

# Towards a systematic approach for the treatment and rehabilitation of torture and trauma survivors: The experience of STARTTS in Australia.

Jorge Aroche and Mariano Coello

## Abstract

This paper recovers a text written in 1994 that explored and discussed the complex interaction between the psychological and psychosocial sequelae of exposure to highly traumatic situations in the context of organized violence, and the stresses and demands of the exile and re-settlement process of refugees. The effects on the individual, the family and refugee communities were explored, and a model to address these problems from a systemic perspective, involving action at the individual, family, refugee community, mainstream community and mainstream political structures was put forward. The role of approaches such as individual counselling, group work and community development in this framework, and various issues in the practical application of this model were discussed in the context of STARTTS experience. Looking back, almost 30 years later, the paper has renewed value as it shows the founding theoretical principles and the path to what today is one of the most important anti-torture organizations in the world.

*Keywords:* Torture, Rehabilitation, STARTTS, History of anti-torture movement.

## Introduction

Torture Journal's 30th anniversary is just a few years after the 30th anniversary of the creation of STARTTS, celebrated in 2019.

When invited to contribute to this Special Issue, it came to our mind a paper that was first written and presented in 1994 and finally never published<sup>1</sup>. This paper has as much value as a historical piece as for the framework it proposes to conceptualize the challenges faced by torture and trauma survivors resettled far from home. Still current nearly 30 years since we wrote the first draft, the conceptual framework depicted in this paper has provided the blueprint for the development of STARTTS since at least 1994.

It has been an incredibly eventful three decades, during which STARTTS has been able to assist over 70,000 registered clients from almost 180 national and minority groups as it grew from a handful of people working from a three-bedroom cottage to 250 staff working from 11 offices across New South Wales (NSW). This growth happened in the context of a changing world, defined by successive humanitarian crises leading to record numbers of forcefully displaced people and refugees, and a deterioration in Australian policies affecting asylum seekers.

1 4th International Conference of Centres, Institutions and Individuals Concerned with Victims of Organized Violence: "Caring for and Empowering Victims of Human Rights Violations", DAP, Tagaytay City, Philippines, December 5-9, 1994



From author's archive: STARTTS colleagues (1990/91).

The conceptual framework proposed in this pioneering article guided STARTTS service provision philosophy through these tumultuous times and enabled the service to adapt, evolve and grow without compromising the key elements that make it effective and relevant to our clients and their communities.

Just as STARTTS has grown in size, scope and depth, so has the complexity of our service provision model. While the basic tenets remain the same, it has acquired new layers of complexity in theory and practice. STARTTS services now reflect our growing understanding of the neuroscience of trauma, as well as our expanded appreciation –gained from experience and the increasing evidence base in the sector– of the complementary role that different interventions and approaches can play in the effective application of a systemic perspec-

tive that is context sensitive and biopsychosocial in nature. More importantly, it reflects the learnings gained in the course of supporting the healing journeys and walking alongside our clients. A revised and updated version of the article that fully portrays this evolution is long overdue and finally underway, and hopefully might feature in *Torture* sooner than later.

### Background

Countries such as Australia provide asylum for refugees from a large range of national, cultural, religious and language groups. Most of these refugees can expect to face a number of challenges in their country of resettlement, which will affect their lives in many different ways. Some of these challenges relate to the sequelae of their own traumatic experiences and their impact on various aspects

of their life. Others are associated with the losses and demands associated with exile and the process of migration and settlement in a new country. In addition, refugees also face the many challenges that confront us all as we struggle with the trials of everyday life and the hazards of different developmental stages in our lives. These factors not only affect people as individuals, but also as families, as social networks, as communities, and in their interaction with the social and political systems of the host society at large.

These factors, furthermore, don't operate in isolation, but are likely to interact in often powerful and complex ways. It is precisely the complex interface between these factors on the canvass formed by the psychological, cultural, educational and religious attributes or baggage of the individual, family or community that can be best said to define the predicaments that refugees confront in exile.

