

Chapter 4

UPLIFTING SOCIAL SUPPORT FOR REFUGEES AND ASYLUM SEEKERS

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ABSTRACT

Refugees and asylum seekers (R&AS) are some of the world's most resilient and strong-willed people. Simultaneously, they can also be some of the world's most vulnerable and marginalized. Through a process of traumatization and transformation, R&AS navigate the many intricate roads of their life journeys. Beyond navigation, with appropriate social support, R&AS can also heal, start anew, and thrive during the process. Social support can be a vital tool that can benefit their post-migration experiences and circumstances. Social support can act as restorative stepping-stones that positively impact and mitigate further mental and behavioral health issues, acculturation stressors and inter-generational traumas.

Deep-rooted, historical, institutional and political barriers can impede social support for R&AS. R&AS are often faced with limited or fragmented service provision, enforced dependency and joblessness, and cultural and linguistic barriers preventing access to social and healthcare services. Societal attitudes and values can also be strong deterrents or proponents of R&AS social support.

Using Hong Kong as a case example, the following chapter seeks to address some of these factors as well as propose how advocacy at the micro, mezzo and macro levels of the transition or host community can enable effective, culturally competent and holistic social support for R&AS. A holistic model of protective social support elements is proposed to foster strengths and resilience of R&AS.

Keywords: Refugee, Asylum Seeker, Social Support

1. INTRODUCTION

In today's fast paced, technologically advanced world, human society continues to be confronted by severe social injustice, violations of human rights, gender and class inequality, and horrific violence under various systems of oppression. These human-made catastrophes underscore the shocking and miserable reality of life for many who have fled their country of origin to seek refuge elsewhere. Being persecuted for race, religion, nationality, membership of a particular social group, or political opinion is primarily why someone may *seek asylum to become a refugee*.

Many refugees and asylum seekers (R&AS) have faced and survived complex situations such as armed conflict, traumatic death and loss, family separation and torture. These gruesome horrors are globally prevalent and as a global society, we have the ability to take action and assist the many resilient yet vulnerable R&AS within their complex life circumstances. Multi-level social support can be a tool to achieve this. The concept of social support for R&AS is an understudied area and warrants greater attention. The authors cite relevant studies of varying R&AS social support mechanisms.

Current theories of social support have a valuable place in the discourse around R&AS and can be regarded as foundational and applicable to their unique social support needs. A classic theory such as the *Stress Buffering Theory* promotes social support as means for coping and integrating stressful events (Cohen and McKay, 1984). A newer theory such as *Relational Regulation Theory* reasons that perceived social support positively impacts mental health as the stressed individual regulates affect, thought and action through ordinary action and conversation (Lakey and Orehek, 2011).

The *Life Span Theory* (Uchino, 2009) highlights how social support's role through the developmental life span can be impactful. Here, social support early in life, (such as childhood attachment and bonding), and later in life, (such as support through normal stressors) can be linked to coping ability during a traumatic event (such as forced migration). This valuable theory can provide greater holistic insight into coping and resiliency factors of R&AS; however, this important area of R&AS research has been largely neglected (Miller and Rasco, 2004).

For the purposes of this chapter, the authors integrate the functions of both formal (systemic or functional services) and informal (friends and family relationships) to represent "social support". Furthermore, the authors suggest that social support for R&AS can be conceptualized in a broader, systemic and holistic framework of both formal and informal social support functions.

Here, social support can be regarded as more than the well-documented determinant of health; it can serve as an operative and purposeful stepping-stone for fostering R&AS resilience, particularly salient within their post-migration situations. Using Hong Kong as a case example, the authors emphasize a focus on advocacy as a valuable strategy in building social support. They provide a holistic model of protective elements in safeguarding R&AS well being at the micro, mezzo and macro levels. While the area of R&AS social support is broad and diverse, the authors seek to discuss key features and contribute to the ongoing dialogue around this important and evolving topic.

1.1. The Global Landscape

The United Nations High Commissioner for Refugees (UNHCR)¹⁰ is an international agency created to provide safety and protection of the rights and well being of refugees around the world. R&AS are categorically two different groups of people, although there is great overlap in situational pre and post migration contexts. The UNHCR defines a refugee as someone who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group of political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.” (Retrieved from www.unhcr.org)

A refugee is someone who has gone through the process of refugee status determination, met the criteria set forth by the 1951 Convention on Refugees and/or its 1967 Protocol (Refugee Convention)¹¹, and has been granted asylum for resettlement in a host country. Asylum seekers are those who have fled their country of origin and are seeking asylum in a resettlement country. They may go through the asylum process in a third country where they have reached, which may be a transition country if the country is not a signatory to the Refugee Convention, as is the case in Hong Kong.

