



# Exploring No Man's Land

*Working Effectively with Asylum Seekers  
in the Australian Setting  
By Dr Belinda Green*

**W**orking therapeutically with asylum seekers in the Australian setting can be both challenging and complex. There are multiple and interactive forces at play for clients, including past experiences of violence, deprivation and loss as a result of organised violence and inter human conflict in their homeland, as well as the process of flight and seeking safety.

This process of seeking asylum can in itself produce new traumas which have a cumulative effect and could result in re-traumatisation. For instance, in the case of Australia, evidence-based research shows that mandatory detention can cause mental health issues.

Being incarcerated for a protracted and undeter-

mined amount of time, lacking information about one's legal status, while having to re-count stories of past persecution, evokes a loss of control, uncertainty, hopelessness, a sense of alienation and isolation, social exclusion, depression, boredom, anxiety, fear, despair, and a variety of physical ailments including digestive problems, headaches, sleeping disturbances and other stress related somatic conditions amongst clients.

Research highlights that six months or more of mandatory detention diminishes overall health.

For those people seeking asylum in Australia who do not experience mandatory detention, the uncertainty and lack of assurance that they will not be returned to a dangerous situation while having very little control over the decision about their future status,

also impacts upon their health and wellbeing.

The international events that led to them leaving their homeland may well be continuing. This can create fear and concern for the loved ones left behind. Asylum seekers may be hesitant to make contact with relatives due to the fact that family members may be the target of persecution, as a result of their relationship to the asylum seeker.

Family members may also be waiting or relying on the asylum seeker for financial support or sponsorship. Given the protracted process of applying in Australia, clients may feel shame and guilt as a result of family members waiting for them. This may result in having to lie to relatives, or not informing them about what is going on in Australia, which further renders the asylum seeker socially and culturally isolated. This is reinforced by sensationalist and negative media representations, and politicised ambivalence towards asylum seekers in Australia.

It is important for therapists to appreciate these multiple forces at play for clients and appreciate the ways in which these factors interact with one another and inevitably affect the asylum seekers' experience of interventions and service delivery.

**O**ne overarching principle to best practice is building a successful relationship with clients. This means being open to your client as an individual with their own beliefs, values, experiences, cognitive styles and patterns of relating to people, while conveying respect, positive regard and interest alongside acting both ethically and honestly in your engagement.

It is also crucial that as practitioners we reflect on our own perceptions of the social world and where these values come from, in order to come to terms with our own cultural prejudices. If we can acknowledge that our behaviours, beliefs and values are based on our own culture and life experience then we can begin to understand that our way of seeing things is not absolute. We can understand and appreciate that clients may have different perceptions of their problems and possible solutions that can be equally valid.

Accepting that there are other ways of doing, being and thinking outside of one's own cultural prism,

and being curious and open to understanding difference and its logic, is vital. Treating clients with respect by acknowledging and responding to their needs and values is important. Asking your client what their expectations are and how things are done in their country can also be helpful. This includes a willingness and ability to adapt your behaviour to avoid being offensive to them, and being open to clients' different response styles.

For instance, not everyone labels their affective state or mood the same way. Trying to understand the particular idioms of clients' affective states, even if the therapist makes a mistake, can be useful because it can build and deepen the relationship with the client through the process of reconciliation or by the client clarifying what they mean.

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**A**nother aspect of working effectively with asylum seekers in Australia includes understanding the impact of sexuality, gender and gender relations. Gender refers to the social organisation of biological sex categories known as 'masculine' and 'feminine'. It is generally accepted that gender and gender roles are culturally rather than biologically determined. As a result of the feminist movement the idea of gender complementarity i.e. where women and men are assigned certain roles and characteristics based on their biological categories have been replaced by

policies advocating gender equality.

This transition in perceptions of gender and gender roles is a part of the cultural and legislative apparatus in Australia. However in some societies and communities the idea of gender complementarity has greater influence.

For some clients the idea of gender complementarity may mean that women are expected to behave in ways which may not comply with conventions in Australia. This may certainly be the case in terms of expectations pertaining to women's dress, sexuality, mobility, levels and types of participation in the public domain. Therefore, some male clients may have particular ways of relating to women which may be appealing to therapists.

For instance some cultures emphasise male chiv-

ally, being romantically explicit towards women they are attracted to and behaving in ways which some women may find endearing and charming compared to their western male counterparts.

In other communities for example amongst some Muslims, negotiating relations with the opposite sex is resolved by incorporating them into the fold of family members i.e. as 'brother', 'sister', 'father' and 'daughter'. Through this cultural appropriation this allows for the Muslim client to have a platonic and mutually respectful relationship with the clinician.

A therapist should be wary of acquiring a sense of validation she may receive through comments by the clients about her looks. This could have implications for clear and professional boundaries.

Issues related to sexuality may also arise in the context of the therapeutic relations. For instance, some clients may not feel comfortable disclosing their sexual preference to workers as a result of past persecution and discrimination. They may also hold different values and beliefs pertaining to same sex relations.

**G**iven that clients remain in a state of uncertainty about their future status, it is important for therapists to recognise the limited sense of safety and control they can possibly feel. In many ways clients are behaving in ways which represent their predicament. Coupled with this, past traumas as a result of organised violence and human rights violations also leads to feelings of disempowerment, distrust and fear of other people.

Instilling a sense of safety, control and trust for the client is paramount to good practice. For instance, when clients offer information about their background and culture, allow yourself time to learn from the client. Avoid rushing, being directive or patronising towards the client. Be patient and willing to repeat information several times while checking in with the client through open ended questions. Using a calm voice, even tone and open body language, while expressing a genuine openness and curiosity in your approach towards the client, is important to the above principles of safety, control and trust. Continuing to check in with the client to encourage him or her to ask questions, while remaining open and transparent

in your role and communication, is also crucial for asylum seekers who may have been exposed to corrupt institutions and authority figures in their home country.

Given the uncertainty of the clients' status, it is also important to work with the present and focus on the clients' strengths, acknowledging that although they don't know what the future might hold, ask the client to think of what is it that has helped them so far and what has motivated them.

Ask them how did they cope in detention and draw out the positives for the client. Encourage and resource them to take on activities in the present which are constructive and could make a positive contribution to their future; e.g. language classes, or organising people who do have good language skills to assist others. Asking the client to choose a symbol or something which comforts them and reminding them of their strength and power is also useful.

Finally, when working with asylum seekers it is also important to be mindful that clients are in a very high-pressure situation, so things can change quite dramatically in terms of their mood and ability to cope. Therefore, making sure you conduct risk assessment for suicidality on a regular basis is also important.

While working with asylum seekers is inspiring and rewarding, hearing their stories of

traumatic experiences can have a significant impact on you as a worker, particularly in the case of asylum seekers with their specific circumstances, and can result in both the clinician and client feeling helpless and hopeless. Therefore, the importance of maintaining self-care principles including having appropriate supervision is critical for all practitioners working with asylum seeker clients. **R**

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*Dr Belinda Green is the STARTTS Training Officer. Dr Green would like to acknowledge Mariano Coello and other STARTTS staff who contributed their clinical knowledge for this article.*