

**MR WAKERMAN:** Next I'd like to introduce Dr Penny Vine who is a GP from Albury and undertakes trauma counselling work with refugees.

**Case studies in providing health and counselling services to refugees in rural areas (continued)**

*Dr Penny Vine  
Trauma Counsellor, Albury*

**DR VINE:** Thank you very much for inviting me to speak here. I'm actually a rather confusing person. My background is paediatrics, not general practice, but people don't know what sort of box to put me in. About 25 years ago I started a support group for cop death and the traumas associated with that and gradually moved more and more into trauma counselling. So for the last 15 years I've been working full time and glibly my job is helping people to live with the "shitty" things of life and, if possible, turn it into fertiliser.

The difficult is, of course, when you are looking at the refugee situation, is that when you stop being a refugee, when you start being a refugee. I'm living in Albury. We're working there. I've been working with refugees. As Geraldine was seduced so was I blackmailed into working. There was no one else who could do this. So I've been working with refugees since 1997 in Albury.

We don't at this stage have a multicultural resource centre. We did for some years but it became increasingly difficult to engage people in that because of personalities. One of the things about small communities. You get an individual that nobody likes and suddenly you've got conflict and nobody working there.

We are supported in the International Humanitarian Settlement Scheme from Centacare and St Vincent de Paul in Wagga, which means that we don't actually have access to the caseworkers that Geraldine talks about. I'm involved myself as a part of a volunteer group working with a IHSS family. So I'm one of the people that actually does the driving to the medical appointments. I've got to be back in Albury tomorrow to take a young woman who was raped on several occasions to see the gynaecologist to address the ongoing medical problems that she has. This will be her first consultation. She speaks only French with a very minimum amount of English, but is excessively shy and found it very difficult to talk to the male general practitioner about her concerns and her problems.

In that role I'm not a doctor and so we were standing in the pharmacist trying to help her understand whether you're next in the queue to being served. At the time that the lady said, "Who's next?" she was actually staring around and overwhelmed by the whole process of just being there in this new strange world.

One of the biggest issues is about the label of refugee and that sense of we need the

label for bureaucracy, but if you actually ask people who have come to live in this country as a displaced person, they often find the label “refugee” as demeaning, limiting, putting them in a box. As one man said, “Australians don’t seem to understand. I actually just want to start my life again. I want to have a life that was unmade and disrupted by the whole process where my world fell apart and all the truths and knowings that I had were destroyed systematically by a regime that I had grown up assuming would protect me. I want to work. I want to have a safe place to live and I want people to look at me with respect and see me as a person with dignity, not someone who’s suffered and is to be pitied.

So very much what influences people is the pre-refugee experience, the world you were living in before you became a refugee. I think of one lady that I’ve worked with from Iran who had the wrong religion. Her mother was Baha’i. She didn’t claim to belong to any religion but she received a lot of death threats. She was constantly in fear of being attacked and raped, which was the most violent way people could approach her. So when she actually arrived in Australia, her ongoing fear remained that of being raped. It was very confusing for her because men would look at her face and they would talk to her looking at her in her eye and they would shake her hand and hold onto her hand in a polite way of welcoming and being enthusiastic, but her confusion as to what did they mean by this.

It was very difficult for her, and for me to listen, because I didn’t know there are people out there who are very evilly intended, as to how to talk about when men shake your hand, what’s their intention? We worked over it for quite some time, but her biggest difficulty was, “How do I know when I’m safe now?” because she didn’t understand. She came as a sponsored refugee supported by her family. Her brother-in-law was a local general practitioner. So she was very reluctant to talk to anybody, because she assumed he’d find out about everything that she spoke about. It was very difficult for her to feel safe in this community, because she didn’t know how to read the non-verbal signs. She didn’t understand that culture. She eventually married someone who lived in the flat next door and has three boys who are beautiful, but for a long difficulty her pre-arrival experience had a great impact on how she lived.

Van der Meer actually looks at what makes people refugees, and most people come from a situation where the regime sets out to systematically terrorise its citizens for whatever reason. People are exposed to witnessing violence, human rights abuses, and if they’re not actually experiencing it or watching it, it’s certainly made sure that everybody hears about it.

