

## MYAN Youth Consultation 16 July 2011 Summary Report



### 1. INTRODUCTION

#### Background to Consultation

- Preceded by August 2010 MYAN Youth Briefing Paper which identified 9 outstanding factors of importance for young people (YP) of multicultural background
- July youth consultation was held during holiday camp run by ASeTTS, Save the Children and Centrecare and took place at Margaret River Youth Centre
- Aims of consultation – to hear YP's opinions about what is important to them, what has been positive and negative about the resettlement process, gaps in services and what changes they would like to see.

#### Client Group

- YP present at consultation were high school students aged 15-18
- Cultural backgrounds included Burundi, Burma, DR Congo, Sudan, Tanzania, Iraq, and Thailand. Predominantly African in group.
- 19 YP in total with 2 'youth leaders' (aged 20-21)
- Most YP had been in Australia for less than 5 years
- All attending school at present, some in IEC, others in ESL (mainstream), different public and private educational backgrounds.
- Schools YP attended were Aranmore CC, Lynwood SHS, Ballajura CC, Kelmscott SHS and Thornlie SHS.

#### Overview of Consultation Process

- Introduction and aims of consultation
- Methods explained
- General discussion on positive aspects of life in Perth/Australia, challenges and what has helped overcome these challenges
- Group decided on issues of importance to them and main issues to discuss
- Top 4-5 important issues discussed by group
- Briefing on MYAN issues from briefing paper
- Conclusion

#### General tone/ observations of group during consultation process

- A general sincerity was expressed by all participants (sometimes with noted frustration) of wanting to achieve and do well in educational pursuits in order to contribute back to immediate family, but furthermore become 'significant' to others within the context of wider Australian society.
- While several participants indicated many personal struggles and challenges since settlement to Australia, anecdotal stories on such difficulties were regularly contextualized as positive 'life lessons' and responsible for contributing to overall resilience. (ie- very little lasting bitterness or defeat were focused upon).
- Most participants were of high school age range, and as such it should be noted that most life experiences at this point in time are central to their school environment and culture with respect to socialization, self identity, achievement and autonomy.

### Challenges about life in Australia

- Hesitation to pursue dreams and be ambitious, consciousness of belonging to a minority group that does not fit the 'classic' image of power and success in Australia (Social inclusion issues).
- Adapting to a new culture – learning what is acceptable, boundaries, freedoms and limitations, rights and responsibilities. (Building knowledge of cultural values and frameworks underpinning these ideals, rules and laws etc).
- Language barriers in learning English – not just functional English but to a standard of being able to work, support families, excel at school and study at tertiary levels
- Difficulty in finding casual or part-time work with no prior experience (Questions concerning where one begins the journey to gain initial experience etc)
- Adjusting to a new school and educational system. More time needed to master content of classes, Western school culture and knowledge acquisition methods (eg- memorization, information vs practical knowledge, social competence, 'learning by doing' etc)

### Overcoming Challenges

- Youth workers/ external services in schools
- Holiday camps
- Meeting YP from different backgrounds, making friends
- Soccer
- Having talents and dreams, creative outlets, passions and hope for future
- Supportive friends
- Religion (despite some obstacles to practicing, eg. As a Muslim)

### **b. Specific Issues (as identified by YP)**

#### Education

- Standards of education differs between schools – perception that students at private schools (eg. Aranmore) receive a better education and more opportunities than at public schools (possibility that pastoral care systems are stronger private schools and noted by young people; or lack there of within public etc)
- Too much extracurricular activity at schools in Australia – disproportionate recognition and praise of sports, more academic learning took place in home countries. (Availability of scholarships related to sport outweighing needed scholarships centered on academic performance noted by one student).
- Positive aspects include friends and social circles, some perceived school work as manageable, peer support with studies.
- Many YP felt that newly arrived students should not be categorized solely based on age groups but should be assessed on prior learning, knowledge of English, educational background etc and placed accordingly. (Systemic issues).
- Many YP had not attended Intensive English Centres (IECs) on arriving at school in Aus but had gone straight on to ESL where there was not enough one-on-one teaching focus and support during critical language learning periods (These young people suspected to have migrated via sponsorship etc).
- IEC should be funded for more than a 2-year period. ESL classes should be more frequent.

