1ST AUSTRALIA AND NEW ZEALAND REFUGEE TRAUMA RECOVERY IN RESETTLEMENT CONFERENCE

SYDNEY, 29-31 MARCH 2017

International regional and National perspectives on refugee trauma recovery and resettlement

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Restart center for Rehabilitation of Victims of Violence and Torture
6/23/2017
At just 10,452 km², Lebanon is the smallest recognized country on the entire mainland Asian continent. The Lebanese population of nearly 4 million, along with more than 350,000 Palestinian refugees, 20,000 Iraqi refugees, and 1.5 million Syrian refugees, poses significant challenges for the country.
Current population of Lebanon 6,039,277

One in Five people in the country is a Syrian Refugee

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Registered Syrian Refugees in the MENA region
Source: UNHCR

Jordan 655,833
Turkey 2,764,500
Egypt 115,204
Iraq 227,971
Lebanon 1,011,366

Total Registered in the MENA 4,547,130
Total Persons of Concern

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Syrian Refugees</td>
<td>1,011,366</td>
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<tr>
<td>Households</td>
<td>235,024</td>
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</table>

Demography

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age Range</th>
<th>Count</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Male</td>
<td>0 - 4</td>
<td>9%</td>
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</tr>
<tr>
<td></td>
<td>5 - 11</td>
<td>12.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 - 17</td>
<td>6.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 - 59</td>
<td>18.3%</td>
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</tr>
<tr>
<td></td>
<td>60+</td>
<td>1.2%</td>
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<tr>
<td>Female</td>
<td>0 - 4</td>
<td>8.6%</td>
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</tr>
<tr>
<td></td>
<td>5 - 11</td>
<td>11.7%</td>
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<tr>
<td></td>
<td>12 - 17</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 - 59</td>
<td>24.1%</td>
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</tr>
<tr>
<td></td>
<td>60+</td>
<td>1.5%</td>
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</table>

*As of 6 May 2015, UNHCR Lebanon has temporarily suspended new registration as per Government of Lebanon's instructions. Accordingly, individuals awaiting to be registered are no longer included.*
Legal Safeguards

• Lebanon is not a party to the 1951 Convention on the Status of Refugees and its 1967 Protocol.

• The strict entry requirements and the new criteria concerning the renewal or regularization of legal stay are so difficult and expensive that most people are unable to renew their permits.

• Residency permit fee per person is USD 200 (age 15+).
The lived experience in Lebanon

Housing/shelters

- **Residential buildings**
  Apartments, houses, or doorman rooms

- **Non-Residential buildings**
  Worksites, garages, shops

- **Informal Settlements**
  Tents created from timber, plastic sheeting, and other materials

40% of residential buildings are in bad condition
Food Security

Percentage of Syrian households who are food secure

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>Secure</td>
<td>35%</td>
<td>27%</td>
<td>11%</td>
<td>5%</td>
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</table>

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The lived experience in Lebanon

Health and Mental health

- Life expectancy is shortened by almost 13 years

- 50% of Syrian refugee households have One or more household members with Chronic Health Conditions

Source: Fouad M. Fouad MD
American University of Beirut

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Health and Mental health

Specific Needs

- Disability: 12%
- Chronic illness: 43%
- Temporary: 29%
- Serious medical Condition: 3%
- Support in daily activities: 5%

Source: UNHCR, UNICEF 2016
Health professionals and researchers commonly estimate that between 35% - 60% of asylum seekers and refugees worldwide have been subjected to torture.

In some contexts figures can be much higher e.g. 60-80% Syrian refugees in Lebanon experienced or witnessed torture....

Approximately 600,000+ Syrian refugees in Lebanon experienced or witnessed torture

Around 203,486 Syrian refugees suffer from mild to moderate mental disorders while 132,266.29 Syrian refugees suffer from serious mental disorders
Refugees who report experiences of torture are four times more likely to suffer from PTSD than other refugees and 2.5 times more likely to suffer from depression (Steel et al., 2009)

While natural recovery over time (i.e. healing without outside intervention, inherent resilience, etc.) usually occurs for many refugees with mild and moderate disorders, survivors of torture remain stuck in enduring and distinctive psychological, physical, social and economic sequels that require significant and specialized health and mental health interventions.
Five years after the start of the conflict, more than 250,000 children—approximately half of the nearly 500,000 school-aged Syrian children registered in Lebanon—are out of school.

- Fewer than 25% of Syrian children are enrolled in public education.
- 48% of Syrian refugee children aged 6-14 are out of school (2015/’16 school year).
- Humanitarian agencies estimated that 70% of enrolled Syrian children dropped out by the end of the school year.
Within the 251 Most Vulnerable locations: 87% are Refugees and 67% are Deprived Lebanese.