### **Torture and trauma**

Many articles have been published about the physical (Goldfeld, et al., 1988), psychological (Allodi, et al., 1985; RCT, 1985; Bendfeldt & Zachrisson, 1985; Goldfeld, et al., 1988; CODEPU, 1989; Lira, & Weinstein 1984; Gonsalves, 1990; Fischman, 1990; Barudy, 1989) and psychosocial (Martin Baro, 1989) sequelae of organised violence. While a detailed discussion of this topic is outside the scope of this paper, it is important to emphasise the range of traumatic experiences that take place in the context of organised violence, and the pervasiveness of many of the most commonly observed symptoms. These symptoms may include depression, feelings of guilt (survivor's guilt), loss of self esteem, anxiety, sleep disorders (particularly nightmares), intrusive thoughts and flashbacks, memory and concentration problems, difficulties in social functioning, marital and

family disruption (Allodi, et al., 1985; RCT, 1985; Bendfeldt & Zachrisson, 1985; Goldfeld, et al., 1988; CODEPU, 1989; Lira, & Weinstein 1984; Gonsalves, 1990; Fischman, 1990; Barudy, 1989).

The sequelae of torture and other traumas experienced in the context of organised violence not only places individuals, families and communities in a vulnerable position in the host country, at risk of secondary victimisation, but it also interferes with their ability to access and utilise their internal resources to their full potential. This places refugees at a profound disadvantage to negotiate the complex demands of the exile, migration and resettlement processes.

In addition to the sequelae associated with direct exposure to traumatic circumstances in the context of organised violence, just living in a situation characterised by organised violence and repression, what Martin-Baro (1989) described as Systematic State Terrorism (SST), can result in people developing particular sequelae at both individual and collective levels (Martin-Baro, 1989). Survival in societies which are being grossly distorted by the systematic use of organised violence tend to foster the development of conceptual frameworks and behaviour patterns that, although of immediate adaptive value in terms of survival can have long term pathological consequences for both individuals and the collective (Martin-Baro, 1989)

The psychosocial consequences of exposure to SST are characterised by the narrowing and stiffening of the frame of reference, leading to extreme reliance on stereotyping and reluctance to interact outside the boundaries of these stereotypes; social polarisation, weakening of personal autonomy and self confidence, and the devaluation of human life (Martin-Baro, 1989). These psychosocial sequelae can affect people well beyond the orig-

inal context in which they were developed, and can have long term implications for the way they construe and interact with the host society, hence affecting their chances of successful resettlement in the country of asylum.

### **Exile, migration and resettlement**

Although there is some overlap between the processes these three terms describe, it is important to differentiate between these main aspects of the transitional process of refugees in exile.

### **Exile and migration**

Although both processes have many similarities, the experience of exile differs from migration in the way that the decision to leave the country is made, the amount of preparation possible, the amount of trauma associated with the decision to leave and the process of leaving, and the impossibility, temporary or semi-permanent, of returning to the country of origin. Therefore, although both are transitional processes with enormous disruptive potential, their emotional and psychological connotations can be very different.

In addition, for many refugees there is often a protracted period of transitional and limbo like situations between the time they leave their country of origin and their eventual arrival in the country of resettlement. These often involve highly traumatic situations in transit, at refugee camps, or in countries of first asylum where persecution and discrimination may be present. At best, and this also applies to asylum seekers in countries of resettlement, there is a period characterised by anxious waiting in a vacuum, often in situations of total dependence on government or camp officials.

Another situation much more common in exile than in migration is the loss of contact with relatives and close relations in the country of origin.

Migration, even in the absence of traumatic events and refugee like situations, can be an extremely disruptive transitional process, where significant relationships and vital links with the objective and subjective reality of the country of origin are severed at the same time. As such, the migration process is often characterised by the loss of crucial connections with vital aspects of the environment at different levels of the system, and the psychological process of coping with these losses, often akin to a mourning process.