- Some YP had experienced racism from Aboriginal people – smashing windows of house, verbal abuse, eggs thrown at their homes etc.
- Positive aspects to countering feelings of isolation or segregation have included homework centres and clubs after school, staff support at schools, good teachers, having multicultural teachers and workers in schools, holiday camps, religion and self-regulation of behaviour (such as ignoring, confiding to others etc).

### **Family**

- Intergenerational problems and conflict was a common issue amongst YP (it is assumed due to intricacies of conflict dynamics, several YP struggled in articulating the specific nature of these problems).
- Expectations that YP will contribute to upkeep of household (cash payments, housework and childcare etc)
- Domestic violence is dealt with differently in Aus to in other countries and can be difficult for families to understand and/or respect boundaries imposed by law and social values
- Family expectations and pressures – do well at school, obligations and roles
- Parents don't seem to understand the multiple pressures and difficulties experienced by YP because their own experience of hardship was different.
- Parents compare their own disadvantages and pasts to the present generation of YP and underestimate the pressures YP today are going through to balance school, community, family and different cultures
- Family overseas and family reunion can be a major stress on families. Pressures to send money overseas; family reunion can be a long, repetitive, expensive and frustrating process which often yields little success for families in Aus.
- Different rights, roles and expectations of different genders in other cultures – older generation doesn't appreciate same rights and liberties of females, YP etc.
- Can be difficult to make friends and socialize because of family boundaries, cultural expectations etc (public space and curfew times significant for many).
- Parents' generation often does not understand or accept friendships between girls and boys
- Pressures on YP to take advantage of education in Aus and go into 'respectable professions' such as medicine, law etc. (Aspects of both salary and 'family pride' here).
- YP experience limited autonomy when they don't have access to their own money.

### **Religion**

- Religion was highlighted as a strength-based issue and one of utmost importance to the majority of YP present
- Overarching area of life that governs all aspects within it
- Obstacles/ barriers to practicing own religion for minority religions such as Muslims – eg. Inaccessibility of Mosques, practicalities of ensuring food is Halal etc.
- Above was also related to public perspectives of Muslim/ other religions vs Christianity being widely accepted in Australia.

## **ASSOCIATION OF SERVICES TO TORTURE AND TRAUMA SURVIVORS (ASeTTS)**

### **SUBMISSION TO THE COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE WA: INQUIRY INTO MENTAL HEALTH AND WELLBEING**

#### **Overview of ASeTTS**

ASeTTS is an incorporated, non-governmental organisation which was established in 1992 with the purpose of providing treatment and support to people from refugee backgrounds who are survivors of torture and trauma. ASeTTS runs a range of counseling and community programs targeting individuals, families and communities aimed at assisting the recovery process for survivors of torture and trauma. ASeTTS also has a training and research unit which provides training to service providers and individuals working with people from refugee backgrounds and undertakes research into issues impacting on refugees settling in Australia. Staff comprise of people from various professional backgrounds including psychologists, social workers, youth workers, community development workers, a dietician and administrators. A Psychiatrist provides consulting services at ASeTTS as well as supervision to staff on clinical matters. The organisation is a member of the Forum of Australian Services to Survivors of Torture and Trauma (FASSTT) as well as the International Rehabilitation Council for Torture (IRCT).

