

## RESPONDING TO TRAUMA

Handbook based on experiences of Afghan refugee women living in Finland



Hazara ethnic women from villages located near mountains in central Afghanistan<sup>1</sup>

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“At thirty-six years old, I have never seen Afghanistan at peace. I am choking under the burqa, the pale blue veil, which begins in a cap upon my head. It covers my face, my body, my arms and my legs, and is long enough to trip me up in my muddy plastic shoes. A crocheted grille obscures my vision. A grid of black shadows intersects trees, fields and the white road outside. It is like looking out through prison bars. I have not had enough air for four hours now and we have eight more to go before we reach Kabul. I have an almost irresistible urge to do whatever it takes to breathe, simply breathe. How can I describe it? I want to rip off the burqa in the way that a drowning man will grapple his rescuer in his urge to reach the air above. But I cannot: it is all that protects me from the Taliban. Even lifting the front flap of my burqa is a crime, punishable by a beating”<sup>2</sup>



Women wearing national burqas in Afghanistan<sup>3</sup>

“My greatest desire is that peace would return to my country. If it does, I would like to walk the destroyed streets of Kabul with the sun shining on my face, not on my burqa. I would think of the future and not the past anymore”<sup>4</sup>.

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Afghan nomadic woman with camel in suburbs of Kabul<sup>5</sup>



## 1 INTRODUCTION

The world today is not stable in many ways. The increase of violent ethnic and political persecution influences millions of people to flee their homelands, leaving behind loved ones, communities, possessions and homes. According to UNCHR, available information suggests that by the end of 2007, there were globally a total of 67 million refugees and displaced persons. This figure also includes those who have returned home after being displaced during the year 2007.<sup>6</sup>

Fleeing refugees have often experienced tremendous suffering in the form of physical and sexual abuse, witnessing death or beatings of loved ones or their disappearance, destruction of property, oppression, and other unspeakable tragedies. They have often lived in fear and insecurity for a long period of time and leave in order to survive. They desire a safe haven and place to raise their children out of the chaos and suffering. Yet some refugees also hold the dream of one day returning to their home land, if it could be changed back to what it once was.

Afghanistan is a country that has experienced much hardship and suffering, especially over the last 30 years and especially for women. When the Soviet troops left in 1989 after its 10 year invasion in Afghanistan, civil war broke out among the mujahideen forces, one of which is Taliban. This fighting destroyed much of the capital city of Kabul and surrounding areas but worse the restrictions and repression destroys the daily life of Afghans, especially the women.

When the Taliban were in power between 1996 and 2001, women were no longer allowed to go to school or work or even leave their homes without a male relative escort. In public they were forced to be completely covered and if not, women were severely beaten. Public executions became entertainment and women accused of adultery were forced to kneel in the soccer stadium in Kabul before being shot in the head as crowds cheered. Other women have been beaten for making noise when they walk or move about without an explanation suitable to the Taliban.<sup>7</sup>

Music, television, and even laughing in public were suddenly forbidden for all. People were tortured and executed during this period while women lived as prisoners

in their own homes. Afghanistan is a traumatized nation and each Afghan has his and her own story of personal trauma.

According to health officials in Afghanistan, most people have witnessed or experienced horrible violence at some point and at least 66% of Afghans suffer mental health problems. Many disorders are connected to trauma experiences.<sup>8</sup>

Refugees from Afghanistan and other war torn nations are coming to live in Finland. It is important to understand the background they are coming from and the trauma they are bringing with them. This booklet touches briefly on life in Afghanistan, specifically as it affects women, and the traumas being endured. General theories and approaches of trauma are discussed as well as specific symptoms and reactions, including Post Traumatic Stress Disorder.

Several Afghan women have been interviewed for this booklet as well as professional therapists and social workers who work with refugees with trauma. The names of the Afghan women have been changed to protect their identity and the stories are either from Afghan women living as refugees in Finland or from books written by Afghan authors. References used can be found in the endnotes so the text is not interfered for the reader.

This booklet has been done as a Bachelor Thesis project at PIRAMK in the English department in Social Services during the spring of 2009.

The intent of this booklet is to familiarize health and social service professionals and students working with refugees about the plight of traumatized refugees settling in Finland and how best to utilize information in supporting their well being and empowerment in a new environment.



Local children in Afghanistan<sup>9</sup>

## 2 BACKGROUND OF AFGHANISTAN

Afghanistan was declared independent in 1919 and ruled by a king until 1973. During this reign, women acquired the right to vote in 1964 and were no longer required to wear a veil from 1959. In 1973 the monarchy was overthrown and Republic of Afghanistan was established with Mohammed Daoud as president. In the late 70's, reforms began in Afghan society leading to the rise of Islam while a communist regime was also installed.

Soviet troops came to Afghanistan in 1979 and the mujahideen (members of Afghan Islamic resistance) fought against the Afghan and Russian army. This war lasted for 10 years and had a devastating effect on the Afghan people. Soviet and Afghan bombing destroyed entire villages, leaving millions of people dead, homeless, or starving. Homes, animals, and important irrigation systems were destroyed, leaving the country barren and in ruin. Land mines maimed 25,000 Afghans during the war, especially children who thought they were toys. Mines continue to be a danger in Afghanistan today.<sup>10</sup>

Five million Afghans fled to Pakistan or Iran for refuge and two million became internal refugees during the Soviet invasion. In the 1980's, one out of two refugees in the world was Afghan. Many have since then returned.



Demining with dogs and hand tools near Herat<sup>11</sup>

Among the survivors were a generation that had known mainly war, hatred, and fear. It is thought that much of the Taliban movement developed and formed from the Afghan orphans or refugee children who were forced by the Soviets to flee their homes and relocate in Pakistan. It is believed that the quick rise to power, from the young Taliban in 1994, was the result of the chaos and civil war with the complete breakdown of law and order in Afghanistan left behind by the Soviets.

Immediately after the last Soviet troops left in 1989, civil war began among mujahideen forces of different ethnic backgrounds. In 1992 General Massoud's mujahideen captured Kabul and the war was between these forces and Islamic extremists supported by Pakistan. Between 1994 and 1996, Taliban made many advances, finally overtaking Kabul.<sup>12</sup>

In 2001 came the terrorist attack on the Trade Center in New York, believed to be connected with Osama bin Laden and Al-Qaeda, and troops from USA entered Afghanistan. Taliban was pushed back as the Northern Alliance conquered Kabul and Hamid Karzai was elected as leader of the government. Karzai was the first person to take power peacefully in thirty years.

And what is happening today, seven years after the demise of Taliban? Reports reveal corruption from the highest level of government to most public transactions requiring a bribe or "gift". The corruption, publicly acknowledged by Karzai, is contributing to the return of Taliban. The state has been taken over by drug traffickers, including politicians in the highest level cooperating in the opium trade. Over 90% of the world's opium supply allegedly comes from Afghanistan.



Typical method of washing clothes for Hazara women<sup>13</sup>

Paying bribes for services includes \$100,000 for a job as police chief to smaller amounts for getting out of jail or acquiring electricity. Afghans say that the

corruption has no limits and much of the responsibility is placed on Karzai who has failed to stop the powerful people behind much of the corruption.<sup>14</sup>

Raishma was an Afghan policewoman before moving to Finland in 1999. She confirms the reports regarding corruption and Taliban that is happening today.

The borders are not very secure between Afghanistan and Pakistan and it is easy for Taliban and other terrorists to get in. There is much corruption and the government is weak and unwilling to fight this. Some want to bring change and are working hard towards this but they meet so much resistance and injustice. The mafia is now working in Kabul and the mujahideen have police uniforms though they are uneducated and corrupt. They are known to steal from and murder people who get in their way.<sup>15</sup>

Raishma added that 300 of the educated and “real” police are staying at home because of all the chaos and corruption according to her police friend in Afghanistan.

