

Session 5 BACKGROUND READINGS

Working with Refugee Children and Young People

There are some wonderful resources available to assist people who want to learn more about working with refugee children and young people. Some of them are:

1. Good Practice Principles Guide for Working with Refugee Young People

Victorian Settlement Planning Committee (VSPC)

Available at: www.immi.gov.au/media/publications/settle/pdf/GPP_July2005.pdf

3. Resources from the Victorian Foundation for Survivors of Torture (VFST):

Available at: www.survivorsvic.org.au/publications.php

- ◆ *School's In for Refugees: Whole School Guide to Refugee Students*
- ◆ *The Rainbow Program for Children in Refugee Families: A collaborative, school-based program to support refugee children and their families*
- ◆ *Guide to working with Young People from a Refugee Background*
- ◆ *Taking Action: Human Rights and Refugee Issues Teaching Resource*
- ◆ *Healthwise: Health Literacy Teaching Resource for Refugee and Other ESL Students*

We have summarised some of the key points below, but this short training course is just an introduction to a very complex issue. We would encourage people to do further research for themselves.

Section a

MAKING SCHOOLS A PLACE OF RECOVERY

The school environment is thought by many to be *the* most important influence on the successful resettlement of refugee children. School teachers are ideally placed to identify problems as they emerge and to foster a supportive and encouraging environment to help refugee children adjust and recover.

Psychological help in schools may include therapy for the children and families and consultation with teachers, educational psychologists, and social workers. Liaison with the school health service to which children may present with physical symptoms should be facilitated.

In addition, teachers can do a lot to promote a supportive and encouraging environment to help refugee students adjust to life in Australia. There are many things teachers can do with their students to foster a respect and understanding for refugees' experiences and cultures and help them to adapt to school life, including:

- Be kind and patient and speak slowly
- Assist refugee students to integrate into school life and make friends
- Teach them about Australia and its culture

- Provide opportunities for refugee students to share their culture and some of their experiences, eg. have them give cultural presentations so that they are able to share and appreciate each others' cultural backgrounds
- Foster relationships of trust and support with refugee children
- Assist with homework
- Teach other students about the refugee experience and what it means to be a refugee – this must be done sensitively so as not to further traumatise refugee students (see *Roads to Refuge* teaching resource kit)
- Allow refugee students to express their feelings and experiences through drawing and play
- Link the students and their families into support systems, eg. school counsellors, refugee services provided by Migrant Resource Centres

Section b

EARLY INTERVENTION STRATEGIES

The enrolment of young refugees and humanitarian entrants in school can pose challenges for teachers and administrators. Many refugee students have had little or severely interrupted schooling and have low levels of literacy and numeracy. Refugee students may also exhibit aggressive and unacceptable behaviours as a result of their traumatic experiences.

Resources are provided to assist with the settlement of refugee students into school. The resources include the provision of English as a second language (ESL) instruction, and specialist counsellor and bilingual support. However, as refugee students are integrated into mainstream classes and the curriculum demands increase, difficulties for student learning and in student behaviour may increase.

There is a critical need for effective early intervention strategies within the school system. ESL teachers, mainstream teachers and school counsellors have identified the need for more information about how to assist refugee students before these student needs become too difficult to manage.

The school setting is an ideal place for the coordination of early intervention strategies. Collaborative work with families is possible in this non-threatening environment, without any of the stigma attached to mental health institutions or professionals. The most successful interventions are those which work collaboratively with the school, the refugee community, the family, and the student. They must extend beyond the initial period of resettlement: a staged approach appears to be the most valuable. They require the support and understanding of the all school staff, including the principal, executive, teachers and non-teaching staff.

Early intervention for refugee students refers to strategies which 'break the chain' of traumatising factors by:

- promoting the mental health of refugee children,
- addressing the trauma they have already experienced, and
- preventing the intensification of trauma due to problems in resettlement.

It is crucial that refugee children are given support and assistance *before* problems begin to manifest and they are 'noticed' to be experiencing difficulties or displaying acting out behaviours.

