

## RESPONDING TO TRAUMA

Handbook based on experiences of Afghan refugee women living in Finland

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## ABSTRACT

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Handbook based on experiences of Afghan women living in Finland

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As more traumatized refugees are coming to settle in Finland, it would be beneficial for social and health workers to understand basic trauma theories, symptoms and reactions and support methods. It is for this purpose that the following thesis booklet was written, regarding responding to trauma, based on experiences from Afghan women. While there are few books written on this topic, it is helpful to have a compact handbook, with precise information, for students and workers to refer to, regarding this subject.

Research for this thesis booklet included both qualitative and quantitative methods, with more emphasis on qualitative. There was a considerable amount of research on trauma, Afghanistan, refugees, crisis counseling and mental health. Theories were explored regarding effects of trauma and studies were examined in correlation with post traumatic stress disorder clients. Six interviews were conducted with refugees from Afghanistan now living in Finland and five interviews with Finnish professionals working with traumatized refugees from different countries.

From the research and interviews, it is the author's conclusion that there is a real problem with the amount of trauma many refugees have experienced and the need for healing so that a full and satisfying life in Finland can be realized. Not all refugees will need professional therapy but it is helpful for social and health workers to understand the symptoms and be able to guide the refugee to appropriate channels of support.

In conclusion, from the materials gained in this research, there are plans to form and teach a short seminar on trauma for students and professionals in Finland. Also, there is a possibility of setting up a partnership program for students and refugees, initially in Tampere, and then perhaps to other Universities in Finland.

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trauma, refugees, crisis counseling, mental health, war-torn nations

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## 1 INTRODUCTION

The Bachelor Thesis has been done as a project work for creating teaching and learning materials for workers, to better respond to trauma, in refugees coming to live in Finland. The thesis report consists of two parts: the process description and the “Responding to Trauma” booklet.

The need for a safe environment is causing more refugees and asylum seekers to seek shelter in Finland. As these people arrive in our country, are we prepared and equipped as social and health workers to assist them in their inner struggles? While safety, food, accommodation, education, work and language are first priorities for settling in to a new country, with traumatized refugees, there are also other considerations. Refugee victims of severe or prolonged trauma experience many reactions and symptoms that often are not understood or addressed in the refugee’s native country. The support and care they receive in Finland for these symptoms may enable these refugees to live more meaningful, productive and satisfying lives.

For a social or health worker that may encounter traumatized refugees, it would be beneficial to know basic trauma theories, symptoms and reactions, support methods and personal experiences. While some traumatized refugees are able to cope in daily life without special help, being supported by family and friends, others suffer stressful symptoms of post traumatic stress disorder, for example, and need therapy to recover. An informed social or health worker will understand the symptoms and thus be able to guide the refugee to appropriate channels of support.

It is my intention in writing this trauma booklet to have material that is easy to read and understand for the worker so that he/she would be able to better support the refugees. Students that are studying social or health services will inevitably meet refugees with some form of trauma experience and this booklet will help to equip them in their knowledge and practical service.

Following are the steps that have been taken in the research and production of this booklet. This included many personal accounts of trauma from Afghan refugee women as well as professionals that work with traumatized refugees.

## 2. PROJECT DESCRIPTION

### 2.1 Objective and background for the thesis project

My goal with this booklet is that students and professionals would be able to learn the basic theories and facts about trauma as well as personal common experiences of refugees that are coming to Finland. This information includes the healing process and impact of positive community experiences in helping the refugees to gain empowerment and fulfillment. Along with theories and research information, there are personal testimonies from Afghan women and professionals who work with refugees that have experienced trauma.

When I worked with Afghan refugees in Nokia for one of my first practical training periods, I learned about the traumas most had endured before coming to Finland and some of the unique difficulties they encounter in settling here. The social worker I was with mentioned the need for more information about trauma and how to support refugees better. This planted the idea for writing a thesis booklet about refugee trauma and evolved more over time in discussions with my director at school.