The biggest fears and problems nowadays in Afghanistan are suicide bombers, kidnapping and violence. The government had put Taliban into prison and so the Taliban kidnap civilians to try to trade prisoners with the government. Journalists are still able to get inside information and this is broadcast on Afghan news daily, which many Afghans living in Finland have access to.<sup>16</sup>



Common way to travel in the countryside with no roads <sup>17</sup>



## KEY FACTS OF AFGHANISTAN IN 2008

- 70% to 80% of women face forced marriages
- 57% of girls are married before the legal marriage age of 16
- Some parents force their daughters, sometimes as young as 8 years old, into marriage to settle debts or family feuds
- One woman dies every 29 minutes in child birth
- Average life expectancy is 43 years old
- One out of every six Afghan children die before their 5<sup>th</sup> birthday
- Between 150 and 300 people are killed or injured by landmines every month, many of them children
- There are an estimated 10 million live, buried mines
- Only 8% of babies born are delivered by trained medical personal
- Children continue to die from vaccine preventable diseases, such as measles and polio
- 52% of all children under the age of 5 suffer from stunted growth
- 70% of the rural population and 40% of the urban population do not have access to improved water
- 41% of the rural population and 13% of the urban population do not have access to proper sanitation
- 3% of girls and 39% of boys are enrolled in primary school
- Female literacy is the lowest in the world, between 9% and 18%
- 2.3 million refugees have returned to Afghanistan out of an estimated 4 million refugees that have left since the Russian invasion <sup>18</sup>



Afghan children ask for pencils and candy as Canadian troops pass by<sup>19</sup>

### 3 NATIONAL TRAUMA

Societal or collective trauma is defined as a traumatic event or series of events that affects large numbers of people. The situation over the last few decades in Afghanistan has included ongoing trauma for the whole nation. This includes personal trauma, experience of family and friend's trauma, witnessing trauma on the street or television and routinely hearing about horrific events. This collective trauma spreads fear, horror, helplessness and anger. Routine violence in the form of beatings, rape, kidnapping, murder, and other human rights violations may lead to normalization of violence in the society.<sup>20</sup>

Research on societies that have endured decades of conflicts has revealed similar symptoms in its citizens. These include a reduced ability to communicate openly, loss of trust between people, apathy and isolation, aggressiveness, chronic illnesses, increase in domestic violence and suicide and finally an inability to feel empathy for others. Naturally within these traumatized societies are also many close and loving relationships among people who genuinely care for others.

According to American Psychiatric Association, the majority of Afghan residents have endured multiple traumatic events and many experience symptoms of depression, anxiety and post traumatic stress disorder but few receive treatment due to a shortage of mental health resources. Findings from a survey of 799 Afghan residents aged 15 and older revealed 407 people experiencing at least four traumatic events in the last decade.<sup>21</sup> Other forms of trauma in Afghanistan include:

- Soviet mines blow off many body parts
- Misuse of aid by officials
- Widespread poverty and lack of health care
- Children sold off to pay debts or to buy food
- Corruption in government and local officials
- Amputations or executions for crimes
- Cities destroyed by constant bombing
- Victims of rape punished for the rape
- Child brides



Wedding photo of young bride<sup>22</sup>



Worldwide, political leader's tactics of using fear to control people is increasing. This is a common scheme for maintaining power and causing people to feel helpless and oppressed. According to Amnesty International, forced recruitment of children as soldiers, mass rape of women, misuse of aid, and other forms of terrors are used to control and intimidate. This ongoing trauma, in some nations, is then passed from generation to generation.

Child soldier in Afghanistan<sup>23</sup>

Ongoing conflict in a society may lead to the inability of people to see beyond their own pain in order to empathize with the suffering of others. It takes time to recover as these refugees move to countries like Finland where society functions in a different manner. According to Halla, Helin and Tahkavuori,<sup>24</sup> the most important issues for the refugees coming from traumatic situations are to regain trust, relearn compassion and learn to enjoy touch again. Feeling safe is often the top priority for these refugees as they settle into a new country.

Nasima arrived with her family in Finland several years ago after experiencing severe and prolonged episodes of trauma, including being shot by mujahideen. Shaken and apprehensive from her experiences and stepping into the unknown, Nasima was especially touched when stepping off the plane into the welcoming embrace of social worker Annika.

I will never forget my first day arriving here to Finland. Annika was there to welcome us and gave me such a big hug that I felt so safe. It was a very warm welcome and from the beginning of our time here, we have not had any problems. We have had a house to live in, food, nice neighbors and education. The society has helped us so much and we want to also serve the community. This is the best place for us to live and we never want to move away. Our whole family has Finnish citizenship.<sup>25</sup>

Simple acts of kindness and caring can make a big difference for refugees. Though we may not be able to understand the amount of suffering and trauma they have experienced, we can reach out as human to human and help in the transition period from national trauma to personal healing.

#### 4 TRAUMATIZATION AND UPROOTING

Traumatization involves very painful experiences which are so difficult to cope with that they often result in psychological dysfunction for the ones involved. The effects of trauma are felt physically, emotionally, spiritually and cognitively. There are several phases involved in traumatization for most refugees coming from war torn countries.

##### FIRST PHASE

The first phase includes the overall repression and persecution of the government with its various fighting factions, including civil war. There are usually great social and political changes and this first phase for the refugee represents the period before the most personal trauma is experienced. This phase may last months or years.

##### SECOND PHASE

The second phase is when the refugee personally becomes a victim of torture, persecution, imprisonment, terror, battlefield experiences, or other severe difficulties while escaping. This might be a single experience of personal trauma or a longer period with multiple traumas. This can include family members as victims. Devastation can be almost as difficult and traumatic to family or friends that are witnesses to these acts of torture or murder.

##### THIRD PHASE

The third and final phase is life in exile, when the refugee has relocated but is still connected with the events and trauma happening in the home country as well as adapting to a new language and culture, dealing with the past trauma and facing new problems such as racism. This is a long process and involves many challenges and obstacles to overcome. With support and help, the refugee will learn to cope and succeed in this new environment while overcoming past trauma and hardship.

Uprooting is the process of being forced to leave everything familiar including one's language, culture, position in society, job, relatives, social network and begin to build a new life in a completely different environment. Relocating is challenging enough



when a person chooses to move to a foreign country but when a refugee has endured painful experiences in their home country and the only safe choice is to quickly flee, it adds many additional burdens. Some refugees are not able to tell family members and friends about their departure and all must leave most of their possessions behind. This abrupt separation does not allow the refugee to process the stages normally.<sup>26</sup>

Team psychiatrist Tapio Halla, social worker Eeva-Liisa Helin and physiotherapist Irma Tahkavuori share the following insights from years of work with immigrants.

These people have two kinds of trauma, the trauma from their home country but also the trauma of coming to a new country, often not by choice. They are forced to leave their country and feel like their country has abandoned them. They have often lost everything and can not bring many of their personal belongings with them here. Their houses and other belongings remain behind, as well as some important relationships. They have to start life here from the beginning. You can not separate these two different types of trauma for these refugees.

They also experience different traumas here such as racism. There has been violence and some people are afraid of going out because of the problems or violence that can happen. So they have trauma from their past and also trauma now in this form of discrimination. If they had more of a stable home life in their home country, it might be easier to recover, learn Finnish and adapt here. It is also hard on refugees when they have to get money from social security and they are ashamed about that. They may feel like second hand citizens or not accepted here. Of course many try hard to learn Finnish and to find a job. They come from community type of countries where they are obligated to care for the whole family. So when they come here, it is expected for them to send money back home even if there is not much money coming in. So they also have this extra pressure.<sup>27</sup>

There are many challenges facing refugees as they uproot and settle especially when it is forced and includes much trauma. The new country may innocently bring memories that are overpowering, such as with Shahla living in the west after enduring horrible trauma. She had been in the local grocery store when some neighborhood youths entered, dressed in baggy fatigues with bandanas on their heads. Shahla shouted something, she could not remember what, and cowered in a corner. The youth were dressed somewhat like the child rebels who had detained and raped her at a checkpoint while she was fleeing her country. She could not return to the store out of fear and embarrassment.<sup>28</sup>

## 5 THEORETICAL VIEWS AND APPROACHES

There are many theoretical models in explaining trauma reactions and in considering treatments for survivors. Important models include psychoanalytical approach, psychodynamic approach, family therapy approach, learning theory approach and cognitive behavior approach. These will each be briefly discussed.

