

The need for trauma therapy of man-made trauma victims compared to victims of natural disaster, a health professional survey.

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Trauma type	% PTSD
× Held captive/tortured/kidnapped	53.8
× Rape	49.0
× Badly beaten up	31.9
× Sexual assault (other than rape)	23.7
× Other serious accident	16.8
× Shot/stabbed	14.3
× Unexpected death of associate	10.4
× Child's life-threatening illness	8.0
× Mugged/threatened w. weapon	7.3
× Witness killing/serious injury	3.8
× Natural disaster	2.3





The Refugee Crisis



The Refugee Crisis

- ✘ Since the start of the Syrian Revolution in March 2011, nearly half of Syria population has been displaced. This constitute about **eight million people in Syria** and **more than four million** registered refugees who have fled to adjacent countries (UN, 2015).
- ✘ It has been estimated that more than 210,000 people have been killed and 840,000 injured since 2011.
- ✘ Many Syrian refugees were exposed to massacres, murder, executions, torture, hostage-taking, enforced disappearance, rape and sexual violence, as well as recruiting and using children in hostile situations.

- × Exposure to this level of violence have resulted in long-term physical and mental disabilities in the survivors.
- × Even those who were spared violence and trauma continue to be concerned about the fate of relatives they lost touch with, especially those relatives who classified as missing, in addition to worry for relatives left behind in Syria as a result of the deteriorating security situation in the different parts of Syria resulted in looting and/or destruction of their houses and belongings (Almoshmosh, 2013).

- **A study by Gokay et al. (2015) of a random sample of 352 (aged 18 to 65 years) from the 4125 Syrian refugees who live in the Refugee Camp in Gaziantep, Turkey. The study found that 33.5% of the sample had PTSD.**

- **Following the Nepal Earthquake on Saturday 25/4/2015 when a 7.8-magnitude earthquake hit Nepal but also affected other areas and countries including India and Tibet. More than 8,000 people were killed. Dr. Chuda Karki had in liaison with the senior Psychiatrists in the only Psychiatric Hospital in Nepal coordinated the provision of trauma provision to Nepal with support from myself and Prof Jamie Hacker Hughes.**
- **With the help of Derek Farrell and HAP India, an EMDR training was held in Kathmandu in June 2016 and it was run.**



Dr Chuda Karki









Dr Chuda Karki

Dec
10
2013

Middle East Training gets going

Events

Add comments

Sian Morgan reports:

As our very successful EMDR training for therapists in post-war Bosnia settles into its second phase, HAPUK&I is delighted that, at last, we have been able to start an EMDR training programme for clinicians working around the Middle East.

At the end of November 2013, 30 mental health practitioners, a most gratifying half of them men, from Iraq, Syria (including Damascus and Aleppo) from Libya, Egypt and from Jordan Turkey's refugee camps attended a HAP UK & Ireland Part 1 EMDR

Training in Istanbul delivered by [Mona Zagroul](#), an EMDR Trainer from Palestine and [Emre Konuk](#), EMDR Trainer in Turkey who generously provided his premises for training.

Four Palestinian Facilitators also contributed, and the training was coordinated in the UK by Dr Walid Abdulhamid, a psychiatrist and EMDR Accredited Practitioner. Walid made an enormous contribution to the course, liaising with participants in Arabic.



Participants were very enthusiastic about EMDR and pleased to have a tool that they feel confident they can use immediately to help relieve the suffering of refugees and compatriots.

It was a humbling experience to work with people whose daily lives are at the coal face of trauma. Their gratitude was enormous.

We hope this will be the beginning of a larger HAP project in response to the



Welcome

Welcome to the HAP UK & IRELAND (Humanitarian Assistance Programme) website.

We're a charity affiliated to, though independent from, the EMDR UK & Ireland Association, set up to provide training in traumatology and EMDR (Eye Movement Desensitisation & Reprocessing) to local mental health professionals working with people in traumatised communities worldwide.

Do browse around the website to find out who we are, what we do and how you might be able to support us - financially or with experience and expertise.