Whether a country is signatory to the Refugee Convention¹² will ultimately frame the contextual landscape in which R&AS reside. Nations committed to assisting R&AS demonstrate this by their signatures to the Refugee Convention. When signed onto this or any UN Convention for that matter, nation states are agreeing to abide by the international statute set forth by that respective Convention.

In the 2011 global trend report¹³, UNHCR estimated that there were more than 42 million displaced people worldwide, comprised of 26.4 million Internally Displaced Persons, 15.2 Refugees, and 900,000 Asylum Seekers. The top ten countries hosting refugees included Pakistan, Syria, Germany, China and the United States. The top ten refugee source countries included Afghanistan, Iraq, Somalia, Sudan and China. The 2012 report may prove to look differently as it will include the impact of the Arab Spring as well as ongoing conflicts elsewhere.

1.2. Hong Kong Situational Context

In the 1980's, Hong Kong experienced an influx of asylum seekers from Vietnam (also known as the Vietnamese Boat People). In recent decades, it has been Nepalese, Sri Lankans, Somalis, Pakistanis, and others fleeing conflict-affected areas. In general, the government of Hong Kong, Special Administrative Region of China (HKSAR) has been slow to respond to their needs. The advocacy work of key legal advocates, NGO's and churches for the rights and care of this severely marginalized group has been integral to their support.

R&AS in Hong Kong live in complex and often, traumatic situations. Deep institutional and political barriers heavily influence the inefficient system in Hong Kong. Most

¹⁰ Learn more about UNHCR: www.unhcr.org

¹¹ Read the Convention relating to the status of Refugees: <http://www2.ohchr.org/english/law/pdf/refugees.pdf>

¹² View which countries have signed the 1951 Refugee Convention and its 1967 Protocol: <http://www.unhcr.org/protect/PROTECTION/3b73b0d63.pdf>

¹³ Read the UNHCR 2011 Global trend report: <http://www.unhcr.org/pages/4fd9a0676.html>

prominently, not being a signatory to the Refugee Convention has resulted in ineffective refugee status and torture claim determination systems. These systems have resulted in a large majority of people being stuck in a limbo-like status that can last from a few months to eight years or more. While living within this uncertainty, their resilience is daily tested as they confront their pre and post migration stressors and challenges. Their bio-psycho-social-spiritual functioning is undoubtedly impacted.

1.2.1. Refugee Status Determination and Torture Claims

China is a signatory to the Refugee Convention; the global mandate setting the legal foundation of helping refugees and basic statute guiding UNHCR's work. However, Hong Kong is not a signatory, thus there is no legal framework governing the granting of asylum. The UNHCR's main responsibility is humanitarian assistance, however, they have been delegated to conduct Refugee Status Determination (RSD) of asylum seekers since Hong Kong is not a signatory to the Refugee Convention. A collective consensus amongst R&AS advocates, including UNHCR, is that RSD should be the Hong Kong government's responsibility. Aware of its limitations, UNHCR continues to evolve and improve its services within a resource poor setting.

According to the Hong Kong UNHCR's website¹⁴, there are little over 100 refugees awaiting resettlement and less than 600 asylum seeker cases. However, their rejection of thousands of asylum cases has been questioned, and their decision-making is immune from challenge by judicial review. This leaves many individuals to the mercy of the Hong Kong Immigration Department and often waiting in limbo and ultimately to be repatriated. In this ineffective refugee status determination system, many asylum seekers feel hopeless, useless, lost, and experience an overall deterioration of health and mental health.

To counter this, Barnes and Daly¹⁵, Hong Kong based international human rights law firm, succeeded through the landmark case of Prabakar, to demonstrate Hong Kong's obligation as a signatory to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)¹⁶. This legal precedent enabled a system that recognizes someone's claim of torture and ultimately prevented more than 6,000 removals of persons who may still be vulnerable to torture or even death back in their countries of origin. A majority of torture claimants are also pending or rejected asylum seekers. The limited recognition of torture indicates the Hong Kong Government's reluctance in providing these vulnerable people with protection and support.