Many of the first trauma theories were explored by Freud. His theories of re-experiencing disturbing events in an attempt to overcome the memories, and then avoiding memories about the trauma laid the foundation for trauma therapy in the early 1900's. This theory was further developed by Horowitz later, especially with holocaust and World War II survivors. Most suffered many traumatic symptoms and this approach was a useful tool to gain specific information from the survivors and to reassure them that these were normal reactions to abnormal situations. This model helps in understanding how individuals react to trauma and reestablish their own unique sense of order. In this approach it is thought that traumatic experience may result in PTSD, a common complaint for refugees coming from horrible situations.<sup>29</sup>



Herat women waiting near Iranian border<sup>30</sup>

In the psychodynamic approach, the trauma is seen as so overwhelming that usual coping skills are inadequate. Eventually memories surface with very painful feelings and the survivor will be overwhelmed at times and turn to denial for emotional protection.

According to Pierre Janet, the person will alternate between powerful memories and denial until intensity of feelings become manageable. As the person works through these phases, eventually the experience becomes integrated and life is no longer dominated by the trauma. To understand the complexities and problems of refugees with trauma, the psychodynamic approach requires a therapeutic relationship and adequate time.<sup>31</sup>

The family therapy approach includes many different ideas and theories. The common factor is the focus on quality of relationships in the family environment. Figley and Erickson have greatly developed this approach with the goal to encourage the family to learn from the trauma in such a way that they develop new skills in coping, communicating and supporting one another. A basis assumption in this approach is that the family forms an important part of support and well being for the traumatized individual.<sup>32</sup>

Unfortunately, this is not always the case with many dysfunctional, distant and disturbed family situations. Also, after a traumatic event, communication about it may be avoided because of the fear, pain and sadness involved, causing members of the family to feel alone. When refugees settle in new countries, family dynamics often change and this may hinder the emotional support family members had experienced in the past. New ways of supporting and discussing feelings, as well as resolving trauma in family, would need to be explored.



Tailor shop in Kabul that makes only women clothes<sup>33</sup>

The learning theory approach includes certain consequences of trauma, such as reliving the experience and avoiding stimuli that triggers memories, as a result of previous learning processes. On the basis of this theory, it can be assumed that post traumatic symptoms are a result of being conditioned to respond in a particular way. Kilpatrick suggests that new learning techniques are needed to change patterns of negative thoughts and reactions related to the traumatic event.

A particular challenge for refugees is learning behavior that is suitable in a new environment for coping and problem solving.<sup>34</sup>

After trauma, an individual experiences ongoing events and reactions in life as related to the trauma. Cognitive behavior approach seeks to integrate the experience so that it no longer represents a threat to the person's view of self and world. Bowlby suggests identifying and changing thought patterns that are causing distress which leads to changed beliefs, behavior and emotions. Horowitz developed theories of PTSD resulting from incomplete cognitive processing. Negative and overwhelming information creates problems for a person so when these are addressed and changed, it is believed the symptoms and reactions will lessen.<sup>35</sup>



Girls going home from school during the summer in Kabul<sup>36</sup>

The team from mental health services for immigrants gives more insight.

We have to teach the women what trauma is and help them to discover how it has affected their lives. They have many symptoms that they don't understand and they may not realize that their illnesses and pain are often related to their trauma. This is a very important part of the trauma work, to get them to know and understand the connection with their physical symptoms and their trauma. They ask many times and we explain many times the connections between the trauma and physical pain they are experiencing in their bodies.



Often the clients might want to just forget the trauma as something that happened in the past and is now over but we help them to understand the connections trauma has with problems and symptoms in their lives today. They usually need much time to get through some of the issues. We respect their pace and emotions in the process. We try to teach them how to handle reactions that are connected from previous trauma.



UN school tents for children<sup>38</sup>

For example, if a plane flies over and they become completely frightened from the noise, we explain that the reactions are from the past trauma and the feelings associated with that.

We teach them to calm themselves down when fearful issues arise. For example, to remind themselves that they are now in Finland and they are safe. We teach them to remember to breathe when they have panic attacks and other exercises they can practice that will help them to relax and focus on what's really happening now in Finland. We have to be patient with them because they don't accept these things immediately and it takes time to learn and practice these techniques. We repeat many things with them in the learning process.<sup>37</sup>

An Afghan woman moved to a western country following an arranged marriage to an Afghan man. She describes her distressing symptoms of trauma that continue long after the events, including nightmares, hyper-arousal and difficulties with intimacy.

I still have nightmares about the war. I get up screaming in the middle of the night as I dream about the people I witnessed with body parts blown up by the rockets and my best friends' death. I get scared when I hear the slightest loud noise and want to duck for cover. I remember the girls that were raped and therefore I have intimacy issues with my current so called husband.<sup>39</sup>



Afghans mourning the death of a loved one<sup>40</sup>

## 6 SYMPTOMS AND REACTIONS OF TRAUMA

The most common response to traumatic events is survival. Violent trauma triggers hormones of “fight or flight” reactions and puts the body in hyper-arousal state. This happens so that the person will run away or fight to survive. If this is not possible or the terror is overwhelming, a person may “freeze” and not be able to think, talk or move. This traps the trauma energy in the nervous system and if not released within some weeks, it is believed to produce common trauma reactions later. This helps explain why people experience strong reactions as the memory of trauma returns, feeling as if the event is happening again.<sup>41</sup>

Immediately following trauma, which can include single or multiple incidents, there are many physical, cognitive and emotional responses a survivor may experience.

These hyper-arousal symptoms may remain active until worked through and healed.

<b><u>PHYSICAL REACTIONS</u></b>	<b><u>COGNITIVE REACTIONS</u></b>
- Headaches	- Preoccupation with trauma
- Stomach pain	- Confusion
- Disturbed sleep patterns	- Decreased self-esteem
- Easily startled by noise or touch	- Loss of purpose or meaning in life
- Breathing difficulties	- Difficulty concentrating
- Sweating or heart palpitations	- Fear of future
- Shaking and trembling	- Flashbacks

<b><u>BEHAVIOR AND EMOTIONAL REACTIONS</u></b>	
- Shock and disbelief	- Difficulty trusting
- Fear and anxiety	- Feeling betrayed
- Grief and denial	- Unable to relax and low energy
- Hyper-alert	- Feeling guilty, hopeless
- Irritability and anger outburst	- Increased use of alcohol or drugs
- Feelings of helplessness	- Appetite changes
- Panic and feeling out of control	- Self harming and suicidal
- Attempts to avoid triggers of trauma	- Detachment and numbing

These reactions are normal when violence and terror have shattered the sense of safety, order, reason and security. Dissociation is a normal protective response to

trauma as the mind distances itself from what is happening. It allows people to endure unbearable pain and terror and shows in a person either forgetting everything about the events or remembering but disconnected from any feeling about it. Denial and disbelief are also common reactions. These are helpful as long as there is danger and understandable when considering trauma and the need for numbing and denying in order to survive. Eventually trauma and its effects need to be addressed so the survivor is not stuck in this phase. This will be discussed in the section of healing.

Zoya was 14 years old when her parents disappeared in Afghanistan and she later discovered they were murdered by mujahideen fundamentalists.

I loved my parents more than my own life and I thought of committing suicide. I had heard of girls killing themselves when they had lost their families or after they had been raped. But my parents would have disapproved as it went against all they had taught me. I was encouraged by friends of my parents to think about the others who were suffering and turn my grief into strength to help them. The violence inflicted by mujahideen on young girls and women and all the reports of torture, rape and killing were affecting us all.<sup>42</sup>

Noorzia has been living in Finland about 6 years after enduring much trauma in Afghanistan and Iran, including her husband enduring months of imprisonment and torture while she was alone with the children. Noorzia shares some of the affects from her painful experiences that carry into her workplace.