#### **Overview of Humanitarian Entrants to Western Australia<sup>1</sup>**

Over the 5 year period 2002 – 03 to 2006 – 07 there were 6734 humanitarian arrivals in Western Australia (approximately 9% of all humanitarian arrivals to Australia), the vast majority of whom settled in the Perth metropolitan area. Of these, 51% enter the country with no English language proficiency and a further 28% are assessed as having poor English language proficiency. About 49% (3276) of humanitarian entrants who came to WA during this period were under the age of 18 years. This is a significantly higher proportion of the cohort than for non-humanitarian migrants with only 16% (1054 out of a total of 6669) being under the age of 18 years. Sudan was the country of birth for the largest component of humanitarian entrants, with 33% having been born in that country. Sudan was followed by Afghanistan with 8% of humanitarian entrants having been born there. It should be noted that the trend for humanitarian entrants is shifting from a heavy emphasis on Africa where over 70% of all humanitarian entrants came from during the specified period and moving towards greater numbers from Middle Eastern and Asian (which includes Afghanistan) countries, particularly Burma. Data (DIAC) which gives a picture for Australia as a whole for the 2008 – 09 financial year indicates that the regions of origin for humanitarian entrants are divided almost equally between the Middle East and S.W Asia (which includes Afghanistan); Africa; and the Asia Pacific (which includes Burma). ASeTTS has seen a significant increase in the numbers of clients from Burma with approximately 400 clients in the 2009/2010 financial year coming from this country (nearly a quarter of the total number of clients seen during that year and the single largest group).

#### **ASeTTS' Perspective on the Mental Health and Wellbeing of Children and Young People from Refugee Backgrounds**

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<sup>1</sup> All figures given in relation to humanitarian and non-humanitarian settlement in Australia or Western Australia, unless otherwise stated, are taken from the Department of Immigration and Citizenship's publication *Western Australia: Settlement trends and needs of new arrivals 2007*.

its focus is almost exclusively on adults and, as its name suggests, resettlement issues in the practical sense rather than with the trauma legacy which may be affecting humanitarian entrants. Only a small component of IHSS is dedicated to torture and trauma counseling but it is mainly adults who are referred to and receive this service which is basically an assessment and containment process rather than an intervention aimed at resolving trauma. A further major limitation of IHSS is it is time bound and generally (except under very particular circumstances) humanitarian entrants are no longer entitled to services under this program once they have been in Australia for more than 6 months. Our experience at ASeTTS over 18 years of working with people from refugee backgrounds has shown us that people are generally neither in a practical position (dealing with too many settlement related issues) nor mentally disposed towards addressing issues associated with the trauma of their refugee experience for at least 1 – 2 years, and often longer, after arrival. DIAC also funds the Settlement Grants Program (SGP) which is available to humanitarian entrants beyond the 6 month initial period (up to within 5 years of arrival) but this is a disparate collection of initiatives providing a range of responses to settlement issues affecting humanitarian entrants. Some of these may have a youth focus but none are targeting children. They also tend to be unstable and reactive as most programs do not receive a funding commitment beyond one year. Additionally, the SGP does not have a focus on mental health issues.

The Program of Assistance for Survivors of Torture and Trauma (PASTT) and the Health Department of WA both provide funding to support long – term counseling services (and in the case of PASTT some related services) to humanitarian entrants. While these programs provide the scope to undertake long-term work with people and can be accessed by humanitarian entrants no matter how long they have been in Australia, few clients are children. Children can only be provided with services if they are referred and the parent or guardian has given permission for their participation. Further, the demand for services under these programs is very high and while ASeTTS strives to see referrals as quickly as possible, from time to time there is a waiting list. The capacity for an expansion of services, including services for children, under these programs is not available.

### *3. Referral and assessment barriers relating to children and young people from refugee backgrounds.*

Linking the child or young person to a service is often the most difficult step in the recovery journey. There are a number of barriers obstructing young refugees from participating in therapy or other programs that can address their trauma and other psycho-social problems. These barriers include:

- Parents or guardians may fail to recognise the child or young person has trauma or other psychologically based distress resulting from their refugee experience. For many parents from refugee backgrounds, the mental health dimension of the impact of profoundly distressing experiences is not necessarily perceived as something that is “treatable”, especially through the use of western techniques and approaches which may be unknown to them or viewed with mistrust. So, even if there is awareness that there is something wrong with their child, how to then go about addressing the problem within the new and alien culture is extremely daunting, particularly if there are also language difficulties. Further, if the parents or guardians are themselves struggling with trauma symptoms, their capacity to respond to and support their child is greatly reduced.
- Other factors which may influence whether or not parents or guardians will seek external support for their children include fear of stigmatisation within their