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Latest News



November 2013



November 2013



October 2015



Gaziantep 2016

Methods:

Trauma Aid UK (previously HAP UK & Ireland) conducted three EMDR TRAINING in Turkey the first was on 28th November 2013. Since then 3 groups completed 3 parts EMDR training trained 86 clinicians. The last was trained during 2016 in Gaziantep. In June 2016, the first EMDR training in Nepal was started.

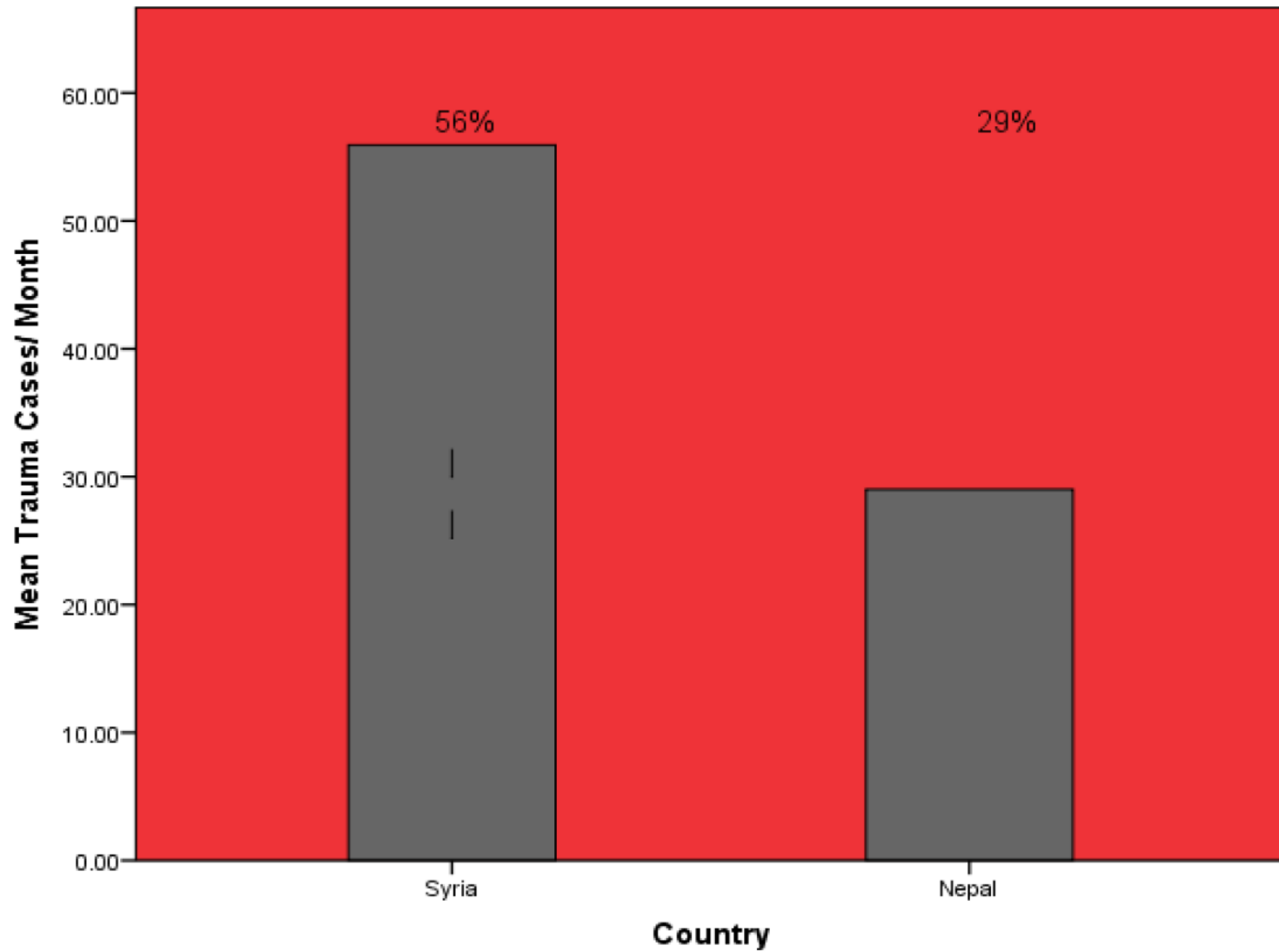
A survey was conducted at each training course. Participants were asked to consent to participate in the study and, if they did, they will be given the Arabic translation of 'The Need for Trauma-based Services' quantitative and qualitative Questionnaire.