I work in a kindergarten and there is lots of noise all day. I often have a headache and much stress after work at home. I would like a quieter place to work. It is too difficult there. During the war in Afghanistan there were so many rockets and noise. I need to have quiet surroundings now. I like kids but I don't have the strength to be with them all day. And when I go home after work, my own kids miss talking with me because I am so worn out that I just lay on the couch. I have been there for 6 months already. There are too many different things happening and so many needs with the children. I would like a job where I know exactly what is expected and can do my own work and not jump around all the time.<sup>43</sup>

After repeated or prolonged trauma, the central nervous system may not tolerate much noise or other stimulation. It is important to know one's limits and have enough peace at work and in social life as healing progresses.

## 7 POST TRAUMATIC STRESS DISORDER: SYMPTOMS & TREATMENT

Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that happens to a person who has been exposed to severe trauma and has symptoms and reactions lasting longer than a month. These symptoms include re-experiencing the trauma, avoiding triggers or reminders of the event, emotional numbing, anxiety, intense guilt and deep problems in important areas of life, such as relationships and employment. It is said that PTSD is a normal response to an abnormal situation.<sup>44</sup>

Re-experiencing the trauma refers to suddenly feeling as if you were back in the actual situation of trauma. This occurs when something specific reminds the person of the past event and includes thoughts, images, flashbacks, and nightmares. These reminders can be triggered by smells, sights, anniversary of event, current stresses in life, hearing other trauma stories or reviewing one's own trauma. The survivors feel as if they are in danger again and may panic, want to escape, become angry or violent. They usually cannot control or stop these re-experiences from happening.

### **EXAMPLE OF A TRIGGER SITUATION**

<u>Trigger</u>	<u>Reaction</u>	<u>Trauma Memory</u>
waiting in a small room	sweating, nausea, panic followed by anger/numbing	beaten and interrogated in a room by Taliban

Following these memories of the trauma, a cycle begins of avoiding and numbing of emotions. Trying to avoid triggers that cause reactions is a common escape method for survivors. It is so overwhelming to feel the original panic, anger, pain, fear, horror, and loss of control that the survivor will think they are going crazy. These strong emotions of re-experiencing trauma alternated with numbing and avoiding leads to exhaustion and feeling a loss of control.

Emotional numbing is a result of reducing the level of powerful emotions felt during the trauma. This numbing is necessary to survive the initial trauma but when it is continued as a defense it leads to social isolation, denial of pleasure, despair and depression, and inability to recognize or make use of emotional reactions.



Trauma survivors often don't understand their own reactions and may feel that the trauma event was their fault, or that they are going crazy. They may use drugs or alcohol to feel better and may turn away from family or friends who don't seem to understand. More problems and symptoms may develop called secondary symptoms.

- Despair and hopelessness: fearful that she will never feel better
- Loss of security/beliefs: person no longer believes the world is a good or safe place
- Guilt and shame: Trying to make sense of experience, person may blame herself
- Relationship problems: After trauma, often difficult to trust or feel close to others
- Aggressive behavior toward oneself or others due to strong PTSD reactions<sup>45</sup>

An Afghan woman who had lived through the Soviet invasion and civil war in Afghanistan describes her re-experiencing of unresolved traumatic memories.

My head hurts sometimes. Especially when I think back to the war and how there were rockets everywhere. I become really stressed and want to hit myself. I feel so much pressure that I want to hit myself. I often have these attacks when I have difficulty breathing.<sup>46</sup>

PTSD affects people differently since all are unique. The amount and seriousness of symptoms and problems depends on many things, such as a person's life experiences before the trauma; the person's ability to cope with stress; the type of trauma and the help and support from family and friends immediately after the trauma.



Tea time together outside<sup>47</sup>

An important indicator of PTSD is the persons' ability to love, work, relax and engage in pleasurable activities. Many may benefit from therapy while others may learn sufficient coping skills with a supportive network and knowledge of PTSD. Survivors may not eliminate all PTSD pain and reactions but can learn to manage well with them. Treatment will be discussed in section on healing.

## 8 HEALING PROCESS

Those who have been terribly wounded by others have learned not to trust. And yet it is the support, care and love, from significant people, that help most in the road to recovery. The process of healing is complex and often painful but brings new meaning and strength to the survivor as trauma is slowly integrated into the present life. There are two paths to choose from when coming out of traumatic experiences: either remaining locked in the trauma and not healing or with help, a new empowerment in healing. Many find the way to overcome their trauma and live fully again but others, sadly, remain torn apart, incomplete, and traumatized.

According to Halla, Helin and Tahkavuori, it is possible to regain trust.

Rebuilding safety and trust is essential to healing. Clients that have been through torture or trauma do not seem to be able to trust people. They have the sense that someone is going to hurt them again and they are very sensitive and suspicious. They easily get angry or scared. It takes time to get used to other people and to build this trust. It is important for them to begin to feel safe in relationships here and to be able to rely on others. We know in the beginning that they will not trust us so we don't expect it but we build towards that by being kind and respectful. We really listen to them and take part in the discussion, offering comments. They get the feeling that they are understood and that we want to help. We try to help in whatever way we are able to and this builds the trust.<sup>48</sup>



Newborn village baby<sup>49</sup>

Mourning and grieving are essential for healing and breaking cycles of trauma symptoms. Having safe relationships, whether professional or close family and friends, and addressing the trauma releases the horror, shame, fear and isolation. It is not always necessary or beneficial to share all the details of the trauma and may in fact be harmful. The survivor needs to gradually tell her story over a period of time. It is important to stop when hyper-arousal symptoms appear and allow the mind and body to relax and come back to the safety of the present.

This may happen many times as the survivor works through her

trauma, since the memories often bring the same sensations as the initial trauma. Many trauma survivors initially freeze or numb their feelings, and a vital part in healing is to allow these feelings to the surface. This is usually frightening but when a survivor understands what happens in suppressed emotions and how they affect everyday life, it is easier to go through this part of the healing process. Art and dance therapy for trauma survivors can be very therapeutic as some of the emotional aspects of trauma are beyond words.<sup>50</sup>

Acceptance of losses from trauma takes time but one day the survivor should be able to have close relationships, meaningful goals and a satisfying life. The trauma does not need to remain as a consuming part of the person but new strengths, deeper empathy for others who suffer, and greater empowerment may develop. There may still be times of great sorrow but healing will reduce symptoms and help the survivor to use her grief and anger in positive directions.

Therapy can last many months or even many years in some cases. It depends on the people and what they have experienced. Maybe after a period of time, there is something that activates the trauma or we feel that now it is a good time to process more of the trauma as they are feeling safer and normal life is more stable for them. But it really depends on the person. Some people want to talk right away and we will listen to them. We don't encourage them to continue very much if it seems too hard for them. Moving too fast can make them unstable.<sup>51</sup>

There is a great loss of control in trauma so regaining small areas of control helps the person to rebuild her broken world and identity. Purpose and meaning are necessary for survival and finding purpose in the pain helps the survivor to move on. Sharing experiences and supporting others in pain can also help in the healing process.



Effective treatment may include support groups along with education. Family therapy is helpful as trauma affects everyone close to the victim. Healing takes place in community. It is hard to heal alone. Many options and resources are available.

Family dancing together at wedding<sup>52</sup>

Each victim is unique and is the expert for her own trauma. Knowledge helps to uncover truths about trauma and symptoms but not every coping skill or discovery will apply to each victim. They need to decide which actions to take for their own healing and others should support these decisions.

Important points to remember in the healing process for the survivor:

- 1) Establishing trust relationships with therapist or significant others.
- 2) Education about the reactions and recovery process.
- 3) Learning how to reduce and manage the stress and symptoms.
- 4) Remembering and re-experiencing trauma in a safe environment and learning to manage the strong emotions that arise.
- 5) Integrating trauma into the person the survivor was before and is after trauma.



View of a typical looking mountain range in central Afghanistan<sup>53</sup>

Healing is a life long journey. The word trauma literally means “wound”. There are many of these wounds yet to be healed. The past trauma can be turned into a new hope. There will be moments of joy along the way and times of sorrow as the survivor learns to live fully again. Love at a deeper level than before is also possible. The road to recovery will have many turns, some hills and valleys, but it is worth all of the effort to travel to the destination of one’s desire. A victim often finds new freedom in forgiveness as this releases them from bitterness, anger and hatred.