- Early screening and assessment (age appropriate) of children and young people entering the country as humanitarian entrants for trauma type symptoms with mechanisms in place for treatment and ongoing monitoring when required.
- Ensuring that services children and young people come in contact with have the capacity to at least identify, and then appropriately refer, children from refugee backgrounds who might be exhibiting symptoms of trauma or other major distress. Key services and institutions would include schools, child health centres, doctors' surgeries, child care centres, child protection authorities, to name a few examples.
- Training of staff in service providers in the areas of cultural competency (including how to work effectively with interpreters) and understanding the refugee experience.

ASeTTS recognises that this submission represents only a snapshot of the issues confronting young people and children from refugee backgrounds but we hope it will contribute to the recognition that this is a particularly vulnerable group, sometimes having experienced levels of grief and trauma unimaginable to many Australians. Many children and young people from refugee backgrounds are not only carrying their own trauma but are also impacted by the trauma of their parents or guardians and other family members. Early intervention can reduce the length and level of suffering these children and young people experience and increase their chances of living happy and productive lives in their new country which, after all, is the point of Australia's humanitarian program.

Attached to this submission are three case studies which provide some insight into the issues faced by young refugees, and their families, in regards to their mental health and their interactions with mainstream services.

## ASeTTS' CASE STUDY: LEBNA

Lebna (not his real name) is an Ethiopian child who arrived in Australia with his father in 2004. Now aged 14, he was 8 yrs old at the time of his arrival. His mother lives somewhere in Sudan with his younger brother but Lebna has not seen her since he was less than 2 yrs old. There are no friends or family members in Perth at all – this became apparent when the father was filling in school forms and there was no next of kin person to contact in case that the father was unable to pick Lebna up from school or an emergency.

Lebna started exhibiting great anger at school pretty much straight after he enrolled. Additionally, he was identified as having learning difficulties and a very low IQ (only 40). He changed schools a few times over a period of 4 yrs and the same problems were repeated in all schools – Lebna would do something inappropriate to one of the other kids, the teacher would try to punish him and he would then get an uncontrollable anger fit and become unmanageable whereupon his father would be called to take him home.

Lebna has never had a female figure in his life (additionally, his father had similar life experience, as his mother died when he was 4-5 yrs old). Girma (Lebna's father) was the primary client at ASeTTS and Girma's counselor linked the family with a volunteer who was a former teacher. The volunteer was able to establish a rapport with Lebna and Girma reported that Lebna's behaviour improved when he was with the volunteer because she seemed to fill a space in his life.

Eventually, when he was enrolled at Parkwood Primary School, and by then 12 years old, Lebna was referred for assessment to a specialist (neurologist). By the time the appointment came up, Lebna had started high school where he was experiencing extreme problems and his aggressive, volatile behaviour was continuing to get him into trouble. The specialist diagnosed an intellectual disability. Unfortunately, no interpreter was used and Lebna's father was totally in the dark about the diagnosis which was also given to him in written form. Girma brought the letter to ASeTTS and the contents of the letter were explained to him by his counselor through an interpreter. Girma has been unable to accept the diagnosis and has so far refused to acknowledge that his son has a disability which is contributing to his behaviour problems. However, Lebna is now in a school which has a program for children with learning disabilities.

From ASeTTS' perspective, this case illustrates the particular problems confronting refugee children and their families in dealing with mental health or other psycho-social issues. At no point was any serious consideration given to the impact of Lebna's refugee background and that he may, in conjunction with his intellectual disability, be traumatised or experiencing a range of other psycho-social issues related to his refugee experience which also involved the loss (to him) of his mother and baby brother. It was not until he got to Parkwood Primary that his behaviour was investigated with the view that there may be more going on than him than simply being naughty or difficult. Additionally, it is hard to conceive how Lebna's father who has virtually no English, a limited understanding of how mental health services work or what they actually are, and who seems unable to take on board the diagnosis Lebna received, will be able to adequately support his son and navigate a way forward for him in the future.