Through the case of FB¹⁷, Barnes and Daly further challenged Hong Kong's CAT system¹⁸ and successfully demonstrated the system's procedural unfairness to applicants. However, the CAT system continues to be challenged by a backlog of people and other administrative and procedural issues. Hopefully, future system change will benefit those who are facing life-threatening danger in their countries of origin. In the meantime, many in Hong Kong wait with fear of being returned to their countries and further persecution.

¹⁴ View UNHCR statistics at <http://www.unhcr.org/hk/>

¹⁵ View the profile of this law firm: <http://www.barnesdaly.com>

¹⁶ Read the Convention against Torture at <http://www2.ohchr.org/english/law/cat.htm>

¹⁷ See HK Law Society for FB case details: <http://www.hkba.org/whatsnew/submission-position-papers/2009/20090331.pdf>

¹⁸ Learn about the Hong Kong's CAT policy: http://www.immd.gov.hk/a_report_09-10/eng/ch4/index.htm#b3

1.2.2. Enforced Dependency and Joblessness

Since R&AS living in Hong Kong are not considered temporary or permanent residents, they cannot work legally and are expected to live on in-kind donations. They have no cash allowance and cannot purchase goods. International Social Service Hong Kong Branch (ISS)¹⁹ provides basic humanitarian services of food bags and housing stipends to R&AS and torture claimants. Housing funding has increasingly become insufficient since Hong Kong is one of the world's most expensive places to live. R&AS cannot financially supplement their in-kind housing stipend since there are no legal employment options.

To compound matters, some R&AS have shared their feelings of degradation, disappointment and the overall lack of dignity upon receiving spoiled food or general disregard by various service providers. A positive attitude on the parts of service providers is also important. For instance, Simich et al. (2005) found that service providers and policy makers believed that their direct help to "newcomers" promoted overall health and well being.

The system of enforced dependency and inability to work has resulted in a cycle of oppression. Some R&AS may be forced to work illegally, therefore subject to exploitation or engagement in illegal activity to maintain their survival. This consequence of their joblessness circumstance often propagates a negative public perception of criminality and dishonesty. The reality is that most are just caught in the harshness of daily survival without having autonomy and the right to work to earn a living.

Enforced dependency can be humiliating and lead to bio-psycho-social deterioration. People can begin to feel useless and meaningless; their life value and purpose may begin to diminish while unemployed. However, resiliency and general healing is increased when given work and a purpose (Mollica, 2006).

1.2.3. Available Social Support and Services

In Hong Kong, there has been an ever-increasing need for crisis intervention and ongoing psychosocial support and care for R&AS. An increased prevalence of domestic violence, substance use, and suicidal ideation has been observed. To address their complex needs, a small network of service providers consisting of NGO's, churches, and legal advocates, assist with food programs, emergency shelter, legal, casework and psychosocial advocacy and faith based support.

Notably, Christian Action's Chungking Mansions Service Center for Refugees and Asylum Seekers (CKMSC)²⁰ is a key frontline provider of critical multi-level services and support for R&AS. Within a resource-poor setting, they provide a valuable cushioning to the fragmented service provision for R&AS. In addition to their information, referral, food, emergency shelter and education services, they provide an array of social support programs ranging from athletics, English language classes, women's empowerment and skills building groups, arts initiatives, and children's play group and homework programs.

Until recently, much of the available services were compartmentalized to each service provider. However, service providers have begun partnering, opening dialogue, sharing ideas, information, and resources and promoting each other's work. The Hong Kong situation

¹⁹ Read about ISS services: http://www.isshk.org/e/default_home.asp

²⁰ Learn about this R&AS service provider: <http://www.christian-action.org.hk/index.php/en/our-programs/in-hong-kong/refugees>

demonstrates the impact of macro level policy on mezzo level social supports and micro level well being of R&AS individual and families.

2. THE ROLE OF SOCIAL SUPPORT FOR R&AS

The role of social support for R&AS well being is vital and is relevant from the micro to macro levels of post migration settings. For R&AS, the post migration experience and reception is often dependent on a country asylum procedure policy, political and economic situation, societal attitude, accessibility to the community and social support, and the availability of medical, legal and social support (Bala, 2005).

Studies have demonstrated that displacement has a tremendous impact on the physical and psychological well being in refugees (Miller and Rasco, 2004). Displacement stressors are linked to the increase in risk factors for mental health problems such as depression and anxiety heightened family tensions, and challenges in establishing a supportive community. Stressors can include social isolation, loss of traditional social support networks, values social roles, uncertainty regarding welfare of the family, lack of economic self-sufficiency and meaningful activities, discrimination in host society, and lack of essential health, educational, and economic resources (Miller and Rasco, 2004).