## 9 SITUATION AFTER DISPLACEMENT

Refugees face many new challenges as they seek to settle in a new country. They have many layers of trauma including personal, familial, social, cultural and national. They are managing several losses at the same time, such as leaving behind loved ones, country, job, home, social standing and everything familiar while facing issues of personal identity from trauma and different culture.

Refugees experience a crisis of cultural identity, feelings of insecurity with an unfamiliar system, racism, nationalism and learning how to integrate and maintain important family values. For example, there is a serious challenge to the patriarchal structure found in many families. The father may be unable to provide financially and his authority may change as mother enters the work force and children are influenced by very different culture and values. Refugees may also feel guilty about being a survivor in a safe country while friends and relatives remain in danger.

Often societies are indifferent or unaware regarding the hardships of these refugees. It is reported that what happens to refugees after being displaced is as important to their mental health as their prior experiences of trauma. As they are seeking safety, trust and respect far from home, after facing evil and terror, what is the response from the community? The danger of secondary wounding towards these refugees exists in forms of not believing their stories, blaming the victim, denying and discounting the affects of trauma and ignoring their plight. High stressors for displaced people are isolation, loneliness and lack of social support.<sup>54</sup>

When refugees are welcomed into countries and given opportunities to develop their abilities and take part in community life, they are often able to overcome major difficulties from the past. The transition and healing process is greatly helped or not depending on the support of the community and opportunities provided in education, language learning and employment as well as health care and financial security.

There are many things in a new culture that may seem harmless to its citizens but frightening to a refugee. For example, one family from Afghanistan that moved to Finland was given an apartment to live in near a small forest. The mother had come

first with the children and had started to settle and after some time, the father came. However, the view from the kitchen window showed large rocks next to trees and this was so traumatic for the man because his brother had been killed in a similar looking place. The family had to move out of the apartment. So when Finns think of the forest, they often imagine nice nature walks but this might be a very different view for refugees like Afghans that saw Taliban and violence in their forests.<sup>55</sup>



While some refugees will need professional therapy to overcome symptoms of post trauma, others benefit mostly from a safe environment with a good support system, opportunities for work and education and acceptance in the community.

Destroyed building in Kabul is home for many Afghans<sup>56</sup>

In Finland there are better resources available, including mental health facilities, than in Afghanistan and women are treated better in society. There are also community resources such as Unipoint and Naistari which have been beneficial for refugees.

Tiziana and Faiza are two Afghan women that have settled well in Finland and are optimistic about the future. Though the beginning stages were quite difficult for 32 year old Faiza, as she arrived alone in 1998 with her small children, she managed to eventually learn Finnish and find employment. Her husband was able to join the family several years later. Life had been difficult for Faiza when the Taliban began their restrictions and abuses, particularly against women.

Faiza was thankful she was able to flee and find refuge and a positive life here in Finland. Her children are doing well in school and Faiza is hopeful for their future. It is very important to Faiza that she and her family contribute to Finnish society as they have been given this chance to live productive and meaningful lives here.<sup>57</sup>

Tiziana is 21 years old and has been living in Finland since 2002 with her family. She said it was easy to learn the language and make friends because she was open and not shy to speak to people. Tiziana also feels she and her family have been given so much in Finland and that it is important to give something back. She is currently studying to be a social worker. Tiziana has been engaged for 3 years to a relative of her mother's and is waiting to get Finnish citizenship before getting married so she can bring her husband back to Finland.

He is a cousin that I met when I was very young. We have not seen each other since then but we write often on email and talk sometimes on the telephone.<sup>58</sup>

Though Tiziana's mother continues to wear a head cover and arranged marriages remain part of the family, her daughters wear western clothes and makeup and seemed to be integrating and managing in both cultures.

These two ladies have strong family relationships, good social support and have found a place in their communities, which has helped considerably in adapting to life in Finland. Other refugees have had difficulties in learning Finnish and finding employment and feel they have been discriminated against. Each person has unique experiences but overall Finland does provide many opportunities and services.



Hazara women weaving carpets as a common means for income<sup>59</sup>

## 10 SECONDARY TRAUMATIC STRESS

Secondary traumatic stress (STS), also known as compassion fatigue, affects professionals and other caregivers working with victims of trauma. It is important to be familiar with this phenomenon and have guidelines and support systems in place.

People working with traumatized refugees will hear many stories of pain, fear, injustice and suffering. The empathy and care extended to support the victim and try to ease symptoms as well as personal issues triggered from their trauma can lead to STS for the caregiver. There are several elements involved including counter transference which is a process of seeing oneself in the victim or identifying too deeply with their trauma. A victim's trauma raises caregivers own questions of justice, death, anguish in empathy and fears for own safety or of family. It also may bring up personal trauma that has been buried and needs to be worked through.

As the relationships develop between caregiver and trauma victim, human emotions and feelings are engaged at their deepest levels. Repeated exposure to people's traumatic stories can overwhelm the caregiver and lead to STS symptoms. These are similar to Post Traumatic Stress Disorder (PTSD) symptoms experienced by victims of trauma. Signs for the caregiver to be aware of include:<sup>60</sup>

- Feeling depressed or sad
- Thoughts and flashbacks of victim's trauma coming to mind frequently
- Irritability with friends and family
- Isolation and withdrawal
- New fears or sleeping disorders
- Increased feelings of unease with others.

In some respects these effects can not be completely avoided since listening, absorbing, empathizing, responding and caring, are part of the work with trauma victims. Yet it is important for the caregiver to have knowledge of the process and take steps towards ensuring own self care and good health. The caregiver should recognize and develop an awareness of personal distress. Time is needed to reflect and understand the ongoing issues that are raised in working with trauma and

knowing specific signs of STS, for example, can help in developing a plan for maintaining mental and physical health. Understanding one's own limitations and vulnerabilities as a human, as well as examining feelings that emerge from engaging in trauma, can help with the process.

Annika was a very empathetic and caring social worker who invested 15 years of her career working with refugees, many from Afghanistan. She was the only one in her department working with refugees and did not have the needed support and understanding from her colleagues and supervisor. A couple of years ago, Annika suffered from STS and consequently, retired early from her career.

My burden would have been lighter if I could have talked more with a supervisor or colleagues. In earlier years we had time to discuss more about demanding clients and situations. But I was alone in this work with refugees and no one could really understand what was happening. I would have needed input from others and special support.<sup>61</sup>

Annika also talked about the importance of having a trained counselor from the outside who could meet regularly with the refugee workers. This would help the different professionals, such as social worker and home aid worker, to have similar goals and aims in the work as the counselor could give relevant advice and input. Annika also noted the benefit a counselor could give individually for the worker.

Sometimes the feelings I got from being with the refugees were so strong and overwhelming and I had nobody to talk with who could understand or help me to put words to my feelings. A counselor for this purpose in work related issues would be most helpful.<sup>62</sup>

It is important for the caregiver to take time for herself, engage in pleasurable activities, and strengthen relationships with family and friends. Working with trauma is demanding and heavy so it is vital to counteract this with relaxation and fun in order to continue being effective and to avoid compassion fatigue. An ongoing support system is vital and professional help may be necessary for the caregiver if symptoms of STS develop and persevere. It is also wise to limit the amount of trauma work according to the well being of the caregiver. Continual exposure to trauma related stories and experiences can wear down the worker and erode a sense of basic trust in humanity. The concept of survivors needing others in their healing



process also applies to those who work with these survivors as they too need others for ongoing support and accountability.

Annika believes the need is very great in this special kind of work for support and knowledge from the supervisor and colleagues. It is not beneficial or wise for a social or health worker in this field to work alone with so much trauma and stress.

Annika also emphasized the importance of teamwork and the need to develop better cooperation between health and social services. They would benefit from each other in working together more. For example, there are many physical symptoms caused by trauma and torture so shared information about refugee clients would support many aspects of the needed care.

