



Submission from the
Forum of Australian Services for Survivors of Torture and Trauma
Joint Standing Committee on Migration -
Inquiry into Migrant Settlement Outcomes

The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) welcomes the opportunity to contribute to the Joint Standing Committee of Inquiry into Migrant Settlement Outcomes.

This submission will outline the specific service and client context of FASSTT and its area of expertise. It will then address three of the Terms of Reference specified for comment for which FASSTT believes it is uniquely qualified to comment and proffer a number of recommendations.

1. FASSTT SERVICES AND THEIR CLIENT CONTEXT

What is FASSTT

FASSTT is the national representative body of Australia's eight, not-for-profit, torture and trauma rehabilitation and support agencies (one in each state and territory). Contact details for all agencies in the FASSTT network are contained in Appendix 1.

FASSTT agencies respond to the needs of survivors of torture and trauma who have come to Australia as refugee or humanitarian entrants. FASSTT agencies assist survivors to recover and rebuild their lives after having been tortured and traumatised in their countries of origin, while in flight, or during their stay in refugee camps. This is achieved by:

- providing high level specialist trauma clinical counselling and casework services and facilitating referrals into mainstream health and educational services (for example, early intervention programs with children and adolescents to minimise longer term mental health problems and the trans- generational effects of torture and trauma);
- increasing the capacity of mainstream health, community and educational sectors to be more responsive to the needs of refugees and survivors of torture and trauma;
- training and consulting with other service providers (e.g. doctors, allied health professionals, community workers, teachers);
- producing resources for health, community and educational services about working with refugees and survivors of torture and trauma (for example, resource guides for general practitioners and primary health care workers, guides for group work with primary and secondary age children and young people);
- developing innovative programs for assisting clients and the community (for example, establishing mental and physical health clinics, undertaking group work with clients, conducting research, working in schools);
- building the capacity of newly arrived communities to integrate more effectively into Australian society.

FASSTT agencies have been delivering services to survivors of torture and trauma and to other services for more than 26 years. They are regarded as expert specialists both

nationally and internationally. FASSTT agencies are all not-for-profit organisations and receive funding from State and Federal Governments, philanthropic trusts and private donations. FASSTT agencies are also the principal contractors to the Department of Health (DoH) to provide services under the Program of Assistance for Survivors of Torture and Trauma (PASTT). This program provides services to torture and trauma survivors at any time after their arrival in Australia and allows for short term, as well as medium–long term psychosocial interventions.

The unique context of FASSTT

Torture¹ has a specific definition and methods of torture are well documented.² It is estimated that world-wide up to 35% of refugees have been physically tortured or psychologically violated.³ Many refugees have experienced other traumatic events in countries of origin, during flight and in transit countries. A comprehensive body of research indicates that survivors of torture are a particularly vulnerable group for health disorders of different kinds.⁴ FASSTT member agencies provide a specialist service response to refugee survivors of torture and trauma based on the rationale that it is not only the demonstrated prevalence of mental health concerns associated with the legacy of the refugee experience but also their enduring vulnerability in the course of settlement at an individual family and community level, that requires a specialist response.⁵

The majority of FASSTT clients have physical and mental health problems related directly to torture experiences or trauma associated with their refugee experience.

Client profiles and characteristics

Refugee and humanitarian entrants, particularly survivors of torture and trauma, have particular needs and accordingly are appropriately treated as a special needs group within

¹ Torture is the intentional infliction of severe mental or physical pain or suffering by or with the consent of the state authorities for a specific purpose. It is often used to punish, to obtain information or a confession, to take revenge on a person or persons or create terror and fear within a population. Some of the most common methods of physical torture include beating, electric shocks, stretching, submersion, suffocation, burns, rape and sexual assault. Psychological forms of torture and ill-treatment, which very often have the most long-lasting consequences for victims, commonly include: isolation, threats, humiliation, mock executions, mock amputations, and witnessing the torture and/or death of others.

² IRCT <http://www.irct.org/what-is-torture/defining-torture.aspx>

³ R Baker, 'Psychosocial consequences of tortured refugees seeking asylum and refugee status in Europe', in M Basaglu (ed), *Torture and its consequences: current treatment approaches*, Cambridge University Press, Glasgow, 1992, p85.