2.1. R&AS Trauma

Within current available literature, it is the traumatic aspect of the refugee and asylum experience, which has garnered the most attention. The interest of the mental health field in refugee trauma has focused predominantly on pathological dimensions of their experience with a special emphasis on post traumatic stress disorder (PTSD) (Bala, 2005). Mental health advocacy based upon the trauma model has seen the development of multiple specialist treatment and rehabilitation centers for the care of those affected by torture, organized violence, and war related trauma (Cunningham and Silove 1993; Basoglu 2006 as cited in Schweitzer and Steel, 2008).

However, only a focus on mental health can be limiting. Ultimately, mental health work should aim to alleviate or manage trauma symptoms *and* enhance the capacity of refugee communities to cope effectively with the daily displacement stressors they are confronted with (Miller and Rasco, 2004). The process of becoming a refugee is not a psychological phenomenon, but rather results from socio-political situations, which may result in psychological implications (Schweitzer and Steel, 2008). One does not choose to become a refugee.

2.1.1. Evidentiary Re-traumatization and Interdisciplinary Support

Most R&AS are expected to tell their stories for evidentiary support in their various cases. In evidentiary interviews, trauma symptoms can affect the interview process since the body and mind are automatically reacting to traumatic memories. Often people are unable to distinctively remember details of these experiences and may become overwhelmed when asked to do so. During any recollection of traumatic events, a traumatized person may

automatically revert to the fight, flight, or freeze autonomic state, a state that may have been enacted during the time of torture and trauma. Dissociation is one of the most classic and mysterious symptoms of trauma and is common in repeatedly traumatized persons (Levine, 1997). Without psychosocial care, this dissociation may continue long after the trauma.

The effects of recalling trauma in the absence of treatment or other supportive environments need to be evaluated. It is possible that this may exacerbate or increase the breaking down, avoidance and numbing symptoms. This is important when the individual has to testify, and recollect details. Legal needs may be at odds with the individual's needs (Kinzie and Jaranson, 2001).

An increase in interdisciplinary advocacy can decrease the re-traumatization and increase coordination of needed services and advocacy for R&AS. For example, the Human Rights Clinic²¹, which functions under Health Right International in New York City, has pioneered the bridging of medical, psychosocial and legal needs of asylum seekers. Trained medical and mental health professionals meet detained asylum seekers, and sensitively conduct medical and psychological assessments, included as affidavits in their asylum proceedings. The group has a high success rate in asylum advocacy.

2.2. Inadequate Social Support

Some research has demonstrated the impact of inadequate or low social support on psychological well being. Gorst-Unsworth and Goldenberg (1998) found that in a sample of Iraqi refugees, inadequate social support was a stronger predictor of depressive morbidity than trauma factors. They found that affective social support played an important role in determining the severity of post-traumatic stress disorder and depressive reactions, particularly when coupled with severe trauma and/or torture.

In a study by Simich, Beiser, Stewart, and Mwakarimba (2005), service providers and policy makers observed that inadequate social support negatively impacted immigrants and refugees. This included feeling lonelier, more isolated, a loss of identity, discouraged and unaware of available options. On the other hand, having social support helped newcomers by fostering empowerment, community and social integration and networks, a platform to share experiences, stress reduction, and overall health and well being.

Ahern et al. (2004) conducted a study in which the findings suggested the importance of considering social support and gender when examining trauma events and symptoms. In a Kosovo emergency department sample studied two years after the end of the conflict, women with low social support had more posttraumatic stress symptoms than men. These results imply that prioritizing long-term services in a targeted gender-sensitive way may be useful.

2.3. Promoting Protective Factors

Research around protective factors which buffer exposure to violence and mental health risk is needed. Variables such as the availability of social support, resources, meaning making and coping strategies may play a critical role (Dawes, 1990; Gibson, 1989; Punamaki and

²¹ Read about the HRC at <http://www.healthright.org/where-we-work/us>

Suleiman, 1990 as cited in Miller and Rasco, 2004). A critical displacement challenge is developing social networks that can provide social support and resources as well as identify and foster settings where people can find new meaningful roles in life (Miller and Rasco, 2004).

