: 1 group of students form IEC and 1 group of students form other schools do activities together to know each other.
• A program that collects educational materials and sends them to kids in Sierra Leona. Students are aware of what is happening in other parts of the world.
• Refugee Camp in My Neighbourhood/School: very successful because it creates awareness.
• Tree of Life.
• Capoeira
• Very simple things like changing the bell for music, it’s a perfect example of T&A informed interventions/practices that are successful.
• “When designing programs for schools it is important not to patronise refugee students as children/teenagers that only need to be saved, they also have so much to offer too”.
• Whatever program you do at school, use a “kind approach”, not a “charity approach” as charity approaches are conditioned to doing something to have something back.

7. How about T&A assessment for children, families and young people?
• There is a need for more education about assessment and the difference between assessment and intervention, as it can be problematic to do one without the other.
• When assessing children at schools, include parents, other family members, carers and community organisations, it is essential to work together.

Final comments
• Practices and policies need to be reviewed in every single school: there is a need for observations in policies and practices to identify gaps and improve T&A informed interventions everywhere from the canteen, to the bell, outings, camps, admin staff, etc.
• The way that language around trauma and attachment is used at schools needs to be reviewed too.
• There needs to be more work to be done around policies for children with “difficult behaviours”.
• In terms of helping kids reinforce healthy attachment, schools are a great opportunity as teachers, counsellors, etc. are around them for a long period of time.
• Capoeira Angola program it’s a great example of T&A informed intervention in terms of a long term relationship with kids. Specifically in Cabramatta High School where young people are still coming back together after 10 years of the program starting.
Panel 7: English acquisition and employment: How does knowledge of the impact of trauma on the brain inform service delivery?

**Moderator:** Jorge Aroche, CEO, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW Australia

**Panellists:**
- Sejla Murdoch, Neurofeedback Counsellor, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), NSW
- Reverend John Jegasothy, Tamil Community, Vaucluse and Tamil Uniting Church, NSW
- Belinda Liddell, Neuroimaging Program Director, Refugee Trauma and Recovery Program, University of NSW, NSW
- Felix Ryan, Director, Training for Change, NSW
- Parastoo Khosronejad, Navitas English, NSW

**Rapporteur:** Mirjana Askovic, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

The purpose of this panel was to brainstorm on how we can bring together expertise and knowledge accumulated through our clinical practices, education and settlement services and research findings to inform and improve the learning and employment outcomes for refugee clients.

Discussion was focused on identifying barriers to learning and employment and looking at the strategies that can improve learning outcomes and enhance employment opportunities for clients from refugee like backgrounds.

It was recognised that resettlement process itself requires ongoing learning and acquisition of new skills, including English language skills. It was also recognised that trauma impacts on learning and cognitive functioning. Problems with working memory, verbal memory and attention can be expected.

There is a growing body of evidence coming from our clinical practice and neuroimaging research that indicates that trauma changes brain structure and functioning. Neuroimaging project led by researchers from the UNSW indicated that torture survivors have difficulty in regulating emotional stress. However, current stressors are also impacting on the brain processes and should also be considered in further neuroimaging research. STARTTS EEG assessments also indicate under activation of brain areas responsible for language processing and executive functioning.

Experiences of teachers and employment services in regards to issues that refugee students might experience were discussed. Refugee students are frequently experiencing difficulties in attending English language classes, gaining work experiences or keeping their jobs.

Trauma experienced by refugee students might not be always manifested as PTSD. In working with young TPV holders issues related to domestic violence, self-harming, addiction and difficulties keeping jobs were also raised.
Looking at the complexity of needs and issues that refugee students are presenting with, the panel members were discussing strategies that might help achieve better educational outcomes:

- English language classes should be more engaging. Music, art and dancing could be useful in engaging students.
- Teachers can help by creating a safe environment and help to reduce potential triggers.
- When in stress mode we cannot learn. Anxiety can hijack capacity to learn. It’s important to monitor level of stress and help to reduce triggers and anxiety to create the environment that can support learning. Triggers are highly individual – some students learn better in one on one environment, some are less threatened in a group.
- Refugee students need a lot of support, understanding of their needs and empathy
- Apart from achieving learning outcomes, teachers should also help students re-connect and help them develop a sense of belonging
- Crucial to set the achievable goals. Reduced KPIs and reduced expectations can help to motivate students for learning
- Learning English is a social skill - addressing social issues in teaching, the environment is important
- Strengths based approach is important – support students to do things that they know how to do well will increase social engagement.
- Auditory training, FastForWord and other neuroscience based programs can support language acquisition as well
- More experiential and practical skills principles of adult education ( sitting, listening learning not appropriate)
- Having more teachers from non-English speaking background might also improve the engagement

Looking at the creating better pathways to employment, the following strategies were discussed:

- Need to be cautious about culturally appropriate placements to ensure students safety and reduce triggers.
- Finding jobs for non-English speaking people where they can develop practical skills and later learn English in working environment
- Importance of identifying and targeting psychological factors that interfere with learning was emphasised as well as a need to increase partnerships between specialised trauma services and employment services.