⁴ UNHCR, *Refugee resettlement: an international handbook to guide reception and integration*, UNHCR and VFST, Melbourne, 2002, p233.

⁵ Kaplan, I. Hardy, D., Stow, M. Szwarc, J. "Responding to the Challenges of Providing Mental Health Services to Refugees" *Journal of Health Care for the Poor and Underserved* 27 (2016) pp 1159-1170.

the mental health service context. These needs arise from the fact that their circumstances are commonly characterised by the following:

- extreme adverse life circumstances such as experience of war, persecution, torture, displacement and prolonged periods in refugee camps or countries of asylum prior to arrival
- multiple losses of significant others
- limited or disrupted schooling
- family dislocation
- limited health care before arrival in Australia
- stressful nature of settlement demands
- limited employment opportunities for new arrivals
- limited social support and networks because of the small size of refugee communities and fragmentation within those communities
- cultural and language barriers to accessing mainstream health services and lack of culturally responsive service provision in the mainstream services
- and, for asylum seekers and people on temporary and bridging visas, uncertainty about their future status and ability to remain in Australia.

There is now a large body of evidence demonstrating that people who are exposed to horrific life threatening events typically may experience psychological symptoms that persist long after the event has taken place⁶. The experience of survivors of refugee related trauma is further complicated by the fact that they are unlikely to have experienced one single traumatic event, but rather will have been exposed to a prolonged experience of political and civil repression, armed conflict and dislocation. Such experiences and the symptoms they can cause can be a significant barrier to the settlement and community participation of survivors of refugee-related trauma.

In addition to recovering from these traumatising experiences, on arrival in Australia these clients face the stress of establishing themselves in a new country (e.g. securing housing and employment, learning a new language) and of making the transition to a new culture, society and school system.

Client demographics

In the 12 month period 2014 – 2015, FASSTT member agencies provided psychological support to just under 15,000 people who have arrived in Australia under the Refugee and Humanitarian Program from more than 100 countries. Importantly, approximately 40% of these clients were 25 years or younger.

⁶ Herman, J., *Trauma and Recovery; From Domestic Abuse to Political Terror*, Great Britain: Pandora, 1992

Clients have spent lengthy periods in refugee camps or in otherwise displaced circumstances. Most have lost family members in violent circumstances and some have been subjected to torture including rape, beatings, electric shock, sleep deprivation and mock executions. FASSTT clients' experiences have extensively impacted on them in a range of ways – psychological, social, emotional and physical.

Families are often separated from each other during the flight process and experience further stressors through the process of acculturation to their new home country on arrival in Australia. Family conflict and breakdown is common. Assessment data of adults and children assessed by FASSTT service in 2014/15 revealed that more than 60% of children and more than 54% of adults presented with family dysfunction.

It is the overwhelming experience of the FASSTT network that people from refugee backgrounds, who are survivors of the kinds of life experiences listed above, can, and do, go on to lead productive, fulfilled lives and take their rightful place as contributing members of society. This is especially possible if they are able to access strategic, timely and well informed support that addresses the particular challenges they face at critical stages in the settlement process.

2. SPECIFIC COMMENT FROM FASSTT SERVICES ADDRESSED TO THE TERMS OF REFERENCE OF THE JOINT STANDING COMMITTEE

This submission will focus on the following Terms of Reference of the Joint Standing Committee on Migration:

- national and international best practice strategies for improving migrant settlement outcomes and prospects;
- the importance of English language ability on a migrant's, or prospective migrant's, settlement outcome;
- social engagement of youth migrants, including involvement of youth migrants in anti-social behaviour such as gang activity.

National and international best practice strategies for improving migrant settlement outcomes and prospects

As outlined above, the clients of FASSTT services represent a particularly vulnerable cohort due to their pre arrival experiences of trauma and the post arrival stressors they face.

Significantly Australia is recognized as being a world leader in the provision of recovery support to refugee survivors of torture and trauma and other countries are looking to the Australian example to inform international best practice.⁷

Best practice indicates that migrant settlement outcomes are maximised when people arriving from war torn areas are **offered support not only on arrival, but also well into the settlement phase to address their psychological, social and physical needs.**

Torture and trauma is an area of specialisation providing services to the most vulnerable of those accepted for resettlement under the Humanitarian Program. It is therefore essential that these **services are delivered by providers with recognised expertise** and best practice standards of care in this field.