The Ratio of Refugees to Lebanese, by locality, is included to highlight the potential degree of population pressure on services and resources.
The scale of the refugee influx into Lebanon went beyond expectations and the abilities of host communities and local authorities to cope with it.

- **Socio-economical level:**
  - Severe socio-economic implication of the influx are observed primarily on the job market level causing heightened competition between refugees and host communities.
  - According to the UNDP Rapid Poverty assessment in Lebanon for 2016, 28.5% of the Lebanese population were estimated to be poor living on less than 4$ per day.
  - About 300,000 individuals were considered as extremely poor, living on less than 2.4$ per day and unable to meet their most basic food needs.
Security level:

Syrian refugees’ presence has affected the private and public institutions including places of detention.

- Most Refugees are being arrested due to the lack of legal residency status.
- Refugees and/or foreigners are also arrested on allegations of criminal behavior including the planning of terrorist acts and affiliation to radical groups.
- The percentage of Syrian prisoners has reached 30% of the total prison population.

This has further exacerbated the already poor conditions of detention in Lebanon where inmates are at risk of radicalization from stronger prisoners with connections to armed groups.
Resettlement:

- Resettlement categories are seven:
  - Legal and physical protection needs
  - Survivors of violence and/or torture
  - Medical needs
  - Women and girls at risk
  - Family reunification
  - Children and adolescent at risk
  - Lack of foreseeable alternative durable solutions

In 2016, **369,300** refugees were in need of resettlement from the MENA

- The needs for resettlement from the MENA in 2016 were more than **10 times** higher than they were in 2014 and **4.5 times** higher than in 2012
The magnitude of the problem

Restart success cases for resettlement -2016

During 2016:
Restart Center has provided specialized mental health services to 2382 Syrian Refugees in T5 region and Beirut in addition to 355 children and adults benefited from CBS Program.

- Total number of beneficiaries in 2016: 2737
- Only 78 refugees were resettled out of 2737
“I do not have the energy to do anything anymore, I have a continuous headache that does not leave me alone, I have tingling in the body, I scream at my children, my husband is no longer present.

Ever since I left Syria, I’ve been sleeping a lot. I no longer want to cook, nor to take care of the house and the children ....

I cannot work, I have no life. I am explosive, broken, empty. Nothing.

...Sometimes I eat, I sit, wait...for what, I don’t know..

I had never thought of death until today; I am believing in death more and more.

I am not living like a human being, I can't think that still have hope to dream of a future...”
Several factors deprive Syrian refugee children of their right to education in Lebanon by preventing or hindering enrollment, or causing enrolled students to drop out once registered. These factors include:

- lack of local compliance in implementing the enrolment policy;
- insufficient support for refugee children adapting to the curriculum and new languages;
- lack of available space;
- family poverty pushing children to work instead of attending school;
- transportation costs; violence, bullying, and harassment; lack of a quality education; lack of access to sanitation facilities; and insufficient psychosocial support.
- Older children, girls, and children with disabilities face particular barriers to enrolling in schools.
The cut in refugee funds (services provided to refugees such as rental fees, basic needs, etc.) witnessed between 2011 and 2017 in Lebanon caused high level of distress.

2.3 number of meals refugee children eat per day

1.8 number of meals refugee adults eat per day
The cut in refugee funds (services provided to refugees such as rental fees, basic needs, etc.) witnessed between 2011 and 2017 in Lebanon caused high level of distress.

*Only 15% of refugee children met minimum diet diversity thresholds (WHO)*

*97% of refugees applied a negative coping strategy in 2016*
Poverty line
Households have also been classified according to the poverty line proposed for Lebanon by the World Bank in 2013, established at US$ 3.84 per person per day.

The proportion of households living below the poverty line (71%) remained relatively stable in 2016, following a sharp increase from 49% to 70% between 2014 and 2015.

90% of refugee households borrowed money from friends and relatives.
• Maintaining legal residency remains one of the biggest challenges faced by Syrian refugees in Lebanon. Those with expired residency live in a constant fear of arrest.

• Under the 2015 Policy on Syrian Displacement, Syrians are thus left with two options: they either leave Lebanon or stay and accept exploitation, which in some cases even may amount to forced labor and human trafficking.

• Constant risk of detention
According to Restart Center, International Medical Corps (IMC), the most prevalent mental health problems observed among Syrian refugees include depression, anxiety-related disorders, posttraumatic stress disorder (PTSD), and psychosis.

