



**City of Sanctuary**

**CITY OF  
SANCTUARY  
MENTAL HEALTH  
RESOURCE PACK**



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The pack was written by:

Anne Burghgraef, Solace Clinical Director

Gill Martin, specialist psychotherapist

Jeff Morgan, retired psychiatrist

Gill Newman, Freedom From Torture.

Editorial and production help:

Andrew Hawkins and Professor Gary Craig

Design [dg3.co.uk](http://dg3.co.uk)

Photos: Solace-uk and various sources

Case study photos are posed by models

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# Introduction

Welcome to the City of Sanctuary Mental Health Resource Pack.

The City of Sanctuary movement began in Sheffield in 2005. At the time of writing (2017), there are over 100 groups in towns and cities across the United Kingdom and the number is still growing.

City of Sanctuary groups, which include refugees themselves, work with non-refugee organisations, such as schools, universities, churches, and health providers to make refugees and asylum seekers feel welcome wherever they live.

This mental health resource pack is one of a series of resource packs developed by the City of Sanctuary movement to encourage cities and towns, organisations and individuals to understand the challenges facing refugees and asylum seekers living in their communities. For more information about the City of Sanctuary movement, please see <https://cityofsanctuary.org>.

The numbers of asylum seekers coming to the United Kingdom varies from year to year. Legislation and policies relating to asylum seekers change frequently. Because information about asylum seekers and refugees is in a constant state of flux, you are encouraged to take a look at the City of Sanctuary website for up to date information.

This resource pack will help you understand the circumstances of refugees and asylum seekers' lives and how these circumstances affect their emotional wellbeing. It is designed to give you a real understanding of the lives of asylum seekers and refugees. Finally, we hope to encourage you to help asylum seekers and refugees in any way

you can, which will, in turn, help maintain or improve their mental health.

This pack will also help you understand why people flee their country and help you develop an understanding of the journeys that asylum seekers undertake, which can be, and often are, very frightening. As people flee their countries at very different stages of life, either on their own or with others, we will look at a number of key issues which can impact on health and wellbeing. You will also find resources to further your understanding and support of refugees with mental health difficulties, along with information about how an organisation which wants to be proactive in supporting refugees can gain a Mental Health award from the City of Sanctuary.



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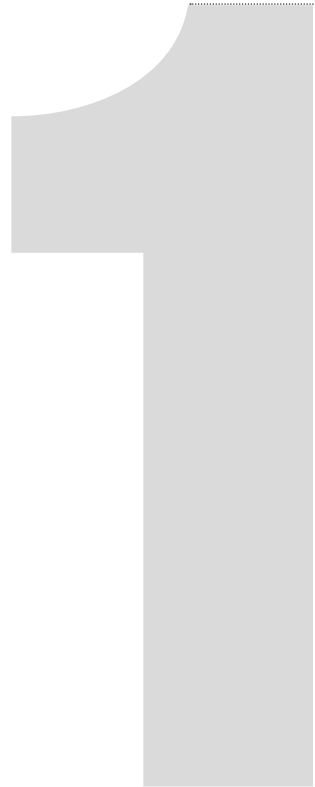
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# Part one



# THE REFUGEE JOURNEY



## THE GLOBAL CONTEXT

At the time of writing (2017), refugees have been in the media spotlight for a number of years. Images of refugees in boats, swimming for their lives, gathering at borders and living in tents have been front page news. Now these images are fading away, although the refugees have not gone away.

How did you respond to these images? Did you feel helpless and try to forget about them? Did you try to get more information? Did they frighten you or make you angry? It is hard not to have strong feelings and thoughts – positive or negative – about the worst refugee crisis since World War 2.

The rate at which people are fleeing war and persecution has soared from six per minute in 2005 to 24 per minute in 2015, according to UNHCR figures.

By the end of the 2015, over 65 million individuals had been forcibly displaced worldwide, as a result of persecution, conflict, organised violence or human rights violations, of whom just over half were children. This is an increase of 68% since 1996, which reflects a considerable increase in conflicts worldwide.

**Most refugees flee to neighbouring countries and approximately 75% live in refugee camps. Currently (2017) the top hosting countries are:**

1. Turkey	2.5 million
2. Pakistan	1.6million
3. Lebanon	1.1 million
4. Islamic rep. of Iran	979,400
5. Ethlopia	736,100
6. Jordan	(664,100)

“At sea, a frightening number of refugees and migrants are dying each year. On land, people fleeing war are finding their way blocked by closed borders.”

UN High Commissioner for Refugees, Filippo Grand



Above: Syrian and Iraqi immigrants getting off a boat from Turkey on the Greek island of Lesbos.  
Right: Arrested refugees in Fylakio detention center, Evros, Greece by Ggia.  
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## The United Kingdom and the United Nations

The UK has had a long tradition of offering sanctuary to those who have been forced to leave their countries. In 1938, the British Government welcomed refugees from Germany after Krystallnacht. Later, in the 1970s, Britain welcomed Ugandan Asians who were ejected by Idi Amin. In the 1990s, Britain welcomed a new wave of refugees fleeing war and genocide in Bosnia, Kosovo and Rwanda.

After World War II, the Universal Declaration of Human Rights was signed, followed by The Convention Relating to the Status of Refugees in 1951 and the European Convention on Human Rights in 1953. All these were a response to the terrible experience of war and its aftermath. These post World War II international agreements have underpinned the rights of refugees ever since they were signed. At its peak, the UK supported about 3% of the world's refugees. Today, Britain supports fewer than 1%.

Contrary to most media reports, the countries supporting the most refugees tend to be among the least wealthy countries in the world, such as Tanzania, Malawi, Iran or Pakistan. Lebanon, with a population of 6.5 million, hosts more than one million refugees.

The cost of supporting refugees to Britain is relatively low compared with many countries. Even within Europe it is the poorer countries such as Greece, Turkey, and Macedonia who pay far more to host refugees than Britain in relation to the size of their economies.

## THE REFUGEE JOURNEY

### Why Flee Your Country?

We would like you to pause and reflect either on your own or in a group (if you are going through this resource pack as a group) to write down all the reasons why someone might leave their country, home and family – see page 8 for reasons why people are forced to flee.

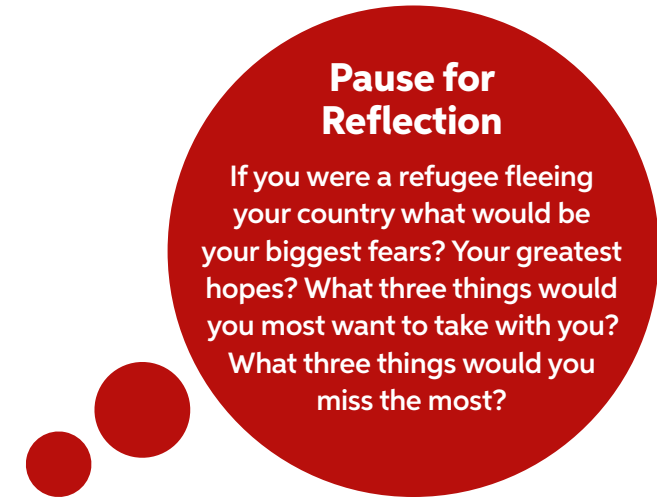
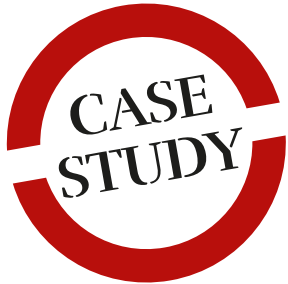
### The Refugee Journey

The first step of the refugee journey is the decision to flee. What challenges do you think a refugee might face on their journey to the UK? Do you know any asylum seekers personally and how they came to the UK? Pause and reflect what the journey might be like either on your own or in groups.

The journey that a refugee takes may involve travelling for many months on foot, hiding by day and travelling at night. It may include travelling by car, truck or bus, often having only the vaguest idea where they are heading. Families or whole villages may contribute to the cost of the journey, which may include forged documents and the hiring of agents to organise the journey. Refugees might, as part of their journey, have to travel in boats that are overcrowded and unseaworthy. Agents may betray or exploit refugees during the journey.

Most refugees know nothing about seeking asylum. They are focused on seeking a safe place where their lives are not under threat. Some may apply to come to the UK as a student or ask for a work visa if they have money and time to plan their escape. Some may come by plane or with an agent who may advise them about seeking asylum or who may just drop them off in the middle of a city or in the countryside. Whatever the journey, it will almost certainly be very stressful and possibly traumatic, as the case study below demonstrates.





### Pause for Reflection

If you were a refugee fleeing your country what would be your biggest fears? Your greatest hopes? What three things would you most want to take with you? What three things would you miss the most?

## Abdul from the Sudan

Abdul was 16 years old when he was imprisoned with his father because they were suspected of being involved in an opposition group. In reality, they were simply members of a black minority group that was discriminated against by the government. After being beaten several times, Abdul was released from prison and warned not to speak to anyone. His mother knew he was in danger so provided money from her savings to pay for him to join a group escaping to Libya by bus.

In Libya, he was threatened at gun point several times by men who demanded his phone and money, which meant cutting off any communication with his family. Abdul had to stay in Libya to work for ten months before he had enough money to pay for a boat crossing to Italy. The boat was overcrowded and precarious in rough seas. Not knowing how to swim made his journey even more terrifying for Abdul.

After being rescued by helicopter, Abdul travelled through Italy to France. With no money, he was dependent on strangers to help him survive. Abdul was in the 'Jungle' (an unofficial camp for refugees) in Calais for five weeks until he was able to get to the United Kingdom where he claimed asylum. As an Unaccompanied Asylum-Seeking Child (UASC), he is in the care of Social Services waiting for the Home Office to assess his case.

### EXERCISE:

#### Thinking about Abdul's case:

What are your thoughts and feelings as you read about Abdul's journey?

How do you think Abdul might be feeling?

What might help Abdul?

## COMMON REASONS TO FLEE YOUR HOME AND COUNTRY

Fear of persecution or repression because of their ethnic/social group, religion, sexuality, political belief.

Fear of death due to war (ethnic, civil, military) and/or organised violence.

Abuses by the security forces or armed opposition groups (rape, beating).

Massacres or the threat of massacres.

Death penalty for political opposition.

Conscription into the army, for example young women and men in Eritrea.

Unjust systems, including detention without trial or unfair trials, such as persecution because of other family members.

Torture and inhumane treatment.

Gender-based human rights abuses, such as honour killings, forced marriages, FGM, sexual slavery and trafficking.

Exploitation or abuse of power by someone who has authority or economic power, and is able to do so with impunity because of bribery and corruption.

## CLAIMING ASYLUM

There are many routes to claiming asylum in the United Kingdom. Those who have sought safety in the UK by applying for a student or visitors' visa may learn about the asylum process when they need to renew their visa. At that point, they are then advised to seek legal advice and submit an application for asylum in person at the Home Office, usually in Croydon.

Similarly, those who are already in the UK may fear that it is unsafe for them to return to their country and need to apply for asylum. It may be dangerous to return because of an outbreak of war or an increase in the persecution of particular groups, as was the case with many Zimbabweans several years ago or Libyans more recently.

The usual protocol is that anyone seeking asylum in the United Kingdom should make themselves known to the authorities at the port of entry, such as an airport or ferry port as soon as possible after arrival. However, those who arrive in the back of a lorry may be dropped off in the middle of a city or countryside and not have a clue where they are, even know which country they are in, or what they need to do. A newly arrived asylum seeker is extremely vulnerable to exploitation or manipulation by people who offer 'help' but actually use them as 'slave labour' by threatening to disclose their presence to the Home Office.

Another group are those who arrive in the UK with refugee status (bypassing the need to go through the asylum process) through an international refugee resettlement programme whereby people who have lived in refugee camps outside their country arrive in the UK through the 'Gateway Programme', as part of an agreed international quota, or the more recent resettlement programme for Syrian refugees. In the case of the Gateway Programme, refugees have what is known as Indefinite Leave to Remain (ILR) as soon as they arrive in the UK and are usually provided good quality support, including housing. In the case of Syrian refugees, they have been, and continue to be, granted Refugee status for a five-year period in the first instance. Since March 2017, there has been a special resettlement programme for Syrian refugees.