The impact of the exile, migration and resettlement process on the family and family dynamics is profound, as are cultural transition issues. However, for most families there are more immediate issues and needs to be dealt with in the first few months after arrival, and often family conflict will emerge as the reality of life in Australia begins to impact. Information regarding family relationships and cultural transition are best provided to most entrants once they have begun to settle and become oriented to their new lives. **Early intervention has been demonstrated as a key pillar of best practice** to ensure children as they grow into adolescents and young adults remain engaged with their families and communities in a positive and productive way.

FASSTT agencies use a number of evidence-based early intervention strategies to **engage individual clients and refugee communities on issues relating to family relationship and cultural transition issues.** FASSTT agencies have a strong track record of using community level engagement and dialogue to promote cross-cultural understandings of family relationships, the impact of pre-arrival experiences on settlement, and to provide psycho-educative activities and information. These strategies have been successful in supporting individuals, families and communities lead productive, fulfilled lives and taking their rightful place as contributing members of society.

In all States and Territories there is now a significant proportion of the population who have particular needs as a result of trauma impacts from their refugee or refugee-like experience. FASSTT has been able to work in partnership with government and non-government services to build a broad systemic response to manage some of the key issues facing this vulnerable population.

⁷ Jupp, J. Nieuwenhuysen, J. Dawson, E. (Ed) *Social Cohesion in Australia*. Cambridge : Cambridge University Press. 2007

FASSTT member agencies share a strong commitment to working in collaborative partnerships and to developing clear protocols and “mission” for these partnerships. Thus partnerships have been developed with children, family and youth, and community leaders from refugee backgrounds, as well as with housing, education, health, settlement and community services. ***Partnerships which are formed for the purpose of providing wrap around support services for vulnerable people are key to a best practice, evidence-based approach.***

The importance of English language ability on a migrant’s, or prospective migrant’s settlement outcome

It is self-evident that capacity to speak English impacts profoundly on a person’s capacity to obtain work, to engage with the social world generally and to take full advantage of the rights of citizenship. FASSTT members advise that the experience of torture and trauma is a significant barrier to clients fulfilling their full potential in terms of developing English language skills and making best use of educational opportunities.

However, English language is not by itself a predictor of good settlement. Children and young people often arrive in Australia with significant disruptions to their schooling. In Australia, age is the primary dictator of school year and most young people are placed in schools according to the age level (not academic level.) Thus a 15 year old may have had only one or two years of formal schooling and his/her literacy and numeracy skills reflect that. They may not feel able to achieve academically. This has an effect on his/her ability to remain engaged with school and to get work, and will also impact on their overall sense of wellbeing and value.

Many of the “migrant” young people referred to in the Terms of Reference in this inquiry, who are engaged in antisocial group activity, speak English well. They have either been in Australia a long time or were born here. The key issue for this vulnerable group is the degree of social alienation they experience and the factors that exacerbate that alienation. It is the contention of the FASSTT services that alienation amongst this group is exacerbated by a number of factors, including

- racism
- impacts of trauma and loss on family relationships and parenting
- inter and intra community conflict
- disrupted schooling resulting in a vastly reduced capacity to successfully access employment and meaningful activity
- insecure housing and poverty.

In the experience of FASSTT agencies many of these barriers to a migrant's settlement outcome can be effectively addressed in most cases if the support required is accessible timely and sufficient.

Social engagement of youth migrants, including involvement of youth migrants in anti-social behaviour such as gang activity

FASSTT services identify two predominant factors which may predispose a young person from a refugee background to join up with a group of peers engaging in antisocial behaviour:

- Breakdown of family and community structure which would have assisted the young person's development into adulthood and instilled in them pro social values and identity.
- The profound experience of racism leading to social alienation that mitigates against a sense of belonging in the mainstream of community life.

Each is addressed in turn.

Breakdown of family and community structure which would have assisted the young person's development into adulthood and instilled in them pro social values and identity.

Parents are faced with child rearing issues that are unfamiliar to them in their new community and it is the experience of the FASSTT services that parents will often feel inadequate and deskilled in the task of parenting in a Western cultural context. At a recent community meeting in one FASSTT agency, called in response to a series of suicides and untimely deaths of young people in one community, parents frequently voiced their fears that they no longer knew their children and no longer knew how to support, appropriately discipline and raise their children. The fear for the future and for their children at that meeting was palpable.

