

Nordic Work with Traumatized Refugees

Nordic Work with Traumatized Refugees:
Do We Really Care

Edited by

Gwynyth Overland, Eugene Guribye
and Birgit Lie

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P U B L I S H I N G

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INTRODUCTION

EUGENE GURIBYE AND GWYNYTH OVERLAND

‘It’s always wonderful for people from the savage lands in the South to come to the Nordic countries’, said Derrick Silove, as he began his keynote address to the 18th Nordic conference for therapists and caregivers who work with traumatised refugees:

You’re like a beacon of light for us – your governments and your societies. You know we always say, ‘If the rest of the world was like the Nordic countries, we’d have a lot fewer problems to deal with.’¹

A few weeks later in another context, Bruce Perry said much the same thing to a Norwegian audience: ‘You’ve already created proactive policy and practice. Don’t look to the US and the UK’. The implication was clear to us: we have a duty to do something with those rights – we should fight because we can.²

Rights and duties hang together, and the welfare state model that forms the basis for the healthcare system in the Nordic countries – Norway, Sweden, Denmark and Finland – entails many rights. The Nordic welfare state model emphasises egalitarian and extensive benefit levels, wealth redistribution, and promotion of gender equality and maximisation of labour force participation. Members of the population benefit from free education, universal healthcare and public services that provide an elaborate social safety net. Hence, the Nordic model is widely regarded as a benchmark in regard to economic and social performance. Norway has earned the highest rank in the UNDP Human Development Index for several years, and Norwegians enjoy one of the highest GDP per capita in the world. As we write this, Denmark ranks highest on the OECD’s list of the top 10 nations with the highest social mobility, with the rest of the Nordic countries all among the top six.

This is not to say that there are no challenges ahead for Nordic welfare

¹ Professor Silove is Director of the Psychiatry Research and Teaching Unit, NSW, Australia.

² Professor Perry is Director of the Child Trauma Centre, Texas.

states. In Norway, for example, there is still inequality and poverty amid plenty. After the 2013 elections in the country, *The Guardian* reported there is no way in which ‘the neoliberal agenda touted by the Conservatives can address such challenges’.³

Yet so far, the conditions seem favourable for refugees exposed to severely traumatic events in counties of origin and in flight who have come to rest in the safe havens of the Nordic countries. But have we really done what we could and should in the field of refugee mental health? Do we really care? This is the main subject of this book.

Who are the ‘we’ in question, and what does it mean to ‘care’?

‘We’ in this book refers to therapists, caregivers and researchers working in the field of refugee mental health – psychiatrists and clinical educators, psychologists and social workers, doctors and child welfare workers and nurses – as well as to the social scientists who study and analyse the work. But ‘we’ also refers to the Nordic welfare states as a whole, including the authorities and the citizens.

As to ‘care’, there is a distinction between therapy and caregiving, which is reflected in the way we have organised the sections in this book; and there is the verb ‘to care’. In our field, some may care too much, thereby endangering their professional objectivity and constraining their own sphere of influence – for example, their ability to promote the civil and political rights of patients affected by human rights violations. Some may find their ability to care and their professional ethics blocked by structural limitations and systemic bias conveyed by departmental policy guidelines. Some practitioners may be so narrowly professional that they fail to realise their potential to intervene, as in cases of family reunification – a portfolio without a minister. We see this book as an opportunity to shed light on these and other challenges encountered by professionals in refugee mental health and care.

Work with refugees is a constant reminder of the inhumane and irrational in the human condition, because it addresses the challenges created by violations of basic human rights. Refugees may have been tortured, incarcerated, beaten, trafficked, raped and orphaned; they may have been witnesses to such violations and to the horrors of war in its modern form – in the civil arena; and they may have had to put their lives on hold and face meaninglessness during extensive periods in asylum centres as they await the results of their applications for asylum in reception countries. The Universal Declaration of Human Rights forms an overarching framework for the contents of the book.

In response to such violations, work is continually done in the Nordic

³ <http://www.theguardian.com/commentisfree/2013/sep/10/norway-lurch-to-right>

safe havens aimed at developing good approaches and procedures to improve refugee lives. Yet, in countries such as Norway, the international guidelines set out in the Istanbul Protocol for the Assessment of Persons who Alleged Torture and Ill Treatment have yet to be ratified. Finland recently hosted an international symposium on torture as a global challenge, yet the country has yet to ratify the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). In addition to structural limitations such as these, health professionals may face other challenges: they may be nursing unexpressed reactions of anger, grief, frustration and helplessness; they may become victims of secondary traumatisation, sleeplessness and burnout.

