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HEALTH

Challenging the Status Quo: Advancing Trauma Recovery

University of NSW Professor ZACHARY STEEL *heads a program of clinical research into the impact of trauma on veterans, first responders, refugees, asylum seekers and civilian populations. His work with asylum seekers has helped to develop an evidence base on the adverse mental health consequences of harsh asylum, including the use of immigration detention and temporary protection visas. Dr Steel holds the St John of God Chair of Trauma and Mental Health. He spoke to* **Karen Collier.**

Professor Zachary Steel

How did you come to work in the trauma field?
I began working with marginalised populations with young street kids out of home, providing supportive environments for them. I had a background in trauma and in 1992 I started to work with psychiatrist Professor Derrick Silove, who made a great contribution to this field. At the time, the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) network was being established and the clinical evidence accumulated over the past 10-15 years translated into a commitment by governments around the world to establish services for those affected by torture and human rights abuses.

Derrick and some colleagues from STARTTS had arranged a meeting with the then Minister for Immigration to raise their concern that the new policy of "humane deterrence", including immigration detention, would risk retraumatising torture survivors and the very refugees that STARTTS and others at FASSTT were assisting. The Minister challenged this, citing "a lack of any evidence to support the concerns being raised". So I assisted Derrick with research to prove that incarcerating asylum seekers in detention facilities and depriving them of liberty, restricting access to services, and introducing harsh living conditions would be harmful. We knew from the outset that we were implementing a research program to prove the self-evident.

We discovered that the mental health of asylum seekers was a marker of a fundamental breach of a foundational human right in asylum policy: the right to live in the community, the right to access health and welfare services as well as the fundamental building blocks that we call "the second generation of human rights". Even the first generation of rights, liberty and freedom from imprisonment, were violated.

And this has been central to your work ever since?
Yes, it was driven by my own moral shock and quest for justice. The objective of the early research was to promote advocacy for human rights. We were inspired by Amnesty International, which believes the best way to create change is to document the harm done and to shame the perpetrators. That was our commitment. We were also inspired by the courageous psychiatrists and mental health professionals working in Latin America who brought such wisdom and insights, and by Danish medical doctors, who both attempted to eradicate torture by using medical

evidence to document the nature of the harm done and committed to remove doctors from participating in acts of torture or being complicit in them.

Those initiatives eventually led to the creation of *The Istanbul Protocol*, which has been a major international tool to establish evidence of torture. We were driven by the quest to use research to document the harm done to those who have been marginalised, were denied the full enjoyment of their human rights and the dignity that it comes with.

Did you always have an inclination towards social justice? Was there a personal experience of trauma before embarking on this path?

I had a family affected by mental health problems. My home was unsafe so I became homeless and finished school while living in a youth refuge. In fact, many of the friends there came from even more distressed and disturbed homes and they didn't make it. I've seen what it's like to live in an environment of severe deprivation due to a loss of family support and having nowhere to live.

I was fortunate enough to live with the Sydney City Mission for two years and I completed my schooling there and somehow got into university, which is a slight miracle in itself. I wasn't really aware of the motive driving me then, but when I saw what was happening to asylum seekers, I was outraged because their rights were being deliberately denied and I realised science can be used to establish facts and hold the government accountable for the damage inflicted. I think I was probably driven by my early experiences perhaps.

Thank you for sharing that, Zac. There was a lot happening in the world at the time, right?

Yes, there were enormous moments happening. While we saw signs of hope in the world, there was also a capacity for descent into terrible acts of abuse and harm. However, we were in a hopeful era because progress was made in human rights. I remember being inspired by barrister Geoffrey Robertson AO QC. His book about the history of human rights (1999) was very inspiring to me. It narrated the progress made across the ages, from the early times when indentured slavery was widely practised and accepted, to a time of gender equity. We had made incredible progress with the establishment of the international legal system, first it was Amnesty International, then Human Rights

Watch and the establishment of the international criminal justice systems.

There was hope we may eventually eradicate torture. That is a much more complex story, of course, but it was a hopeful time and there was a sense of being part of a global community. That's when I met some of the inspiring clinicians at STARTTS.