## LIFE IN THE UNITED KINGDOM AFTER CLAIMING ASYLUM

After arriving in the UK, an asylum seeker is faced with many challenges but before we continue, we would like you to think about the following scenario:

Imagine that you have arrived at Heathrow Airport where your agent, who accompanied you on the plane from your home country, has abandoned you and taken the forged travel passport he used to get you into the United Kingdom. You do not speak English. You may have little or no money and have simply been instructed to 'seek asylum'.

What would you do?

How might you be feeling?

## THE LEGAL PROCESS FOR SEEKING ASYLUM

While you do not need to have detailed knowledge of the process of claiming asylum, it is important to understand the legal process if you want to support asylum seekers.

Seeking asylum begins with an interview at a port of entry, but if you are already in the UK you will need to phone to book an appointment to claim asylum and will be asked some initial screening questions. You will then need to travel to the Home Office immigration centre in Croydon to submit your application. You will be interviewed by a government official with an interpreter, if required. As you may come from a country where there is the no rule of law, you are likely to be suspicious of officials, especially if the interpreter speaks your language but with a different accent and the interpreter may be from a tribe or group that is hostile to your own. After the interview, the official makes an initial decision about your case based on whether they believe what you have told them.

## What might your state of mind be if, like the vast majority of asylum seekers, the Home Office does not accept your case for asylum?

If the official tells you that he does not believe you or tells you that your country is on the 'safe list' (i.e. You have no cause for seeking asylum) then the next step is the fast track to a detention centre managed by a private security firm.

For most asylum seekers, a stay in a detention centre feels like being in prison for a crime you have not committed. Many women find this experience highly disturbing and their health, both physical and mental, often deteriorates rapidly. If you would like to know more about detention in the UK, see [www.detentionaction.org.uk](http://www.detentionaction.org.uk)

For asylum seekers waiting for their cases to be heard by a Home Office official, they will be sent, temporarily, to a large residential centre called Initial Accommodation (IA) which could be anywhere in the United Kingdom. During this time, which usually lasts a few weeks, an asylum seeker may be able to access some very basic advice from an organisation called Migrant Help who can help find a solicitor.

### Pause for Reflection

Can you remember a situation where you have had to wait for an important decision?

How long did you have to wait and how did it feel while you were waiting?

Within a few weeks, an asylum seeker is usually invited to the Home Office (the government department responsible for immigration matters) for a 'substantive interview' which could last between three and seven hours and consist of several hundred questions. The questions are very detailed and may be repeated to check for inconsistencies. If they perceive any discrepancies, the credibility of the asylum seeker is placed in doubt which will, in turn, affect the outcome of their asylum claim.

Many have to wait months before they are informed of the outcome of their case. At this time, they will be expected to report to the Home Office at intervals specified by them, which may range from every week to every six months.

If the asylum claim is refused, an appeal can be made against the decision in an immigration tribunal. It may be possible to have a legal representative if the asylum case passes the 'merits' test (i.e. have 50% chance or more of success) and if there are immigration solicitors nearby. The quality of legal representation can sometimes be very poor resulting in the refusal of claims.

If an appeal is successful, the Home Office may still challenge it. If refused, it may be appealed if there are grounds to argue that there was an 'error of law'. If yes, then the asylum case may go to an Upper Tribunal for a new hearing, but this can take many months. But if the asylum case is finally rejected, then the asylum seeker is, to use the legal jargon, 'appeal rights exhausted', and becomes known as a 'refused' or 'failed' asylum seeker. They are then expected to return to their home country voluntarily, although most do not, as they believe that their lives are still in danger. At that point, their asylum support including money and accommodation is withdrawn unless there are special circumstances, such as having children or serious medical issues which render them 'unfit to fly'.

It is common for many to go through periods of destitution without a home, money or the right to work. Some asylum seekers may choose to work illegally to survive, but this puts them at risk of being taken



Morton Hall Immigration Removal Centre

advantage of by their employer and puts them at risk of being deported if they are caught working illegally. It would definitely jeopardise any new asylum claim, however strong their case. Many will seek 'further evidence' to submit a new claim for asylum, known as a 'fresh claim', so many go in and out of the asylum system for years.

If an asylum claim is accepted, they will be granted 'refugee status' and be granted discretionary leave to remain for five years, which can then be extended to 'Indefinite Leave to Remain'. Some asylum seekers may be granted refugee status on other grounds such as family life or on mental health grounds and be given a visa for two and a half years. These visas need to be renewed several times until they are in the UK for ten years before they are granted permanent residency. The high costs of renewing visas along with the perpetual uncertainty makes it difficult to settle and adds to the stress of being a refugee.

But being granted refugee status means that you will not be deported (unless a crime has been committed) and that crucially you are allowed to work and you are entitled to receive welfare benefits, if eligible.

## The Issue of Evidence and Credibility

As noted, claiming asylum in the UK is extremely difficult because of the issue of evidence and credibility. Most asylum seekers who know anything about the UK understand it to be a country which respects human rights and that as such, when they speak the truth, they will be believed. It is a shock to be told you are not telling the truth, that you are simply trying to get into the UK for other, mainly economic reasons.

As the motivation to seek asylum is about safety, most asylum seekers do not think about obtaining 'objective' evidence of their persecution before fleeing, so they only have their 'story'. Any perceived inconsistency is deemed to be a sign of deliberately lying which is very disturbing. Consequently, there is pressure to obtain 'objective' evidence which may include personal documents such as a warrant for their arrest or political party membership cards or medical-legal reports or specialist country reports. While many may have this evidence in their home country, it may be impossible to get as it could endanger family or friends. Obtaining this evidence is vitally important along with obtaining professional reports that document physical or psychological injuries or scarring.

Another difficulty relates to the issue of memory and how we remember things. There is much research that demonstrates that people remember what feels significant, but we may be vague about the details as it may not have been of particular relevance. Unfortunately, being vague about details is often regarded as evidence of lying. If this is the case, refer the asylum seeker for a psychological report.

## The impact of the Asylum Process on Mental Health

If you have felt confused reading about the asylum process, just imagine trying to navigate it in an alien country without understanding the language. It is highly stressful, exacerbated by the chronic anxiety of knowing that your future, your very existence possibly, is completely out of your hands.

The opaque legal language which is difficult to understand at the best of times can be terrifying if you have to wait days for someone to explain what a letter means. Having to attend an immigration tribunal or regular reporting at the Home Office often causes acute anxiety. Many asylum seekers have very poor sleep for days.

Many asylum seekers need help to manage their acute levels of stress, something we will look at later. Australia now recognises that there is a category of complex trauma that is connected to and exacerbated by the debilitating stress of waiting for decisions to be made by powerful authorities.

## Housing

Following a short stay in 'initial accommodation', most asylum seekers will be moved to one of the UK 'dispersal' areas on a 'no choice' basis. The housing they are provided with varies in quality but much of it is very poor. While an asylum seeker is within the asylum process they will receive asylum support and accommodation. Asylum accommodation is sub-contracted to private housing contractors. Accommodation may be a hostel, flat or house, but most live in shared houses, often with people who do not speak the same language or share the same cultural habits.

Some asylum seekers may be very psychologically disturbed and not easy to live with. Housing providers may change which might mean asylum seekers being forced to move, possibly to a different part of the country, disrupting supportive relationships and education for children. Precarious housing conditions can be very disturbing as one man who had been seeking asylum in the UK for 15 years stated, '... my mental health is better in prison than [when facing] the stress of living in one of these houses'.

## Finances

As asylum seekers are not allowed to work, they are generally dependent upon the Home Office for financial support. Currently an adult or child receives £36.95 per week under Section 95 of the 1999 Immigration Act. Until August 2015, children under 18 were paid approximately £20 extra per week, but that has now been revoked. The low levels of support present many challenges to accessing education for children and young people.

As noted earlier, those whose asylum claims are refused have their housing and financial support withdrawn and are rendered destitute. Families with children were exempt. The Immigration Act 2016 will remove the provision that allows families with children to continue receiving section 95 support at the end of the asylum process. The Immigration Act 2016 will also introduce a new mechanism for local authorities to provide support to destitute families with children who do not qualify for mainstream welfare provision or for Home Office support and accommodation due to their immigration status. Much of the detail of the provisions will only become known once the accompanying regulations have been drafted and will need to be debated by parliament before the provisions can come into force. This means that many aspects of how the provisions will work in practice will not be clear until the draft regulations are issued. However we would hope to see any legislation which forces children into destitution challenged in the courts. Those who are destitute become dependent upon charities or friends for food, clothing and a place to sleep. They may 'sofa surf', sleep on the floor or even end up sleeping outside. The impact of living like this is, of course, more stress and physical health problems.

## Language Barriers

Asylum seekers who come from a country which was previously a British colony often, but not always, speak English quite well. Most, however, come to the UK with little or no English. They have the daunting task of having to navigate complex bureaucratic structures

with little or no understanding. Unless the non-English speakers have help reading letters and translating technical information, they may not know what to do, where to go and when, which may mean missing important legal or medical appointments. Finding your way to an appointment without being able to ask for directions can be highly stressful and it clearly shows how not being able to communicate in English can seriously disadvantage your claim and undermine your health.

## Discrimination

While many people in the UK welcome refugees, asylum seekers soon discover that there are many who are uncomfortable, indifferent or hostile to foreigners, whether they are asylum seekers or not. The popular press, social media and political discourse often feed the negative image of migrants by using provocative language and deliberately misrepresenting the facts. With a growing number of legal obstacles, it is very easy, from the asylum seeker's point of view, to get the message that you are not welcome here.

There are examples of housing providers painting all the doors of asylum seeker houses the same colour in one northern city. That made them easily identifiable and an easy target for race hate crimes.

When Syrian families were housed in a northern coastal town which had just lost its steel industry, the families had to be moved to another city because of harassment and prejudice.

“The popular press, social media and political discourse often feed the negative image of migrants by using provocative language and deliberately misrepresenting the facts.”

## WHAT HAPPENS TO ASYLUM SEEKERS?

When asylum seekers succeed in getting some form of 'Leave to Remain', they have 28 days to leave their asylum accommodation. The soon-to-be ex-asylum seeker must find a house or flat, a job or benefits, and if children are involved, make decisions about schools. For the vast majority, who are without independent financial support, it is impossible to accomplish all these tasks within the short time span allowed. They are not automatically considered vulnerable and given council housing. As many landlords charge very high deposits for lettings and may not accept people on housing benefit, many will find themselves destitute during this transition period.

Those whose claim for asylum is rejected, without a clear prospect of obtaining 'fresh evidence' will, at some point, be removed from the country, unless there is 'no safe route' to return as is the case with most Eritreans. The fear of being sent back to their home country is a source of great terror.



### Mrs Miah

Mrs Miah was returned to Pakistan with her two young sons. She had come to the UK to escape the brutality of her marriage. Her husband had killed her third newborn child by throwing the baby on the bed. Her children were being treated by a psychologist in the UK, including one who had witnessed the death of his baby brother. All that could be done to help her was to give her a degree of protection in Pakistan. A Women's Refuge was found in Pakistan that would also accept her sons. While she agreed to live there when she returned, she was terrified that her husband would track her down and kill her and the children.

Many people, men and women, continue to be in great danger when they are forced to return to their home countries. Some are tortured, imprisoned or killed. Unfortunately, there is no international agency to monitor the wellbeing of returnees. Once someone has left Britain, the UK authorities have no responsibility to those who have been removed.

As one young woman said to her Home Office interviewer, *'If you can guarantee safety for me and my son, I will gladly go'*. As is well known, there is no guarantee of safety, and no international body to report to.





# Part two

# 2

# SPECIAL ISSUES FOR CONSIDERATION

## REFUGEE FAMILIES

While some families leave their countries and arrive safely together, it is not uncommon for families to be separated, particularly when only one or two family members have an urgent need to leave. They may also be separated from each other on their journey. Some family members may be living in other countries, and as the extended family is often of great significance, the sadness of separation may overwhelm those who remain together.