In Australia most of the abuses happen by people who have got boundary problems, people who have trouble separating themselves, so they assumed that when I say “Put some water in the fridge,” I think you know I mean three glasses, so I can beat you up because you put four. Very few people in Australia have actually been on the receiving end of sadistic abuse. Refugees who have come to Australia, however, have been on the receiving end of sadistic abuse. The difference is that sadistic abuse, people try to read your mind. They

know your mind and they work to make you unsafe in your own head. They actually use your affections, your connections, to actually make it so you stop having those connections. You stop being able to trust the future because the things that you value become the things that are used to stop you being connected. It's deliberately aimed to stop people having initiative and reaching out. So they bring that with them when they then become victims of the terror and the torture themselves.

People don't leave their homes. They don't become refugees just because it would be nice to live in Australia. They become refugees because they are terrified to stay where they are. It's impossible. One lady was taking the children to school and the little boy who'd gone ahead came running back, "The soldiers are here, the soldiers are here." She picked up the baby and with the children around her they fled to the harbour. There wasn't time to collect things. She hadn't actually been on the receiving end of any torture or trauma in the country that she was in, but they sat in the boat. They'd fled to the harbour. They were in a boat. They sat in the boat offshore from the neighbouring country for two weeks waiting for permission to land.

They then settled in the second country and they'd been there about 12 months when a campaign was to get rid of the cockroaches who had invaded our country from other lands. That was when one of her children was killed by the next door neighbour and boiling oil was poured over her by the woman that she'd actually been talking to two days before in the shops. That trauma becomes part of the ongoing refugee situation.

People flee to countries that are either - they either come into organised camps, and the camps are big. Kakuma Camp in Kenya has 96,000 people, which is the size of Albury-Wodonga combined. That has one medical practitioner. The mental health issues are huge because of the ongoing violence, the inability to protect themselves, the inability to have any roles. The food issue, as was hinted, malnutrition is great because they are dependent on donations from countries and when there's a tsunami or an earthquake the donations go down. People are given food, not matches, so they have to exchange food in order to get the other facilities they need. Camps are often in very isolated communities so it's difficult for them to just pop in and get jobs or get other work. If they don't go into the camps they are second class citizens in cities and they are very vulnerable to exploitation, malnutrition, health difficulties, because as with the temporary protection visa holders here, they have less access to services.

Once people have been - did I say the average stay in a camp was 17 years and about 1 per cent of people actually get to settle in a third country? Most people are actually - if you are identified by UNHCR as a refugee then you have the opportunity to apply for a visa to come to another country. You still need significant documentation to prove that you are actually a refugee, and for many people they're excluded on the basis that they just don't have the documentation or there's no one to follow up and do that for them. Interviews for

visas are irregular and unpredictable. It's like sitting for an exam but you weren't actually told what the subject was in as much as you don't know how to answer the questions. These are issues that people have to go through over prolonged periods of time of just sitting and waiting and suddenly you've got your hour to have your interview and then it's gone.

Once you do arrive in a foreign land, you're an exile. You aren't here because you wanted to be. People have to adjust to a new world, a new language, a new culture. When the postman puts letters in your letterbox that aren't addressed to you, what do you do with them? Just put them back in the letterbox, but he doesn't take them away. How do you find out what to do with these things? One of the biggest things is survivor guilt. When you're in the camp and you think you're going to a new country, it's going to be wonderful, the streets will be paved with gold and you'll be a millionaire in a few weeks. When you get to the country and you're struggling with not knowing the language, you're struggling with being unemployed, an outsider in this world, where you stand out as very different and you're confused, there is often a survivor guilt because you should be enjoying it. There's grief. The ongoing loss.

The processing of the abuses and the trauma often doesn't start until you're safe, and that's one of the questionable aspects of the temporary protection visa, was that people could be here because they had issues to address, but knowing that they were going back into that environment they couldn't even start to address the trauma issues. It's only when you feel safe that you can actually start to risk going near those dreadful things. Sometimes that 10, 12 years later, because there's so much energy that goes into the first few years in getting the English going, in getting the work going, learning how to drive, getting the schooling, getting the health system sorted out, and becoming a member of a community and starting to belong.

When you actually look at trauma itself, one of the things that happens when you experience an unpredictable event where all the rationale you have in your world breaks down. I think of some of the Kosovo refugees I worked with who would say people would rush into their houses with guns pointed at a two year old and say, "Give us some money or we'll shoot the baby." Now, for them the violation of coming into the house without knocking, for them ..... anyone within my house was my friend. Outside he might be my enemy, but inside he was my friend and I would be as hospitable as I could. So these people were coming in and being aggressive. It was a huge cultural danger as well as the baby being under threat. It was just sheer bigotry. It wasn't actually anything about religion or race or anything. It was just attempts to terrorise and to make people - what happens in those situations is that your brain shuts down. A lot of work on post-traumatic stress would demonstrate that the left side of the brain, the logic, language, problem-solving, predictability of the future, just doesn't work when people are in this situation.