How long have you been associated with STARTTS?
My first link to STARTTS came in 1993. At that time Timor-Leste was still under Indonesian control. A large number of Timorese had fled to Australia, including Sydney. Australia had been the only western country to recognise Indonesian sovereignty over Timor-Leste so there wasn't much political willingness by Governmental authorities to accept that Indonesia had established an authoritarian and brutal system of control and abuse in Timor-Leste. So as not to harm Indonesian relations, the Australian Government put all Timorese asylum applications on hold, leaving Timorese in Australia in a state of prolonged uncertainty, with many restrictions on their access to services.

Given a chance, refugees become the most committed citizens you can have.

Derrick, some other researchers and I partnered with STARTTS to undertake a research project documenting the impact of these asylum conditions and political trauma. That's where I first met and had the chance to work closely with psychologist Mariano Coello, who has a great depth of clinical wisdom. I am sure it is no surprise that STARTTS had already been working with the Timorese community, which allowed us to form a partnership to work with Timorese asylum seekers. In fact, it was that partnership and the trust that STARTTS, Derrick and our team built with the Timorese community that made the project a success. Once nationhood was attained Derrick, STARTTS and the wider team were invited to work with the new Timor-Leste Government to establish the very first mental health service in that country. Mental health care is now a fully-integrated part of the Timor-Leste health system.

We should note that Timor gained independence 20 years ago. If we can trace the thread of science, can you share some insights about your research and collaborations over the years?

Globally we have faced a period of increasing restrictions on the freedom of movement. The post-World War II era saw the establishment of some breathtakingly important international instruments that provide protection to people exposed to severe human rights abuses. The United Nations Refugee Convention allows asylum seekers to transition from one country to another, bypassing normal immigration channels and seeking protection from return. This originated because of the global failure to have such a convention before the war, which led to the terrible betrayal of Jewish people and other victims of the Holocaust who were turned around and returned when they tried to flee the death camps. This convention has been ratified by 146 State parties, but few governments have shown the political will to fully honour its intent. Having an integrated policy to accept asylum seekers has been established in the European system, but the big immigrant nations, particularly Australia, US and Canada, have been more focused on direct resettlement from refugee camps than accepting that refugees also have a right to apply directly at the border. Reflecting that unwillingness was John Howard's statement in 2001: "We will choose who comes to our country and the circumstances in which they come."

In Australia, a brutal system has been erected against those who fled and bypassed the immigration system, giving preference to refugees selected by the Department of Immigration. Political rhetoric to try to minimise the harm associated with this policy has been in constant use.

If you read the early descriptions of the detention centres, you'd think they were holiday resorts where you would get a better education and health care than anywhere else in the country. It was an intentional perversion of the truth. The same goes for asylum seekers living in the community who were excluded from health care and income support for long periods, leaving many destitute, reliant on charities while their claim was assessed.

There were many problems with the asylum determination process. Torture survivors' visa applications were more likely to be rejected than non-torture survivors because decision-makers did not understand the consequences of trauma.

Further, there are documented cases of highly-traumatised people whose capacity to tell their stories and

present their protection claims was profoundly affected by that very trauma. Immigration officers and UNHCR staff, not informed of this evidence, found it difficult to accept refugees' accounts of past treatment in support of their claims.

Given this situation, STARTTS partnered with researchers. One of the most important studies in this field showed temporary protection visa holders were effectively unable to learn English or anything else because of the stresses associated with obtaining asylum and being in a state of limbo. Asylum seekers had a very legitimate fear that at the end of their temporary protection visa stay, they would be forcibly repatriated. That apprehension was much more credible then than now. We saw high rates of threat-related symptoms that were ever present in their lives. Those offered permanent protection thrived.

Given a chance, refugees become the most committed citizens you can have. The Vietnamese community has one of the highest citizenship conversion rates, reflecting widespread community gratitude and commitment to Australia. We didn't see that among asylum seekers, instead we saw their English language skills deteriorate, as did other indicators of wellbeing and functioning.

In 2002, we were approached by human rights lawyers to undertake mental health assessments for a group of families detained in a remote desert-based detention facility in Australia. We used detailed diagnostic assessments and found extraordinarily high rates of mental disorders and health-related concerns among children and their parents in immigration detention. Similar findings were documented by colleagues in the Woomera Detention Facility. Both studies aligned with many other reports and provided overwhelming evidence of harm to children that formed a part of the findings of the first *Human Rights Commission National inquiry into Children in Detention*, which was pivotal in the 2008 decision to end mandatory detention. Unfortunately, this was promptly overturned following a surge in boat arrivals in 2009 with the re-establishment of people smuggling networks in Indonesia.