### Consider how this might impact on Maya's mental health

Families are confronted with multiple challenges when they arrive in the United Kingdom. The need to feel safe is critical. Navigating the complex bureaucratic systems in an unknown culture is de-skilling when on your own, but when children are involved, it can feel overwhelming.

Very often, adults quickly become dependent on their children to act as intermediaries with officialdom and this can easily undermine parental authority and engender feelings of helplessness. The stress of daily life and adapting to a new way of life can make learning anything new, including learning to speak English, feel impossible.

Parenting in the United Kingdom may be very different from the cultures asylum seekers come from, especially with regard to parental respect.

Some parents may fear their children will become 'wild' or ill-disciplined. Most soon learn that acceptable forms of discipline in the UK may be different to what was customary for them. Helping with parenting advice needs sensitivity so that they do not feel helpless and hopeless. If one member of the family is highly traumatised, their vulnerability can create problems for the rest of the family. Their sensitivity to noise and heightened levels of anxiety are problematic for children to negotiate. It may contribute to role reversal where children may care for adults and start behaving as if they are much older than their years.



### Maya

Maya arrived in the United Kingdom from Iraq with the help of the UNHCR (as part of the Gateway Programme) with two of her children aged 18 and 19.

Maya was almost sixty years old and suffering from arthritis, which the cold northern European climate made worse. Her children were from her second marriage and they seemed to be settling into life in the UK quite well. Maya also had four daughters from her first marriage who were living in different countries. She worried constantly about her daughters and their families in Iraq, as well as worrying about one daughter who was not well. In Iraq she had been the matriarch of the family. Everyone would come to see her at the weekend and she would cook family meals. Her whole life had shrunk.

Gender roles, particularly for men, can be challenging, as they are not allowed to work while seeking asylum. Even when they become refugees, getting a job can feel insurmountable and create tensions between family members, especially when they either cannot get a job or they can only find a job that is much lower status than they were used to in their previous life. Family therapy may be helpful to families struggling to adjust to a new way of life.

### Pause for Reflection

What other stresses do you think an asylum seeker family would be under that creates stress between family members?

## REFUGEE CHILDREN

Children may leave their countries with their families or come on their own as Unaccompanied Asylum-Seeking Children (UASCs) usually accompanied by agents (otherwise known as traffickers or people smugglers). They may also arrive in the UK from refugee camps as part of one of the UNHCR programmes, either alone or with their families. All refugee children will have experienced disrupted development, losses, fear and uncertainty and possibly violence against themselves or family members. Children are particularly vulnerable to the far-reaching consequences of fleeing their homes, including a negative impact on their physical, psychological, social and intellectual development.

Consider the following case studies in each of the three phases of the refugee journey.



CASE STUDY

### Experience in the country of origin

Urbain, aged 12, left the Congo with his mother and step-brother when militias came to their area. His grandfather was killed in an attack and his father had already died. The family escaped to a refugee camp in Rwanda, where they struggled to live for two years. While Urbain attended a poorly-run school in the camp, he struggled to learn many basic skills. Instead he spent time with a group of boys who provided a degree of protection from the militias who might be looking to recruit young boys. Urbain arrived in the UK having experienced bereavement, fear and violence. He was vulnerable to gang recruitment in the UK because, in the camp, he had learned he was safer in a group than alone.

### Pause for Reflection

If you have a child, imagine him or her having to fend for themselves without your protection on a dangerous journey, travelling thousands of miles. What would you hope for them? Or if you don't have children, imagine yourself as a child leaving home in a hurry, being responsible for a younger sibling perhaps and without a trusted adult with you on your journey.

### CASE STUDY

## The experience of seeking asylum in the United Kingdom

Rachel, aged 18, arrived in the United Kingdom on a flight from Burundi paid for by an uncle. Her father had been killed in the Congo and she had witnessed her mother's rape and murder while escaping from the Congo into Burundi. Her younger sister, aged 11, had been so badly injured following rape that she had to be left behind in the care of friends.

Rachel struggled to cope with what she saw as the shame of being an asylum seeker while waiting for the Home Office to decide her fate. She also had to cope with racist threats of teenagers living nearby. While she received refugee status quickly, the trauma of what had happened to her family remained with her.

### CASE STUDY

## The experience on the journey to the United Kingdom

Kamran, aged 10, arrived in the United Kingdom with his mother from Iran. His father had left several months earlier as he feared arrest, having fallen foul of local politicians. Kamran's family had paid a large sum of money to an agent who helped them travel across the mountains in northern Iran and Turkey. Twice they were arrested in Greece for being illegal immigrants, and each time spent two weeks in an adult prison. The agents would then disappear, only to reappear again demanding more money for the next stage of the journey. Eventually they travelled in a lorry across Europe and were reunited with Kamran's father, but for some time afterwards Kamran had nightmares and other sleep problems because of his prison experience.

The three young people in the case studies above all had experienced overwhelming difficulties in different places several thousand miles apart; difficulties that were life-threatening or at least felt life-threatening. And yet, after some time in the UK, all these young people were successful at school.

## What Makes a Difference?

Each of the young people in the case studies had extensive professional help not just from counsellors, but other professionals adopting a holistic, multi-agency approach to help address their problems. By involving a number of people from different professional backgrounds, many of their needs – both practical and psychological – were met, enabling them to become more resilient to the challenges they faced. The therapeutic work covered not only the type of issues common to a young person, such as family, education and friendships, but also the powerful added dimensions that are common to refugees:

- Loss, bereavement, trauma.
- Adapting to a foreign culture.
- The challenge of living in two cultures, one at home; the other outside the home.
- Hostility towards asylum seekers and refugees expressed in some of the tabloid newspapers, social media and parts of mainstream culture.
- The issue of identity – who am I? Where do I belong?
- What kind of future do I have?

It is difficult for many to feel understood. The distress may manifest itself in various ways with some appearing older and more capable than their years in some respects, yet in other ways behaving as if they are much younger than their age. Some may appear to be adults when they are in fact children. Disputes about whether an asylum seeker is an adult or a child has major implications on how the individual concerned is treated by the Home Office. Up until the age of 17½ an asylum seeker is largely protected by the Home Office. Over the age of 17½ an asylum seeker faces the full asylum process of having to provide evidence that they would be persecuted if returned to their home country.

Working with young refugees in a group setting or through activities is

often the most effective way to build trust. Sitting together eating pizza may facilitate more disclosure than would a counselling session. This is part of the value of a 'holistic' approach.

*Adan, 16 years old, was brought to the United Kingdom by his mother and brothers from Northern Iraq. In his culture, smoking and driving at the age of 13 or 14 are not unusual, so it was hard for him to understand that in the UK he would be considered to be a child. He wanted to sustain his image as a man and yet at the same time he was shocked and disturbed to see on Facebook that nine of his friends had been killed in Iraq.*

Children living with their parents might keep a low profile as they have learned not to be a nuisance and cause more problems. Many young people mask their feelings, which means it can be difficult for a therapist to find a way to help them describe their distress. The problem of articulating feelings contributes even more to the uneven emotional development of a child and to a kind of pseudo-independence.

As children tend to learn English more quickly than adults, they may become the link to the external world and carry burdens that are actually too great for their years. If they live with a traumatised parent, this burden may be exacerbated as they become 'carers' and try to manage their parents' distress. If asked to interpret for parents, they may be exposed to issues that are too great for them to cope with, especially in a healthcare setting.



## Sonia

Sonia, aged 10, from Rwanda had to care for her six-year old sister after her mother had been re-traumatised following the Home Office decision to reject her asylum claim on multiple occasions. Sonia had to help bring up her sister and at times care for her mother while trying to cope with the murder of her father back in Rwanda, as well as adapt, as best she could, to the strangeness of living in an alien culture.

Her father had been a lawyer in Rwanda, so Sonia's family had high social status and a prosperous lifestyle, in sharp contrast to their current impoverished circumstances as asylum seekers. The vastly different circumstances that Sonia had experienced added to her distress.

## Unaccompanied Asylum-Seeking Children (UASCs)

Those young people known as UASCs, that is those who have become separated en route or who have fled their country alone are the most vulnerable. They may be on journeys that may last months on their own or in the hands of people smugglers. Kidnapping, exploitation or imprisonment are not uncommon. They may have been the only one of the family to escape an armed conflict if there was only enough money to pay for one to escape. Others may have been child soldiers or threatened with conscription or caught up in family or tribal conflicts. They may have lost family members in their own country, but it is possible that the journey itself is the most traumatic stage of their refugee experience.

Arriving in the UK, these young people will be placed in the care of Social Services if it is accepted that they are under 18. A placement with suitable foster carers is usually the preferred option, but many may choose to live in shared houses. After months of surviving independently, many will not want to be looked after by an adult. Nevertheless they will feel psychologically fragile with a poor sense of who they are and where they fit into the world. Those who flourish will need to form connections with their 'community of exile' as well as the host community. Children in social care are generally well supported and more likely to obtain refugee status. In contrast, those who are deemed by the Home Office to be adults are at greatest risk as their resilience is low whilst they are expected to function as adults in an asylum process which gives them minimal support. The issue of age assessment and age disputes is critical and has been subject to much debate. Sir Al Aynsley Green, former Children's Commissioner, has recommended a protocol for age disputes involving a multi-disciplinary team of a Clinical Psychologist, a Pediatrician and a Social Worker make assessments and reach a decision between them.

## AN EXAMPLE OF HOLISTIC WORKING WITH YOUNG ASYLUM SEEKERS

Baobab Centre for Young Survivors in Exile is based in London and works with young separated asylum seekers and refugees. They work therapeutically with both individuals and with groups, alongside community sessions which address practical issues. They work with young people long term so that in community meetings the older members can advise or challenge younger ones to help them make better choices. Together with other activities, this holistic approach gives young people a sense of belonging and safety, once they begin to trust.

## GENDER BASED ISSUES

Violence against women and gender based persecution is increasingly recognised as a serious global issue. More women between 15 and 44 suffer death, disability and mutilation as a result of sexual violence than is caused by cancer, malaria and traffic accidents.

One in three women is subjected to some form of abuse or violence in their lifetime. The risk of violence is even greater for women and girls who are asylum seekers or refugees. Violence to women includes domestic violence, honour killing, femicide, female genital mutilation (FGM), rape as a weapon of war, sexual violence, acid attacks, mutilation and enslavement through trafficking as domestic or sexual slaves.

Women being tortured by the state is not uncommon but more often the state fails to intervene or is too weak to intervene to prevent women being tortured. The Democratic Republic of the Congo has used rape as a weapon of war to such an extent it became known as the 'rape

“Gender-based violence is perhaps the most widespread and tolerated of human rights violations...it both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims.”

Quoted in Storkey, 'Scars Against Humanity', 2015

capital' of the world. In the Congo, there is no legal redress for women who have been raped. Most of the perpetrators are members of militias or members of the failed state – police, soldiers or bureaucrats, among others.

*Rape is not necessary for a woman to feel sexual shame and humiliation. Prisca had been abandoned in a camp in Rwanda by her husband to care for her five children alone. Schools in the camps are not state-provided, and they might be set up by a camp resident. As she wanted her children to be educated she felt forced to comply when she was asked by the school organiser to have a sexual relationship with him in order for her children to be educated. It took her a long time to tell her therapist about the terrible shame she still felt and to explain it was the reason that she isolated herself from other Africans in the city.*

## ENFORCED MARRIAGE, HONOUR KILLINGS AND FEMICIDE

Every three seconds a girl under the age of 18 is forced into marriage. Pregnancy in childhood is dangerous with girls under the age of 20 being five times more likely to die during childbirth.

In 'honour-based' cultures, it is acceptable and even expected that those who bring shame upon the family will be punished. In a twenty-year study between 1989 and 2009, Phyllis Chesler investigated 230 cases of so-called honour killings in 29 countries including the USA, Canada and Pakistan. The vast majority of victims of honour killings (93%) were against women with an average age of 23. The investigation also found that the numbers of honour killings were increasing and that they often took place in private, away from public scrutiny. In some cultures, honour killings are regarded as a family affair. In Pakistan, it is suspected that 10,000 honour killings happen every year but only about a tenth are recorded.

