

Children and Childhoods 3

Children and Childhoods 3:
Immigrant and Refugee Families

Edited by

Katey De Gioia and Peter Whiteman

**CAMBRIDGE
SCHOLARS**

P U B L I S H I N G

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Thank you to all of the participants from immigrant and refugee backgrounds for sharing their journeys with the researchers. Your stories, thoughts and reflections while often quite hard to tell, have enabled us to think more deeply about how we can support those entering and settling into Australia.

The impetus for this book came from the 2010 Migrant and Refugee Conference organised by the Children and Families Research Centre at Macquarie University. A special thank you to Professor Jennifer Bowes, Director of the Centre, for bringing together a wide range of academics, practitioners, service providers, policy makers and immigrant and refugee people to commence this conversation.

PROLOGUE

PETER WHITEMAN

Diaspora, hegira and the origins of passage

When I was a young child, the world seemed to be boundless. My life revolved around the local community in a regional centre of approximately 20 000 people with my travels limited to family car trips of less than one hour to visit other, nearby, regional centres. My world was a small place, but I had formed this idea that the world was an enormous place that extended far into the distance in all directions. Over time, I learnt that the world is a finite but large place. I learnt that people cross borders for a multitude of reasons. With increased opportunity and technological advancements, the world became increasingly available to me. I, too, vacationed, studied and worked in a variety of locations. I sought amusement and diversion, challenge, and financial reward, but never once had the need to escape armed conflict or avoid the abuse of my human rights.

In 2010-11, permanent immigrants to Australia numbered 185,000 under various government programs such as skilled (people who have skills needed in the Australian economy) and humanitarian (people who have been forced to leave their home due to human rights abuse and/or armed conflict) (Australian Government Department of Immigration and Citizenship 2012). The United States saw 1.06 million enter in the same period (US Department of Homeland Security 2012), and the United Kingdom's population was increased with the addition of 536,000 immigrants (UK Office for National Statistics 2012). These data are but an infinitesimally small sample of people relocating; even a cursory scan of international media or a more focused search of wider data sources (such as that achievable using *Issue Crawler* software, see www.govcom.org) reveals many reports of people moving to or from many parts of the globe. Headlines in the international print media evoke the full gamut of response. Recent examples include:

Indian traffickers prey on Sri Lankan refugees (*South Asian Post*, 28 June 2012)

A Desert Cold and Wet Multiplies the Misery of Syrian Refugees (*New York Times*, 13 January 2013)

Refugees: “I miss my mother - and I am worried about bombs” (*Guardian*, UK, 17 January 2013)

Anger as Cameron backs blackout over migrant flood fear (*Express*, UK, 15 January 2013)

Boat people rescued after a week adrift (*The Australian*, 4 January 2013).

Some are voluntarily seeking new opportunities while some are forced to attempt relocation because of conflict or human rights abuses. One could be forgiven for assuming that border crossing en masse is a relatively recent phenomenon. After all, the world is getting smaller and the technologies available to assist moving around it are increasingly available. But this is not so. The biblical story of Moses leading the Israelite slaves out of Egyptian control (Exodus 7-14, King James Version), and evidence from Ancient Rome (Prowse et al. 2007) Teotihuacan in the Basin of Mexico (Price, Manzanilla and Middleton 2000), and Bronze Age Eastern Europe (Gerling et al. 2012) all point to very early thriving immigration and border crossing, some of which can be traced back to before the Common Era. Border crossing, whether by choice or by force, has a protracted history.

This volume

This volume is about crossing borders for one of two main reasons: immigration or seeking refuge. We refer to immigrants as people coming to live permanently in a country of which they are not native. For our purposes, immigration is something that people choose to do. We refer to refugees as people who are forced to leave their country of origin due to armed conflict or the abuse of human rights. The wider literature may refer to migrants, those seeking asylum, or use a range of other terms. While not disputing these terms, for consistency this volume refers to immigrants as those who choose to cross borders and refugees as those for whom this choice is moot

Why immigrant and refugee families?

While not disputing the facts presented in publications such as government reports on population movement, nor diminishing the importance of responses to media headlines, these are not primary drivers behind a publication such as this one. The notions of immigration and refuge are two of the important social and political cornerstones in the development and realisation of place and identity (Tobin and Kurban 2010). The shaping of national policies and the manner in which a nation positions itself in the international community draw heavily on the inward and outward movements of people. We also have a moral obligation to understand relationships with and within immigrant and refugee groups. Empowering children and families, comprehending and appreciating dynamic connections to cultural heritage and fashioning responsive actions to needs and expectations are at the core of place and identity. It is this core that binds the chapters in this volume.