After decades leading research and developing an evidence based on the adverse mental health consequences of asylum policies, what are some of your insights on the findings?

There have been some important findings. We needed evidence that harm is caused by post-migration stressors and that fact is now established as one of the major research findings in the refugee mental health field. That's important because before it was all about pre-migration trauma, ignoring the critical role of the post-migration environment. Now, we know we can bring the two together and then there's a need to allow people's voices to be heard.

I brought to this field a commitment to the social understanding of trauma, yet I also recognise that we are bio-psycho-social creatures. We're created socially but we're embodied biologically. And the revolution in neuroscience has helped us understand the modular nature of memory and that trauma is encoded in parts of the brain that has a core survival value for people. It is encoded completely differently from our usual life story and hardwired into our survival endocrine system. Humans can endure incredible adversity and they're not defined by it because the system can hold our trauma when we're not injured or when our safety has not been denied and we can draw on our trauma to transform the world.

While we increasingly recognise the failings of even the greatest past leaders, nonetheless, many of us are deeply inspired by the enormous courage and strength of the likes of Nelson Mandela, Archbishop Desmond Tutu, Reverend Martin Luther King, Mahatma Gandhi, Sr Oscar Romero, to name a few, who fought against tyranny with moral courage, despite the enormous threats of violence, imprisonment and intimidation. Their stories of trauma created and forged their commitment to social justice that inspires people around the world. Those that have experienced trauma will be damaged when safety is denied to them and malevolence is not acknowledged. One of the biggest findings from the trauma research of the past 40 years is that dose eclipses everything. As the dose of trauma increases, the transition to injury increases. The more pressure, the more trauma, and people's resistance will crumble in the face of it.

And we call this cumulative stress a "trauma load"?

Both in severity and quantity. We've always known that PTSD [post-traumatic stress disorder] never captured the full extent of the way in which lives are transformed by political violence and by torture. It's not just a threat but a fundamental loss of faith in goodness and on the fundamental values that most people take for granted. Recently, the term "Complex PTSD" was introduced in the ICD-11 [International Classification of Diseases 11th Revision]. That's been acknowledged early in our field of research. Most of us working with those affected by torture and human rights abuses know what Complex PTSD looks like; that's what we see. There is no doubt that prolonged periods of insecurity, violence and injustice will change people's template of the way they approach and live in the world.

We're talking about two terms here, traumatic stress injury and moral injury. What are the origins of this term, moral injury?

When we started research about trauma, there were conflicts in Indo-China, Central and South America and the genocide in Cambodia, so the world was witnessing the most horrendous malevolence. The term "survivor guilt" was used. Now we understand survivor guilt is a form of moral injury – people who witness horror question themselves as to why they survived it when others didn't. How can I continue living when they did not? And the burden of that moral fact is overwhelmingly crippling. The distress experienced was not about the threat to life but about something entirely different. And for some reason, the trauma field got lost in this space, believing PTSD was all about the threat and threat appraisal related to death.

One of the consequences of the resumption of the practice of torture by the US military during the second Gulf War, which was officially sanctioned, was that men and women of the US Armed Forces became directly or indirectly involved in, complicit, or exposed to acts of torture. They came back home injured, even though their lives had not been under threat.

The term "moral injury" was coined by psychiatrist Jonathan Shay to describe the injury that Vietnam veterans experienced, in feeling abandoned by their society and community. In this instance, moral injury referenced feelings of moral betrayal.

The most recent form of moral injury involves acts of morally egregious behaviour in settings such as Abu Ghraib and other places of rendition that have led to injuries that look like PTSD. The truth is there are certain jobs that carry great moral responsibility. There are times during conflicts when soldiers commit acts that betray their moral standards. Torture is used as a moral threat to terrorise and harm, and yet the consequences of torture related not only to the targeted group, to all those connected and involved. This is perhaps the greatest argument for the absolute prohibition of torture.