The United Nations commissioned a report which noted that the great majority of honour killings 'go unpunished either because no complaint was ever filed by the relatives of the victims, or because the police refused to file the complaint'. Amnesty International recognises that the perpetrators get far more protection than the victims, as killers often go free when relatives of the victim 'forgive' the perpetrators.

## FEMALE GENITAL MUTILATION

Female Genital Mutilation, often referred to by the acronym 'FGM' is a practice that affects about 140 million women worldwide. In 2014, 140,000 women in England and Wales were affected by FGM. It involves removing various parts of the female genitalia.

While it is illegal in the UK, it still takes place. A group of families might club together to pay for a woman to come to the country on the pretext of coming for a family visit and then hold a 'party'. The daughters

get new clothes and are invited to the 'party'. Once the person administering the surgical procedure has done her work, she returns to her country immediately, while the girls live with the consequences. Sometimes a family take a girl abroad during the long school holiday to have the procedure but the law is tightening and there are safeguarding procedures if suspicions are aroused.

It is not a religious practice, but is a cultural tradition practised mainly by women upon pre-pubescent girls, from infancy upwards. FGM has long-term physical consequences, including greater risk of infections, difficulty in urination, possible infertility, cysts, chronic pain, problems with childbirth and sexual relations. On a psychological level, a girl who has been subjected to FGM may feel betrayed by her mother, which is likely to cause long-term damage to their relationship.

Many health and social workers have, in the past, avoided pursuing cases of FGM because they wrongly see it as a cultural norm which has to be respected. In fact, it is a human rights issue where the woman's rights to control her own body are being ignored. If you have any concerns that a girl is about to undergo FGM it must be reported as a safeguarding matter.

The best way to understand the physical and psychological impact of FGM is to read accounts by those who have been affected by it. You can find examples at the end of this document.

### Recommended reading on FGM

*Desert Flower*, by Waris Dirie, a Somali nomad as a child, who later became a model in the UK.

*Cut: One Woman's Fight Against FGM in Britain*, by Hibo Wardere, which describes the author's work in schools in London.



## HUMAN TRAFFICKING

Modern slavery includes forced labour, sexual exploitation and domestic servitude. Victims are coerced and/or deceived physically and psychologically through threats, blackmail, ritual oaths and grooming into a situation where they are exploited. These practices are increasing world-wide. People trafficking is more lucrative than the trade in drugs.

Although the perception is that the majority of people trafficked are women who are used in the sex industry, the reality is most people are trafficked into the UK for forced labour in a range of industries. Many people including children, may be enticed or tricked by the promise of reputable jobs or education. Some may be kidnapped.

Victims of trafficking in England and Wales are protected under The Modern Slavery Act of 2015. Since 2009, a National Referral Mechanism (NRM) has existed to support victims of trafficking. The UK provides this support to victims for 45 days. Those who are recognised as victims of trafficking, slavery, forced labour, and servitude are eligible, if relevant, for Discretionary Leave to Remain. In other words, they are given a form of refugee status which allows them to stay and work legally in the UK.

### Immediate care of trafficked people

The agency responsible for the safety and housing of a referred person is currently the Salvation Army, who also have a number of partner agencies under contract to care for someone during the 45-day period of reflection. The most immediate needs are safety, health care and re-orientation so that the person can be supported to make decisions about their life. This is not easy for someone who has not had control over any decisions for a long time, possibly months or years. The impact of trafficking, particularly psychologically has long-term consequences. Issues with respect to trust, believing that you are 'damaged goods' and feeling dirty and unworthy are not uncommon, especially for those trafficked into sex work. Sensitive trauma-focused treatment is often needed in the longer term.



*“I was put in prison for over a month. They blindfolded me for most of that time. And they beat and raped me. They made me sign things saying I did things that I didn’t do.”*

Psychological forms of torture and ill-treatment, which very often have the most long-lasting consequences for victims, commonly include: isolation, threats, humiliation, mock executions, mock amputations, and witnessing the torture of others.

*“Although they broke me down, they could not take away my yearning for freedom.”*



## Murewa

Murewa came from Nigeria. Her father died when she was nine years old. Her brother died when she was 10 and at 13 she became an orphan when her mother died. Her parents were from different religious backgrounds which caused disapproval on both sides of the family. As a consequence, no one wanted to care for Murewa when she became an orphan. Before her mother died, she gave a man she knew all her money with the promise that Murewa would be taken to Britain to be educated.

Murewa was taken to London as planned but not to the life she was promised. For two years, Murewa worked as a domestic slave for a Nigerian family, sleeping on the kitchen floor. Her trafficker then took Murewa to the north of England with the promise of another job. She did not understand where she was and had no papers, so worked as a cleaner for a company and returned each day to the house she was told to live in. She was eventually recognised as a trafficked girl and the immigration staff referred her to a therapeutic agency for help. She claimed asylum and was given Indefinite Leave to Remain. Ten years later, she still lacks confidence in social groups, and finds trust difficult. She is still trying to fulfil her mother's ambition that she become a nurse, having missed out on education throughout her adolescence.

## TORTURE

The 1984 UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment defines torture as:

An act by which severe pain or suffering, physical or psychological is intentionally inflicted on a person for such purposes as:

- obtaining information.
- obtaining a confession.
- punishment.
- intimidation or coercion.
- any reason based on discrimination.

Torture may be inflicted by or at the instigation of or acquiescence of a public official or other person acting in an official capacity.

*"They say torture is an act of killing someone without them dying. I am still alive, but inside I feel no life. I don't know who I am anymore."*

Some of the most common methods of physical torture include beating, electric shocks, stretching, submersion, suffocation, burns, rape and sexual assault.

*"I was put in prison for over a month. They blindfolded me for most of that time. And they beat and raped me. They made me sign things saying I did things that I didn't do."*

Psychological forms of torture and ill-treatment, which very often have the most long-lasting consequences for victims, commonly include: isolation, threats, humiliation, mock executions, mock amputations, and witnessing the torture of others.

*"Although they broke me down, they could not take away my yearning for freedom."*



## CASE STUDY

### Mr L

Mr L came from North Africa having been persecuted and tortured by the Government for his political activities. His wife joined him in Britain. His story was not believed by the Home Office interviewers and he was removed, although his wife was able to remain in Britain.

When he returned to his country he was tortured again; beaten and placed in a cell which was filled with water almost to the ceiling so that he feared drowning. When he was released, he fled again and joined his wife. This time he was eventually given refugee status but he remains very anxious and mistrustful of others.

The physical evidence of torture may not persist if there is some time between the torture wound and the person arriving in this country. Even if there are scars, only a doctor who is trained to examine and record them to the standard of the Istanbul Protocol (the international convention) can submit that as reliable evidence.

People who have suffered torture have felt humiliated and powerless, so shame may be the most persistent feeling, making it difficult for them to share their experiences. They may be suffering from Post-Traumatic Stress Disorder (PTSD) and need specialist long-term help.

### How to help a victim of torture

An asylum seeker who has been tortured and provides evidence of torture has a better chance of being granted refugee status if accepted either by the Home Office or an immigration judge. At the time of writing (October 2017) a victim of torture should also not be detained in a detention centre. If you suspect that an asylum seeker has been tortured or have been told by the asylum seeker that they have been tortured, you can help their asylum case by referring them to a medico-legal reporting agency such as Freedom From Torture who have

specialists who can document the scars and other signs of torture and write reports for their case.

Theoretically, the asylum seeker's legal representative should make the referral as part of the process of gathering evidence to support their client's asylum claim, but this is not always done, either because of cost considerations or oversight or because the asylum seeker does not have a legal representative. Nevertheless, you could really help an asylum seeker by following up with their solicitor or directly with an agency like Freedom From Torture to ensure that they do not fall through the net.

## OCCUPATIONAL ISSUES

Asylum seekers and refugees come, almost invariably, from countries where work is the only guarantee that they and their children will not starve and can ensure that they receive health care and education. On reaching the United Kingdom, they discover that they are not allowed to work. This generally comes as a most unwelcome shock, dashing their expectations of using their qualifications, experience and skills to look after themselves and their families.

In 2014, legislation was modified to allow asylum seekers to seek work should a decision on their case be delayed by more than 12 months. (Previously people could apply if they had not had a decision for 6 months). Not only is it difficult to obtain, but the range of jobs for which they are eligible to apply is so restricted, by both the UK and EEA law, as to be virtually useless.

The complexity of the asylum process means people can wait sometimes more than 15 years to obtain permanent residency, making it even more difficult to integrate into British working life, when they are granted status. A further difficulty for the highly skilled is the lack of acceptance by most UK institutions of any professional qualifications achieved in their countries of origin. Those with graduate and post-graduate qualifications usually have to start again from the very beginning, assuming they can get a place at a British university, with all the time and financial cost involved.

Despite pressures on the NHS, there are only a couple of programmes in England to enable those refugees who are already experienced doctors to take up work in British hospitals or general practice. There is a need for similar initiatives to help refugee lawyers, teachers, social workers, dentists, architects and entrepreneurs to adapt their skills to working in Britain. A large number of highly-trained and motivated immigrants become depressed, demoralised and depressed, stacking shelves, washing dishes or packing widgets. A Professor of Philosophy from Afghanistan could only find work driving a fork lift truck in a warehouse.

### What helps?

In addition to offering the kind of much need practical support for refugees and asylum seekers, it is very affirming to take an interest in their working and educational background. In addition to having previous knowledge and an interesting array of skills, many may also have interests or passions that they may not yet have had the opportunity to develop. Through voluntary activities, many asylum

seekers and refugees have been able to build on existing skills and develop new interests, enabling them to thrive and build new lives.

For example, some have become involved with Health Access for Refugees Project (known as HARP), where volunteers were trained to help newly-arrived asylum seekers and understand how the health service works. Others volunteer in advice or drop-in services, building cooperatives, gardening schemes and artistic projects, as well as serving in charity shops and sports clubs.

If you want to help asylum seekers and refugees, supporting them to access college courses, training and voluntary work placements to build on previous experience or develop new skills can be life giving.

### Pause for Reflection

Imagine having lost your occupation, and embarking on the perilous refugee journey as we have described with the hope of using and building upon your store of knowledge and skills, and then being thwarted possibly for many years. After living in limbo for all this time, how confident would you feel to resume your work in this alien context? What kind of help or support might you need?.



## Reza

Reza, a young Iranian man in his 30's had left behind a business involving gas and electrical engineering that had employed 10 people. Having survived many traumatic events including witnessing the deaths of relatives, he was left with serious mental health issues that had resulted in him being involuntarily hospitalized several times for trying to kill himself. He was helped to access a course in gas engineering at a local college and provided with a volunteer English tutor who was also a skilled technician thereby helping him to understand the occupational language. He was further assisted through a Yorkshire based construction company to undertake a placement where his skills could be validated. The outcome was extremely positive as it affirmed his skill as a master craftsman, boosted his self esteem and helped his mental health recovery.

## FAITH ISSUES

Some people seek asylum on the grounds that they have been persecuted for their religious beliefs, but proving that they are at risk of persecution to the Home Office may not be easy. Such 21st century asylum seekers are challenged to prove to the Home Office that they have genuinely been nurtured in, or converted to, the religion they profess. They may need to find a British academic who is recognised by the Home Office as an expert on their specific homelands, and obtain funding for a detailed report verifying the real danger of persecution if they were to be repatriated. Increasingly, as legal aid is cut back, most fail some or all of these challenges.

Spiritual upbringing and deeply-held convictions are, for many, central to a sense of who they truly are and the very purpose of their existence. When their religious beliefs are challenged, significant psychological damage can be inflicted, exacerbating their already fragile state of mind. To be told that their accounts are not credible by the Home Office is likely to make an already difficult situation worse.

The majority of refugees and asylum seekers have a faith, and therapeutic work needs to be respectful of the person's beliefs and to recognise the support which churches or mosques provide. There are very rare circumstances where a religious leader may be exploiting the person in some way, for example, by taking money. In this case, it should trigger concern and in rare cases safeguarding systems.