It would be important to have a team help the refugees to settle when coming to Finland. They are often angry and depressed from their situations and I was the only one in contact with them. I met them upon their arrival, helped them with daily living, gave them finances, and so on. It would have been better if we were a team to divide up the workload and support the client together.<sup>63</sup>

Annika stressed the importance of having a team in place for new social workers so that they could gain knowledge and support from experienced workers. Though Annika experienced symptoms from STS, stating that her empathy became too much after so many years of heartbreaking stories, she saw the positive side which was the ability for deeper relationships with her clients. Perhaps better support through the process for Annika would have enabled her to avoid secondary stress.



Women and children resting as they walk from a village in Central Afghanistan<sup>64</sup>

## 11 SUGGESTION FOR EARLY INTERVENTION SUPPORT

A project at Michigan State University in early 2000 among the Hmong People living as refugees in Michigan, USA was coordinated with undergraduate students to promote well being and empowerment of Hmong Refugees. The model base for this undertaking was Jane Addams' settlement houses, which provided community services for immigrants and those living in poverty. This program at Michigan University paired up a refugee with a student for advocacy, learning, empowerment and building relationships within the community. It is from this model that the following format is described for the possibility of creating a partnership and mentor relationship with students of health and social services and refugees in Finland. <sup>65</sup>

Students enrolled in Social Services, Social Work or Health Services may be interested in working with refugees. The possibility to include a half year or full year of study and practical assistance on behalf of refugees could be a vital addition to the study program. This would mean 8 to 12 hours per week with a certain amount of credits earned towards the intended degree.

### **FIRST PHASE**

Class time for students: 1 to 3 months, meeting once or twice a week.

Subjects: social change; specific refugee groups; skills for advocacy; collective action; community resources; problem solving skills; linking refugees with services; theories of trauma; mentoring and more.

Students participate in discussions, role plays, and classroom exercises to prepare for working with the refugees.

### **SECOND PHASE**

Students and refugees meet: 2 to 2 ½ hours, once or twice a week.

This could be in the vicinity of where refugees live, for example, a community hall. Meetings provide a group setting where refugees can learn and collectively address community issues. There should be an equal amount of students and refugees as they will pair up for the second half of the meeting.

The first 30 to 45 minutes would be a time for cultural exchange, facilitated by the refugees and students. Translation may be needed and could offer employment for those refugees that have lived in Finland and learned the language. The purpose of this first part of the meeting is for students and refugees to learn from each other as they share ideas and develop plans for collective action. Discussion topics of interest may include ways of celebrating holidays or “rights” in the different cultures/countries. Interests should be shared and special speakers could be invited to address topics such as health, raising children and employment issues.

The second 1 to 1 ½ hours is a time to work in pairs and focus on whatever the refugee is interested in learning. This might mean writing, reading or speaking Finnish or learning how to fill out Finnish forms such as an application for employment. Encouraging the refugees to choose the topic allows more control and ownership over their own learning. This time may also be used to cook or shop together and take short field trips such as to museums. These meetings should be weekly and continue over the entire course.

### **THIRD PHASE:**

As relationships form, students and refugees are paired up for the advocacy portion. This adds 3 to 5 hours per week for the student to work with the refugee (and family) to provide advocacy on any issues the refugee would like to address. This would continue for the remainder of the program and the work is based on the model of advocacy learned in the training program.



An important part of this process is for the student to try and teach the refugee advocacy skills to use in the future. They could model certain actions, for example, and then role play with the refugee to help support them in what they would say in a particular situation. It is important to let the refugees direct the learning and advocacy with their own particular desire and needs.

Village Paghman, located near Kabul<sup>66</sup>

**FINAL PHASE:**

Specific time for ending the program has been included in the program.

Plan a farewell party with cultural food and music, for example, and discussion of what the program has meant for students and refugees.

One idea is to have a packet prepared by each student for their partner which includes pictures, letters, quotes, suggestions for fun activities in the community and other creative materials and present to the refugees at the farewell party.

**OTHER POINTS:**

As relationships have formed, some students and refugees may want to continue meeting after the end of the program.

Some challenges and difficulties may include time commitment for busy students as well as communication struggles for those more limited in the language.

Facilitators participate in this program and should include professionals. Their role is to help recruit participants, translate during cultural exchange time and when needed for one on one, be available for problem solving with refugee and student, sometimes accompany the pair to the bank, doctor or other places when a translator is needed.

Evaluation of effectiveness of program would be an important. Interviews should take place in the beginning of the program when recruiting refugees, once during the process and finally at the end. If desired, there could be interviews some months later to see what lasting effects this program has had on refugees in everyday life.

The initial interview would be to assess where the refugee is currently functioning and may include elements of past trauma. The midpoint interview may include progress being made, changes desired and obstacles to be overcome. The final interview should include evaluation of what was achieved or not and what could have been done differently. These ideas from the refugees could be used for future programs as they would know what was the most helpful in the process.

The goal for the refugee includes empowering, reducing distress, improving quality of life, increasing skills and access to resources. For the student, it would give many valuable tools in future work with refugees and community.

## 12 PERSONAL EXPERIENCES OF AFGHANS

During my practical training period when studying for Bachelor of social services, I was with social worker Annika, working with refugees, mainly from Afghanistan. I learned very much during these weeks, especially about the family situations and experiences. I would like to include some of these stories to give a wider understanding of life for these people.

One family had come to Finland many years ago and sadly was never able to settle. Annika believes it has much to do with trauma and culture. When the family arrived as asylum seekers, they were held at the airport and interviewed. The one year old son was hungry and tired and the father asked if he could go buy some food and drink for him. The Finnish officers said they would take care of it and returned only with a cup of water. Understanding Afghan hospitality, where guests are served almost like royalty regardless of poverty, this was a blow to the father.

Then during the interview, he felt like the Finnish authorities did not believe his family's story and looked at him like a criminal. All he had experienced in Afghanistan, including the murder of a family member, had been so traumatic and horrible that this new humiliation was most unbearable. He felt like they looked at him and treated him and his family like they were dogs. This initial experience made it more difficult to cope with other challenges that came up though the family felt safe and thankful for many of the positive aspects in Finland.

Annika explained that from her experience over the years with immigrants, it seemed that the ones coming in as refugees had a very different situation and experience. They had passports, permission to come and the paper work was in order so the process was smooth and they were not looked at with suspicion. But people coming as asylum seekers often experienced what this family described. Annika said that, although it is not fair treatment, she understands the authorities because some people coming in this way have lied about their situations, which then makes it more difficult for the ones that are really seeking safety.



There were many Afghans I spoke with who were working at a special area set up in the building of the employment office. Two older Afghan women have been here in Finland for 6 to 7 years with their families. Life had been very rough for them in Afghanistan and extremely frightening when rockets were a common occurrence. These were times of very poor living conditions with no safety or security. Swimming had been forbidden for these ladies so here in Finland was the first time they had ever experienced public swimming. Both were satisfied with their lives here and had no desire to return to Afghanistan, though they have parents and other relatives that they worry about. They were happy that their children were doing well although they themselves struggle with learning Finnish.



Laughing children pose for the camera in village of Paghman<sup>67</sup>

There was an Afghan man who came here 7 years ago with his family. He spoke Finnish very well so we could communicate easily together. He was working in the metal workshop but had plans to soon train as a bus driver. His father and brother had both been killed in the war in Afghanistan. His sister in law was killed by a stray rocket as she walked down the street. This man had no desire to return to Afghanistan although he was trying to get his brother's son, 13 years old at the time, to Finland since both his parents were also killed. He said he is happy here in Finland and has no problem getting around and meeting people. This man is very outgoing and said that when he approaches people, they all respond kindly and talk with him. His grasp of the language and friendly manners have helped tremendously although it is obvious that he has suffered greatly with all of the deaths in his family.



First police woman in Kandahar<sup>68</sup>

The Afghan police woman mentioned earlier in this booklet, Raishma, experienced much before coming to Finland. She is 47 years old and when she was growing up in Kabul, it was possible to attend school and police academy. The problems started in 1988 with the mujahidi from Pakistan, according to Raishma.

She remembers those earlier days when she could walk around at midnight and there were no problems. Now women stay inside the house in the evenings because it is no longer safe. And there are plenty of other dangers even in the daytime.