Section c

MAKING EARLY INTERVENTION CULTURALLY APPROPRIATE

Although the principle of early intervention can be applied across all groups of refugee children, culture is a determining factor in how refugee children and young people experience and react to trauma. Cross-cultural understanding is crucial in order to recognise the ways that problems can manifest and the most effective early intervention strategies.

In western culture, a strong belief that underlies service provision in Australia is that 'sharing thoughts, feelings and experiences is healthy'. However, the traditional cultural values of many refugee children may conflict with this. In many cultures extremely high value is placed on the family unit. All difficulties and problems are assumed to be dealt with within the family structure. In addition, many refugees will also have entered a 'trauma culture', where the highest value is survival and 'silence keeps you safe'. Thus the whole concept of traditional counselling may be inappropriate for refugee children as it conflicts with their value systems (Angel et al, 2001; Lustig et al, 2004).

This is confirmed by studies which show that refugee children and their parents often don't utilise existing counselling and mainstream mental health services (Lustig et al, 2004). Some of the reasons for this include:

- they are seen as being culturally inappropriate
- there is a stigma attached to 'mental illness' in their communities
- it is seen to be of low priority compared to the more immediate needs of resettlement: housing, employment etc
- they prefer to focus on a 'return to normalcy' as a recovery strategy, eg. going to school, playing with friends

Prior to counselling, refugee students will often need a supportive intervention that establishes trust and safety. School counsellors and community health workers need to be aware that refugee children do not frequently access self-referral counselling services, and incorporate this cultural fact into early intervention strategies.

Section d

IMPORTANCE OF THE RESETTLEMENT ENVIRONMENT

The resettlement environment helps determine whether refugee students' trauma intensifies and continues throughout their life in Australia or whether they are able to recover and move on with their lives. Three of the reasons for this are:

1. If refugee students receive appropriate psychosocial support – from family, community and service providers, they are able to begin to recover from their pre-arrival trauma and therefore adjust to life in Australia more quickly.
2. The resettlement process itself can be very traumatising for refugee students. How difficult it is largely depends on whether there are adequate services for children and their families to help them settle quickly and comfortably. Whether or not the mainstream community is welcoming of refugees also plays a big role in maximising or minimising resettlement trauma.
3. Refugee students' mental health is significantly affected by the stability of their family and the emotional well-being of their parents. These in turn are largely dependent on the resettlement environment. When adults are able to become independent and gain control over their lives, they are able to provide the necessary support to their children to help them to recover.

When refugees receive appropriate support in resettlement, they often build new lives successfully and quickly. Many refugee families in Australia have adapted happily into their new country and community and are doing very well. Children in particular are resilient, and as long as they have proper support will recover a great deal from their pre-arrival trauma.

Daniella's story

Daniella and her parents were accepted for resettlement in Australia last year. They are from Colombia in South America, a country from which many people have had to escape because of the armed conflict and drug wars. When they arrived at Sydney airport it was a cold winter night. They didn't have warm clothes and they couldn't speak any English. They felt very alone as they went through the airport.

Estella, a member of a community refugee settlement support group, was there to meet them and greeted them in Spanish. She gave them warm clothes and drove them to a furnished flat, which was stocked with food. They stayed there for three weeks while Estella and others from the group helped them find a place to rent in the eastern suburbs of Sydney where there is a large South American community.

The new friends showed Daniella's mother and father how to apply for Centrelink payments so they could buy food and other household items and for Medicare support.

They took them to a Migrant Resource Centre and explained the services that were available. They showed them how to access the Telephone Interpreter Service and many things we think are simple, such as how to read a bus timetable. They helped Daniella to enrol in the local high school and to get her school uniform and books. Later, Estella introduced them to a Latin American church group and took them to the weekend markets at Bondi Beach where many South American Australians had stalls. They love dancing and found a Latin American social group. Daniella and her parents felt that Australia was welcoming them.

