

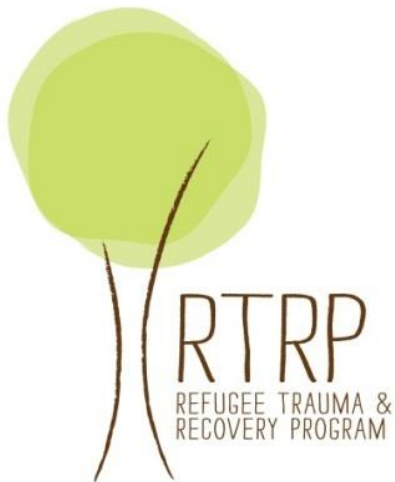
# Pathways to Refugee Trauma Recovery:

## What does the Psychological and Neurobiological Research Tell Us?

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Refugee Trauma and Recovery Program (RTRP)



# The Refugee Experience

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Trauma



Displacement



Settlement

PTSD and depression affects 1 in 3 in conflict-affected individuals globally (Steel et al., 2009)

# The Refugee Experience & Mental Health

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Mental health symptoms –  
Depression,  
post-traumatic  
stress

# What we don't know

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- Evidence-base for mechanisms underlying refugee trauma and recovery lacking
- Refugees and torture survivors do not respond to mainstream treatments for trauma
- What **causes** reduced psychological wellbeing in refugees?
- What specific factors contribute to **resilience** and strong recovery?  
→ *Psychological, social, and and neurobiological research critical*

# Global Context

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# Improving the Mental Health of Refugees

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- Major hurdle in treating refugee mental health is scale of problem
- We have good treatments for most mental disorders
- BUT they expensive, require specialists, are time-consuming, & not sustainable in low income settings



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# Treating Syrian Refugees

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- More than half the country is displaced
- Many exposed to war, torture, poverty, detention, uncertain futures, etc
- How do we upscale evidence-based programs for this setting?
- UNSW partnered with WHO to develop a mental health program that could be trained to local providers and implemented on a large scale
- Proven to be successful across multiple trials



# Treating Syrian Refugees

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- UNSW has developed links with agencies in Middle East (UNHCR) to test new programs with adults, adolescents, children building on our recent WHO programs
- EU Horizon 2020 grant (€8 million) to trial different variants of programs across Middle East and Europe
- Using different paradigms (individual, group, web-based)

# Treating Syrian Refugees

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- Jordan
- Lebanon
- Turkey
- Germany
- Netherlands
- Switzerland

# How torture impacts the brain

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*A neuroimaging study*

# Torture and Mental Health

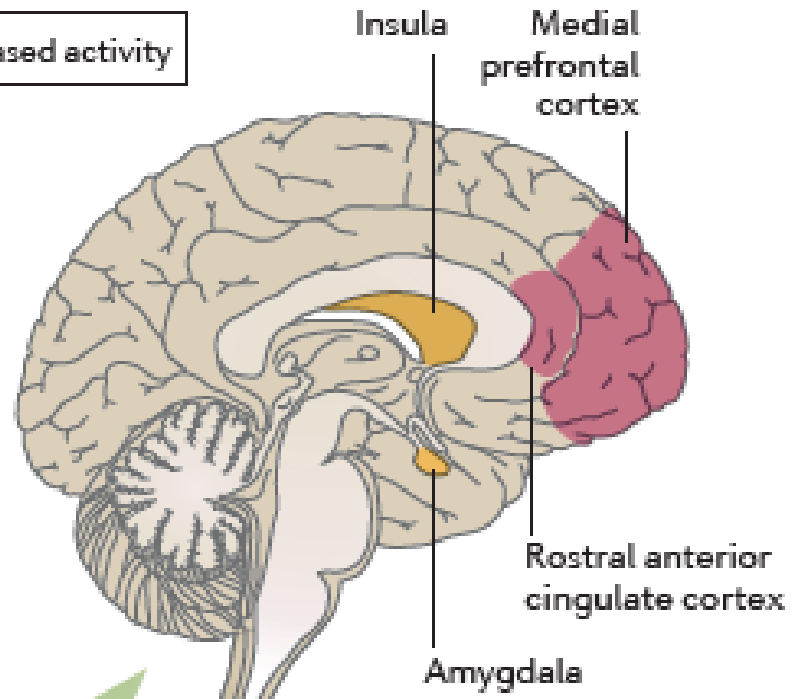
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- 1 in 5 resettled refugees are torture survivors (Steel et al., 2009)
- Torture has a significant psychological and physiological impact (Quiroga & Jaranson, 2005; Bradley & Tawiq, 2005; Basoglu, 2009)
  - Torture exposure is the single biggest predictor of PTSD in refugees (Steel et al., 2009)
- Torture survivors have difficulties with:
  - Regulating emotional and stress responses (Nickerson et al., 2015, 2016);
  - Social engagement and trust (Hall et al., 2014; Behnia, 1997);
  - Negative self and world-concept (Cloitre et al., 2013)