2.3.1. Multi-Culturalism and Collectivism

Culture and post migration settings should be considered when developing interventions (Gorman, 2001). There is not one prescription on how to implement social support; it should however be tailored to the community and prioritize culture. It is necessary for host and transition countries to enable a space where R&AS may share about their supports and strengths from a traditional and culture specific context. Adapting a multicultural attitude in which information can be obtained as to the needs of respective communities is integral to the value and utilization of services, interventions, programs and support.

For instance, in a study of multicultural meanings of social support in a sample of Somali refugees, Stewart et al. (2008) found that when Somalis were asked about social support, they largely cited their traditional forms of social support. This support was largely interdependent based on informal networks of family and friends. It was also holistic incorporating financial, psychological and moral support. This was a stark contrast to the fragmented Canadian services available for them. A spiritual component was their perception that the ability to help one another was a gift from God. The findings enabled a valuable understanding of the community, and in doing so, an ability to plan effective services.

Another important concept is that of collectivism. In a study of Sudanese refugees, Schweitzer, Melville, Steel, and Lacherez (2006) found post migration experiences comprised of both difficulties and levels of social support. Difficulties were linked to increased depression, anxiety and somatization. However, social support from their own Sudanese community and the presence of their family were significant determinants of their mental health functioning. "Perceived" social support was primary in determining psychological wellbeing, while wider community social support was not. This speaks to the important role of collectivism, family systems, and cultural and traditional norms as a social support for the well being of R&AS.

Miller and Rasco (2004) emphasize that natural support systems such as family, friends and community leaders can provide valuable social support and facilitate resilience to help combat the development of trauma symptoms. Even if psychological support is needed, secondary prevention of PTSD among refugees should focus on reestablishing or strengthening social support networks within refugee communities. It is important to strengthen protective factors within the individual, family and the influence of community resources (Bala, 2005).

2.3.2. Holistic Approaches

There is a growing emphasis on holistic approaches for the individual within their environment. Implementing holistic healing and an ecological approach to traumatized individuals and communities is propped by many of the world's refugee trauma experts. In his webinar,²² Dr. Mollica promotes a bio-psycho-social-spiritual model which establishes spirituality as part of the therapeutic approach has a connection to their self-healing and

²² View Dr. Mollica's webinar <http://healtorture.org/search/node/mollica>

resilience. Spirituality has emerged in the literature as being a relevant and useful individual strength that can promote healing. Particularly for R&AS, their spirituality or belief system can play a large part in their resilience.

Rothschild (2000) highlights the mind-body connection in treating trauma, emphasizing how the body stores trauma. This view is rooted in the idea that the traumatic stress is the result of unreleased energy stored in the body from the autonomic state of fight, flight or freeze (Levine, 1997). Bodywork in the form of yoga, appropriate massage, movement and expressive arts therapies can be helpful to release stored trauma.

Rothschild (2000) suggests that the more resources available for an individual, the better and it is important for providers to build those resources before and during therapy. She cites five primary areas of resources for traumatized individuals. Key points in each area are summarized below.

- **Functional:** Accessing safe shelter, and other basic humanitarian needs.
- **Physical:** Building bodily muscle tone to enhance sense of strength.
- **Psychological:** Promotion of awareness, laughter, and expressive arts to enhance coping.
- **Social Networks:** Increasing network, family ties and core of interpersonal resources as powerful therapeutic resources.
- **Spiritual:** Reconnection with respective beliefs, practice, and nature as powerful aids in healing trauma.

3. MODEL OF R&AS HOLISTIC SUPPORT

Service and interventions with R&AS should be geared at the micro, mezzo and macro levels of the post migration setting. Based upon the literature review and R&AS advocacy experiences, the authors created a holistic model of key protective social support elements. Diagram 1 contains circles within circles indicating the intersection of micro, mezzo and macro levels as well as the person in the environment. The circles are interconnected and interdependent since each level interacts with and impacts the others. The protective elements are suggestions to foster resilience and support at each level.

3.1. Macro Level

1. *UN Refugee Convention:* Nations who have signed this Convention offer safeguards for R&AS.
2. *Inclusive Policies:* Inclusive policies with R&AS contributions can enhance and appropriately tailor social support.
3. *Resource Mobilization:* Resource mobilization can often be the bottom line in services, programs, and available social support.
4. *Public Awareness:* Societal attitudes and values can often sway policies, so promoting awareness and sensitivity towards R&AS is imperative. Public campaigns can raise awareness of the reality of R&AS experiences and can demystify false

rhetoric. This can be effective in changing negative societal perceptions and attitudes.