Further, those of us who care for people affected by torture and trauma have used the term "vicarious trauma". But it may be useful to also think of this as morally hazardous work, which creates a moral burden for all of those who care for victims of violence and that moral burden may harm us as well. It's not really vicarious trauma – it is, in fact, real trauma that we hear in the words and see in the bodies of those we care for. As

Mariano Coello once said to me, "The great challenge of this work is that you can't un-see what you've seen and you can't un-hear what you've heard. And it's a silent burden, a silent knowing that cannot be unknown." I have learnt over time that, while this work can take its toll, it can also greatly inspire us.

The deterioration of mental health in communities is often the first sign that human rights are being violated.

Can you describe the key differences between vicarious trauma and moral injury?

Primary trauma is caused by being a witness to something that is morally objectionable that you feel in your attachment and relationship to that person. I wouldn't say it is vicarious trauma but moral trauma, which is a helpful term that doesn't capture everything but it does capture the violation of the psychological standards that hold our existence.

You often talk about connection in the trauma space in frontline workers and how ethics exist to protect us in the trauma field. It was interesting to learn that war veterans are the best trained group in ethics that you've observed.

Yes, the only place where ethics is taught is in military college, because if you're operating in an area where you might have to take lives or use power to secure an end, if that's not done within a framework that can morally hold that action, it is annihilating.

And when rules of engagement are breached or corrupted, safety is eroded. The terrible acts we've seen by some in our own armed forces reverberate throughout the whole military community, shattering the notion of goodness. Brute violence is not part of the moral-social contract that holds things together.

We don't want to see mental health practitioners facilitating a framework that justifies breaches of the international criminal standards. We have to be very careful to ensure ethical standards. So we should consult and partner with jurists, philosophers and those that bring the deep spiritual wisdom of the world's great traditions. We can all work together in this space even though we have operated separately for a long time.

You've also expressed concern about what you describe as the formation of a "siloing" in the system? Are decision makers aware of the effects of trauma on individuals?

I'm aware that there is siloing forming in the field. STARTTS, the FASSTT Network, had to build itself as a community of knowledge and practice because there was little openness, commitment to diversity, or bringing other voices within the wider, mainstream academic trauma field at the time. The mainstream trauma field was largely still blind to its own privileged power, leading to the assumptive exclusion of non-mainstream voices. Yet it's fundamental the voices of those who were persecuted be included as part of all our planning. STARTTS has always had a commitment to do so.

The traumatic stress field was very tied in to traditions of academia and science for many years.

I was aware when I came in as the president of the Australasian Conference on Traumatic Stress that we needed to break down these silos and come together because we needed to be enriched by knowledge and committed to evidence-based understanding and practice in traumatic stress. Initially, we didn't have the voice of those working with torture survivors, now we're lucky we can reach out to the FASSTT network. With our digital format we can now access the largest number of professionals assisting torture and trauma survivors. It's a life dream to bring these two worlds together by enabling humanitarian workers to access research findings and us reaching out to them. In the 2021 Australasian Conference on Traumatic Stress, we were able to bring together, for the first time, a large number of FASST workers with mainstream practitioners and researchers in the broader

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trauma field, within a single conference. The online format allowed us to fulfil an even larger dream of linking some 50 humanitarian workers from conflict-affected and low-income settings around the world.

Breaking down silos is equally relevant for the assessment of refugee protection across the world.

It's time to create bridges, and break down silos and tunnel visions, which can happen so easily.

Decision-makers (assessors at Immigration, UNHCR) are not always aware of the effects of refugee trauma. To make our research useful, we helped asylum seekers document their stories and submit them as part of their application for refugee status, just to see how psychological evidence of trauma was dealt with.

In a study conducted with UNSW Law, we were horrified to see Immigration officials, particularly those

without mental health training, ignore and set aside evidence of trauma. Indeed, other researchers had written that decision-making without being mentally health-informed, is dangerous. Fortunately that has changed. Every jurisdiction has now in place a detailed guide on psychological vulnerability.

We published with UNSW Law best-practice guide notes on how to write a forensic report and the particular aspects of this jurisdiction. And this allowed us, through the work of my very inspiring colleague Guy Coffey, to help UNHCR develop the first Global Practice Note on Psychologically-Vulnerable Applicants, focusing on aspects the Istanbul Protocol deals with, such as how psychological evidence can provide probity of information for asylum claims. But much more importantly, how decision-makers can change, do procedural modifications to make it safe for the person making a claim for refugee protection to tell their story and present the information in a way that is understood. In conjunction with UNSW, we also provided training for about 400 Immigration officials.