The often-radical change in the external environment also means that the internal representations of reality, or cognitive maps, no longer fit the external reality, and hence are less effective as tools to interpret and predict the outcome of our interactions with the external environment. Huntington (1980) describes this characteristic of the migration process as “a discrepancy between our inner and outer worlds”. Sluzki (1979) uses a musical term to describe this phenomena, “dissonance”, and emphasises the disconcerting effect it has on migrants, particularly in relation to the more automated and instinctive aspects of our relationship with the external environment, such as cars driving “on the wrong side of the road”, climatic differences (e.g.; Christmas without snow for Europeans and North Americans in Australia) and culturally determined differences in body language and social cues.

This phenomenon can elicit a range of reactions in people going through the migration process, ranging from vague discomfort, through distress, to complete breakdown (Huntington, 1980) and is often associated with physical and psychosomatic disorders, as well as psychological problems, particularly depression. This miss-match between internal representations of reality and the external reality often results in the loss of external reference points, and therefore in identity problems.

### Resettlement

Resettlement can be an elusive concept to define. According to the National (Australia) Population Council Refugee Review, resettlement is the “process by which an immigrant establishes economic viability and social networks following immigration in order to contribute to, and make full use of, opportunities generally available to the receiving society”(NPC,1988). Successful resettlement, therefore can be seen as a function of how well an individual, family or community are able to rebuild social support networks and learn to negotiate the complex set of tasks and demands associated with life in the new country, and to what extent they are able to gain a semblance of control over their own lives and the new environment.

From finding accommodation to learning the language, from learning to do the shopping to understanding the education system of the new country, from finding a job to becoming familiar with a new physical environment; most resettlement tasks involve learning new skills, absorbing and processing information about the new environment. The process of resettlement, therefore, is characterised by a steep learning curve, which most refugees must face in the context of personal resources diminished by the effects of their experiences of loss, dislocation and grief, torture and trauma, and cultural dissonance.

Refugees themselves often fail to realise the extent to which their own personal resources are overwhelmed by these demands, both emotionally and intellectually. Their response is often to blame themselves for their difficulties, and demand more of themselves. This introduces a further drain on their self-esteem, and contributes to their feeling of lack of control and confusion. Often this may be complicated further by racism, discrimination, and or structural barriers in accessing services or information.

Restructuring a life in a new country, whether there is an expectation of permanency or not, is a complex and difficult process, which places a lot of demands on inner resources at the individual, family, social group and community levels. Successful resettlement relates more to the quality of life that refugees are able to achieve in the host country than to the duration of their stay or their commitment to adopt the host country as their own. Even in countries like Australia, which encourage the permanent resettlement of resident refugees through active citizenship campaigns and provide a range of services to facilitate this process within the context of a pluralistic, multicultural society, successful resettlement does not need to be synonymous with permanency.

### Normal Life Cycle

Australia, and indeed most countries, have health and welfare systems that have been developed largely to cater for the needs of people that have neither migrated, become refugees, or survived torture or other traumatic experiences in the context of organised violence. Yet they often have problems that prompt them to seek counselling or welfare services at some stage in their lives. Often, these problems are associated with difficulties negotiating different stages of the normal life cycle; be it learning to live in a marital relationship, mastering parenting skills, facing the trials of adolescence or the doldrums of retirement, bereavement, or the consequences of accidents or illness.

Refugees in exile are not exempt from the problems associated with what we could call the normal life cycle. The disruptive effects of trauma and relocation, in fact, can often render refugees more vulnerable to problems associated with the normal life cycle. Conversely, the effect of normal life cycle problems can often bring back to the surface or



complicate problem areas connected to traumatic experiences of the exile, migration and resettlement process.

### **A complex interaction**

There is a complex interaction between the problems associated with the aftermath of traumatic experiences in the context of organised violence, the problems related to the exile, migration and resettlement processes, and the trials and difficulties that are part and parcel of the normal life cycle. One way to conceptualise the complex nature of the problems faced by refugees in exile in countries such as Australia, is as the complex interface between these factors, and their interaction with the attributes of the individual, including his/her emotional, psychological, cultural, educational and experiential baggage, as illustrated in the diagram below (figure 1). This interface is also relevant to define these factors at other levels of the system, such as the family unit or the refugee community.