### 2.2 Collection and analysis of information

I gathered much background information about Afghanistan to better understand the culture and what daily life, especially for women, entailed. I read numerous books and internet articles on trauma and trauma therapy; Afghan ladies horrendous experiences; history and current status of Afghanistan; refugees from war torn nations; mental health issues; and crisis counseling. This reading and gathering of material started in the late spring of 2008 until January, 2009.

Between August and February, 2009, I interviewed six Afghan women refugees, two social workers, one psychiatrist, one physiotherapist, one worker from the employment office and a Finnish nurse who lived in Afghanistan for 20 years. During my practical training period in 2007, I interacted with and interviewed several Afghans. All of the professionals interviewed have been involved with refugees and had valuable information to contribute to the formation of this booklet on trauma.

### 2.3 Interviewing professionals

I interviewed a team that works together in Tampere, consisting of a psychiatrist, physiotherapist and social worker, in November, 2008. They work mainly with refugees who have many psychological problems and illnesses as a result of trauma. I used a tape recorder and we spent a couple of hours discussing this topic. Questions I asked included:

- How do the clients find their way to your team? Are they recommended by someone?
- How often do the clients come for therapy? How long does therapy generally last?
- Do they understand that that the trauma they experienced is causing their symptoms?
- What are some of the general symptoms in the clients you are treating?
- Is PTSD a problem for most people that have experienced trauma?
- How do you build trust with your clients?
- What is involved with clients that need physiotherapy?
- What happens with clients that are resistant to the process of therapy and prefer to forget their trauma and just move on but continue to have severe symptoms?
- Do you often use interpreters with your clients?
- What is considered successful treatment and how do you know when a person is ready to end their therapy sessions?
- How should professionals and others best support refugees in this process?
- Are there support groups, besides Naistari, in Tampere for refugee women?

I spent many hours in the spring of 2009 with a Finnish nurse who had lived in Afghanistan for 20 years and gained valuable insight from the experiences and stories she shared with me. Trauma was a theme that permeated many aspects of life for the Afghans that this nurse and her family were with during those years.

I spent many weeks in practical training in early 2007 with a social worker who specialized in refugee work with Afghans. I gained much information and knowledge during that time and later in 2009, we discussed more specific aspects of trauma and secondary stress syndrome, which this social worker herself experienced. She also recommended the Afghans for me to interview for this booklet as she knew them all well.

## 2.4 Interviewing Afghan refugees

Between September, 2008 and February, 2009, I interviewed six Afghan refugee women. Three of the interviews were done in Finnish, two were in English and one was with a professional interpreter. The ages of these women ranged from 21 to 47.

Two of these ladies had experienced severe and prolonged trauma, personally and within their families, before arriving in Finland. The others had experienced some difficulties before coming to Finland but not necessarily the trauma as being defined in this booklet.

In these interviews, we discussed life in Afghanistan and the personal experiences they had gone through on their journey to Finland. I took notes but did not use a tape recorder in these interviews as I thought it might make the women self-conscious.

I learned much from the different interviews as some were with translators while others were in Finnish and the remainder in English. I tried to create a comfortable atmosphere with good listening and for the most part, the interviews went well. The interviews in Finnish were more challenging for me as I had to write my notes in English while trying to concentrate on receiving the thoughts and feelings accurately. I used a tape recorder with several of the professionals that I interviewed and this was very helpful so that I could listen and interact actively during the interview and review word by word the variety of concepts we addressed.

I did not want the Afghan women to feel uncomfortable with a tape recorder so instead I wrote notes and spent extra time interacting before and after the interview. For my style I would say I prefer the tape recording since I like to be active in the interview and interact with the people instead of writing notes. This is a consideration for future interviews.