Daniella's father and mother have now set up a cleaning business together. Daniella has been learning English at high school and she works in a supermarket two nights a week. To celebrate their anniversary in Australia, Daniella's family held a party for all the members of the Community Refugee Settlement Scheme group. They served Columbian food and they danced all night.

The CRSS group members also gained new friends and new experiences. The rewards of helping refugees go both ways.

Section e

4 RECOVERY GOALS

The 4 recovery goals provide a framework for holistic support for refugees.

Recovery Goal 1

To restore safety and enhance control, reduce the disabling effects of fear and anxiety

How:

- provision of basic needs – health, welfare, education and accommodation
- identify causes of anxiety and address the effects of anxiety
- restore safety
- provide information about the trauma reaction (normalise)
- relaxation exercises to deal with the effects on the body

Recovery Goal 2

To restore attachment and connections and overcome grief and loss

How:

- foster a continuing, trusting connection with an available, caring adult
- group participation to reduce social isolation
- promoting a sense of belonging by overcoming resettlement problems
- link the young person with supportive groups and agencies
- provide opportunities for social/political action which may be valued by the young person and restore sense of purpose

Recovery Goal 3

To restore identity, meaning and purpose in life

How:

- group programs for promoting communication, reducing isolation and enhancing self-esteem
- integrating past, present and future through activities such as art, story telling and drama
- create new opportunities to facilitate a view of the future
- explore concepts of self, other and the community
- validate the trauma and difficulties experienced

- validate profound cultural differences in values between country of origin and Australia and potential for conflict
- education in human rights and the political background to violence

Recovery Goal 4

To restore dignity and self-value

How:

- strategies to reduce guilt and shame
- allow the expression of guilt and shame
- reflect to the young person that it is normal for them to wish that they could have done more to prevent others from being harmed
- in counselling sessions, allow young people to tell and retell events and stories in order to reduce guilt
- assist with developing ways in which the young person can actually do something to reduce guilt
- community acknowledgment of human rights violations and the need for redress

If teachers and counsellors can devise and implement activities and strategies to assist in these recovery goals within their own school communities, they will assist refugee students to capitalise on their innate resilience and to begin the process of healing from their trauma. This may require referral to specialist services and teachers and counsellors will have to explore what is available in their own areas.

Here are some places to start:

Section f

Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). (<http://www.startts.org.au>)

STARTTS services include:

- Individual counselling, group activities and camps
- “Rock and water” program for young men
- “Jungle Tracks” group program for primary and high school students
- LiNCS program: Linking New Arrivals to Community Support

STARTTS also runs a Families in Cultural Transition (FICT) program designed to help newly arrived refugees learn about Australia and settle successfully in their new country.

In other states, there are similar organisations to STARTTS who run their own programs for children and young people:

ACT: www.companionhouse.org.au

Northern Territory: E: admin@melaleuca.org.au

Queensland: www.qpastt.org.au

South Australia: www.stars.org.au

Tasmania: www.mrchobart.org.au/Phoenix/Phoenix.html

Victoria: www.foundationhouse.org.au

Western Australia: www.asetts.org.au

NSW Refugee Health Service (<http://www.refugeehealth.org.au/>)

NSW Refugee Health Service is funded by the NSW Department of Health and provides services including refugee health clinics, including for refugee children, orientation to health system, advocacy and advice regarding access to health care. Telephone: (02) 8778 0770.

Integrated Humanitarian Settlement Strategy – service providers

Schools requiring assistance should contact the relevant service provider listed below.