The book builds on a recent exchange of views, methods and experiences expressed in plenary presentations, papers and discussions at the 18th Nordic Conference for Therapists and Caregivers who Work with Traumatized Refugees – impulses from work with traumatized refugees on many levels. It expands to focus on work being done to improve the quality and efficacy of these efforts in the Nordic countries, in the fields of psychiatry, psychology, nursing, physical therapies, social work, child care, education, anthropology and sociology. From the book's inception, the editors aimed to allow professionals in these diverse fields to speak for themselves – whether they might be professors or primary caregivers. The main thematic sections of this book focus on human rights, families in flight and exile, care, treatment perspectives and work with asylum-seekers and undocumented migrants.

As Derrick Silove reminded us in his opening keynote at the 18th Nordic Conference for Therapists and Caregivers who Work with Traumatized Refugees, the authorities may be prepared to agree with our concerns. They may be willing to admit, 'It's tragic that people are suffering from the side effects of conflict. But', they will also say, 'our job is not about curing suffering or making people happy: it's about social and political stabilisation, and frankly, mental health is simply not high on the agenda'. In general, they see it as an isolated area of health, and one that we all have prejudices against. They may appear not to understand that there is a connection between mental health and social and political stability. We need to put ourselves in the shoes of the doubters and the cynics who don't know very much about the situation, to answer questions like: 'Why do you treat people?' 'How do you treat them?' ... and: 'Why care?'

What Nordic therapists and caregivers do, how they answer these questions, how they deal with the challenges of working with trauma,

migration and resettlement, and how their work is affected by public policy and regulation – these are the subjects of this book.

* * *

We begin with a set of chapters that provide a look at some of the challenges facing work with traumatised refugees in the Nordic countries. As Marita Eastmond points out in her opening chapter, refugees and their suffering are an object of humanitarian concern, but also pose challenges to the restoration of order and control. Consequently, the policies of the Nordic welfare states often reflect a dual obligation to protect while ensuring domestic legitimacy and social integration. Eastmond explores how these tensions played out in Sweden following the admission of Bosnian refugees in the early 1990s. In particular, she examines the role and changing meanings of trauma in the interplay of policy-making and institutional practice in the context of the Swedish welfare state. The increasingly polarised public discourse on refugees contributed to undermining ‘care’ in favour of ‘control’. Although this chapter focuses on Sweden, there are echoes of developments in other Nordic welfare states as well.

Birgit Lie, Nora Sveaass and Edvard Hauff provide a brief overview of the development of the Norwegian model for care and integration of arriving refugees. As more refugees were accepted into the country during the 1980s, the authorities established psychosocial teams for refugees in order to meet the new challenges. The idea of a public health model combined with centres of excellence for treatment of traumatised refugees seemed to respond well to the needs of the refugees. As the authors point out, few other countries had developed anything similar. However, with the new millennium, a reform changed this picture, and the specialised clinical options were closed down. But at what cost?

Tapio Halla and Tuula Quarshie show how Finland as a country has a traumatic recent history of its own. Its people experienced three wars within a century: a civil war and two wars against its giant neighbour, the Soviet Union. More than 400,000 internally displaced persons found their home regions ceded to the Soviet Union. Yet, the traumas of the population have come little into focus until now. Although Finland has generally received fewer refugees than other Nordic countries, some 40,000 refugees have arrived in the country since the 1970s. However, the traumatic experiences of refugees in Finland appear to be left largely without adequate attention and care, as was the case with the war traumas of the Finnish people in the past.

The next part of the book focuses on human rights perspectives in a broad sense. The emphasis in these chapters is on rights, challenges and ways ahead, focusing on what health professionals, the authorities and ordinary members of the public can do to contribute to improving the wellbeing of refugees in the Nordic welfare countries. Nora Sveaass points out how the strengthening of international criminal law, through a greater focus on the right to reparation for victims of crimes against humanity, represents an important challenge. Fulfilling the right to reparation is a complex endeavour that seems to raise many questions. Sveaass takes up some of these issues within the context of states' obligations to provide and ensure redress and rehabilitation to those subjected to torture and gross human rights violations. In particular, she discusses how health professionals can understand and respond to rehabilitation.

Professionals like Nora Sveaas and Aina Vaage are among the seemingly tireless advocates of adequate care for traumatised refugees and asylum-seekers in the Nordic countries. Vaage provides a personal account based upon many years of clinical experience as a psychiatrist and researcher working with refugees. She describes how meeting the asylum-centre was a shocking, eye-opening experience. While the centres were designed to provide short-term accommodation, a number of families had been living there for several years. Vaage argues that the Norwegian Child Protection services (*Barnevernet*) would never have allowed Norwegian families with children to live under similarly poor conditions. That encounter challenged her to use other parts of herself as a clinician and therapist.