# Trauma and the Emotional Brain

■ Increased activity ■ Decreased activity



High arousal  
Intrusive trauma-related memories

*Current evidence base*

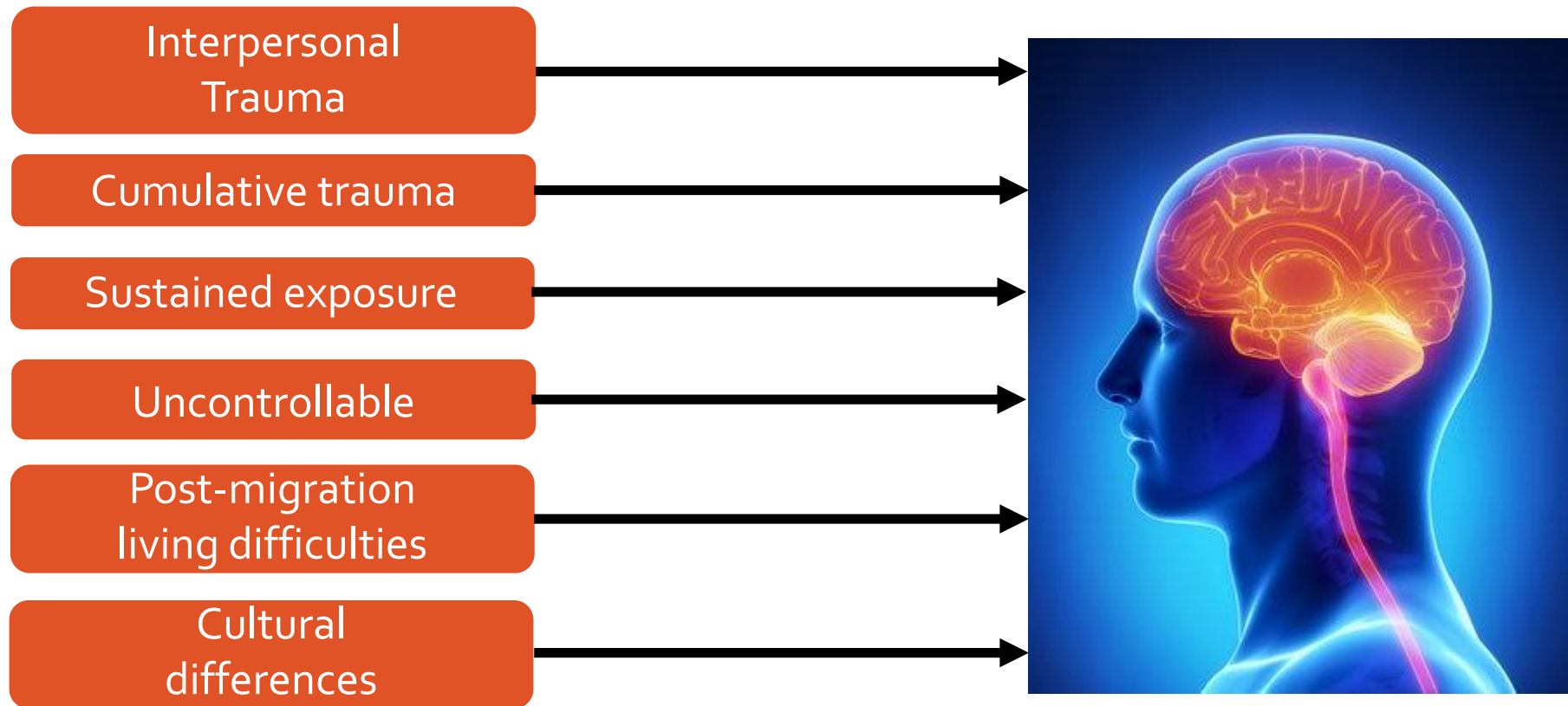
Single incident  
trauma

Military trauma

# Torture and the Brain

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## *Characteristics of torture and refugee trauma*



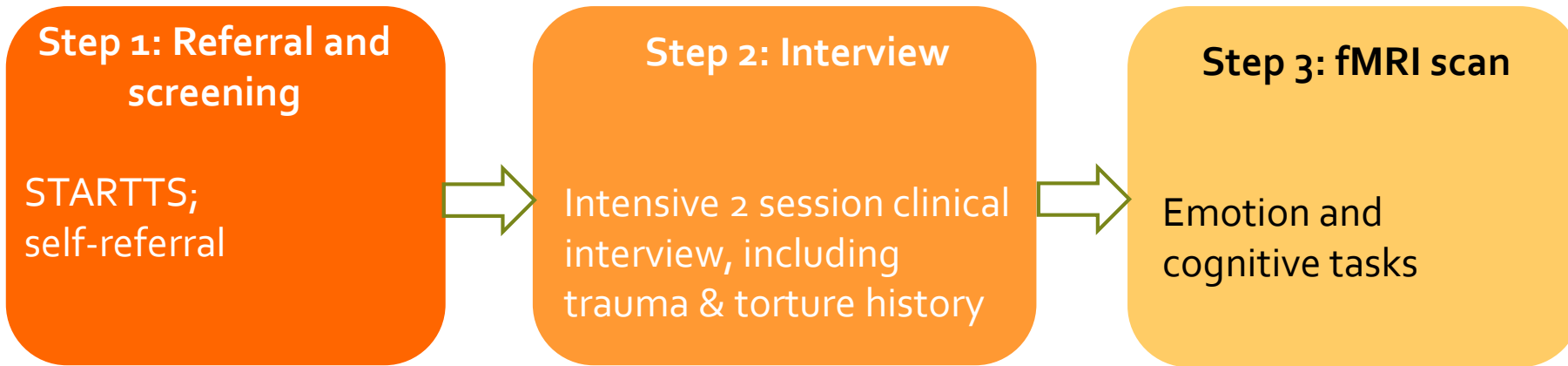
# Participants

## 80 participants with a refugee background

Gender	67.5% males
Age	Average 38.2 years old, range 18-70 years
Country-of-origin	Iran (38.8%) Iraq (16.1%) Sri Lanka (7.5%) Afghanistan (5%) Range of other countries – Africa, Asian and South America (32.6%)
Number of trauma types	11.25 event types
% torture survivors	38.75%
Length of time in Aus	3.3 years, range 2 months – 30 years