The chapters

Chapter One sets the scene for working with and undertaking research with refugees. Kaplan examines an integrated, systems approach to practice and research. She highlights the importance of recognising and understanding the complex layers of cause and effect surrounding violence and the violation of human rights in striving for the promotion of wellbeing in a new environment. The clear inadequacy of a one-size-fits-all approach provides a strong foundation for the chapters that follow.

In Chapter Two, Saunders and McArthur draw on existing literature and a recent scoping study to address methodological and ethical issues that arise when undertaking research with children from a refugee background. Their account is situated at the forefront of contemporary thinking, positioning childhood as a time for being, rather than becoming, where children are seen as valuable agents in their own right. They offer fellow researchers food for thought as they shed light on the challenges of research in this area and about “getting it right.”

Although vital, a considered decision about the use of different languages in immigrant families appears to receive due attention prior to, or in, the initial stages of settlement in a new country. Using data from a recent longitudinal study, Yates & Terraschke, in Chapter Three, offer insight into the language(s) spoken at home by families and couples who recently

arrived in Australia. Issues around language choice and raising children to be bilingual are accompanied by examination of a current initiative aimed at the provision of support for such families as they navigate this complex arena.

Immigrant families engaged in early intervention forms the backdrop for Pearson's work reported in Chapter Four. She presents findings from a project investigating the challenges faced by immigrant families with very young children with a suspected developmental delay or disability. The research was undertaken in partnership with a large non-government organisation that was interested in improving their provision of services to families. This ethnography included formal interviews at home, informal conversations and informal visits to family gatherings such as birthday celebrations.

De Gioia partnered with a Migrant Resource Centre for her examination of mothers' perceptions of partnerships in the school environment. Her findings, presented in Chapter Five, scrutinise how schools can bolster or dismantle inequity in their development of partnerships with immigrant families. Findings show that the Afghan, Pakistani and Sudanese mothers who participated in this research sit outside partnership models presented in the literature, and provide evidence for the need to move beyond a one-size-fits-all approach.

A computer-assisted interview was the tool chosen by Booker and Lawrence in Chapter Six to focus on the challenges faced in education by twelve refugee young people now studying in Australian university programs. Each participant worked through the computer program with an interviewer at their side. Of prime importance was the flexible, tolerant approach taken to recruitment (some using social media, for example) and data collection (interviews undertaken in a variety of locations best suited to the interviewee). Readers will hear of bigger challenges such as English language and time management, as well as smaller challenges including discrimination and homework.

In Chapter Seven, Lawrence, Collard & Kaplan set out to investigate how children from refugee (and other) backgrounds understand their own wellbeing. Of note is the vanguard approach reported in this chapter, respecting children as valued experts on their own lives and affording them agency in offering their stories. Ninety children undertook computer-assisted interviews (scaffolded where necessary) to provide insight into the

dimensions of their wellbeing, what helps (or not), who helps, and how. Results indicate the importance of moving from a deficit approach, and provide a strong argument for participatory methods where, given the right tools, children can provide valuable data on their own experiences, preferences and needs.

In Chapter Eight, Whiteford, Suleman & Miles place the spotlight on a case study of a university/school collaborative mentoring program for young people from refugee backgrounds in Sydney. Specifically aiming to raise aspirations to participate in post-secondary education, early indications are of success in achieving this aim. Data on a lasting impact are not yet available, but feedback from mentees and teachers points to positive outcomes so far.

These eight studies are clearly linked, whether by method, domain, context, participants or combinations thereof. It is not the intent of this volume to provide *the* answer(s) in the logical-positivist tradition. Rather, we aim to open up spaces for personal and collective reflection, for practitioners, researchers and families alike.

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CHAPTER ONE

TRAUMA, DEVELOPMENT AND THE REFUGEE EXPERIENCE: THE VALUE OF AN INTEGRATED APPROACH TO PRACTICE AND RESEARCH

IDA KAPLAN

Working with people of refugee backgrounds requires a framework of understanding that brings together awareness of historical, political and social influences, both past and present, that affect lives on a daily basis. Pre-arrival experiences are characterised by exposure to violence and loss, systematic persecution, perpetration of human rights violations and forced displacement. The legacy of such experiences shapes psychological and social functioning at individual, family and community levels. However, the ultimate effects largely depend on the opportunities to rebuild lives. Australia has one of the largest settlement intakes in the world and supports the wellbeing of newly-arrived refugees through a number of government and non-government programs. The developmental impact on children and adolescents has received relatively little attention, and is critical to consider in planning both health promoting and specialist interventions. Implications for research will be addressed.