After the event the emotions surface, but people are left without a language to explain. Like, for example, women in room to explain childbirth to a man or men to explain ..... to

women, you know that many experiences can be beyond language. Yet these people are left with physical symptoms, pervading sense of foreboding, pervading sense of anxiety because they don't actually know when the next one is going to come; what's the next unpredictable thing that's going to happen to me? So they are left with a degree of uncertainty which is quite significant. But they've also learnt to not trust themselves if they've been tortured, because part of the torture is to rob them of that ability to trust themselves. Not all refugees have been tortured.

Not all refugees have been beaten, but they all have had the trauma of the loss of land, the loss of community, the loss of family members. They have lost identity and they have lost the ability to influence their future. These create huge griefs which make it very difficult for them to be proactive in their world. Resettlement aims at relocation and to provide protection. That's actually only a very small part of helping people become part of this community. Van der Meer talks about the importance of resettlement being about helping people to create a new world. The trauma that they've been through never disappears, but the directions and the world they build is part of how we help them.

As everyone has said, access to English is really important, access to work, and as Mitchell talked about, driving lessons and getting people driving. We're working with the Rotary Club locally to pay for driving lessons for the refugees that we have in our town at the moment and we've lined up volunteers. It's quite tedious sitting beside someone, especially when they claim to have driven a car, but it must have been across an open desert, because there's not necessarily an appreciation of the fact that this car's coming towards you and you need to slow down. I guess those who have driven in America or Europe where you're on the wrong side of the road would understand a little bit of that what's real doesn't feel real now, but it's quite a pleasure to be part of that.

I'm going to run out of time. I'm just thinking about the formal counselling services and I've taken on the role of being a counsellor and talked as trauma counsellor with several people, including some of the people I've talked about. That formal sitting down and looking at a person across a desk or across a room talking about what's happened to them can be very uncomfortable. It can be very intimidating and it can feel quite queer. People find it very difficult to distinguish this from an interrogation and I've found the more useful thing is actually doing driving lessons. One young man that I'm working with, I'm driving him up to Holbrook so he can play the drums for the local choir Christmas concert when they were doing some African Christmas carols. I learnt far more about his experience than in the office. So one of the difficulties for government organisations is how do you actually program in that much more informal - I guess there's actually a need for a lot more funding around that informal process rather than around the formal, we've paid the counsellor, they'll sit in their office and this will happen.

I'm aware of the lack of time. One comment I make about the medical process is that

when you've got language difficulties, and this certainly doesn't apply to Geraldine, but I'm aware of some of the general practitioners that I've sat in the office because I'm there to support the refugee, not because I'm another medical practitioner. It must be really difficult for them having me watching them, however. But they're often really uncomfortable about the detailed (?) asthma prevention program or the issues around the long term - the service provision which they'd provide quite quickly to people who are fluent in English, they're often reluctant to launch into what's going to be a confusing situation with the interpreter, perhaps. A lot of them would rather not have the interpreter because they're uncomfortable. They haven't had experience.

Mitchell is going to Wagga. He's not going to Albury. You can come anytime you like. But there are refugees going to areas like Wangaratta, Holbrook, people turning up who have been in Melbourne and we only know they've arrived in Albury because there's these tall, dark-skinned men doing the trolley collecting. There's a major media campaign in town because these trolley collectors have taken locals' jobs. So these poor guys are suddenly being targeting. There is a huge importance in engaging the local media. If we'd known these people were coming we would have made sure that the media was onside. Also getting the police onside. One Sudanese man is a security agent and he jokingly comments if he closes his mouth no one can see him. He's very pleased with his job, but he's also very vulnerable, because he stands out as different and people who are feeling disenfranchised in their own life can sometimes find him an easy target to blame for their own losing their job.

I'm aware of the time and so I'll stop so we can have afternoon tea. Thank you very much.

(Applause)

**MR WAKERMAN:** Thanks for that. We will break for afternoon tea, so if you've got any questions or comments that relate to those last three speakers, please hold on to them. There will be a panel session at the end and a chance to talk to those three speakers then. By my reckoning it's about 5 to 4. Can we be back at 10 past 4, please? Thank you.