Sydney, Newcastle and Wollongong

ACL Pty Ltd
3 Mary Street, Auburn NSW 2144
Telephone: (02) 9749 3300

Northern and Central NSW

Anglicare North Coast (Coffs Harbour) Migrant Services
2 McLean Street, Coffs Harbour NSW
Telephone: (02) 6651 8764

Southern NSW

St Vincent de Paul
Suite 12, 47 Baylis Street, Wagga Wagga NSW 2650
Telephone: (02) 6971 7175

Western NSW

South Australian Multicultural Settlement Services (SAMCSS)
59 King William Street, Adelaide SA 5000
Telephone: 08 8217 9510

Migrant Resource Centres/Migrant Service Agencies

Auburn Migrant Resource Centre
17 Macquarie Road, Auburn NSW 2144
Telephone: (02) 9649 6955
Fax: (02) 9649 4688
Internet: <http://www.amrc.org.au>

Baulkham Hills/Holroyd/Parramatta Migrant Resource Centre
15 Hunter Street, Parramatta NSW 2150
Telephone: (02) 9687 9901
Fax: (02) 9687 9990
Internet: <http://www.bhhpmrc.org.au>

Blacktown Migrant Resource Centre
Level 2, 125 Main Street, Blacktown NSW 2148
Telephone: (02) 9621 6633
Fax: (02) 9831 5625
Internet: <http://www.blacktownmrc.org.au>

Fairfield Migrant Resource Centre (Cabramatta Community Centre)
Community Centre, Cnr Railway Parade and McBurney Road
Cabramatta NSW 2166
Telephone: (02) 9727 0477
Fax: (02) 9728 6080
Internet: <http://www.fmrc.net>

Canterbury/Bankstown Migrant Resource Centre
Level 2, 59 Evaline Street, Campsie NSW 2194
Telephone: (02) 9789 3744
Fax: (02) 9718 0236
Internet: <http://www.cbmrc.org.au>

Illawarra Multicultural Services
21–29 Atchison St Wollongong NSW 2520
Telephone: (02) 4229 6855
Fax: (02) 4226 3634
Internet: <http://www.ims.org.au>

Liverpool Migrant Resource Centre
Level 4, 171 Bigge Street, Liverpool NSW 2170
Telephone: (02) 9601 3788
Fax: (02) 9601 1398
Internet: <http://www.lmrc.org.au>

Macarthur Diversity Services Inc
Level 2, Centre Court, 101 Queen Street, Campbelltown NSW 2560
Telephone: (02) 4627 1188
Fax: (02) 4628 6068
Internet: <http://www.mmrc.org.au>

Migrant Network Services (Northern Sydney)
Level 3, 20 George Street, Hornsby NSW 2077
Telephone: (02) 9987 2333
Fax: (02) 99871619
Internet: <http://www.mnsnorth.org>

Migrant Resource Centre of Newcastle and the Hunter Region
8 Chaucer Street, Hamilton NSW 2303
Telephone: (02) 4969 3399
Fax: (02) 4961 4997
Internet: <http://www.mrcnh.org/>

St George Migrant Resource Centre
552 Princes Highway, Rockdale NSW 2216
Telephone: (02) 9597 5455
Fax: (02) 9567 3326
Internet: <http://www.sgmrc.org.au>

NSW Department of Education and Training

The Department of Education and Training provides a range of support services and programs for refugee students and for schools in which they enrol. Schools should contact the Regional Coordinator, Equity Programs and Distance Education in their region for details and for contact details for the personnel listed below.

Regional Multicultural/ESL Consultants

Regional Multicultural/ESL Consultants can provide support for schools in developing strategies to cater for refugee students.

Community Information Officers (CIOs)

CIOs can support schools in communicating and strengthening links with their parents and community members from diverse cultural and linguistic backgrounds.

Intensive English Centres (IEC) and Intensive English High School (IEHS)

In metropolitan areas, newly arrived students of high school age who have limited English language skills should be referred to an Intensive English Centre (IEC) or Cleveland Street Intensive English High School.



Section g CARING FOR OURSELVES

(Excerpt from “The Ultimate betrayal” Author E.Pittaway)

“While it is important that we build good support systems for our clients, it is equally important that we build support systems for ourselves and our staff. This is perhaps the area of settlement services which receives least attention, and yet is essential to all workers in contact with refugees communities. Professional supervision should be available both to identify and assist with cases of vicarious traumatisation. This can range from regular formal supervision, to dedicated staff debriefing sessions, or to sharing a drink at the end of the week. Good and ongoing staff training is essential. The important thing is that there is a structure in place, and that staff should never feel that they are carrying the burden of their clients’ trauma on their own shoulders. It is equally important that we have a safe space where we can explore our own prejudices, biases and assumptions, with peers and supervisors who are able to help us to move forward and offer the best possible services to our clients.”