Despite a burgeoning body of literature in the field of refugee studies, there has been a trend toward polarising approaches, separating those that focus on psychological trauma effects from those that are characterised as ecological, or systems focused with an emphasis on community rebuilding. Working with people of refugee background requires a consideration of all of these approaches in order to do justice to the dynamic interplay of causal factors and their effects. Such understanding is needed to improve the planning of mental health promotion strategies and interventions that promote adaptive pathways after violence, loss and displacement and reduce psychopathology (Cicchetti 2010). This chapter examines an integrated approach to promoting recovery in a settlement context. Here,

integration refers to a trauma-informed and systems approach to understanding the causes, effects and responses to vulnerabilities and strengths associated with the refugee experience. Given the long-term impact, the developmental impact on mental health and wellbeing in children and adolescents requires more attention, as embodied in the Human Rights Convention on the Rights of the Child (UNHRC 1990).

The term “refugee” is being used here to refer to people selected in overseas locations by the Australian government for inclusion in Australia’s humanitarian program, or who have been recognised in Australia as refugees after having sought protection. Almost all refugee children, adolescents and adults living in Australia come from countries of protracted violence and persecution, and have experienced systematised attempts to destroy their communities as well as displacement from their homes. They would not otherwise be selected for settlement in Australia, nor flee to Australia seeking protection. A conceptual framework for organising our knowledge about what it means to be a person of refugee background is important, because the nature of violence and persecution that refugees have experienced prior to arrival in Australia, and the impact of those experiences, is not readily visible to society at large, and service providers and not readily accessible to those who do research in this area. The nature of violence perpetrated in the context of war, state-sanctioned violence and systematic persecution consists of several components, any one of which can be traumatic but not necessarily unique in the case of any one individual. Traumatic events are defined here as being overwhelming for the individual, physiologically, emotionally and cognitively (Garbarino 2001).

The nature of violence and its psychological and social impact

The violence which refugees experience is of a particular kind, even if the manifest form is different from country to country. It is systematic, deliberate and designed to destroy entire communities who represent a form of opposition to another group seeking power, rather than specific individuals. Understanding of the impact of violence on a refugee of any age is limited unless one views the individual as part of a family and community system, and understands the strategies on which oppressive governments or groups rely. Violence is used to maximise that destruction in several ways. Figure 1 shows the link between the types of violence

perpetrated and the social and psychological consequences that affect individuals, families and communities.

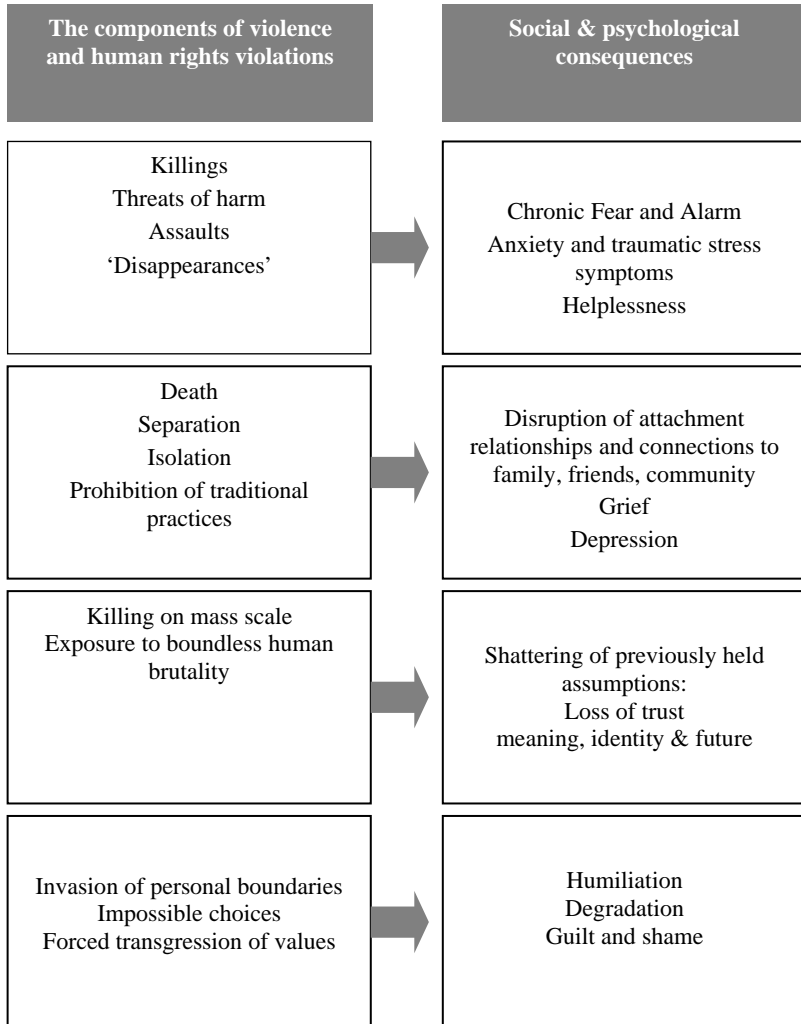


Figure 1: Violence, human rights violations and their consequences (adapted from VFST 1998, Rebuilding shattered lives)