5. *Efficient Resettlement and Immigration*: The element of uncertainty can be traumatic for individuals and families, so efficient and transparent policies and immigration services can ease R&AS burden.
6. *Legal Advocacy and Protection*: Legal advocacy and support can significantly alter the macro framework of a community as demonstrated in Hong Kong. Often it is through judicial review of oppressive policy, or newly enacted policies that provide support and protection to R&AS.
7. *International Dialogue*: Open conversation with the international community around best practices, policies and models will enable a cohesive, solution-focused, global response to R&AS issues.

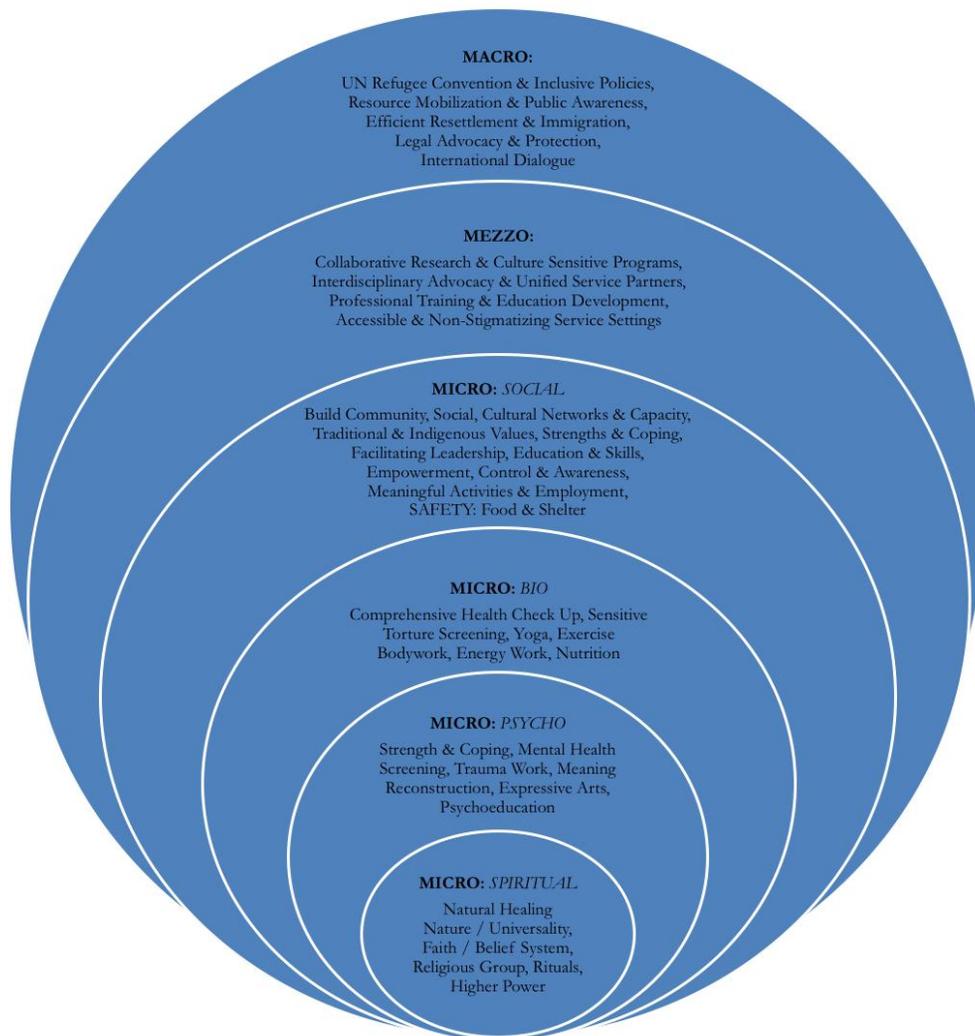


Diagram 1. Model of R&AS Holistic Support.