Raishma remembers when the Russians came to Kabul one night with fighter jets and bombing. She was visiting her uncle at the time and was urged to stay overnight for safety. All transport had stopped as the president had been killed. Since Raishma had come straight from work, she decided it was safer to hide her police uniform and borrow a burka the next morning from her aunt to walk home. The Russian soldiers were killing Afghan soldiers and policemen. People were staying inside their houses, hiding and very afraid. By the third day, it was announced on the radio that everyone could go back to work. Raishma went to the police station but decided it was wiser to wear civilian clothes. She eventually wore her police uniform again.

The communists had put another Afghan man as president and the overall feeling was pressure to join the communist party. There were spies everywhere and many citizens were arrested in those days. People went to Raishma's parents to question them about her activities, probably because she was a policewoman. This naturally made her parents fearful but Raishma continued to go to work. She and her colleagues were continually asked to join the communist party and accused of being against the government when they refused.

As the pressure grew, Raishma realized it was not safe for her to go home as it could bring danger to her family. So for one month she slept at different houses but continued to go to work. Then the mujahidi wrote a letter and said they would kill her if she did not stop working as a policewoman. She had a baby by this time and fled to Iran. She was pregnant with her second child when she returned to Kabul.

Raishma often visited her neighbor across the street in the evenings. During Ramadan, a bomb was thrown into that house but fortunately the family was in the back making food and no one was killed by the blast. Raishma believes she was the target of that bomb because of her work as a policewoman. She decided she needed to leave Afghanistan again as it was getting so dangerous.

She and her husband and two small children under the age of two years walked to Iran and managed to live there for a couple of years. They eventually moved to India and lived there 14 years. Shortly after arriving in India, her husband had returned to Kabul to help his mother who was very ill. He was killed by mujahidi at the border and Raishma did not find out what had happened to him for three years. She was determined to provide for her children during that time and learned English and was able to work in the UN for refugees in the health center. When her children were 15 and 16, UN offered Finland as an option for the family to live. They arrived 10 years ago and her daughters have learned Finnish well and are studying in college.

It has been more difficult for Raishma to learn Finnish, though she is conversational. She has tried hard to find a job after taking many courses in Finnish but has not yet managed to find anything. She has spent much time at Naistari and said the people there have been very supportive and helpful during these years. She has Afghan friends but has found it difficult to get to know Finnish people as they are not very open. Raishma is very thankful to be living in a safe country although she is a bit depressed about not finding work.

She also worries about her relatives back in Afghanistan. Her sisters and brothers have jobs there and are able to provide for her mother. She has more than 15 male relatives who have been killed over these years, including a brother, cousins and uncles. Raishma was able to visit Afghanistan in 2003 after being away for 21 years.

Her eyes filled with tears as she described her horror at seeing her beautiful city Kabul so destroyed and ruined by the bombings and shootings. She grieved as she remembered how safe it once was there, just like Finland is now. But it has changed so much and Raishma felt like danger was lurking everywhere when she visited. She mentioned several times how thankful she is to have a safe place to live in Finland.



Picture of Kabul before the destruction began<sup>69</sup>

Another family that moved to Finland in 2000 experienced a different type of trauma. Adella had been the head teacher in a nursing school and her husband a doctor when the Taliban took power in 1996. It was not safe for them to remain in Afghanistan and they moved to Moscow for four years. The father had learned Russian and found work and two of the children were in school. But the third child had bone cancer and Adella cared for him at home. They were given the option to come to Finland for better care with the progressing cancer. This son struggled for 10 years, with someone from the family by his side day and night, but sadly died in early 2006. For Adella, this was the hardest trauma of all they had experienced.

She had taken one Finnish course during that time but mostly had cared for her son and the loss was very great when he died. The biggest challenge for Adella continues to be learning Finnish. She feels at home here in many ways but admits the language is an obstacle. She continues to study and is teaching Persian and helping with other subjects part time to Afghan children in local schools.

Adella also worries about her mother, sisters and friends who are living in Kabul. She said there is a general feeling of fear regarding explosives since there are so many suicide bombers so people usually don't gather in large groups.

Adella tries to keep up Afghan traditions at home, speaking their native language and eating Afghan foods. They would like their daughter to marry an educated Afghan man one day but the daughter is now studying Biomedics in University and is not in a hurry to get married. She will be allowed to choose her husband but he must be from their culture. Adella is slowly developing more friendships here in Finland but admits to feeling lonely for Afghanistan, especially when there are special celebrations or holidays there.

The following story was told by a Finnish lady who has recently moved back to Finland after living and working in Afghanistan with her family for the past 20 years. Airi knew many Afghan women and here is one example of what their reality is like.

Sara was a University Professor of languages when the Taliban came to power in Afghanistan and forbid girls to study. Sara had worked hard for her position, coming from a poor background and this profession meant more than a salary to Sara. It was her worth and self-respect. She felt completely devastated and lost when she was suddenly forced out.



University in Kabul<sup>70</sup>

Airi was living in Afghanistan with her family with an organization bringing aid and medical help. She heard about Sara and invited her for lessons in Dari language. This would give a small salary, freedom from being at home and self respect as well as help Airi with language learning. Sara had started to wear a burqa like the other women and Airi noticed how Sara would lift the front part away from her face after entering the courtyard of Airi's house to walk for those few moments in the sun.



One day life changed again for Sara. Three Taliban men had followed Sara home after her time with Airi and knocked loudly on her door. They told Sara that they knew she was visiting a foreign woman and that if she did it again, they would take her to the stadium and kill her. This was happening already in Kabul and Sara knew this was not an idle threat. Once again Sara was trapped inside her house. She quickly grew depressed and despondent.



Photo secretly taken of Taliban about to execute a woman<sup>71</sup>

Airi thought of another way to help Sara in her situation. Sara's mother came as a beggar (which was acceptable to the Taliban) to the guardhouse in front of Airi's courtyard and she would pick up essays and papers from Airi to bring to her daughter. Sara would correct these papers and send them back with her mother. She received a salary for this but Sara still felt like a prisoner in her home. She was afraid and wrote letters to Airi that she wanted to kill herself. Airi tried to encourage her through letters because it was too dangerous to meet face to face.

This continued during the time of Taliban, about 4 to 5 years and after they were pushed out, Sara was able to get her job back at the University. She was one of the fortunate ones who made it and did not take her own life out of desperation. Many other Afghan women during this time did commit suicide.<sup>72</sup>

## 13 CONCLUSION

There are many possibilities for development in the area of empowering refugees and supporting their recovery from trauma in Finland. This booklet is one aspect of information and training courses would also be very beneficial for professionals and students interested in their topic. Coming alongside a traumatized person not only benefits their healing process, but enlarges the care giver's own capability for empathy, understanding and human awareness.

## 10 POINTS TO REMEMBER

- 1) Refugees have often experienced much suffering and may have lived with fear, danger and insecurity for a long period of time. Be sensitive and supportive.
- 2) Many women from Afghanistan and other countries have endured national and personal trauma in many forms. Learning about the background of refugees is important in social and health work in Finland.
- 3) Refugees have two kinds of trauma: Their personal trauma experiences and losses from their home country and the crisis of starting life over again in a new country.
- 4) Refugees may have many trauma symptoms and reactions that they don't understand and they may feel like they are going crazy. Therapy can be an important part of the healing process.
- 5) Illnesses and physical pain, such as headaches, are often symptoms related to trauma. It is important for the refugee to understand this connection and learn ways to manage this.
- 6) Post traumatic stress disorder is a normal response to an abnormal situation. Refugees need to hear that their reactions and symptoms can be expected because of the trauma they endured.

7) Rebuilding safety and trust is very important for a trauma survivor. This takes time, patience, respect, kindness, commitment and understanding.

8) It is reported that what happens to refugees after being displaced is as important to their mental health as the past trauma. So, acceptance in the community, a safe environment, and opportunities to develop, will help greatly in this process.

9) The healing process will reduce traumatic symptoms and help the survivor to participate fully in life again. New strengths and deeper empathy for others may emerge as a result.

10) Caregivers need to guard their own health and mental well being when working regularly with traumatized refugees. A good support network is as important for the worker as it is for the victim of trauma.