## Darius

Darius is a Zoroastrian, whose family in Iran has remained faithful to one of the oldest religions in the Middle East. Despite constitutional assurances to the contrary, Iran's present Islamist regime has stamped on any alternative belief system. Darius and his elder brother took part in a peaceful protest in the main square of their hometown. They joined other Zoroastrians seeking to protect their temple from destruction. Revolutionary Guards intervened and violently apprehended several of the marchers, including Darius's brother. He was imprisoned and beaten so badly that his body was barely recognisable by his family. Darius's father borrowed large sums of money to pay for Darius to leave the country. After four months he arrived in the UK, where he awaits a decision by the Home Office as to whether he will be granted refugee status or not.

You can help maintain or restore refugee mental health by encouraging them to speak about their faith. Don't be afraid to ask about the religious rituals and festivals that they celebrated.

## LESBIAN, GAY, BISEXUAL AND TRANSGENDER ISSUES

Asylum seekers who have fled because they fear their sexual preference will be revealed or after directly experiencing persecution for it, face several specific challenges when seeking asylum. Although some may have been prominent human rights activists in their own countries, the majority will have been living below the radar for many years. Most will have concealed their true sexual preferences from parents, friends and relatives. Some will have confided only in close friends and siblings or possibly no one at all. By the time they reach the UK, they have developed the habit of hiding their needs, hopes and fears. For good reason, trust is a major issue.

When asked their reason for fleeing by other asylum seekers, many are still terrified to reveal the real reason, which may lead to self-imposed isolation, which can, exacerbate existing mental health problems. Claims for asylum on the grounds of sexual orientation are frequently rejected, so claimants are often advised to become active in LGBT organisations in the UK to enhance the credibility of their cases. However, they know that making themselves prominent in the LGBT community puts them at risk if they are deported. This conflict between leading a secret life and being completely open makes an asylum seeker vulnerable to increased depression, anxiety and risky behaviour. Consequently, they may appear withdrawn and uncommunicative as a result of self-imposed isolation.



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## Shayan

Shayan is an artist who grew up in a small town near to Teheran. Since the age of 10 he knew that he preferred boys to girls but was forced to keep this secret as consensual sexual relations between adult males was punishable by death. In Iran until recently, the consequence of having sex with another man is at least a hundred lashes if unmarried but, if married, it may be hanging, stoning or being thrown off the top of a building.

One day, Shayan was invited to a private party in secluded villa by someone he met online. For the very first time, Shayan enjoyed the freedom of dancing and making friends with others like him. Suddenly the house was raided by the religious police after a tip-off. Shayan and several others were thrown into prison. He was badly beaten up and then violently raped by three of the guards.

His parents bribed the authorities and, after a week, he was released. His mother refused to see him and he was taken directly to the home of a relative where his father and two uncles, furious, ashamed and fearful, gave him an ultimatum: He must either undergo a sex-change operation or be permanently disowned and disinherited by the entire family.

As homosexuality is considered a pathology in Iran, the State facilitates gender reassignment surgery for those who admit a same-sex preference. Shayan could not face the reality of being forced to change his gender. He realised he would have to give up everything and leave Iran for good. He fled to the UK, where his asylum claim was refused. Consequently, he sleeps in doorways of a northern city and is deeply depressed, hungry and physically ill. One night he was attacked by a group of drunken British youths who trashed the few drawings he had been able to hold on to.

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## WORLDVIEW, CULTURE AND CUSTOMS

With our modern means of communication, some have described our world as a 'global village'. Despite the Internet and having a shared humanity, there are many different ways of understanding life. Each person has a worldview, which they may not necessarily be able to articulate, but is the lens through which they view the world. It includes such basic assumptions about what it is to be human, what is good or wrong and how you treat people as well as other aspects of our world. A nation or group may share a worldview or there may be multiple worldviews.

Asylum seekers and refugees bring with them ideas, concerns and expectations that can be very different from your own. Their worldview will be informed by the views and values of the family and the culture in which they grew up, the ideas they have been exposed to and modified by the challenges that forced them into exile. The experience of being uprooted and witnessing or being subject to violence can seriously challenge one's accustomed view of the world. Each person who seeks asylum in the UK is likely to have some idea about what life in Europe may be like but is still likely to find the culture and customs alien to their own. Even those who share a common faith, for example, those who are members of a Catholic church may find similarities but also differences that can be unsettling.

All of them need to find a way of surviving and managing life in the UK. The British systems which rely on punctuality, knowledge of dates of birth and of other significant incidents, as well as a structured understanding of previous medical, educational or legal histories may be difficult to navigate. In some other cultures, time has a completely different meaning. Birth date is rarely recorded exactly and the timing of meetings and formal appointments may be agreed within very broad terms. Late arrival may be expected as a mark of personal value, while attending earlier shows disregard for the host's convenience.

Thus for officials or support workers it can be very frustrating if an asylum seeker or refugee does not turn up at the right time with the correct documents and requested information. They may not know their date of birth or look you straight in the eye. It may appear that they are angry, abrupt, impolite, entitled or even downright ungrateful when the reality may be that internally they are very anxious, confused or suffering the consequence of trauma and too much stress. Maintaining eye contact is considered a mark of integrity in most UK consultations, but in many other cultures this is considered disrespectful.

For many, it may be more common in their countries of origin to tell officials what they might like to hear rather than what is really the case. Getting a good outcome may depend more on offering a bribe than telling the truth or following the rules. Whether to sit or stand during an interview, or to accept physical touch, depends on the cultural or religious background and can mislead. Non-verbal body language can be hard to read by both parties, particularly when indicating doubt, truthfulness, agreement or disagreement. "Thank you" is neither offered nor expected in many parts of the world and can even be taken as patronising.

When supporting asylum seekers, it is helpful not to make assumptions but to clarify how things are done in the UK and to invite them to tell you about life in their country. By taking an interest in someone else's country and culture and dialoguing respectfully, you are both affirming them as individuals and helping them to understand cultural differences in the UK as well as enriching your own understanding of the world.



# Part three

# 3

## REFUGEE MENTAL HEALTH



## THE POWER OF COMMUNICATION: WORKING WITH INTERPRETERS

In attempting to support anyone who is psychologically vulnerable, communication needs to be carefully considered, both verbally and non-verbally. Those who also have a limited grasp of English will be particularly attuned to the unspoken, and may easily be intimidated or frightened by someone who appears irritated or impatient with them. Being patient, smiling and trying to understand can go a long way to facilitate communication and promote emotional wellbeing.

When working with asylum seekers or refugees, much of the time you will be working with interpreters, either face-to-face or by telephone. It is never good practice to use family members to interpret in a medical or therapeutic setting.

The job of an interpreter in a therapeutic setting is complex. A good interpreter is vital – sometimes life-saving. Interpreters hear and relay often distressing and heart-rending stories, and how they convey this highly emotional information can make a critical difference to clients' lives. If the health professional and the interpreter trust one another and work well together, the quality of the service is raised.

If you work for a statutory agency like the NHS or Social Services, interpreters can usually be obtained in any language, however obscure, often provided by telephone. In these circumstances, it is important to take a number of things into consideration when you book an interpreter:

- Wherever possible, try to match the client/patient's language, dialect, and country of origin with that of the interpreter.
- Ask yourself whether it is appropriate to use a male interpreter if the female patient has been raped.
- Allow some time at the beginning of the session if you can, to explain the nature of the appointment(s) and at the end of the session to debrief, especially after a difficult session.

### Aim to cover the following issues:

- Introduce yourself and explain your organisation, your role, and the way you work.
- Ask if they know the client and in what capacity because patients and interpreters meet in various services. This is far less likely to be true if the interpreting is done by phone unless the interpreter is based locally.
- Explain the purpose of the session if this is the interpreter's first appointment with you.
- Explain any specific terminology, e.g. confidentiality, PTSD.
- Explore how you will clarify misunderstandings with each other.

Useful things to remember when working with an interpreter:

- Remember that you are responsible for the session, not the interpreter.
- Explain the confidentiality of your service and the role of the interpreter.
- Always speak directly to the client in the first person (i.e. "I" and "you" not 'they' and 'them').
- Try and use straightforward language and beware of jargon and idiomatic language.
- Ask the interpreter to interpret what the client has said even if it does not make sense and even if some words are offensive – this can be a key indicator of the client's mental state.

## Debriefing the interpreter

- Always ensure you have debriefing time.
- Look for any factual observations from the interpreter e.g. feedback on the cultural context of gestures or modes of behaviour. You can always ask the interpreter for any cultural cues you have not picked up.
- If the client is suicidal, it can be important to explain to the interpreter your assessment of risk so they are not left worrying about the client.
- Remember to tell the interpreter if you feel they have done a good job.



## THE PSYCHOLOGICAL IMPACT OF BEING AN ASYLUM SEEKER OR REFUGEE

While it may be easy to think of all or most asylum seekers and refugees as traumatised and displaced, that does not necessarily help you understand them or help you work with them effectively.

Pause and reflect, discuss or write down what you think all people need to flourish.

Here are some website links to help you think about what all human beings need to function well:

[https://en.wikipedia.org/wiki/Maslow%27s\\_hierarchy\\_of\\_needs](https://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs)  
[www.hgi.org.uk/resources/emotional-needs-audit-ena](http://www.hgi.org.uk/resources/emotional-needs-audit-ena)

When people are not able to fulfil these needs or are frustrated or they experience too much change in too little time, they become very stressed which can exacerbate or trigger serious mental health difficulties. It is helpful to bear in mind what all humans need to thrive in life, what the specific worldview and cultural needs are, as well as the unique needs of the refugee or asylum seeker(s) who you are trying to support.

### High Stress

A theme throughout this resource pack is that being a refugee or asylum seeker is highly stressful. So we invite you to choose one of your most stressful days in the last year, then imagine multiplying it many times over and extending it for a few months or even years, then you may begin to get an idea of what life as an asylum seeker can be like.

## MULTIPLE LOSSES

While refugees are a diverse group in many ways, the one thing they all share is that they have had to leave their homes. Leaving your home is much more than leaving bricks and mortar behind, it could mean leaving:

- Family
- Neighbourhood
- Community
- Culture
- Friends
- Children
- Occupation/employment
- Social roles
- Status
- Stability and security
- Means of Financial Support
- Possessions
- Beliefs/worldview
- Social networks
- Identity
- Sense of belonging
- Language
- Political affiliation
- Belonging and Identity

Given these many losses, grief may be in the foreground, where someone may be completely overcome by their losses or it may be in the background, present but too difficult to acknowledge or reveal. Grieving the losses in an alien context without the usual cultural support and modes to express grief can be overwhelming. When it is too much, the grieving process may be blocked resulting in depression or 'feeling dead'.

### Pause for Reflection or Discuss

Imagine that some of the things listed above have been taken from you. What would it be like? If you had to give up five of these things, which would you choose?

### Fear and Anxiety

The context in which refugees and asylum seekers have grown up in and the experience of fleeing from home varies greatly and may impact mental health in different ways. Not all refugees will have had their lives threatened, but fear will always have been present. Those who have grown up in the context of war may have lived with chronic fear and become accustomed to it as a way of life, while others may have lived in a different location or had resources that protected them from it. Others may have had secure lives that have been suddenly threatened and thrown in a different direction by a change of regime or a personal accusation.



Eritrean troops



## Eritrea

Teshome had converted to evangelical, Pentecostal Christianity in Eritrea and met regularly with two fellow Christians to read the Bible and pray together. As it was not one of the approved Christian churches, namely the Roman Catholic, the Orthodox or the Lutheran church, it was against the law. Whenever Teshome went to a meeting, he was always worried that the neighbours would be spying on him and report him to the authorities. He had heard stories of how other believers had been detained in underground prisons and tortured. Unsurprisingly, he was constantly living with this fear and anxiety for several years before he heard he had been reported to the authorities, at which point he managed to leave the country in a hurry.

If a refugee like Teshome had simply escaped and gone to live in a place of safety, he may have regained a sense of calm and confidence to enable him to focus on building a new life.