Vaage's account seems to imply that, for many refugees and asylum seekers, the here-and-now in the relative safety of the prosperous Nordic welfare countries may be as debilitating as the traumatic past in their countries of origin. This is confirmed by longitudinal studies showing that the effects of war and persecution indeed seem to be influenced by life situation in exile (e.g. Lie, 2003; Hauff and Vaglum, 1995; Montgomery, this volume). Long-term detention, feelings of isolation, exposure to life-deciding interviews by immigration officials, and general disempowerment may all have serious deleterious effects on the mental health of asylum-seekers (see Silove et al., 2000; Fazel and Silove, 2006; Borchgrevink, 2001). Yet, researchers and helpers have tended to focus primarily on the traumatic past of refugees, and the challenges that their past constitutes in relation to adaptation in the new country. As Eugene Guribye and Brit Oppedal point out in their chapter, the transnational orientation of many groups of refugees implies that ongoing events such as disasters and man-made crises in their distant countries of origin may also have a major

impact on their wellbeing and mental health. The authors show how Tamil refugees in Norway suffered a crisis of their own as the civil war in Sri Lanka came to a bloody conclusion in 2009. Yet, neither the public health system, nor the authorities, nor the general Norwegian population seemed to provide much support for the Tamil ‘super-immigrants’ during the crisis. The authors analyse how a complex web of international geopolitics and general disinterest in remote conflicts stood in stark contrast to the wide public support given to bereft Tamils after the tsunami in Southeast Asia only five years earlier.

The chapter provides a bridge to the next part of the book, which focuses on care. Professional care must balance between objective and rational considerations on the one hand, and intellectual and emotional subjective involvement on the other (Nortvedt 2004, Forslund and Jacobsen 2010). Managing this balance is a recurring topic of many of the chapters here. Henry Ascher and Anders Hjern discuss the kind of care needed in order to enable a development from apathy to activity among traumatised refugee children. Some of these children have developed an extreme withdrawal syndrome in response to events in their lives. When these children began to be noticed in the beginning of the millennium, uncertainty as to how best to provide them with care and treatment was great. The question of whether the children's condition was a result of Swedish asylum policy was inevitable.

Ketil Eide, Eugene Guribye and Hilde Lidén point out that, under the Convention on the Rights of the Child, every ratifying state is to be responsible for ensuring alternative care for unaccompanied refugee minors. However, connections are seldom made between the caregiving situation and mental health issues of these children. The authors highlight this connection as a key element in understanding how to intervene in the daily lives of unaccompanied minors, and examine how various actors shape and influence how the care needs and civil rights of these children are defined.

Internationally, there seems to be an increase in the application of trauma-informed approaches in care services. Yet, in the Nordic countries, this knowledge appears to be less utilised in care services. Ane Ugland Albaek, Mogens Albaek and Helge Slotten describe a comprehensive programme in Southern Norway based on the principles of trauma-informed care. This approach builds on components such as promoting safety, offering trustful relationships, assisting in affect regulation and trauma-informed environments.

On a more individual level, Torunn Fladstad reflects on her own role as a professional and researcher in relation to her refugee research

participants. Previous studies have shown how relationships established between researchers and research participants may help to provide the latter with access to resources outside their group. But Fladstad also reflects on how the relationships may be mutually constitutive. Exploring her own professional, trauma-informed relationship with an unaccompanied minor across two years, she explains how the relationship constituted a series of resources for both parties.

While we have a broad base of knowledge that demonstrates the importance of care and cultural and social institutions in resilience towards traumatic events, care is sometimes not enough. As Guribye and Oppedal showed in Part II of this book, even well-adapted ‘super-immigrants’ can come to a point where professional help may be required. In the fourth part of the book, ‘When care is not enough’, we present a broad range of treatment perspectives and approaches that have been employed in the Nordic countries. Monica Brendler describes a treatment programme for traumatised refugee parents and their infants in Sweden. Laila Jacobsen and Tina Ammundsen use the context of a rehabilitation programme in Denmark to discuss the caregivers’ role as well as the methods used in working with parents and their children to restore attachment bonds between family members. Rea Laakso and Marketta Karjalainen describe experiences from treating patients at the Centre for Torture Survivors’ Children and Youth Team in Finland. Finally, Randi E. Jenssen and Kjell-Ole Myrvoll write about a group intervention for unaccompanied minors in Norway.

