WEBINAR RESOURCES AND QUESTIONS

Working with women who have experienced complex trauma in mental health and refugee services—A comparative discussion

ANROWS received a large number of questions during its webinar titled "Working with women who have experienced complex trauma in mental health and refugee services—A comparative discussion". Responses to some of the questions are provided below. Questions and responses have been edited for clarity.

Can you explain the attachment between the perpetrator and the victim, with the victim often returning to the relationship despite escaping violence?

"Why doesn't she leave?" and "Why did she go back?" are two of the most common questions that are asked about victims of abuse and violent relationships. It's important to acknowledge the practical obstacles to leaving an abusive relationship and maintaining independence. People in abusive relationships may be financially entangled with the perpetrator in ways that are difficult to extricate themselves from, and that provide perpetrators with many leverage points. Parenting adds multiple challenges, including difficulties accessing child care, the economic costs of caring for children and court-imposed obligations about shared responsibility for child-rearing. Victims may feel that it is safer for them and their children to remain in the relationship with the perpetrator where his behaviour can be observed and managed to some extent, particularly if they know that separation will trigger an escalation in risk. For some women with complex trauma, particularly where abuse began in early childhood, maintaining independence from abuse can be challenging if they haven't first been supported to assert their own agency and right to self-determination. Many different agencies and professionals have a role in expanding opportunities for women to live a life that is free from violence and abuse, and supporting their agency and autonomy. (Michael Salter, Associate Professor, UNSW)

You said that people are often diagnosed with mental health issues and trauma is not recognised. Is there a line between trauma and mental health? Do they overlap, and how?

To put it simply, psychological trauma refers to psychological injury: our minds can be hurt by the things we experience. Just like physical injuries, some psychological injuries can heal on their own but others are serious enough to leave lasting pain or to interrupt the normal functioning of our mind. Dominant approaches to mental health have been framed by a "disease" model rather than an "injury" model. The disease model suggests that people experiencing mental illness or distress have something biologically wrong with them. An injury model (that is, a trauma-informed model) recognises that experiences such as abuse or violence can produce suffering or difficulty beyond our capacity to heal or recover from. There is also evidence that trauma can trigger an underlying vulnerability or propensity for mental illness that may not otherwise have manifested in the absence of that traumatic experience. People living with mental illness are also more vulnerable to traumatic experiences. The relationship between trauma and mental health is complex and multi-directional. (Michael Salter, Associate Professor, UNSW)

How do you know when a patient/client has reached the end of their journey with you?

This is a great question, but also a challenging one to give a clear response to as closure can be based on so many different factors (i.e. client, clinician, context), and therefore careful consideration should be provided. It's also useful to be systematically reflecting on the progress of trauma recovery and engagement with the counselling process as you go along, to assist with clarity about when ending is appropriate. Consider what the goals are of this specific piece of therapeutic work, knowing the client can re-engage in therapy in the future as their goals change and/or they need additional support.

When considering if goals have been achieved, don't just consider goals around symptom management—while these are useful and important, complex trauma impacts the relationship with self, relationships with others and the relationship with the world around us, therefore assessing progress in these areas as well as noting any post-traumatic growth can support the clinician to know when the current journey might be ending.

It can be useful to reflect upon whether the client is indicating they need a break (verbally disengaging, inconsistency in attendance, pre-empting a separation/closure, plateauing in progress, etc.). It is also important to reflect on the process and therapeutic relationship to guide closure. Working out when a client journey with you is ending can be challenging and is often a complex decision: we will often find ourselves contemplating what is enough safety; what is enough connection; what level of functioning is good enough? This makes it really important to seek out professional/clinical supervision to support reflection and unpacking of the work more thoroughly. (Amy Burkett, Manager of Clinical Services, Queensland Program of Assistance to Survivors of Torture and Trauma)

What are the main challenges you have identified in working with interpreters when supporting women who have experienced complex trauma? Are the interpreters skilled in interpreting for people who experience complex trauma?

Generally, most interpreters are really well skilled and able to support work with clients who have experienced complex trauma. However, there are a few things to consider to mitigate any issues and support the process to be more effective. It is important to utilise interpreters accredited by the National Accreditation Authority for Translators and Interpreters (NAATI). While at times it might be challenging when there are new and emerging communities and language requirements, as far as possible we should seek out properly accredited interpreters.

When considering an interpreter or booking interpreting, discuss with the client their language and dialect preferences, ethnic and/or cultural requirements, gender of the interpreter, and any community or relational requirements. Consider having some time before and after the session to brief and debrief with the interpreter, particularly before a session to let them know the type of session (counselling, assessment, etc.) and explain your approaches. A debrief can be useful for providing any feedback to the interpreter.

If using a telephone interpreter, inform them about the type of session before you begin and also discuss that you expect them to be able to focus their attention on the session (e.g. they are not engaging in other activities while interpreting on the phone). It can make a significant difference to the session depending on the interpreter, therefore if at any stage in the session it becomes clear that it isn't working (e.g. client response and non-verbal behaviour are incongruent with the question or the interpreter is working outside of their role, providing advice), don't hesitate to end the session, then either seek another interpreter or reschedule the session. It can sometimes be trial and error until you find a good match for you and the client. It can be useful to follow up with the client after the session with another interpreter to obtain their feedback. (Amy Burkett, Manager of Clinical Services, Queensland Program of Assistance to Survivors of Torture and Trauma)

I work with refugee and migrant women in Coffs Harbour. We have two practicing trauma-informed counsellors servicing the Coffs community. Resources and trained professionals are very limited and there are long waiting times. I have witnessed triggered trauma due to the demands from government requirements. I'd love to hear your thoughts about refugees having to re-tell their story for departmental requirements—for example, for citizenship—and suffering complex trauma.

Yes, unfortunately there are various systems that require clients to re-tell their narratives which can be quite triggering for refugees, asylum seekers and other trauma survivors. Several suggestions to support your clients in this work is firstly to acknowledge and explain to them what the process might require, so they are informed about what to expect. It can also be really useful to advocate into those systems to provide a voice for your clients.

In particular, useful advocacy can include compiling a psychosocial report (with the client's consent) that outlines the relevant trauma history, current psychological functioning and, importantly, how the client might present and any limitations to being able to engage in the process due to history and current manifestation of their experiences. If resourcing is limited and you are unable to provide a report, it is worth considering briefer telephone or email advocacy about the concerns you have for your client being able to effectively engage in the process. There are some circumstances where exemptions will be granted, however, it is best to

discuss with the relevant department about how best to support your client if you are concerned about them being able to properly engage in a process.

It can also be beneficial to discuss prepared prompts with your client if memory recall will be required as part of the process (e.g. bring photos, maps, written prompts), to support being able to recall important information. Additionally, prepare your client to be able to request frequent breaks and to understand the areas that might be more triggering so they have ways to emotionally regulate before or after them, and ensure they are feeling confident enough to ask for questions to be repeated, or for more time to complete tasks. It is also worthwhile, in your advocacy to the relevant system, to reinforce some of the suggestions you have provided to your client, so that these workers are also aware of them (e.g. needing to repeat questions, providing frequent breaks), and to explain these needs within the context of complex trauma. (Amy Burkett, Manager of Clinical Services, Queensland Program of Assistance to Survivors of Torture and Trauma)

Constructions of complex trauma and implications for women's wellbeing and safety from violence

Violence against women and mental health

Women's Input to a Trauma-informed systems model of care in Health settings: The WITH study

The MuSeS project: Multicultural and Settlement services Supporting women experiencing violence