63 Syrian participants of the Istanbul and Gaziantep EMDR training and these were compared with 37 Nepalese Participants of the EMDR training in Kathmandu were asked to fill the original English ‘The Need for Trauma-based Services Questionnaire’. The results were:

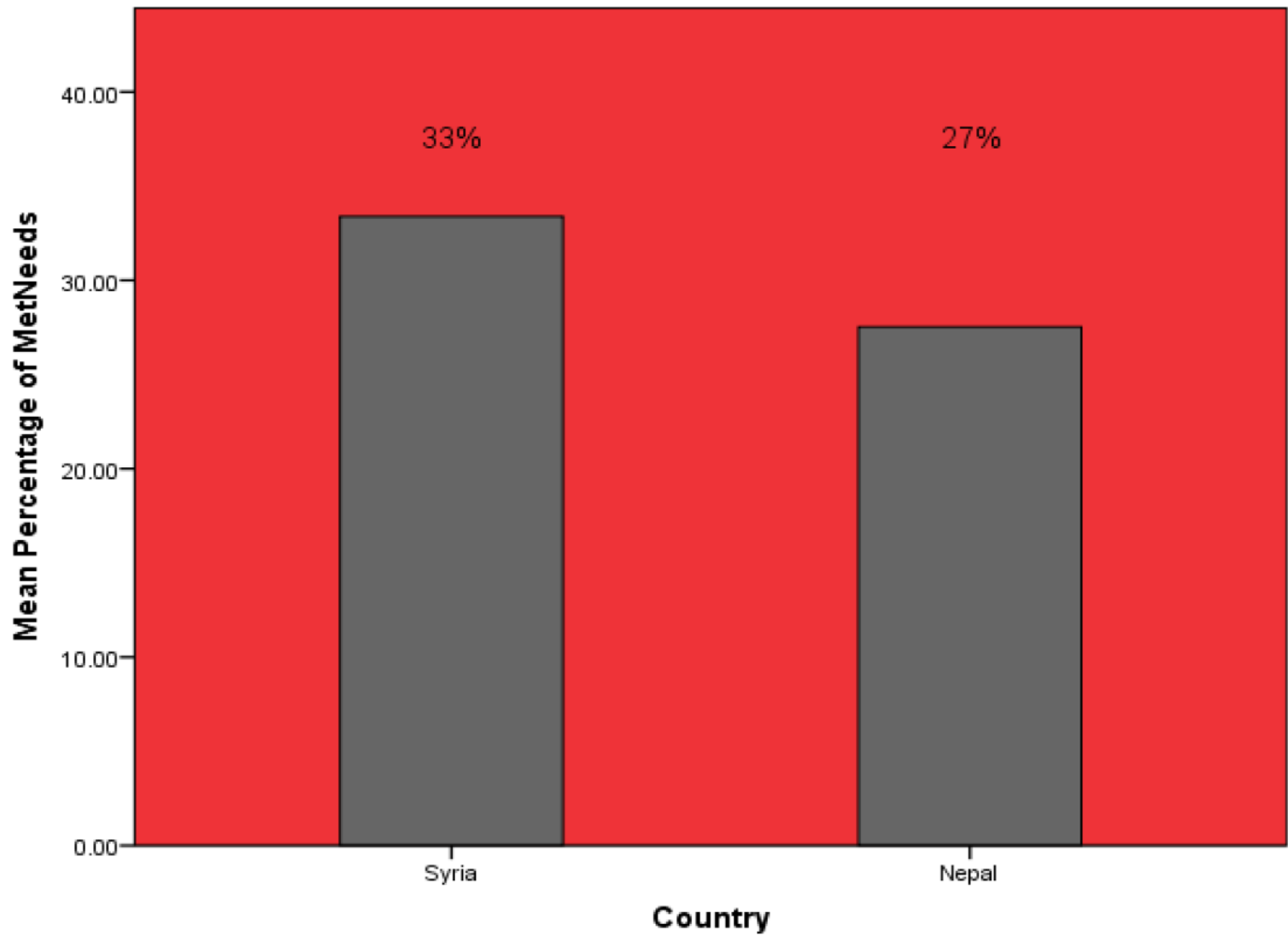
Demographic Variables	Syrian Participants	Nepalese Participants
Gender* Male	29 (46%)	31 (66%)
Female	34 (54%)	16 (34%)
Profession:		
psychologists	33 (52%)	13 (33%)
psychotherapists/ SW	23 (37%)	15 (38%)
Psychiatrists	7 (11%)	11 (28%)