We have also included some alternative approaches. When the Colombian torture-survivor Hector Aristizabal held a workshop at the above-mentioned 18th Nordic conference for Therapists and Caregivers in Bergen in 2013, he stated: ‘helping cannot be a profession’. In conversation with Diane Lefer in this book, we learn how that Aristizabal began working on a performance/workshop in 2004 when the photographs coming out of Abu Ghraib brought back old feelings of helplessness and rage. Over the course of hundreds of performances in more than 30 countries, Aristizabal has found that sharing the story helped him to heal and to unlock the torture chamber door. Hence, the workshop was intended to have a transformative effect on audience and performer alike. Melinda Ashley Meyer Dermott describes an expressive arts approach developed for stabilising people who live under extreme stress or have survived trauma. The approach focuses on enhancing movement, imagination, engagement, connection, the here-and-now, safety and responsibility. Finally, Linnéa Näsholm discusses interdisciplinary health services for undocumented migrants in Norway based on volunteer work

offered to patients *pro bono*. As we write this introduction, there has been movement in parts of the Norwegian government to stop the *pro bono* health services offered to illegal immigrants in Norway. Halting these services is unlikely to deter immigrants from entering the country illegally – and it would certainly not improve their somatic and mental health.

The next part of the book, focusing on work with children and families in exile, starts even before the cradle. Helge Slotten and Ane Ugland Albæk discuss how the refugee mother's adverse experiences may affect the foetus, creating the risk of a child with challenging emotional-behavioural characteristics. Edith Montgomery reflects on the experiences and reactions of Middle Eastern children and youths who arrived in Denmark as refugees, and how traumatic experiences from the home country and life in exile influenced their mental health and social integration. The children's experiences of war and organised violence often resulted in mental health problems on arrival in Denmark. The follow-up study carried out 8 to 9 years after their arrival in Denmark showed that the magnitude of the psychological problems was reduced over time. However, aspects of stressful life circumstances in exile seemed central to recovering from early traumatisation.

As shown in previous chapters, the living conditions for asylum-seekers entering the Nordic countries may pose a mental health challenge in itself. The politically motivated mass-killings in Oslo in July 2011 also served as a tragic reminder of the polarised political discourse related to the idea of a multicultural society in the Nordic countries. But another challenge of resettlement can also be the occurrence of honour-related conflicts and violence among ethnic minorities. Farwha Nielsen describes how professionals in Denmark may struggle to cope with these demanding issues. The common belief seems to be that when an ethnic minority woman is subjected to honour-related violence, she should sever all ties with her family in order to achieve emancipation. Nielsen discusses how these matters may be resolved instead through a sustainable dialogue that may promote social and cultural changes.

Working with families across cultures may pose a challenge for many professionals in the Nordic countries and elsewhere. As Rashmi Singla explains in her chapter, this work involves dealing with cultural barriers, social constraints and power differentials. Singla describes a model for working with families across cultural boundaries, based on a critical constructive and eclectic theoretical framework which combines local practices with practice-based knowledge. Randi Wærdahl and Ann Christin Nilsen remind us that learning and participation in school and leisure activities may also constitute important elements in the wellbeing

of refugee children. Focusing on the temporality of life in a reception centre for unaccompanied minor asylum-seekers in Norway, the authors describe how both activities are intended to give structure and coherence to the everyday lives of the minors while they wait for their case to be resolved. The motivation for formal schooling prevailed even in the case of a negative answer to the application for asylum. Paradoxically, this coincides with the minors' loss of the right to take formal classes. The authors hold that Norway has a moral responsibility to provide schooling and qualification for unaccompanied minors even when their asylum applications have been rejected, so as to prepare them to survive and create a future for themselves in a global community.

Norway was one of the first nations to ratify the Convention on the Rights of the Child. However, as Gwynyth Overland points out in the final chapter of Part V, several of these rights have still not been implemented in Norway. Overland focuses specifically on the observance of Article 10, paragraph 1, on the child's right to be reunited with his or her parents. The fact of the matter is, she observes, that no official organ in Norway is actually tasked with working with the subject-matter of this Article, family reunification. No one working outside the control organs (the directorates of immigration, justice and the police) has this work included in his or her job description. The chapter ends with a checklist for a series of procedures for advocacy in family reunification cases. We are reminded that professionals who help their refugee clients with their greatest concerns are more likely to build trusting relationships with them, which in turn will be of benefit in counselling and psychotherapeutic work.