An example of how these factors can interact is learning English, a task highly correlated with successful resettlement in Australia. A difficult endeavour at best, the task of learning a new language can be further complicated by some of the sequelae often found in torture and trauma survivors. Post traumatic symptomatology such as concentration and memory problems, sleep disorders, irritability, anxiety and depression would all tend to interfere with learning abilities. Other problems associated with exposure to a situation of organised violence, such as difficulties with trust, particularly in group situations and with perceived authority figures, can place additional barriers to the learning process.

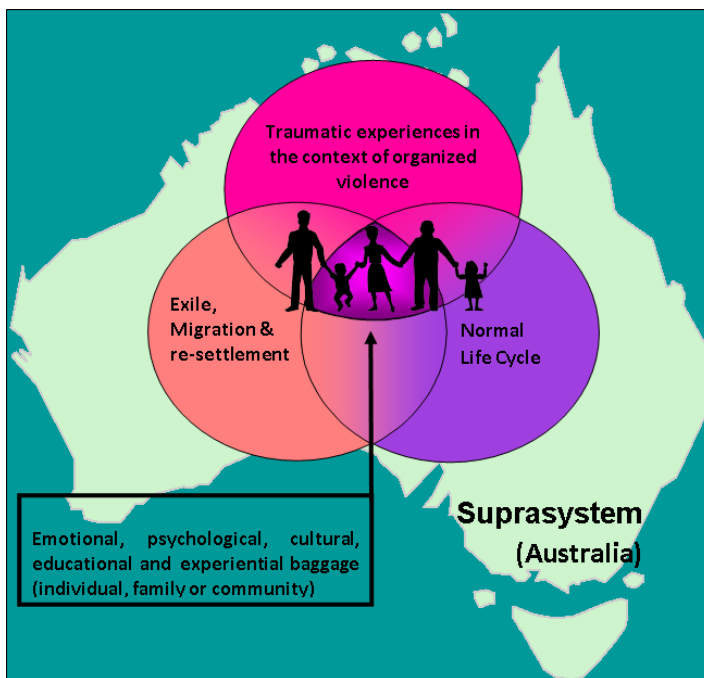
In addition to interfering with communication in general, thus contributing to social isolation, failure to learn English is likely to place individuals and families at a disadvan-

tage in terms of other tasks essential for resettlement. Tasks like finding employment or dealing with government organisations are less likely to be successfully completed without English. This is likely to have both objective consequences such as failure to achieve economic stability, and subjective ones, such as erosion of self-confidence and self-esteem. Individuals who are not successful in learning English may become more dependent on other family members, often children, who have been able to master the English language. Family structure and dynamics, and the perception of roles within the family may be severely disrupted as a result, impacting on its role as an effective source of support to its members.

Given the crucial role that a supportive family environment plays in the rehabilitation from the sequelae of traumatic experiences (Figley, 1987; Lyons, 1991) and other stresses (such as those associated with exile, migration and resettlement), any process that degrades the ability of the family to act as an effective system of social support will undermine the survivor's process of recovery.

This complex interaction not only takes place at the level of the individual, but, as introduced by the above example, at the family level, and indeed, at other levels of the system, such as the refugee community. The difficulties many new refugee communities have organising supportive structures within their community (which in turn are effective in advocating for resources and services that facilitate recovery and successful resettlement) for example, may be partially explained by the psychosocial consequences of organised violence described by Martin-Baro (1989).

The relationship between refugees and the suprasystem, which includes the political system, the complex network of government and non-government service providers,



the community at large and other systems, eventually determines the overall conditions for success in the processes of recovery and resettlement of refugees. Attention to this aspect of the problem interface, therefore, is crucial, both in terms of achieving a balanced understanding of the role of the suprasystem in hindering or propitiating the recovery and resettlement of refugees, and in terms of formulating and implementing effective strategies for action.