Mental health problems	Syrian Participants	Nepalese Participants	Odds Ratio (CL)
PTSD is the Major problem in country*.	33(52%)	3(6%)	16 (4.5-57.4)
Percentage of PTSD cases you see per month	56% (SD=20.2)	29% (SD=20.2)	

Mean Percentage of Trauma Cases Seen Per Month (Sig <0.000)



Mean Percentage of Trauma Needs Met by Services (not significant)



Unmet needs in trauma management	Syrian Participants	Nepal Participants
able to meet trauma patients' needs (NS)	33% (SD=16).	27% (SD=23)
unmet need for trauma psychotherapy	98%	90%
Need for EMDR Training:	100%	100%
Local language for training:	100%	91%

Currently in use with Trauma Cases	Syrian Participants	Nepal Participants
CBT	34(54%).	11(23%)
Counselling	4 (6%)	15 (30%)
Referral	0%	6 (12%)
Medication	6 (9.5%)	1 (2.1%)

Suggestions for Better Trauma Service Provision	Syrian Participants	Nepal Participants
	<ul style="list-style-type: none">-Social Work and Occupational Therapy-Training Staff-Children Services-Training/ education in Camps-Tele-therapy-Group Therapy	<ul style="list-style-type: none">-Mental Health Training of Health Staff-Population education on Mental Health-Community Based Services-Mobile Mental Health Units for remote area.-Multi-disciplinary Approach

The Way forward for Syrian Refugees:

This is by improving the Trauma provision in Syria and neighboring countries by:

- 1. Training and supervision.**
- 2. creating trauma services and psychological service for refugee camps.**
- 3. creating trauma first aid programs in Arabic (<https://www.unitar.org/confronting-trauma-primer-global-action>) for traumatized Syrians.**
- 4. Addressing the lack of qualified staff.**
- 5. Telemedicine.**

Conclusions:

- 1. Conflict, lack of security and the deteriorating situation have had great impact on the mental health of the Syrian refugees.**
- 2. Extreme themes of trauma with 'loss of relatives after explosions or assassinations' the presence of 'victims of political imprisonment' in addition to 'terrorism and kidnapping' and 'barrel bombs terror' that continue to go on.**
- 3. increased number of mental health problems with a corresponding reduction of the professionals or facilities .**

4. Many of the mental health staff are unqualified with lack of both pharmacological and psychotherapeutic treatments and non-existence of specialist mental health centres and mental health assessment tools.

5. The Syrian refugee crisis has created massive mental health problems but those therapists who try to help find major problem as: 'Lack of appropriate place to hold psychotherapy sessions'.

6. EMDR is an essential intervention that could help meet the needs of these refugees.

6. A Syrian participant suggested that: ‘We need all the specialties in mental health’. However the main immediate need suggested by most participants is ‘to train more psychotherapists who can help trauma victims’ and this need was suggested to be for EMDR training in the Arabic Language.