I will never forget my first day arriving here in Finland. Annika was there to welcome us and gave me such a big hug that I felt so safe.<sup>73</sup>

Simple acts of kindness and care can make a big difference for refugees, especially those who have been traumatized.

Trauma shatters the illusion that this world is a safe and rational place. Coming alongside and offering support will bring great gain and new hope to refugee and worker alike.

Women hugging<sup>74</sup>

Those who come through trauma and crisis and learn to rebuild their lives are triumphant. They face their pain in small parts, moving forward and choosing not to stay in a state of helplessness. They are regaining order from their emotional chaos and living meaningful and fulfilling lives. The sorrow may remain, as tragedy can never be fully erased, but the healing process allows room for deeper joy and love to also grow. The one who is able to participate in the healing process with the refugee will benefit also in gaining more empathy, understanding and human awareness.

## A DREAM ABOUT PEACE AND DEMOCRACY

As we slowly awaken from our nightmares, we should speak of hope and of the freedom we may once more enjoy. I should return to Afghanistan to embrace my country, now that I have seen women on television showing their faces again and men with beards shaved off. I have heard the sound of laughter in Kabul. I won't go home until kites replace the bombers in the sky but I will be going home.

For centuries the men of my nation have received as boy's not childish toys but knives, rifles and Kalashnikovs. For centuries, generation after generation, the master players on the great Afghan chessboard have kept changing, as though tribal wars were a national sport. And for centuries as well, our women have been born to wear the chadri. For centuries, international ambitions have maintained these traditions.

And so, to speak despite everything of hope, of the dream of peace and democracy to which my generation clings, I pray God that women may have a greater voice in the coming debates. That books may replace weapons, that education may teach us to respect one another, that our hospitals may be worthy of their mission, and that our culture may be reborn. That the camps of famished refugees may disappear from our borders and that the bread the hungry eat may be kneaded by their own hands.

I will do more than pray, because when the last talib has put away his black turban and I can be a free woman in a free Afghanistan, I will take up my life there once more and do my duty as a citizen, as a woman and I hope, as a mother.<sup>75</sup>



Famous blue Mosque at Mazar-e-Sharif in Afghanistan<sup>76</sup>

## Endnotes

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- <sup>1</sup> Photo by Airi Lammi, 2009
- <sup>2</sup> Shah, S. 2004
- <sup>3</sup> <http://magicstatistics.com/2007/09/27>
- <sup>4</sup> Follain, J. 2002
- <sup>5</sup> <http://www.daylife.com/photo/09Db4uy4hKalc>
- <sup>6</sup> UNHCR, 2008
- <sup>7</sup> State Dept., 1998
- <sup>8</sup> Azimi, Dr.A, 2004
- <sup>9</sup> [www.photobucket.com/.../afghan-kids-resized.jpg](http://www.photobucket.com/.../afghan-kids-resized.jpg)
- <sup>10</sup> Kirby, A. 2003
- <sup>11</sup> [www.mech.uwa.edu.au/.../images-fp/dog01.jpg](http://www.mech.uwa.edu.au/.../images-fp/dog01.jpg)
- <sup>12</sup> Patience, M. 2009
- <sup>13</sup> Photo by Airi Lammi, 2009
- <sup>14</sup> Filkins, D. 2008
- <sup>15</sup> Personal interview, 28.10.2008
- <sup>16</sup> Personal interview, 28.10.2008
- <sup>17</sup> Photo by Airi Lammi, 2009
- <sup>18</sup> World Vision, 2008: [meero.worldvision.org](http://meero.worldvision.org)
- <sup>19</sup> [www.forces.gc.ca/.../orig/AR2007-Z052-15.jpg](http://www.forces.gc.ca/.../orig/AR2007-Z052-15.jpg)
- <sup>20</sup> Yoder, C. 2005
- <sup>21</sup> Bender, E. 2004
- <sup>22</sup> [msnbcmedia3.msn.com/components/photos.jpg](http://msnbcmedia3.msn.com/components/photos.jpg)
- <sup>23</sup> [www.abovetopsecret.com/forum/staff/hellmutt/c...jpg](http://www.abovetopsecret.com/forum/staff/hellmutt/c...jpg)
- <sup>24</sup> Group interview, 21.11.2008
- <sup>25</sup> Personal interview, 03.11.2008
- <sup>26</sup> Van der Veer, G., 1998
- <sup>27</sup> Group interview, 21.11.2008
- <sup>28</sup> UNHCR, 2007
- <sup>29</sup> Gibson, M. 2006
- <sup>30</sup> Photo by Airi Lammi, 2009
- <sup>31</sup> Resick, P., 2001
- <sup>32</sup> Foa, E., Keane, T., Friedman, M., 2004
- <sup>33</sup> Photo by Airi Lammi, 2009
- <sup>34</sup> Clark, D., 2004
- <sup>35</sup> Gibson, M., 2006
- <sup>36</sup> Photo by Airi Lammi, 2009
- <sup>37</sup> Group interview, 21.11.2008
- <sup>38</sup> Photo by Airi Lammi, 2009
- <sup>39</sup> Van der Veer, G., 1998
- <sup>40</sup> [www.rawa.org/.../shendand\\_airstrike\\_woman.jpg](http://www.rawa.org/.../shendand_airstrike_woman.jpg)
- <sup>41</sup> Matsakis, A., 1996
- <sup>42</sup> Follain, J., 2002
- <sup>43</sup> Personal interview, 03.11.2008
- <sup>44</sup> Resick, P., 2001
- <sup>45</sup> Resick, P., 2001
- <sup>46</sup> Van der Veer, G., 1998
- <sup>47</sup> Photo by Airi Lammi, 2009
- <sup>48</sup> Group interview, 21.11.2008
- <sup>49</sup> Photo by Airi Lammi, 2009
- <sup>50</sup> Matsakis, A., 1996
- <sup>51</sup> Group interview, 21.11.2008
- <sup>52</sup> Photo by Airi Lammi, 2009
- <sup>53</sup> Photo by Airi Lammi, 2009
- <sup>54</sup> Miller, K. & Rasco, L., 2004
- <sup>55</sup> Personal interview, 08.10.2008
- <sup>56</sup> [www.thewe.cc/.../us\\_caused\\_refugee\\_children.jpg](http://www.thewe.cc/.../us_caused_refugee_children.jpg)
- <sup>57</sup> Personal interview, 19.09.2008



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- <sup>58</sup> Personal interview, 19.09.2008  
<sup>59</sup> Photo by Airi Lammi, 2009  
<sup>60</sup> Gibson, M., 2006  
<sup>61</sup> Personal interview, 23.02.2009  
<sup>62</sup> Personal interview, 23.02.2009  
<sup>63</sup> Personal interview, 23.02.2009  
<sup>64</sup> Photo by Airi Lammi, 2009  
<sup>65</sup> Miller, K. & Rasco, L., 2004  
<sup>66</sup> Photo by Airi Lammi, 2009  
<sup>67</sup> Photo by Airi Lammi, 2009  
<sup>68</sup> [www.takegreatpictures.com/content/images.jpg](http://www.takegreatpictures.com/content/images.jpg)  
<sup>69</sup> [www.speengharonline.com/.../Kabul%20city.jpg](http://www.speengharonline.com/.../Kabul%20city.jpg)  
<sup>70</sup> [www.asiatravelling.net/.../kabul\\_university.jpg](http://www.asiatravelling.net/.../kabul_university.jpg)  
<sup>71</sup> [farm4.static.flickr.com/3225/2348837191\\_f99fa](http://farm4.static.flickr.com/3225/2348837191_f99fa)  
<sup>72</sup> Personal interview, 24.03.2009  
<sup>73</sup> Personal interview, 03.11.2008  
<sup>74</sup> [newsimg.bbc.co.uk/media/images/40788000/jpf](http://newsimg.bbc.co.uk/media/images/40788000/jpf)  
<sup>75</sup> Follain, J., 2002)  
<sup>76</sup> [www.starlighttours.fi/.../img/Afghanistan.jpg](http://www.starlighttours.fi/.../img/Afghanistan.jpg)

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