In Part VI, the focus is on working with asylum-seekers and undocumented migrants in a broad perspective. Again touching upon the recurrent theme of care, Marry-Anne Karlsen, Kari Anne K. Drangslund and Knut Hidle investigate how the Norwegian asylum reception system may condition local practices of care towards asylum-seekers. The authors indicate that the organisation of the asylum system will affect the practices of care by local actors such as neighbours, volunteers, health workers and other public service providers, as well as staff at the asylum centre. In the following chapter, members of the Swedish Ethics Committee reflect on the role of the healthcare services in the asylum process, particularly in relation to undocumented migrants. The authors conclude that healthcare services must assume a clearer role as patients' advocates, and to a much larger extent take it upon themselves to defend human dignity and critically scrutinise the asylum process from public health and healthcare perspectives.

The final part of the book, by no means the least important, focuses on

the making of meaning in therapy and care. Loss of social cohesion and existential meaning in the political, religious, spiritual and cultural realms remain central among the losses inflicted on refugees and war survivors (Silove et al., 2006). Thus, in a broader sense, therapy and care encompass cultural, social and religious support. As established in the seminal works of Arthur Kleinman and colleagues several decades ago (Kleinman, Eisenberg and Good, 1978), the health system may be perceived as a local cultural system composed of three overlapping parts: the professional sector, as well as what Kleinman refers to as the popular sector (support from friends and family), and the folk sector ('alternative' treatment). Issues of care need to be dealt with not only by health professionals, but also by the general population and cultural and religious institutions that play crucial roles in people's wellbeing, resilience and support. Whereas PTSD may be a relatively rare individual response to trauma (Fazel et al., 2005), we need more knowledge about social and cultural responses to trauma (see for instance Overland, 2013; Guribye, Oppedal and Sandal, 2011).

Valerie DeMarinis argues in her chapter that a range of strategies may be required to restore a sense of meaning and social coherence among refugees, focusing on individual, societal and environmental aspects. Targeted interventions at individuals should include a focus on the whole population. Other approaches, such as Derrick Silove's ADAPT model, offer a similar expanded perspective on social reconstruction programmes aimed at repairing psychosocial systems, including threats to safety and security, interpersonal bonds, systems of justice, roles and identities and institutions that promote meaning and coherence (see Silove et al., 2006). DeMarinis makes a strong case for introducing a similar approach in the Nordic countries. While some refugees may develop symptoms of PTSD, the vast majority seem resilient enough to be able to function well enough once they are able to 'restore' their lives (Fazel et al., 2005). Therefore, a better understanding of cultural and religious systems that help people to cope with major events in their lives may be a key factor in therapy with traumatised refugees. In the final chapter, Gwyn Overland draws on her work with resilient Khmer survivors in Norway and proposes a cultural resilience approach for health and social workers wishing to stimulate the resilience of war survivors.

Throughout the book, we have applied a similar approach, focusing on the roles of professional helpers, refugees, researchers, authorities and citizens of the Nordic welfare states in helping traumatised refugees restore their lives. It is our hope that the contents of this book may inspire us all to care, really care – to work for the wellbeing of these remarkable

survivors who have faced hell and sought refuge in the safe havens of the Nordic welfare states. It is our hope that the question in the title of this book: ‘Do we really care?’ may be answered collectively by a strong and empathic ‘Yes!’

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PART I

WORKING WITH TRAUMATISED REFUGEES: VIEWS FROM THE NORTH

CHAPTER ONE

REFUGEE TRAUMA
AS MOBILISING METAPHOR:
POLICY AND PRACTICE IN THE INTEGRATION
AND CARE OF REFUGEES IN SWEDEN

MARITA EASTMOND

As a trope of world disorder and the uncertainty of our times, refugees and their suffering are an object of humanitarian concern but also pose challenges to states to restore order and control. The policies of Western receiving societies often reflect this dual obligation – to protect, while also ensuring domestic legitimacy and social integration. This chapter explores these tensions as they played out in Sweden following the admission of Bosnian refugees in the early 1990s. It examines the role and changing meanings of trauma in the interplay of policy-making and institutional practice in the context of the Swedish welfare state. Structural constraints as well as cultural understandings of ‘integration’, along with an increasingly polarised public discourse on refugees, further contributed to undermining ‘care’ in favour of ‘control’. Through a long-term ethnographic study, the process was also examined from the perspectives of Bosnian refugees themselves in their strivings to restore a sense of ‘normal life’.

National-level policies as well as international conventions and legal instruments are vital prerequisites for ensuring the reception and care of refugees, as are the relevant knowledge and professional expertise to implement them. However, the interpretations of legal conventions, as well as the understanding of refugees’ problems and needs, have always shifted with and reflected larger political interests of states at a particular time. Studying the frequently shifting grounds for the granting of protection and refugee status as well as models for incorporation in many European countries is illuminating and reflects world affairs as well as domestic political agendas. Similarly, socio-political contexts have shaped