Identifying and responding to vulnerable migrants who have been ill-treated

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Aims of the workshop

To enable you

- to engage and support people who have been ill-treated
- to understand what sort of behaviours might indicate a history of ill-treatment
- to increase your knowledge about complex trauma
- to enable survivors to disclose important and relevant information and to discuss ill-treatment
- to explain what you can do in your own role to support those who have been ill-treated

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Who are vulnerable migrants?

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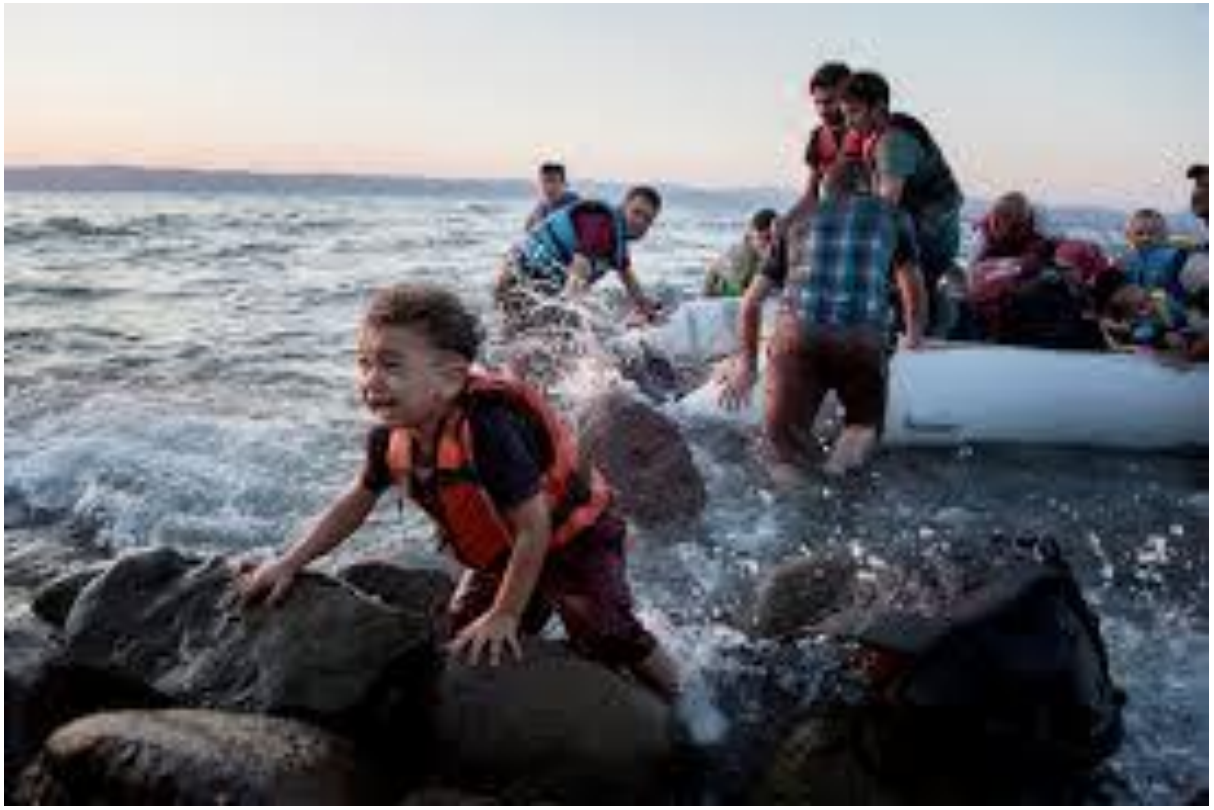
What ill-treatment might they have experienced?

How do people present?



Complex trauma

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Repetitive, multiple, serial traumas occurring over extended periods

often associated with other adversity and stressors such as neglect, loss or deprivation

May occur at developmentally vulnerable time – betrayal of trust

Examples of complex trauma

- Childhood abuse – physical/emotional/sexual/neglect
- Domestic violence
- Captivity – kidnapping, abduction, held hostage, prisoner of war, detention
- Sex trafficking/slave trade
- Torture
- Genocide or organised violence

- Prolonged exposure to war as civilian or military veteran

Symptoms arising from complex trauma

- Re-experiencing – flashbacks, nightmares
- Avoidance – thinking about, activities or situations
- Hyper-vigilance
- Emotions – violent outbursts, reckless, self-destructive behaviour
- Negative self worth, shame or guilt
- Difficulties sustaining relationships

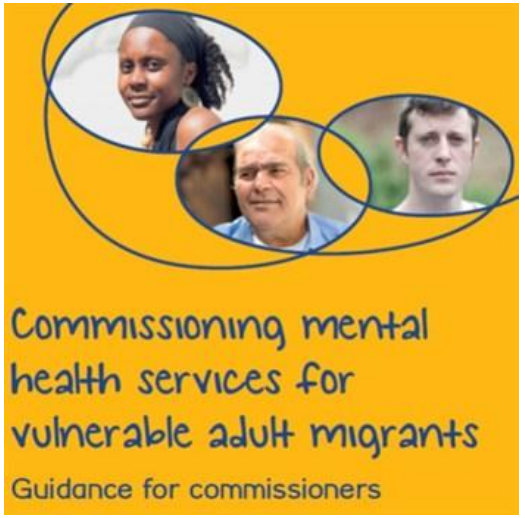
Psychological well-being

- Psychological distress common - importance of both past and present experiences

- Refugee status confers an overall increase in psychological ill-health (Porter and Haslam 2005)

- Not inevitable post-traumatic consequence of wartime stress, but reflects the socio-political context

- Significance of culture



- Recognise natural psychological reactions to highly unusual experiences

Be cautious of over-medicalising what may be appropriate responses

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Asking about experiences of ill-treatment – a survivors perspective

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Responding to disclosure of ill-treatment

Supportive listening

Bearing witness – allow the person to give their testimony and to be heard

“See me as a person, not as a condition” (Tracy Ndovi 2017)

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Phase based treatment for complex trauma

- Safety and stabilisation

Address social needs – homelessness, destitution, welfare
Maintain continuity of care

- Processing of traumatic memories

Cognitive Behavioural Therapy (CBT)
Eye Movement Desensitisation and Reprocessing (EMDR)
Medication – olanzapine can help some people
Prazosin may help hyper-arousal and promote sleep
Monitor carefully for suicidal thinking and behaviour
Avoid benzos

- Re-integration/re-connecting

What is important for the person? Family, work, religion, culture?

Enhance courage strength and resilience
- involve people with lived experience in shaping and delivering services

"You (the torturer) can break my body but you will not break my will"
Sangul, a Turkish Kurdish woman seen at the Medical Foundation

"Help me to stand up and I will go on fighting"
Theresa, a Latin American woman seen at the Medical Foundation

Patel and Mahtani 2004

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Role play

Split into pairs

One of you will be in your usual work or volunteer role – health, social care, housing, peer support or another specialty – interviewing the client to understand their situation more so that you can provide support.

The other is the client – think of someone you've worked with in the past who has experienced ill-treatment, and play that role.

You can decide to split the time, so you swop roles,

or carry on with one role play for the whole time

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