Girma, who was ASeTTS' client, has now disengaged with us although he can re-engage in the future if he chooses to do so.

## ASeTTS CASE STUDY: JAHANDAR

Jahandar (not real name) is a 16 year old boy who was born in Afghanistan in a rural village. His father was killed by Taliban forces and Jahandar and family, who were at extreme risk, fled to Iran for refuge with his father's family. During their stay in Iran, Fila (Jahandar's mother) was often chastised by the family for being a single mother and she was frequently beaten in front of the children by her husband's family. She was supported and cared for by her brother who Jahandar looked up to as a father figure. Fila however struggled to provide for the family and also discipline her children. She used methods of extreme force, including whipping and restraints, to control Jahandar's behaviour.

Since arriving in Australia in 2007 Jahandar has engaged in acts of extreme violence against Fila and his younger siblings as retaliation against the abuse he himself was subject to. Jahandar also made death threats to his elder sister, who has attempted suicide as a result. Numerous interventions have been provided to ensure safety and increasing functioning of the family. The interventions were effective for a limited time, but the present situation where the abusive dynamics between Jahandar, his mother and sister have re-emerged has resulted in a return to previous behaviour patterns. Jahandar was charged and placed in Rangeview as a result of his behaviours to family, as well as to others when he was in an emergency accommodation facility.

Jahandar and his mother visited Iran in 2009. This assisted the family to bond and resolve former abuse patterns. Recently, however the violence has escalated due to a disclosed substance addiction. Jahandar was encouraged in Iran by friends to smoke opium. Upon return to Australia, his group of friends had pressured him into using speed and amphetamines. This has triggered violent behaviour as he is often in withdrawal, financial hardship as he demands money from his mother at the expense of the other children, anger from the family who's shaming often triggers further incidents.

Jahandar has been engaged by multiple services in response to the violence, which is hampering attempts to meaningfully engage the family to seek resolution and safety. Mediation and counselling are also problematic due to the state of perpetual crisis Jahandar and family members are in. Within the last year Jahandar has successfully remained at home for longer periods of time. This has largely been because ASeTTS staff provided family mediation as well as psycho-education related to a wide range of issues impacting on key family members. Jahandar has also shown improvement in managing his anger-based reactions, however recently his substance abuse has escalated as he has been self-medicating his mental health problems.

Jahandar's behaviour eventually led to him being charged with offences related to theft, associating with negative peer groups and general at risk behaviour. Jahandar has been remanded to Rangeview on a number of occasions for increasing periods of time. During the last period in remand ASeTTS' staff noted unusual behaviour and symptoms that suggested onset of psychosis/ mental health issues (paranoia, conspiracies, agitation/ anxiety etc). A request was made to Rangeview staff for a psychological review. However, as there was only one psychologist working at the overcrowded remand centre this process was extremely slow and the eventual assessment unsatisfactory. There was little rapport between the psychologist and



pre-apprenticeship as a cabinet maker. However issues are again beginning to arise as Jahandar is complaining that the present medication is not fully effective. ASeTTS and corrective services staff have also noticed occasions where Jahandar continues to present with paranoid-based symptoms and mild psychosis. Jahandar also states that his sleep patterns are still disturbed. Several requests have been made to CAMHS and other Health Department personnel for re-assessment and review of Jahandar's case by the Health Department but responses to these requests are continually delayed. Unfortunately, in the mean time Jahandar has developed paranoia towards the new workplace and staff within it and quit his job. He has since taken the family car (with no license) and has been missing overnight. There is also suspected relapse of substance abuse.