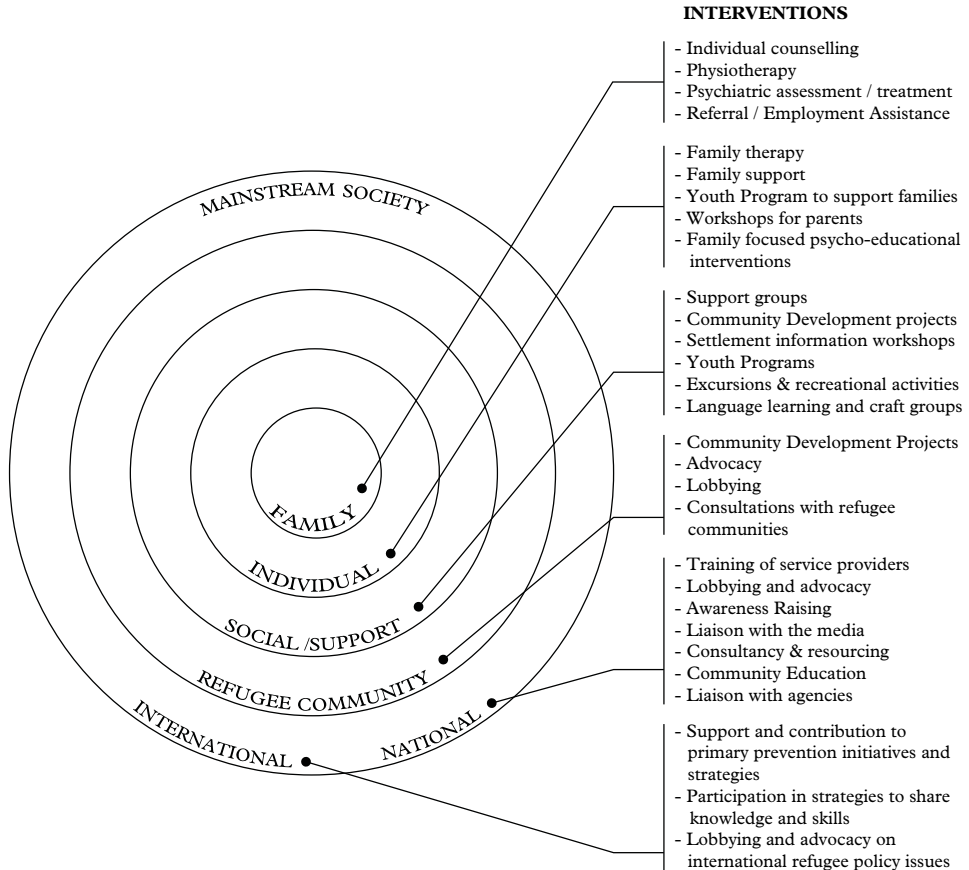
**Implications for intervention**

The above model is useful as a framework for understanding the complex problems confronting refugees in exile, but also has implications for assessment and intervention. A conceptualisation of the problem as the interface of a complex interplay of different factors suggests a wholistic approach to assessment

that takes into account these factors. In terms of intervention, it follows that refugees in exile are more likely to benefit from multi-disciplinary and multi-pronged approaches that attempt to address all the major factors compounding the problem at various levels of the system.

In practice at STARTTS, the implementation of this approach has resulted in a set of interventions that attempt to address the problem interface through a variety of strategies focussing on different levels of the system. These range from those focussing on the individual to those that target the community at large and government services and policies. The following diagram illustrates some of the strategies implemented at STARTTS from a systemic perspective.

As can be seen in the above diagram, the approaches at the individual level include clin-



ical interventions, such as counselling, psychiatric assessment and treatment, physiotherapy, referral, assistance with employment and case-work approaches such as individual advocacy, often implemented through the involvement of, and in close liaison with other agencies. The common aim of these interventions remains that of assisting the client to make sense of and deal with, the problem interface discussed earlier. A multidisciplinary, integrative approach, therefore, pervades through, and case plans often include various comple-

mentary services being offered to clients on a parallel basis.