The long term and inter-generational effects of trauma are well documented.⁸ Trauma impacts on a person's capacity to form meaningful mutually supportive relationships and on a parent's capacity to parent effectively. So the process of disengagement from family and community typically may begin at an early age.

The profound experience of racism leading to social alienation that mitigates against a sense of belonging in the mainstream of community life.

⁸ Van Der Kolk, B. *Psychological Trauma* Massachusetts : American Psychiatric Publishing, 1987.

The reported experience of clients of all FASSTT services is that many experience racism and structural prejudice on a regular basis. Additionally, significant sequelae to the experience of refugee trauma and loss, means a heightened sensitivity to racial slurs. Research demonstrates that prejudice can encourage minority group identification.⁹ Thus, not surprisingly, gangs will typically have strong inter-group solidarity and loyalty¹⁰. In other words, a person who is routinely subjected to racism and discrimination may find belonging to an anti-social group is the only context where they experience and feel a sense of well-being and belonging.

3. FASSTT RECOMMENDATIONS

Thus, informed by our experience with people from refugee backgrounds and a strong research evidence base guiding our range of services and intervention strategies, FASSTT recommends that

- the Australian government continue to offer resettlement to people fleeing persecution based on their **need for resettlement rather than their settlement prospects;**
- Government support programs be **based on the following best practice principles**
 - Support is offered **both on arrival and well into the settlement phase to address psychological, social and physical needs;**
 - services are delivered by providers with **recognised expertise and a clearly demonstrated track record of success** with this clients group;
 - Particular attention is paid to **early intervention programs;**
 - **Refugee community leadership is engaged** in the delivery and design of support programs;
 - Partnerships are encouraged to provide **wrap around support.**
- the Australian Government should
 - **Preserve and extend strategies for engaging with the refugee communities,** with a focus on parenting, family relationships, the impact of cultural transition and addressing the effects of war-related trauma. This is critical to a healthy settlement process;
 - **Preserve and extend youth specific programs** that promote connection and engagement with both the community or origin and the mainstream community;
 - **Restore parenting programs** for refugee communities as this has been demonstrated as an effective means to implement early intervention and prevention of behaviour pursuant to social alienation in later life.

⁹ Correa-Velez, I. Gifford, S. McMichael, C. "The persistence of predictors of wellbeing among refugee youth eight years after resettlement in Melbourne, Australia". *Social Science & Medicine*. 142 (2015) 163-168

¹⁰ Perrone S.White, R. *Young People and Gangs*. AIC. Sept 2000

- Ensure that services and programs are **appropriately targeted to refugee children and young people** so that they are offered support both at an early stage of settlement and early in their development. Given the importance of experience in infancy, childhood and adolescence to later development, these factors are as pertinent to a child born of recently arrived refugee parents as they are to children arriving as refugees.

APPENDIX 1

FASSTT Member Agencies

ASeTTS: Association of Services to Torture and Trauma Survivors

Address: 286 Beaufort St,

Perth, WA 6000

Telephone: 08 9325 6272

Companion House

Address: 41 Templeton Street, Cook, ACT 2614

Telephone: 02 6251 4550

Melaleuca Refugee Centre: Torture and Trauma Survivors Service of the Northern Territory

Address: 24 McLachlan Street, Darwin NT 0800

Telephone: 08 8985 3311

Phoenix Centre

Address: Level 2

1a Anfield Street

GLENORCHY TAS 7010

Telephone: 03 6234 9138

QPASTT: Queensland Program of Assistance to Survivors of Torture and Trauma

Address: 28 Dibley, Street, Woolloongabba, QLD 4102

Telephone: 07 3391 6677

STARTTS: Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

Address: 152 The Horsley Drive, Carramar, NSW 2163

Telephone: 02 9794 1900

STTARS: Survivors of Torture and Trauma Assistance and Rehabilitation Service

Address: 81 Angas Street, Adelaide, SA 5000

Telephone: 08 8346 5433

VFST: Victorian Foundation for Survivors of Torture

Address: 6 Gardiner St, Brunswick, VIC 3056

Telephone: 03 9388 0022

Correspondence to:

FASSTT: P.O. 6254, Fairfield, Brisbane. 4103