The cost of healthcare poses a problem for refugees, as many cannot afford treatment. A number of Syrian refugees also face challenges with regards to admission to in-patient psychiatric hospitals. Delays in admission and the cost of care, often prohibitive for refugee families, force many to choose not to be admitted in spite of the critical need.
Based on RESTART and UNHCR partners Syrian refugee families, particularly families of male victims of torture, is the shifting roles within the family: women and children becoming the breadwinners for the family. The shifting roles of family members creates an imbalance in the family’s dynamics and ability to cope with pressures.
Restores the psychosocial, medical, and physical wellbeing of survivors of torture or trauma and their families.

Educates professionals and the public about torture and its consequences.

Strengthens the legal and policy frameworks for an effective criminalization and abolition of torture nationally and regionally.

Thwarts, prevents and responds to gender-based violence and counters violent extremism.

Advocates for the rights of victims of torture and war-trauma to effective remedy and reparation.

Reinforces the capacity of governmental bodies, inter-governmental organizations, non-governmental organizations and local communities as well as health and education sectors to identify and respond to the health, mental health, legal and social needs of survivors of torture or war trauma.

Takes actions to improve detention conditions and practices.
Restart’s Rehabilitation service model

Protection ➔ Prevention

Rehabilitation

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Restart Center refugee response Plan

1. Specialized health and mental health services and legal assistance.

2. Community based services. (CBS) A new alternative approach to respond to enormous needs.

3. Pioneering programs subsequently integrated into the already existing national health systems.

4. Programs designed to address specific vulnerabilities (i.e. victims of torture, women victims of gender based violence, children with special needs).

5. Capacity building programs to UN staff, NGOs/INGOs, law enforcement personnel, educators of children, Syrian Outreach Volunteers, PHCs and hospitals (CBP)
## UNHCR INTER-AGENCY WORKING GROUPS

<table>
<thead>
<tr>
<th>Camp Management</th>
<th>Cash Assistance</th>
<th>Child Protection</th>
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</thead>
<tbody>
<tr>
<td>Community Services</td>
<td>Coordination</td>
<td>Core Relief Items (CRIs)</td>
</tr>
<tr>
<td>Education</td>
<td>Environment</td>
<td>Food Security</td>
</tr>
<tr>
<td>Gender-Based Violence</td>
<td>Health</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Information Management</td>
<td>Livelihood</td>
<td>Logistics</td>
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<tr>
<td>Mental Health and Psychosocial Support</td>
<td>Nutrition</td>
<td>Protection</td>
</tr>
<tr>
<td>Registration</td>
<td>Reproductive Health</td>
<td>Return</td>
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<tr>
<td>Shelter</td>
<td>Telecom</td>
<td>Transportation</td>
</tr>
<tr>
<td>Water &amp; Sanitation</td>
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</tbody>
</table>
Figure. IASC MHPSS Intervention pyramid for mental health and psychosocial support in emergencies.
A Recovery Process

Restart’s holistic Rehabilitation model is applied by a multidisciplinary team and involves a range of services:

- **Medical approach** for cure and symptoms reduction
- **Rehabilitation approach** to rebuild lives and maximize victim’s quality of life and daily functioning.
- **Psychological recovery approach** to improve Victims’ wellbeing, resilience and capacity to make meaning of their lives.
- **Empowerment approach** to elicit social engagement and safe reintegration without stigma or discrimination
- **Justice approach** to promote social justice and advocate for documentation of torture cases
What is It the need to care for our caregivers?

- Psychosocial workers working with individuals coming from conflict zones, or who are living in critical situations, often experience increasingly intense stress reactions such as compassion fatigue (it is a syndrome whose symptoms result from empathic exposure to the distress of others and to the stories of psychological and physical trauma suffered).
Objectives of Supervision at Restart

R = Reduce team burnout
E = Enhance treatment efficacy
S = Spread awareness and motivate the team
T = Thwart work-related stress
A = Accentuate work cohesion
R = Render the work atmosphere positive
T = Tailor efforts to work for others and to work for oneself
No body chooses to be a refugee!
”They have broken my body, but they couldn’t get of my will. I have been subjected to various forms of torture, including rape. They tried with me the most atrocious and horrible means. They made me hear my mother and sister’s voices and threatened that they would harass them.

I closed my eyes and said: “they can do whatever they want with our bodies, but they will not be able to touch my beliefs”. They have broken my body to break my will, but they did not realize that whenever I went back and breathed again, I felt that my will is unbeatable.

They embedded fear in me and I became another human being; this is what their hands did. They put my head in the dirty water; they made me kneel down pleading the persecutor to stop beating harshly. I recounted my children my painful experience to explain them that we have to stand up and fight for what we believe in.
Peace cannot wait anymore ...
Thank You

Restart Team

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