In addition, interventions at other levels of the system may be offered to the individual client where appropriate. These may comprise interventions at the family level, such as family therapy, parenting workshops, or referral of the children to the youth program; or at other levels such as the social support network, as in the case of referral to a self-help group. These interventions may be offered to clients concurrently, or be introduced as appropriate and relevant for the client. Often, specific strategies



may be developed to cater for the manifested needs of clients, often in partnership with the clients themselves. An agricultural cooperative set up by Latin American refugees from a rural background with STARTTS assistance is a successful example of this type of intervention. Projects such as this require liaison and advocacy at many levels, as well as substantial support in the initial stages of the formation of the group.

On the other end of the spectrum, strategies such as lobbying for changes to government policies, participation in awareness raising campaigns targeting the general community, or training of mainstream service providers in order to increase their ability to effectively address the problems of refugees are preventative in nature, and target the potential as well as the actual client group.

As can be seen in the above examples the implementation of this approach involves the integration of both clinical and community development approaches in a complementary relationship. Traditionally clinical and community development approaches are often regarded as incompatible rather than complementary, and developed on the basis of different epistemologies. Achieving a balanced and congruent integration between them, therefore, is not always easy, and requires commitment and understanding of both approaches, and recognition of their merits and limitations as strategies for intervention at different levels of the system.

To date, STARTTS has been able to successfully integrate the two approaches in a complementary relationship, which, so far, has resulted in more effective service provision to a range of clients, has assisted to promote policy changes and a heightened awareness of refugee issues which has contributed to facilitate the settlement of exiled refugees, and has helped

to prevent burnout and increase job satisfaction amongst STARTTS workers.

One of the challenges of putting this model of intervention into practice is that the higher up in the system one considers to intervene, the more insignificant that the resources available seem in contrast with the problem or task ahead. Strategic use of these resources, therefore, becomes essential, as does sharing the tasks with other appropriate groups and organisations through joint projects, input into existing task forces or coalitions advocating for appropriate policy changes, networking, and resourcing grassroots community initiatives.

### **The future**

At present STARTTS is going through a process of restructure, and one of the challenges that it faces in the course of this process is that of preserving the advantages of this multilevel model of intervention as the organisation grows in size and complexity. STARTTS new structure reflects this preoccupation. The two direct services team function on the basis of a formula that incorporates a clinical component of 50%, a community development component of 30%, and a 20 % to be devoted to the pursuit of special interests or projects of benefit to STARTTS, in areas such as research, policy development, or training.

In addition to the two direct services teams, there is a resource group which comprises more specialised positions, such as a youth worker, employment officer, family worker, training coordinator, community development worker, community services and clinical services coordinators. These positions coordinate program areas, ensuring quality improvement and excellence, and resourcing the rest of the staff on those particular areas.

We hope this structure embodies a formula that will enable STARTTS and its client

group to continue to benefit from a systemic, integrative approach to the treatment and rehabilitation of torture and trauma survivors. So far, the signs are encouraging.

### Acknowledgments

The conceptual framework that underpins this historical article grew organically at STARTTS, inspired by countless interactions with our clients and our clinical observations, and enriched by discussions with colleagues, board members and other stakeholders. As any meaningful piece of work, it was also inspired and influenced by the writings and informal communications with authors and key figures in the field. More importantly, its implementation and ongoing development has also continued to be guided by our clients and supported by our staff and partners as the organisation grew. Our enormous gratitude to them all for their contribution to this framework and the work of STARTTS.