### 3 SELF EVALUATION

#### 3.1 Learning Curve

The process involved for this thesis booklet has been intensive and interesting, at times overwhelming. I did not imagine when first starting the research almost a year ago what I would uncover and what would finally emerge as a result. For a few months during the fall and early winter of 2008, I felt much heaviness as I read about and heard story after story of devastating trauma experiences. Perhaps I was experiencing a little of secondary traumatic stress as my empathy was maximized and questions of justice and universal suffering penetrated my thoughts. The world did not seem like such a nice place while I was so emerged in these issues of trauma.

It was very important for my own well being and for the well being of my family that I took time off during the Christmas holidays and did not think at all about trauma or the booklet. This time of relaxation and fun helped to restore the balance in my objective thinking and analysis for the remaining thesis work that I began again in January.

Although this topic is difficult, and I made mistakes by getting too immersed in it, I see the importance of understanding the principles of trauma. Interviewing Afghan ladies helped to verify all that I was reading on the subject and made it more personal and real. Understandably these ladies did not open up very deeply in our talks about their experiences since relationships and trust would need to be established over time for that. But they did allow me to glimpse into their lives and two of the ladies actually shared very personally, which I appreciated.

I gained much more insight interviewing the professionals that work with refugees as they confirmed what I was reading and gave concrete examples of trauma theories and the process of trauma recovery. They could speak more openly about the experiences, symptoms and reactions than the refugees themselves. This part of my learning knitted together the stories and research in a very tangible way and helped tremendously in putting together the trauma booklet.

I started a correspondence course in January, 2009 on crisis counseling, which has been helpful for obtaining and confirming information about trauma, symptoms and the healing



process. I attended a week long seminar in United Kingdom in the beginning of April, 2009, regarding working with traumatized people, especially refugees.

Though I started this research in the spring of 2008, I focused too much on the trauma during the fall, resulting in a type of depression from the overload of tragic information in a short time frame. I should have organized my schedule better, perhaps reading more over the summer so it would have been better balanced. The interviews were fairly well spaced out over many months so that I had time to transcribe the information, reflect and compose the relevant themes and ideas.

Looking back, I would have started this process already two years ago, gathering the information about trauma over more time so as not to have been so overwhelmed. It helped in the process to discuss with social worker, Ulla Pulakka, who experienced her own secondary stress and consequently retired early from working with refugees. Ulla confirmed many of the issues that may arise for a professional working with traumatized refugees and this would be an important factor to relay to students that are planning to work with refugees or professionals that are not supported adequately in their work.

### 3.2 Future Development

The crisis correspondence course, trauma seminar, and extensive research on trauma have been beneficial for my future plans of developing a training course on trauma for students and professionals in Finland. Interviewing these Afghan women, hearing about tragedies from workers and reading personal stories from several sources helped me to realize the great need for training in Finland as more of these traumatized refugees arrive.

Also included in the booklet is a format for incorporating a program for students in social or health services that are interested in working with refugees. This study program would include a certain amount of classroom hours per week and other hours designated for students to practically assist refugees in advocacy issues and empowerment for daily living. This model was based on Jane Addams settlement houses and was initiated among Hmong People in Michigan in 2000 with undergraduate students. This was a very positive experience for the refugees and students and could be a valuable program here in Finland as more refugees arrive.

#### 4. 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 the training course and student/refugee program would also be beneficial for refugees and potential workers.

According to the recommendation of Ulla Pulakka, there are now negotiations for translating and publishing this booklet into Finnish. This would be a useful tool for workers and students interested in this subject and for those working with refugees.

The word trauma literally means “wound”. There are many of these wounds that have yet to be healed. The world is often not the rational and safe place we would like it to be and trauma shatters this illusion for the many refugees that have endured it. Though they usually feel Finland is safe when arriving here, the protective devices that have allowed many to endure trauma need to be slowly replaced with wholeness and healing.

We have the possibility of aiding in this process with refugees, whether professionally or merely offering a smile and helping hand in everyday life. The worst events in life are survivable. Coming alongside the traumatized person not only benefits their healing process, but teaches the care giver much about people while enlarging one’s own capability for empathy, understanding and human awareness.