3.2. Mezzo Level

1. *Collaborative Research*: Services, programs and interventions should be informed by research and evaluations done with community members.
2. *Culture Sensitive Programs*: Services should be culturally sensitive and can use cultural norms as strength for communities.
3. *Interdisciplinary Advocacy*: Service providers can work together and bridge efforts to offer efficient and effective services.
4. *Unified Service Partners*: Providers can build partnerships and coalitions to advocate for macro level change as well as streamline mezzo level services.
5. *Professional Training and Education Development*: Staff and volunteer service providers should be equipped and well trained. Whether clinical supervision is available or not, peer consultation groups can be initiated to support and equip volunteer counselors. Additionally, ongoing professional training and education programs should be available for the team.
6. *Accessible and Non-Stigmatizing Service Settings*: Service settings should be accessible and non stigmatizing so that R&AS can safely access services. Seeking mental health services is often not a norm in many communities.

BIO	PSYCHO	SOCIAL	SPIRITUAL
Comprehensive Health Check Up	Strength and Coping	Build Community, Social, Cultural Networks and Capacity	Natural Healing
Sensitive Torture Screening	Mental Health Screening	Traditional and Indigenous Values, Strengths and Coping	Nature / Universality
Yoga	Trauma Work	Facilitating Leadership, Education and Skills	Faith / Belief System
Exercise	Meaning Reconstruction	Empowerment, Control and Awareness	Religious Group
Bodywork	Expressive Arts	Meaningful Activities and Employment:	Rituals
Energy	Psychoeducation	SAFETY: Food and Shelter	Higher Power
Nutrition		Build Community, Social, Cultural Networks and Capacity	

3.3. Micro Level

At the micro level, services should be tailored and appropriate for individuals. Not every R&AS will need the same amount of assistance regarding their trauma exposure and post migration needs. However, a significant amount of people will need help to heal. Also, using the bio-psycho-social-spiritual model, items are listed under each category in no particular order, reflecting the promotion of strengths and resilience at that level. Trauma work includes targeted work with R&AS who have severe mental health issues needing medication.

Finally, a multi-level support intervention should target the various risk factors, which may or may not directly affect each and every individual. A holistic intervention addressing bio-psycho-social-spiritual needs with sensitivity to torture, stress, isolation, loss of identity, and political alienation can affect the individual's readiness to receive social support.

4. SOCIAL SUPPORT ADVOCACY IN HONG KONG

Social support advocacy will be unique to each community setting, organization and devised according to the situational context. In Hong Kong, in her role as an advocate, the first author worked with CKMSC in building capacity, including broadening the scope of their psychosocial program, increasing community partner outreach, facilitating professional staff and volunteer development workshops, and beginning an initiative to address the fragmented social support within the R&AS network of service providers.

This along with other efforts has resulted in an increase in dialogue amongst partners, increased referrals, the emergence of innovative interdisciplinary advocacy and more program support. Counseling and utilization of services has increased substantially. Furthermore, CKMSC launched a community initiative to enable the voices of clients to be heard. This resulted in further collaborative research with the community to explore their post migration living difficulties and suggestions for improved service and policies in Hong Kong from the voices of R&AS. Here, a holistic framework of social support and collaborate approaches in the multi-disciplinary environment is initiating effective multi-level system change.

Protection against refoulement is imperative to protect the lives of many. Recent landmark judicial rulings have also taken place enabling another recognition of torture and what many advocates and R&AS have been waiting for-a system change in which the government will have to take on refugee status determination. Tireless advocacy on the parts of advocates and R&AS has initiated this system change, and only will time will tell how this will alter the landscape of Hong Kong for R&AS.

Although Hong Kong is a transition space for R&AS, service provision is evolving. Platforms are being created to hear R&AS voices. Collaboration, research and innovate practice is increasing and network partnerships are strengthening. This coupled with continued legal advocacy will inevitably promote better social support and services and fairer policies towards R&AS. As we work towards a holistic framework of care, there is still a long road ahead.

The authors promote a holistic intervention model for R&AS, which fosters social support and resilience at all levels. Within the current available literature, there is an emphasis on social support as a key protective factor for R&AS in the various communities they find themselves in. The authors also emphasize the need for collaboration with communities, interdisciplinary advocacy amongst service providers and tailored, culturally appropriate and inclusive services for individuals and communities. For individuals, the levels of needed support will vary. Assessing and treating trauma is crucial, as is promoting strengths and resilience. Drawing upon a holistic approach to enable social support for R&AS could prove to be an effective strategy.

Limitations of this approach include the policies, legislation, public attitude, service provider skills, individual and collective trauma, and limited organizational capacity and

resources. While these limitations are very much a reality for many communities, multi-level advocacy and collaborative research can be key strategies in fostering understanding of the situational context to develop appropriate action plans.

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