Going back to silos, even with UNHCR, there are two elements of that organisation that don't talk to each other. There is one decision-making process that does refugee assessment claims and the other that provides mental health psychosocial support services globally.

Part of our work is trying to break down silos, which prevent knowledge exchange that can be crucial for asylum seekers.

Decision-makers just want to do their work well and need access to psychological evidence to properly assess claims. They want to ensure the integrity of the refugee system because trauma impacts people's capacity to speak about what's happened to them. Without psychological evidence, there's a grave risk that their claim will be misunderstood.

Essentially, your vision is to improve mental health outcomes by improving access to services in emergency settings, so improving mental health outcomes post-migration.

That's the hope. First, it was just an issue of making an administrative-decision system more accurate and therefore, more just. There has been no resistance, since decision-makers, as we have learnt, are very open to applying knowledge from psychological research so they can better understand the refugee claims being considered and create a more effective and equitable environment for assessing those claims.

And that's taught us there's potential to globalise this. The next step is to form a global consortium to bring together the decision-making context and the mental health psychosocial services that operate side by side in every refugee camp but don't talk to each other, and then create a formal partnership to improve the assessments of applicants' claims and outcomes.

The experiences of refugees going through a decision-making process and that of veterans making an injury claim are identical because they all involve justice and administrative decision-making. The consequences of poor outcomes are the same for each group. The irony is that the refugee decision-making space is far more advanced in creating psychologically-informed processes than other jurisdictions.

What does that reality look like in the context of emergency evacuations, for example, following the fall of Kabul? Is it the waiting time?

Situations like the one in Kabul created long periods of uncertainty for people. Certainly, speeding it up at the cost of procedural integrity, nobody wants that, but these delays aren't about procedural integrity. For example, the large legacy case hold that came about with the Pacific Solution II and the decision to defer cases left more than 30,000 people in limbo for years. The temporary protection provisions in place haven't been resolved yet.

There is uncertainty with the current safe haven provisions and the constant need to bring this evidence forward because it's often forgotten. There may have been merit in interrupting and preventing people-smuggling that was leading to many maritime tragedies, but relaunching mandatory detention was such a great blow that it effectively punished those who most needed to be protected. In this manner, our nation lost its moral compass in this vital sphere. Immigration detention has now been globalised and represents one of the greatest threats to the wellbeing of displaced people today – those who should in fact be afforded the full benefit of the UN convention on refugees.

What gives you hope? Tell us more about bringing forward marginalised voices.

The question of hope is very challenging at the moment. The increasing militarisation is worrying. The deterioration of mental health in communities is often the first sign that human rights are being violated.

There are challenging times ahead but there's a global opportunity to address issues. If I look back at my research, at one level it contributed to a helpful

human rights narrative, but at another level, it was driven by privilege, I was unaware of my own privilege. We worked with those who've become voiceless and nameless and we captured their story, often advocating on their behalf.

This is not a shared story and there is a growing recognition that research itself is empowered by past histories of colonialisation and dispossession, and if not done with great care, perpetuates further dispossession, silencing and disempowerment.

Can you share some insights for students or professionals entering the trauma field?

It's a very exciting time because the old template isn't adequate any more, even though it's still widely practised and there is a new template about bringing forth the voices of those with lived experience. There is a commitment for self-questioning and self-examination on our part.

There is probably a greater push than ever towards knowledge creation and knowledge generation just as academia is globalised. There are now more students wanting to do more research about more subjects, but that does need to be balanced by taking into consideration the priorities and rights of the refugee voices which we are trying to understand.

I'd love to end our conversation on the notion of service. Can you share a final reflection about the meaning of service to you?

I think service is at the heart of the field. The field is founded on this fundamental commitment to humanitarian principles and principles that promote dignity and justice. These are the core values since the beginning, combined with a commitment to evidence-based medicine and traumatology.

And we followed on the great examples of people like Robert J. F. Lifton, the great American psychiatrist who worked with Hiroshima victims and Holocaust survivors. There was commitment from the very beginning both to service and to resisting, creating a better world by documenting and bringing justice, in particular to those who've been denied justice. Most importantly, we have had an opportunity to meet the most inspiring and remarkable individuals, who carry their wounds with enormous courage.