# Study Procedure

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# Task

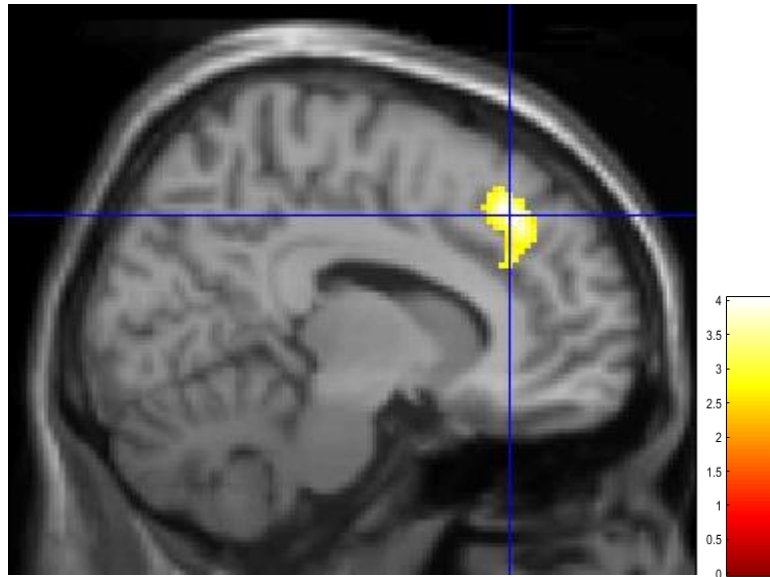
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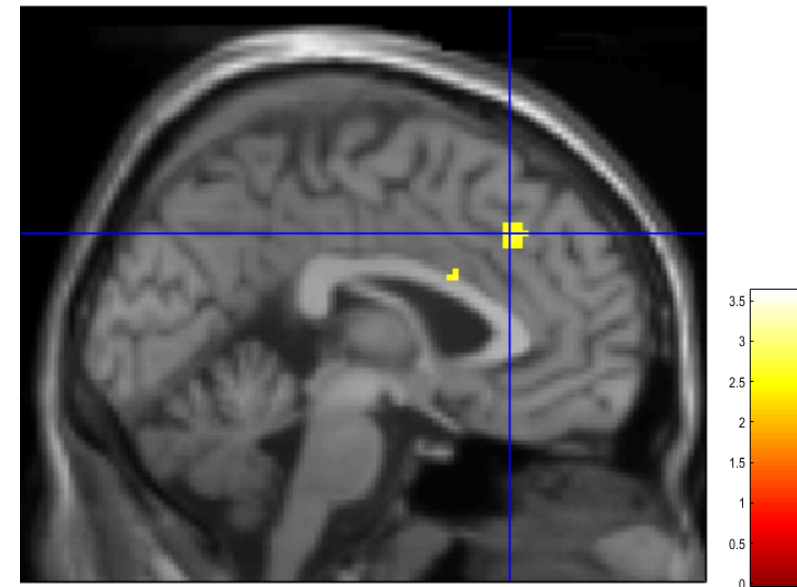
# Brain Responses to Fear Information

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Greater activity in frontal brain area associated with degree of torture severity



Torture Survivor > Non-Torture Survivor  
Degree of overall trauma exposure



Note: Results are preliminary and not yet final

# What does this mean?

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- Flat arousal
- Emotional withdrawal and numbing
- Difficulties making sense of self in the world

- Torture may have a long term impact on fear systems in the brain
  - This impact is related to the severity of torture exposure
  - This effect is irrespective of current levels of post-traumatic stress symptoms
- Could makes post-trauma adjustment and recovery period very difficult

# Refugee adaptation upon settlement

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# The Refugee Adjustment Study

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- **Longitudinal investigation of the psychosocial adaptation of refugees and asylum seekers in Australia**
- **Partners:** Australian Red Cross and Settlement Services International (SSI)
- **Aim:** To understand the factors that contribute to healthy adaptation and settlement outcomes – i.e. resilience, and the factors that contribute to poorer adaptation
  - Factors could include:
    - Situational factors or salient events – e.g. visa status change, post-migration living difficulties
    - Mental health & functionality - e.g. Posttraumatic stress symptoms
    - Social factors – e.g. social capital
    - Psychological factors – e.g. self-efficacy
- **Method:** Track participants over three years
  - Complete online survey 5 times (every 6 months)
  - English, Arabic, Farsi, Tamil-speaking adults (>18 years) who arrived in Australia since January 2011
  - Open nation-wide
- **Outcomes:** To inform and guide service provision and support to refugees

# The Refugee Experience & Mental Health

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Mental health symptoms –  
Depression,  
post-traumatic  
stress

# The Future...

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- Develop better treatments for refugees
- Identify neural pathways to foster resilience
- Identify mechanisms of resilience in adolescent refugees
- Map the long-term trajectories of refugee adjustment

# Acknowledgements

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Website: [www.rtrp-research.com](http://www.rtrp-research.com)



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