This case which has been ongoing for over 2 years is indicative of a fractured, confused and inadequately resourced mental health care system for young people which is very difficult even for service providers such as ASeTTS to navigate, let alone young people or their families who might be trying to access support without an intermediary agency. Additionally, Jahandar's experiences, and the experiences of many other ASeTTS clients, highlights the lack of cultural competency or insight into the refugee experience, factors ASeTTS' staff have to constantly advocate to mental health service providers. While it is acknowledged that many parents and guardians of children experiencing mental health problems struggle to effectively engage with services and authorities involved with their children, parents and guardians of children or young people from refugee backgrounds are at a particular disadvantage. They are often unable to comprehend what is happening to their children, do not understand the system of mental health care (or have a concept of what mental health care might be), and have very little notion of their rights as parents or guardians to be provided with accurate information and to receive that information in their own language if necessary. Obviously if parents and guardians are so totally left out of the loop and generally bewildered or overwhelmed by what is happening, it is hard to conceive how they then might support their child towards recovery. For many of these parents or guardians, who may themselves be suffering from the impact of trauma and dealing with a range of other stressors related to settlement, having their child diagnosed with a mental illness may simply cause additional stress which intensifies their own trauma symptoms unless they are provided with adequate support. Mental health providers need to be sensitive to the family circumstances of children and young people from refugee backgrounds and be alert to the potential that cultural factors and the refugee experience may impact on the way in which the family respond to their child's mental illness.

## ASeTTS' CASE STUDY: BABUR

Babur (not real name) is a 15 yrs old boy from Afghanistan who arrived in Australia with his mother and younger sister in 2003. Babur's father died from a drug overdose when Babur was a toddler.

Babur's mother is ASeTTS' primary client although Babur was a client of ASeTTS' Newly Arrived Youth Service program for a short period until he disengaged.

Babur had been underachieving at school for a few years and there were constant behavioral issues. He changed schools a few times but the same patterns of behaviour were repeated at all schools. His mother never set up any discipline or consequences for his bad behaviours. At the time she was an ASeTTS' client and her counselor worked with her to develop a strategy for establishing boundaries for Babur's behaviour but she was essentially too afraid he would leave home if she persisted and she lacked the confidence to follow through and consistently apply the ground rules she wanted Babur to accept. Babur's mother gave in to his constant requests for money which was spent on entertaining himself and friends and for which he had no accountability. The family could ill afford non-essential expenditure. ASeTTS' staff will attest that this pattern of behaviour between refugee single mothers with sons from Middle Eastern backgrounds is relatively common. Once the sons reach adolescence (or even younger) they are given, tacitly or otherwise, authority over the family and are generally completely ill equipped to use this authority. In extreme situations, this may translate in to severe abuse, physical and emotional, against the mother as well as other siblings. Unfortunately, the lack of a father figure and traditional family and social support structures, coupled with completely different social and cultural norms in Australia, undermines the integrity of this system of family leadership. Babur's mother's complaint that in Australia the children are told all about their rights but not about their responsibilities or to respect their parents is echoed by many parents and guardians from refugee backgrounds.

Babur is a bright boy who dreamed of becoming a police officer but the school system failed him by labeling him a problem kid early in his school career in Australia and did not provide sufficient support during these early years. The possibility that he may be carrying trauma or other forms of stress related to his refugee experience were not explored or taken into account. He was never assessed by a school psychologist or given extra support to engage in the school system. Through the NAYS program Babur was encouraged to return to school after he had been truanting and NAYS staff liaised with school staff in regards to how best support Babur but the school was not inclined to become involved in a case management approach with Babur. He had expressed an interest in becoming a policeman but was told by a teacher there was "no way" he would be able to do this. On one occasion a teacher insulted him by calling him "chicken legs" in front of the class. This enraged Babur who swore at the teacher which resulted in the teacher pushing him in the chest. Babur was unable to deal with this and left the school.

Babur eventually left school completely and enrolled in a TAFE course but fails to attend. He has also left home and disengaged with the NAYS program and his mother believes he is abusing drugs. His mother is completely devastated by this and has herself returned to counseling as a result.

Both these cases highlight the need for schools to be alert to the needs of students from refugee backgrounds. It is acknowledged that most schools are not equipped with either the resources or the knowledge base to effectively respond to students such as Babur or Lebna. However, very often it is within schools that the stress and grief being carried by children and young people from refugee backgrounds is exhibited and witnessed or recognised by anyone outside of the home. Given that the parents/guardians of young refugees are themselves likely to be struggling with trauma and a range of other psycho-social stress and settlement issues, it is unlikely they are in a position to