Vicarious traumatisation

“Repeated exposure to the atrocity that one human commits against another can result in experiences of terror, rage and despair on the part of therapists” (Regeher & Cadell, 1999, p.56).

Vicarious traumatisation is the syndrome experienced by therapists who work with victims of severe trauma or abuse. Studies have focused on samples of sexual assault workers and child abuse workers, although it is generally recognised that working with anyone who has been traumatised has inevitable, long-lasting and detrimental effects on therapists (Dane, 2000; Hesse, 2002).

Symptoms of vicarious traumatisation can be similar to post traumatic stress disorder or other symptoms experienced by the clients themselves. These include decreased energy, no time for one’s self, increased disconnection from loved ones, social withdrawal, increased sensitivity to violence, despair and hopelessness, and intrusion of disturbing images and thoughts (Dane, 2000). Vicarious traumatisation differs to burnout in that it is caused by exposure to images and description of atrocities and horrific abuse. Its onset can be sudden, leading to confusion and helplessness. Often therapists involuntarily relive the client’s trauma (Hesse, 2002). Eventually, the cumulative effect of exposure to stories of severe abuse is the erosion of one’s identity and world view, in the same way that a traumatic event affects one’s sense of self (Regeher & Cadell, 1999).

Unrecognised and unaddressed vicarious traumatisation is harmful for both therapist and client. Therapists have an increasing inability to cope with their work as well as other aspects of their life. They often begin to use techniques of avoidance because they can’t deal with the repeated exposure to trauma. A typical sentiment is expressed by this worker with refugee women:

“I just cannot bear to hear one more story – I will burn out and leave. I make my colleagues see all the Women at Risk – I just cannot bear more horror” (Pittaway & Bartolomei, 2004).

Other techniques of avoidance may be even more detrimental to the client. Therapists whose world views have been shattered as a result of vicarious traumatisation may blame the client for their own sense of loss, and may not allow or listen to them speak about things that emphasise this loss. They may collude with client in avoiding working through the trauma, or they may develop scepticism of clients’ stories, or minimise the abuse (Regeher & Cadell, 1999). Alternatively, they may steer the conversation in self-serving ways, avoiding feelings or topics that produce anxiety, anger or fear. They may become authoritarian, adversarial or argumentative with clients, causing them to emotionally distance themselves or to

doubt the therapy. Lack of empathy or emotional unavailability on the part of the therapist can inadvertently re-traumatise the client (Hesse, 2002).

While these are natural defence mechanisms, it is essential that they are identified and addressed early on, for the wellbeing of both therapist and client. Refugee women, in particular, have to overcome so many obstacles – economic, linguistic, cultural, psychological – to even reach the point where they can begin to share their horrifically traumatic stories with anyone, that it is extremely important that they are provided with a supportive environment when they do so. Without experiencing empathy and understanding, they will be unable to begin to unpack the emotional baggage they carry with them from the refugee experience.

Therapists need to look after their own wellbeing in order to help refugee women. Various strategies have been identified that reduce or prevent vicarious traumatising. Non-work related hobbies, close family and friends, spirituality, and an open peer-group environment that encourages therapists to support each other have all been shown to be effective in the minimisation of vicarious traumatising. Not working overtime, and the ability to hand over cases to other therapists when you know you are reaching your limit are also extremely important.

Unfortunately it is refugee women who often have the most horrific stories of trauma and abuse, and the instinct to recoil from or block out these stories is strong, particularly for people who are exposed to them repeatedly or on a daily basis. It is essential, however, for these women to be provided with a safe space to tell their stories and enable them to rebuild their lives. (Pittaway 2005)