If, on the other hand, his journey had been dangerous or if he arrived in a country like the UK where he felt safe but then was refused asylum and was faced with the prospect of returning to the country from which he fled, his anxiety may become acute. He may then begin to experience heightened anxiety symptoms such as a rapid beating of the heart, shallow breathing, stomach or bowel problems. These stress symptoms can in turn increase stress and anxiety to such an extent that the individual may no longer feel in control over his own body.

Escaping a country like Eritrea, there is the very real risk of being kidnapped, raped, imprisoned or killed in neighbouring countries.



## Sudan

Mohammed had a good job in Sudan, managing supplies in a large company. One day his manager called him in and told him that the security services wanted to speak to him. He was arrested and tortured. Upon release, he fled to another country with his wife and sons and later was able to come to the UK through the UNHCR.

His therapist asked him to write about loss and what it meant to him. He wrote:

I lost

My house

My job

My car

My money

Everything I owned.

I became someone who owned nothing.

## TRAUMA, STRESS AND THE BODY

All refugees and asylum seekers experience multiple losses and virtually all have high levels of stress as they deal with the challenges of adapting to a new culture and navigating through complex, bureaucratic systems. Many go through the agony of moving in and out of the asylum process for many years as they seek evidence to submit fresh asylum claims, go to court and become destitute. Many also have the additional burden of having witnessed or been subjected to extremely traumatic events whether in their own country or on their journeys as they seek safety.

Many are diagnosed with complex and severe Post-Traumatic Stress Disorder (PTSD). To be diagnosed with PTSD according to the International Classification of Disease (ICD) or the Diagnostic and Statistical Manual of Mental Disorders (DSM), some very specific criteria need to be met. It includes exposure to a life-threatening event and responding with helplessness and horror, as well as three categories of symptoms comprising:

- Re-experiencing – spontaneous memories, nightmares flashbacks or intrusive thoughts.
- Heightened arousal – hypervigilance, feeling irritable or easily angered, reckless or self-destructive behaviour, difficulties with concentration and memory.
- Avoidance by not thinking or talking about what happened or going out of your way to avoid any external reminders, becoming numb.
- Negative thoughts or feelings – about one's self and the world, or exaggerated blame of self or others, inability to experience positive feelings.

Many with PTSD will suffer a number of complicated and debilitating body responses and deregulated feelings which often have no clear connection to the fragments of narrative memory. With complex PTSD, many may experience various kinds of bodily pain, including chronic and acute headaches, digestion and bowel problems, joint pain and muscular tension as well as 'traumatic pain' whereby the body carries the pain of injuries acquired in life-threatening circumstances. Although the physical injuries may have healed, the body 'remembers' it within the neurological system. This traumatic pain can be triggered by external factors, such as having to sign on at the Home Office or internal factors such as body sensations, rapid beating of the heart or other triggers to the trauma. Thus many asylum seekers present with a whole range of disturbing physical or psychological symptoms that are not easily understood or recognised. They may also have other mental health difficulties alongside PTSD including depression, anxiety, acute fears and phobias.



## Signs and Symptoms of Stress

The impact of PTSD as discussed above as well as the chronic and acute anxiety experienced by most asylum seekers and refugees can manifest itself physically, psychologically and behaviourally. Consider the wide range of stress symptoms below.

The long-term consequences of stress may include high blood pressure and heart or kidney problems, stomach ulcers, skin problems, chronic pain, suppression of immune system, susceptibility to infections, diabetes. Prolonged exposure can trigger more serious longer-term health problems.

Earlier we noted the challenges for asylum seekers and refugees to adapt to a new culture. When this pressure of trying to survive in an alien culture is combined with multiple losses, PTSD and the ongoing stress of seeking asylum, they may no longer be able to cope. More extreme forms of psychological distress may develop which could include dissociative disorders where people are easily disoriented and lose a sense of time and place. Some may experience 'psychotic' type symptoms such as hearing voices, sensing the presence of people around or seeing things that other people don't see. Some who have lived under threat and continue to fear for their lives may find their internal and external reality confusing. These are the consequences of being highly disturbed but experiencing such difficulties adds much more pressure to already very vulnerable people.

### Physical impact of stress

Shallow breathing or hyperventilating  
Panic attacks  
Heart racing  
Headaches  
Chest pains  
Heartburn or indigestion  
High blood pressure  
Constipation or diarrhoea  
Aches and pains  
Feeling sick, dizzy or fainting  
Grinding your teeth or clenching your jaw  
Blurred eyesight or sore eyes  
Frequent colds  
Difficulties falling or staying asleep or nightmares  
Sexual problems  
Heart attack

### Psychological impact of stress

Irritable, aggressive, impatient  
Overburdened, overwhelmed  
Anxious, nervous or afraid  
Negative and/or black and white thinking  
Unable to switch off with racing thoughts  
Depressed  
Uninterested in life  
Sense of dread  
Worried about your health  
Loss of sense of humour  
Sleeping too much or too little  
Poor judgement

### Behavioural Impact of Stress

Finding it hard to make decisions  
Biting your nails  
Picking your skin  
Shouting at people  
Avoiding situations that might trouble you  
Unable to concentrate, poor memory  
Eating too much or too little  
Smoking or drinking too much alcohol  
Very tearful  
Restless  
Tired all the time



All these changes and stressors may be so great that it threatens the individual's core identity. Without cultural familiarity and the affirmation, spoken and unspoken, from family, community and fellow workers, it is all too easy to lose a sense of who you are and to feel lost. Many will find it difficult to put their distress into words. In some cultures, there is no word for anxiety or depression. In those circumstances, how do they ask for help? Their usual sources of community support are unlikely to be available. The scale and scope of their distress is likely to be far greater and unlike anything they have experienced previously. Many will not want to tell anyone else what they are experiencing because they don't understand it or have the words for it. They may fear that they will be seen as strange or defective.

Most people soon learn that in the UK, people with these difficulties go to their GP. Unless the GP is very experienced at working with people seeking asylum, most GPs will prescribe medication. While it may be helpful in the short-term, it can cause even more health problems in the long term. Many will be referred to medical consultants for expensive investigations only to be told that nothing is wrong with them. If doctors are unable to explain and help with these difficulties, it can reinforce a sense of being out of control and fundamentally flawed and possibly even being mad.



## Maryam

**Maryam, a 35-year old trafficked woman from Nigeria was struggling to make the best of her situation while waiting to hear about the outcome of her asylum claim after having sought asylum in the UK for more than five years. She was engaged in counselling and doing some voluntary work, as well as attending college.**

**Maryam suffered from nightmares and flashbacks – classic symptoms of PTSD – she also suffered from medically unexplained pain on her left side. Tests, including scans, revealed nothing, so she was prescribed high doses of analgesics (pain killers).**

**During counselling, Maryam revealed that her traffickers kept her under control by threatening and beating her. We also noted that the pain was worse when she had acute anxiety, particularly when she had to report to the Home Office on a weekly basis.**

**Given that most people are right-handed, it comes as no surprise that Maryam experienced 'traumatic pain' on her left side as a result of being beaten.**

## HOW TO HELP ASYLUM SEEKERS AND REFUGEES WITH MENTAL HEALTH PROBLEMS

As you will have seen, asylum seekers are living with perpetual uncertainty and fear of deportation, detention and destitution, so their needs and priorities will be different to those with refugee status. Those seeking asylum will need good legal representation or at least a case worker who understand their circumstances, and will be more dependent upon the assistance of refugee organisations.

A refugee, on the other hand, is unlikely to need legal representation as they have permission to live and work in the UK. Some may need legal help to assist with being reunited with separated family members. A new refugee is more likely to have problems with the benefits system and housing. Destitution for a new refugee is a very real threat.

### Lowering Stress

In Part 1 of this booklet we described the many pressures that asylum seekers and refugees have to endure. Working holistically with asylum seekers and refugees is the key to good practice. If we consider what humans need to thrive, then the first priority is safety and shelter. It is essential for asylum seekers to offer good practical support particularly with respect to legal issues. Having a caseworker or someone who can be trusted to navigate their way through the administrative challenges of living in the UK as an asylum seeker is absolutely vital to lowering stress. For a refugee, particularly someone who has recently obtained status, supporting them make their way through the benefit and housing system is the top priority. As little as 28 days after being granted some form of refugee status, a new refugee often finds themselves both homeless and penniless which may take some time to sort out.

Being forced into destitution through no fault of their own would be highly stressful for anyone, but is even more stressful for a new refugee who is unfamiliar with the benefits system and who anticipated not having to face any more extreme hardship after getting their status.

Providing practical support to vulnerable people in extreme circumstances can make a huge difference to reducing some of the stress. Offering to read a letter or help to complete a form is a small but significant step to helping a stranger to feel they are welcomed and have a place in their new country. Don't be afraid to offer practical help. Perhaps this is not what you usually do, but signposting someone, arranging their appointment, finding out about bus services, reduces anxiety. Make connections with other people and organisations which may be able to help. A befriender from another project may be able to fill this gap.

It is important to remember that asylum seekers and refugees often need to respond to a problem quickly or the consequences can be dire, including being made destitute.

What people or organisations do you have in your area who might be able to help you help an asylum seeker or refugee? Can they help now or is there a long waiting list?

One of the dangers of signposting to another organisation, especially one that you do not know very well, is that the asylum seeker or refugee might be on a long waiting list – too long to deal with an urgent problem. Or worse, they are sent from one waiting list to another without any concrete action taking place to solve any of their problems.

What could you do, if anything, to help an asylum seeker who is made homeless on a Friday afternoon, an hour or two before you are going away for the weekend?

## Isolation

As many asylum seekers and refugees are here without family, they may feel very isolated. Those who do well form new connections. It may be an English Language (ESOL) group, a church, or refugee organisation, a neighbour or friend, but a sense of belonging is essential to improving mental health, and fostering integration.

## Distress

If you are offering support to a refugee or asylum seeker who becomes very distressed, consider what might help them. Read the three scenarios below and consider what would help you at that moment.

### 1. FLASHBACKS

You are a 32-year old female Somali torture survivor. When the professional asks you about your problems you can only think about the rape you experienced when the soldiers came to your house. You can hear their voices, see their faces, feel them touch you, smell them and hear the rest of your family crying and screaming.

### 2. DISSOCIATION

You are a 45-year old male Afghan torture survivor. You have no idea where your wife and children are now and fear they may all be dead. You feel numb and cannot concentrate on what the health professional is asking you. You sit very quietly and try not to remember what has happened to you as it feels upsetting. You are frightened that you will lose control of yourself if you think about the past.

### 3. PANIC ATTACK

You are a 23-year old male Tamil torture survivor. You were brutally tortured and raped in detention and your father arranged your escape to the UK. You now live with an aunt and uncle but cannot bear to think about what has happened to you. Whenever you are asked about the past you get a tight feeling in your chest and feel as if you will pass out. You cannot get your breath and think you might die.

## Some helpful techniques for a distressed refugee or asylum seeker

Grounding is a technique that can be used for dealing with any form of dissociation or flashback. It helps to reconnect the person to the here and now.

- Speak slowly and calmly (do not whisper).
- Reconnect person to the present by orienting the person to be here and now.
- Help him or her connect to his or her own body.
- Connect the person to the worker and safe context of the room.

By using the five senses, direct their awareness from their past traumatic experiences to the aspects of their immediate surroundings.

- You might say to the distressed person, something along the lines of: “Listen to my voice. I am (your name), your GP, social worker. You are in my office. Can you hear my voice? Nod your head if you can hear my voice.”

- You might ask the distressed person to look around the room and name what they see. Help the person to focus.
- You can use scents or aromatherapy oils like lavender oil to bring them back to the present.

Breathing: When we are anxious and feeling stressed, we are prone to breathing fast and or sometimes holding our breath. Ask the distressed person to:

- Inhale slowly and deeply through their nose. Keep their shoulders relaxed. Their abdomen should expand, and their chest should rise very little.
- Exhale slowly through their mouth. As they blow air out, they should purse their lips slightly, but keep their jaw relaxed. They may hear a soft “whooshing” sound as they exhale.
- Repeat this breathing exercise for several minutes.