### References

- Allodi, F., Randall, G. R., Lutz, E. L., Zunzunegui, M. V., Deutsch, A. & Doan, R. (1985). *Physical and psychiatric effects of torture: Two medical studies*. In E. Stover & E. O. Nightingale (Eds.), *The breaking of bodies and minds: Torture, psychiatric abuse, and the health professions* (pp. 58-78). New York: W. H. Freeman.
- Barudy, J. (1989). *A programme of mental health for political refugees: Dealing with the invisible pain of political exile*. *Social Science and Medicine*, 28, 715-727. [https://doi.org/10.1016/0277-9536\(89\)90219-0](https://doi.org/10.1016/0277-9536(89)90219-0)
- Bendfeldt-Zachrisson, F. (1985). State (political) torture: Some general, psychological and particular aspects, *International Journal of Health Services*, 15 (2), 339-349. [https://doi.org/10.1016/0277-9536\(89\)90219-0.2190/ATJQ-WAFP-KEU6-3XDW](https://doi.org/10.1016/0277-9536(89)90219-0.2190/ATJQ-WAFP-KEU6-3XDW)
- C.O.D.E.P.U. (Comité de Defensa de los Derechos del Pueblo) (1989). *The effects of torture and political repression in a sample of Chilean families*. *Social Science and Medicine*. 28 (7), 735-740. [https://doi.org/10.1016/0277-9536\(89\)90221-9](https://doi.org/10.1016/0277-9536(89)90221-9)
- Cunningham, M. & Silove, D. (1993). *Principles of treatment and service development for torture and trauma survivors*. In J. P. Wilson and B. Raphael (Eds.), *The International Handbook of Traumatic Stress Syndromes* (pp. 751-762). New York: Plenum Press.
- Figley, C. R. (1987). *Post-traumatic family therapy*. In Ochberg, F. (Ed.) *Post-Traumatic Therapy*, Brunner/Mazel, N.Y.
- Fischman, Y., & Ross, J. (1990). *Group Treatment of Exiled Survivors of Torture*. *American Journal of Orthopsychiatry*, 60 (1), 135-142. <https://doi.org/10.1037/h0079191>
- Goldfeld, A. E., Mollica, R. F., Pesavento, B. H., & Faraone, S. V., (1988). *The Physical and Psychological Effects of Torture*. *Journal of the American Medical Association*, 259, 2725-2729. <https://doi.org/10.1001/jama.1988.03720180051032>
- Gonsalves, C. J. (1990). *The psychological effects of political repression on Chilean exiles in USA*, *American Journal of Orthopsychiatry*, 60 (1), 143-153. <https://doi.org/10.1037/h0079176>
- Huntington, J. (1980). *Migration as part of life experience. Paper presented at "Cross Cultural issues in Counselling": A NSW Department of Health Cross - Regional Conference, NSW Institute of Psychiatry, October 1980.*
- Lira, E. & Weinstein, E. (1984). *El testimonio de experiencias políticas traumáticas como instrumento terapéutico* (The use of testimonials of traumatic political experiences as a therapeutic tool). In E. Lira, E. Weinstein, R. Domingues, J. Kovalskys, A. Maggi, E. Morales, & F. Pollarolo (Eds.), *Psicoterapia y Represión Política. (Psychotherapy and Political Repression)*. Mexico: Siglo XXI Editores
- Lyons, J. A. (1989). *Strategies for assessing the potential for positive adjustment following trauma*. *Journal of Traumatic Stress*, 4(1), 93-111. <https://doi.org/10.1002/jts.2490040108>
- Martin-Baro, I. (1989). *The psychological consequences of political terrorism*. Transcription of the presentation made on January 17, 1989 at the Symposium on the Psychological Consequences of Political Terrorism, Berkeley, California, (CHRIC, Committee for Health Rights in Central America. CHRICA Mental Health Committee: 347 Dolores St., San Francisco, CA 94110).
- R.C.T. (Rehabilitation Centre For Torture Victims), (1985). *Annual Report 1985*. Eks Skolens Trykkeri Aps.
- Silove, D., Tarn, R., Bowles, R. & Reid, J. (1991). *Psychotherapy for survivors of torture..* In H. Minas

(Ed.), *Psychotherapy for Survivors of Trauma*  
(pp. 171-193) Melbourne: Cultural Values  
Mental Health.

Sluzki, C. E. (1979). Migration and family conflict.  
*Family Process*, 18 (4), 379-390. <https://doi.org/10.1111/j.1545-5300.1979.00379.x>