You can try this yourself. For further examples of anxiety reduction techniques see [www.solace-uk.org.uk/therapy](http://www.solace-uk.org.uk/therapy) including a demonstration of the Emotional Freedom Technique and Acupressure Points, which can help reduce stress and anxiety.

All of the above techniques can help in a crisis and start to build resilience, but their impact will be greatly enhanced by not just being empathetic towards the person in crisis but also helping and encouraging them to participate in other activities, such as yoga classes or stress management groups, swimming and other physical exercise, arts activities and so forth.

All these activities will be enhanced by explaining why ‘having a plan’ will help meet their emotional and physical needs which will be the start of making them feel better – psycho-education, in other words.

Depending on the individual client or patient, some approaches and techniques described here to help reduce stress and anxiety will work better than others, but whatever works can be life-saving in times of crisis.



Acupressure at Solace to help reduce mental and physical stress

## NURTURING AND SUPPORTING REFUGEE MENTAL HEALTH

While this resource pack is not a specialist resource for mental health practitioners, it is helpful to understand what forms of therapy are likely to be the most effective. One of the key themes of this resource pack is that a holistic, multi-dimensional approach is needed to support refugee mental health. In addition to having a safe and secure place to live with the basic necessities and assistance to navigate the complex UK systems, it is important to nurture other aspects of life by forming good connections to other people and participating in meaningful activities. For many seeking asylum, it is all too easy to remain isolated in their room which may feel safe, however it is well recognised that social isolation makes people vulnerable to depression and to deteriorating health.

If you are supporting someone seeking asylum, you have helped them to take a first step towards forming new connections. Some may develop meaningful relationships through refugee community groups or English classes, churches, women's groups or, if they are parents, by connecting to parents of children's playmates or through schools. Because of trust issues, some may not want to forge close relationships with members of their own community even if they are nearby. With the aid of modern technology, like the internet and mobile phones, some may be so connected back home, that they find it difficult to engage in new relationships. In situations of such isolation, referral to a befriending service, if available, may be a very helpful starting point.

As refugees and asylum seekers usually have limited resources, they have little money for travel or activities, so it is helpful to find out what local resources are available. Discover what specialist refugee services there are locally. If you don't know where to begin, contact City of Sanctuary to find the nearest local group who can provide you with information.

There are many activities that can be therapeutic, such as gardening, walking, a cooking group, dancing, a reading group, doing sports, yoga, art, photography, making films or making jewelry. The range of activities is only limited by our imaginations. What is therapeutic will depend on how it is structured and supported, as well as on the individual's needs.

## EXAMPLE OF THERAPEUTIC SUPPORT

Gerard was taken to the Yorkshire Dales with a group from the city. He had been a gynaecologist in his country but was in danger because he spoke out about the dangers of HIV to infants and mothers. He helped a farmer with lambing. It was the nearest he could get to his former self. This is one simple example of a therapeutic experience.

## ACCESSING MENTAL HEALTH SUPPORT

As noted previously, the first point of contact to access mental help services is normally the GP. While some have a good understanding of the needs of refugees and asylum seekers, many will not as they are general practitioners and be unaware of the particular stresses impacting them and how resources might be accessed. A GP may recognise the high level of stress and very sensibly recommend exercise, but be unaware of their lack of financial resources to pay for any needed resources. Or they may not recognize how frightened someone is of going out alone or the fear of getting lost. The GP may feel they have little option but to prescribe the requested medication to help someone who is desperate to get some sleep or to feel less anxiety-ridden.

Where GPs see a high number of refugees, they would be advised to signpost them to anxiety management groups if there are any locally, or teach some simple stress management techniques. Most often they will refer to NHS mental health services.

### NHS Mental Health Support and Psychological Therapy

Community Mental Health Teams (CMHT) can vary enormously in what is offered. Some are very 'medical' in orientation and separate from psychological therapy services, while others may work in partnership. Within the NHS, an initiative was made to increase the availability of psychological therapy services some years ago known as IAPT (Increasing Access to Psychological Services). IAPT began offering a form of therapy known as Cognitive Behavioural Therapy (CBT).

The focus of CBT is on dealing with present difficulties and developing coping strategies. Some patients are referred on to specialist departments where they may receive longer term psychotherapy or they may be refused as they are said to be 'not ready for therapy'.

Some may offer trauma-focused CBT known as Prolonged Exposure (PE) or Eye Movement Desensitisation Reprocessing therapy (EMDR) which are recommended forms of psychotherapy for Post-Traumatic Stress Disorder (PTSD) by the National Health Service (NHS) National Institute for Excellence (NICE) guidelines. For safe and effective trauma therapy, it is crucial that people feel physically and psychologically safe as it involves exposure to the traumatic events they have been through. For many asylum seekers, this form of therapy may be too overwhelming to consider in the first instance.

Within the voluntary sector, these and other forms of therapy may be offered, including generic or specialist counselling such as bereavement, rape crisis or LGBT, family/systemic and group therapy, body-oriented approaches or massage therapies. In whatever context the therapy is offered, it needs to be contextualised and collaborative, beginning by looking together at what will help enhance resilience. The emphasis, at least in the early stages should be upon building resources to foster safety and wellbeing. This may include facilitating involvement in groups and activities that support health and foster wellbeing such as social prescribing, yoga classes, swimming, gym, music, arts activities, a reading group or whatever can be easily accessed. It should also include psycho-education, to enable those who suffer with disturbing psychological and physical symptoms to understand what is happening to them and how to manage these difficulties. Grounding exercises and breathing techniques, as previously described, along with a whole range of anxiety management techniques, such as progressive muscle relaxation and Emotional Freedom Technique (EFT) can be easily taught and are invaluable for helping refugees to feel more present and in control of their own functioning.

As noted earlier, many refugees and asylum seekers are forced to tell their stories many times in hostile or threatening circumstances, which they often find re-traumatising, as it stimulates the fear and distress without any resolution. Counsellors and other therapists may find themselves in a dilemma about whether to talk about 'it' or not. There are no easy answers as there are times to talk about the past which will

“ The therapist should work hard to understand what the seeker of asylum wants to convey, to help them to articulate their thoughts, feelings and concerns. When someone wants to disclose that which feels shameful or horrifying, then it is important to be ‘fully present’ and to respect confidentiality.”

include sad and distressing things and times to focus upon the present or thinking about the future.

Sometimes it is helpful to acknowledge that you are aware that life is very difficult for people seeking asylum which shows you understand how hard it can be and gives ‘permission’ for people to speak about themselves. Let yourself be guided by the refugee and asylum seeker you are with so that you aren’t intrusive, and don’t risk triggering trauma, but also that you do not communicate that these things are unspeakable. The therapist should work hard to understand what the seeker of asylum wants to convey, to help them to articulate their thoughts, feelings and concerns. When someone wants to disclose that which feels shameful or horrifying, then it is important to be ‘fully present’ and to respect confidentiality. Research done some years ago at Solace Surviving Exile and Persecution, a specialist therapeutic service for refugees and asylum seekers in Yorkshire, revealed that many stated that by being able to speak to their therapist about themselves enabled them to begin to communicate and form relationships with other people.



## Maryam

Maryam, who we met earlier, was receiving help from Solace Surviving Exile and Persecution, a specialist mental health service for refugees and asylum seekers in Yorkshire. She was making progress in therapy and she had addressed some of the painful issues in her life.

Maryam found the stress management techniques she learned at Solace very helpful, particularly the Emotional Freedom Technique (EFT). Her mental health, however, deteriorated while being detained by the Home Office under the threat of being removed to her home country. Solace worked with her solicitor and other refugee organisations, which led her to being released from detention and returned to Yorkshire. It took time to help her to feel less anxious and somewhat safe once again. It was sufficient, however, to enable Maryam to process her traumatic experiences through the technique known as EMDR. The pain is now gone and she feels that the left side of her body, which previously felt disconnected is now an integral part of her. She began to feel more confident with the help of a technique called guided visualisation or guided imagery. Despite the uncertainty of her asylum status, she continues to go from strength to strength.

## CRISIS POINTS, SUICIDE RISK AND WHAT YOU CAN DO TO REDUCE THE RISK

For some asylum seekers or refugees, their mental distress is such that they end up in crisis and may be admitted to inpatient units or day treatment programmes. For some people, this can be helpful and containing, but for many it simply adds to their high levels of distress.

A theme throughout this resource pack is that seeking asylum and living as a refugee is highly stressful, particularly the fear of being sent back to the country that you escaped from. When your life feels dominated by forces beyond your control, such as the Home Office or immigration judges, suicide may feel like the one free choice you can make.

While most will not take their life because of their beliefs or because of their children, the thought that to be dead rather than alive may not be far away. It is not uncommon, especially for those who have been tortured, to say they would kill themselves rather go back to their country where they suffered such abuse.

While suicide may be considered an option, most asylum seekers and refugees want to live; they want to live a life that is 'normal' despite their abnormal circumstances.

The key to not taking the step towards ending life is hope. Hope that they can have a better future. That hope is often dependent upon those around them to help them, however limited that help may be. It also depends upon you, the person helping them, being aware of the suicide risks, which include:

- Detention or high risk of detention and or deportation.
- Experience of racial harassment or attack.
- Refusal of an asylum claim.
- Destitution.
- Recent loss or separation.

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- Bad news about their country of origin.
- Recent reminders, such as the anniversary of the death of a family member or significant other person.
- House move.
- Recent school or work problems or the lack thereof.
- Interpersonal problems, particularly those involving humiliation.
- Unwanted pregnancy.

It is essential to be sensitive to cultural factors, such as the fear of shame or humiliation of revealing suicidal thoughts. If someone expresses suicidal thoughts, then use empathetic questions such as 'has it ever got so bad you can't see any point in carrying on' or 'has it ever got so bad that you thought you would be better off dead or ending it all'? If the response is yes, then move on to asking if they thought about how they would end it and ascertain the detail. Was it a vague thought or is there evidence of planning? Ask if they have ever tried in the past. If anyone is at such risk, then explain that you have a responsibility to help. Ask if they have a mental health professional who you can contact or contact their GP.

Each locality has a Mental Health Single Point of Access (SPA) who can be contacted for a crisis assessment. The Social Services (EDT) Emergency Duty Team or other emergency services such as the Police may also be helpful.

Having contact details for help lines such as the Samaritans can also be helpful if they have some basic English. Ask if they have any friends or family who can stay with them and if there is any other practical thing you can do to help. Developing a support plan, including a circle of informal and formal support to check on someone who is vulnerable can be life-saving during highly pressurised times.

The support which is given during these crisis times can be crucial in helping the person maintain communication.



“ I remember on a personal level how much support you provided to us and I cannot even start to imagine how committed you have been in helping people like us. I carry it always in my heart; it never leaves me, it is part of who I am.”

Victoria, who had received intensive support during crisis times



# Part four

# 4

## OBTAINING A CITY OF SANCTUARY MENTAL HEALTH SERVICE AWARD

There is an opportunity for exemplary work to be recognised in this field through a Mental Health Award. A Mental Health Sanctuary Award can be given if a service is able to demonstrate a commitment to the City of Sanctuary vision and values of welcome and network principles, as outlined in the City of Sanctuary Charter – <https://cityofsanctuary.org>.

Services are encouraged to work with the City of Sanctuary group, either in their local or regional area, or alternatively with the City of Sanctuary UK organisation, to follow the three step process.

“ While CBT can be helpful to asylum seekers and refugees, the focus upon meeting recovery goals, did not bode well for this client group. For those struggling under the yoke of the asylum system, recovery can be a very elusive goal.”



The first step is to learn about refugees and asylum seekers, their needs and how to be a service that is welcoming. The second step is to embed your learning by actively welcoming asylum seekers and refugees by being positive and responsive to their needs.

Thirdly, you need to demonstrate that you have shared your knowledge and good practice with others beyond your service.

For further information: <https://health.cityofsanctuary.org>

**DONCASTER  
IAPT TEAM**

When the National Health Service (NHS) rolled out its programme to increase the availability of talking therapies, commonly referred to as IAPT, the focus was upon one form of therapy known as Cognitive-Behaviour Therapy (CBT). The emphasis was upon achieving observable results to demonstrate recovery, and achieving targets. While CBT can be helpful to asylum seekers and refugees, the focus upon meeting recovery goals, did not bode well for this client group. For those struggling under the yoke the asylum system, recovery can be a very elusive goal.

Tim Godley, the manager of the Doncaster IAPT service realised that asylum seekers and refugees ought not be excluded from psychological therapy, and took action. He enlisted Solace, a specialist therapeutic refugee service and Freedom From Torture to offer his team training in order to provide a more effective service that was sensitive to refugee needs and did not demand unrealistic recovery targets. Further, they wanted to empower refugees to help themselves and established a monthly stress management group based on Solace’s model. While initially there were a few issues to address, it became a very fruitful partnership between the IAPT service and the Doncaster Conversation Club which has resulted in helping many asylum seekers to maintain some psychological stability during a time of great stress.

**LEEDS  
SCHOOL OF  
MEDICINE**

Promoting refugee health care and mental wellbeing, Barry Ewart, a Community Education Development Officer, at the University of Leeds, School of Medicine, joined the Health Stream of City of Sanctuary in 2015. Not long afterwards, he arranged for interactive refugee awareness sessions at the School of Medicine as part of their 'valuing diversity' programme through City of Sanctuary which included refugees themselves.

As these sessions were very popular, they were soon followed by other initiatives to nurture understanding and good practice. Medical students began spending time with City of Sanctuary and other refugee organisations as part of their placements to learn directly from asylum seekers and refugees themselves about their experiences and to learn how they can be supported effectively in the community. Their knowledge and experiences were written about in a community newsletter that was widely disseminated.

The School of Medicine, which has a well-established Patient Carer Community Group, also invited asylum seekers and refugees to join this group to help shape the delivery of medical student education. Patient and community involvement helps the students learn to be welcoming, to respect patients, to listen, to empathise and to offer more holistic care.



**PEOPLE IN  
THE DALES**

People in the Dales is funded by the Yorkshire Millennium Trust to give those who rarely leave the city, a chance to experience rural life in a different area. It is an opportunity to see some dramatic scenery, the wildlife of the area, and experience the pleasure of meeting new people while walking over the hills.

## BAOBAB



Baobab in London is a specialist therapeutic resource for young refugees aged between 14 and 25 years old. One common characteristic that they have is they are both prematurely adult, having had to survive many trials in their own country as well as on the journey here and their subsequent life in the UK. Baobab offers long-term therapeutic support using both individual sessions and the model of a therapeutic community meeting. Young people can access the service over the long term so that they are supported in the ordinary adolescent development which they most probably have missed, having been thrown prematurely into an adult world.

## CAMHS IN HULL

Young refugees experience dramatic changes when they arrive in the UK, whether they are alone or with their parents. One example of good practice was a partnership established between a specialist refugee mental health agency in Hull and the Child and Adolescent Mental Health Service, (CAHMS) The Consultant Clinical Psychologist and the Clinical Manager of the agency developed a partnership which enabled refugee children to be referred on a trauma pathway to CAMHS. The range of problems included isolation; 'parenting a traumatised parent'; profound loss and separation from siblings and direct experience of witnessing war.



# RECOMMENDED BOOKS AND RESOURCES FOR MENTAL HEALTH PROFESSIONALS

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Blackwell, Dick (2005). *Counselling and Psychotherapy with Refugees*. London: Jessica Kingsley.

Boyles, J. (ed) (2017). *Psychological Therapies for Survivors of Torture: A Human Rights Approach with People Seeking Asylum*. Monmouth: PCCS Books

Boyles, J & Talbot, N (2017). *Working with Interpreters in Psychological Therapy – The Right to be Understood*. London & New York: Routledge

Herman, Judith Lewis (1992). *Trauma and Recovery*. London: Pandora.

Rothschild, Babette (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*. New York: Norton

Rothschild, Babette (2003). *The Body Remembers Casebook: Unifying Methods and Models in the Treatment of Trauma and PTSD*. New York: Norton & Co.

Papadopolous, Renos K. (2005). *Therapeutic Care for Refugees: No Place Like Home London*. Tavistock Clinic.

Schauer, Maggie, Neuner, Frank & Elbert, Thomas. *Narrative Exposure Therapy: short –term intervention for Traumatic Stress disorders after War, Terror or Torture*. Cambridge, MA: Hogrefe & Huber Publishers

Silver, Steven and Rogers, Susan. *Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors*

Tribe, Rachel & Raval, Hitesh (2003). *Working with Interpreters in Mental Health*. East Essex: Brunner-Routledge.

Van Der Kolk, Bessel (2015). *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*. New York: Penguin

Vander Veer, Guus (1998). *Counselling and Therapy with Refugees and Victims of Trauma*. (2nd ed) Chichester: John Wiley & Sons.

Wilson, J.P. & Drozdek, B (2004). *Broken Spirits: The Treatment of Asylum Traumatized Seekers, Refugees, War and Torture Victims*. Routledge.

[www.mwscot.org.uk/media/127976/interpreter\\_toolkit\\_for\\_practitioners\\_and\\_interpreters\\_march\\_2013.pdf](http://www.mwscot.org.uk/media/127976/interpreter_toolkit_for_practitioners_and_interpreters_march_2013.pdf)

## CROSS CULTURAL

Reaching a Hard-to-Reach Population such as Asylum Seekers, *WHO*. [www.who.int/bulletin/volumes/87/8/08-061085/en](http://www.who.int/bulletin/volumes/87/8/08-061085/en)

Experiences of Refugees and Asylum Seekers in General Practice, *BMC FP*. <http://bmcfampract.biomedcentral.com/articles/10.1186/1471-2296-8-48>

Mental Health Care of Asylum Seekers and Refugees. *Advances in Psychiatric Treatment*. <http://apt.rcpsych.org/content/aptrcpsych/14/6/452.full.pdf>

## LGBT

UK Lesbian and Gay Immigration Group (UKLGIG). <http://uklgig.org.uk>

Persian Lesbian, Gay, Bisexual, Trans Advisory Services, (PLGBT). <http://www.persianlgbt.org.uk>

Peter Tatchell Foundation – Asylum Advice for LGBT Refugees. [www.petertatchellfoundation.org/asylum-advice-lgbt-refugees](http://www.petertatchellfoundation.org/asylum-advice-lgbt-refugees)

## OCCUPATION

Briefing Paper from House of Commons Library on Asylum Seekers' Rights to Work. <http://researchbriefings.files.parliament.uk/documents/SN01908/SN01908.pdf>

Official list of Shortage Occupations available for specifically approved Asylum Seekers. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/486107/Shortage\\_Occupation\\_List\\_-\\_November\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486107/Shortage_Occupation_List_-_November_2015.pdf)

Agencies supporting refugees who were professionals before fleeing their home countries:

<https://reache.wordpress.com/contact>  
[www.rose.nhs.uk/ragu](http://www.rose.nhs.uk/ragu)

## FAITH

The Asylum Seeker: A Faith Perspective. *Forced Migration Review*. Oxford University. [www.fmreview.org/faith/rigoni](http://www.fmreview.org/faith/rigoni)

Ten Steps Towards Justice for Asylum Seekers and Refugees. *Australian Catholic Social Justice Council*. [www.socialjustice.catholic.org.au/publications/ten-step-leaflets/827-ten-steps-towards-justice-for-refugees-and-asylum-seekers](http://www.socialjustice.catholic.org.au/publications/ten-step-leaflets/827-ten-steps-towards-justice-for-refugees-and-asylum-seekers)

Asylum and Immigration. *The Methodist Church of Great Britain*. [www.methodist.org.uk/mission/asylum-and-immigration](http://www.methodist.org.uk/mission/asylum-and-immigration)

## RESOURCES: SERVICES AND ORGANISATIONS

Below is a list of useful contacts when working with asylum seekers and refugees. If they are unable to help you directly they may be able to signpost you to an agency that can.

**Asylum Aid** offers free legal advice and representation to the most vulnerable and excluded asylum seekers, and lobby and campaign for a fairer asylum system based on inviolable human rights principles. [www.asylumaid.org.uk](http://www.asylumaid.org.uk)

**Asylum Help** offers free independent advice and guidance to asylum seekers across the UK in different languages. [www.asylumhelpuk.org](http://www.asylumhelpuk.org)

**Baobab Centre for Young Survivors in Exile** works with young refugees, under 25 providing individual and group psychotherapy, activities and a community to which they belong. <https://baobabsurvivors.org>

**British Red Cross** offers advice, casework support, groups, short term emergency support, Family Reunion and an International Tracing and Message Service. [www.redcross.org.uk](http://www.redcross.org.uk)

**City of Sanctuary** is a movement committed to building a culture of hospitality and welcome, or refugees seeking sanctuary [www.cityofsanctuary.org](http://www.cityofsanctuary.org)

**Detention Action** supports people in UK detention centres and campaigns on their behalf. [www.detentionaction.org.uk](http://www.detentionaction.org.uk)

**Freedom from Torture** provides medical consultation, forensic documentation of torture and psychological therapies to adults, children, young people and families affected by torture and organised violence. [www.freedomfromtorture.org](http://www.freedomfromtorture.org)

**Helen Bamber Foundation** provides therapeutic care, medical consultation, legal protection and practical support to survivors of human rights violations. [www.helenbamber.org](http://www.helenbamber.org)

**Medical Justice** aims to defend and promote the health rights and associated legal rights, of immigration detainees in the UK; and to end the medical abuse of detainees and the damaging effects of immigration detention on their health. [www.medicaljustice.org.uk](http://www.medicaljustice.org.uk)

**Rape Crisis England & Wales** is a national charity and the umbrella body for a network of independent member Rape Crisis organisations. [www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)

**Refugee Action** helps asylum seekers and refugees rebuild their lives. Advice, advocacy and various projects. [www.refugee-action.org.uk](http://www.refugee-action.org.uk)

**Refugee Council** works with refugees and people seeking asylum in the UK through practical support, advice and therapeutic services. They also offer information and training to people working with refugees and asylum seekers. [www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk)

**Refugee Support Network** helps young refugees and survivors of trafficking to build more hopeful futures through education. [www.refugeesupportnetwork.org.uk](http://www.refugeesupportnetwork.org.uk)

**Asylum Matters** informs and challenges attitudes towards refugees and asylum seekers and campaigns for positive change to the asylum system. [www.asylummatters.org](http://www.asylummatters.org)

**The Children's Society** works with refugee and asylum-seeking children and young people across the UK. [www.childrenssociety.org.uk](http://www.childrenssociety.org.uk)

**Solace Surviving Exile and Persecution** is a specialist holistic mental health service for refugees and asylum seekers in Yorkshire and Humberside offering a range of therapies as well as training. See [www.solace-uk.org.uk](http://www.solace-uk.org.uk) for helpful resources including several short films about their work and techniques for self-help.

**The UK Lesbian & Gay Immigration Group (UKLGIG)** is a charity that promotes equality and dignity for lesbian, gay, bisexual, trans and intersex (LGBTI) people who seek asylum in the UK, or who wish to immigrate here to be with their same-sex partner. [www.uklgig.org.uk](http://www.uklgig.org.uk)

**United Nations High Commission for Refugees** leads and co-ordinates international action to protect refugees and resolve refugee problems worldwide. [www.unhcr.org](http://www.unhcr.org)



**PLEASE CONTACT YOUR NEAREST CITY OF  
SANCTUARY GROUP WHICH YOU CAN FIND  
ON THE CITY OF SANCTUARY WEBSITE  
[WWW.CITYOFSANCTUARY.ORG](http://WWW.CITYOFSANCTUARY.ORG)**

**OR ALTERNATIVELY IF THERE IS NO  
GROUP IN YOUR AREA PLEASE CONTACT  
[INFO@CITYOFSANCTUARY.ORG](mailto:INFO@CITYOFSANCTUARY.ORG)**



**City of Sanctuary**

Registered office: City of Sanctuary, 4th floor, Oak House, 94 Park Lane, Leeds LS3 1EL.  
City of Sanctuary is a registered charity, no. 1124921.