Threat to Life

First, violence involves repeated, actual and threatened loss of life, with witnessing violence being at least, if not more harmful than, directly experiencing violence. The breakdown of communities is achieved by creating a state of terror and chronic alarm. Individuals are assaulted in ways that lead to the permeation of an individual's torment through the family and community as a whole. The assault on the young is an especially powerful way of spreading fear and debilitating families. "Helplessness to change the situation is maximised...uncertainty is manipulated to the extreme in torture (which is not spared on the young)...Paralleling the victim's necessary submission to his or her torturer, a community's safety is made dependent on submission to the torturer" (Victorian Foundation for Survivors of Torture [VFST] 1998, 29). For a proportion of people, reminders of violence and threats to life in the settlement environment trigger renewed fear, anxiety and helplessness, making the new environment feel unsafe. Psychological reactions include anxiety, symptoms of post traumatic stress disorder and a sense of lack of control over one's environment (Garbarino 2001). Where there are opportunities for mastery and agency, the long-term effects will be very different.

Breakdown in connections

The second important, and still relatively less prominent, aspect of persecution and violence is the deliberate and systematised breakdown of family and community connections. Displacement, and separation from family and homeland can look like incidental by-products of war. They are not incidental; they are the purpose of conflict and persecution. Families are targeted, as the destructive effects on a community are better achieved in this way (Jansen 2006; Stichick 2001). Rape, now described as a weapon of war, is considered as such because it is an effective way to destroy the bonds among family members and communities. It is the most sacred values of a community that are targeted by the perpetrator, and in all communities the sanctity of the family is foremost. Children are also directly targeted, including recruitment as child soldiers (Betancourt et al. 2010).

When refugee families began to arrive from Liberia we learned from the testimony of women that brothers who refused to rape them were hacked to death in front of them. Militia groups who invaded villages did not just

burn them and kill people but deliberately used this form of violence to destroy the very social fabric of a community.

VFST, 2005

The additional importance of appreciating the history of loss and separation is that families arriving in settlement countries are not intact. They have suffered the permanent loss of family members through death and separation (International Committee of the Red Cross 2004), and continue to experience loss in the form of separation from family members.

The children and adolescents most at risk of mental health problems are those who have experienced the greatest disruptions to their attachments to significant others through sheer loss of others, as well as forced separation. This is also well known for non-refugee populations and the developmental effects depend on the age of the child, the history of disruptions and the nature and consistency of any substitute care (Herman 1992).

From a service perspective, we can easily predict the children and adolescents who need the longer interventions from their history of relationships and disruptions to them. The implications for intervention are clear, and the US and Canada fund many programs dedicated to building connections. For children who are unaccompanied, emotionally abandoned or neglected with no effective substitute family, the community and state must provide a consistent and enduring relationship or network of relationships.

Violence on a mass scale

A third aspect of violence and persecution, especially relevant for adolescents, is the witnessing of violence and displacement on a mass scale, the seeming capricious acts of violence, the betrayal by friends, and the disposability of human beings. As meaning-makers with extraordinary moral antennae for fairness, searching for ideas of what is right and wrong and struggling for some sense of agency and belonging, a fertile scene for a destructive or constructive pathway ahead for adolescents is set, which is critically important to influence. Prevention and intervention strategies need to address the search for meaning, with opportunities to respond to what they know of the world. There is some evidence that moral development is truncated with exposure to violent trauma (Garbarino and Kostelny 1993) or fixated at the vendetta level of retributive justice (Fields 1987).

How a person sees themselves, others and the world can also be dramatically altered at an existential level as a result of experiencing traumatic events. The sense of personal vulnerability and distrust of others is heightened, and compounds the loss of the safety. Symptom manifestations of shattered beliefs include depression, anxiety, suicidal ideation and intent, suspiciousness and problematic interpersonal behaviour characterised by oscillations between idealisation and devaluation of others. Many survivors of traumatic events react to challenges to their core beliefs with renewed faith and activism.

Guilt and shame

Finally, every person of refugee background is faced with impossible situations such as choosing to run and leave loved ones behind, eating when others are hungry, taking care of a younger sibling who then becomes ill, not being able to protect parents and siblings from harm. Children, adolescents and adults believe that they could have done something to help others even if this was not possible at the time. Lifton (1993) describes this as “failed enactment”, the perceived failure to have taken some action in the face of cruelty, violence or deprivation. Oppressors utilise the destructive impact of guilt to permanently damage their victims. This can leave a legacy of shame and guilt that severely compromises the development of self-worth and healthy assertiveness, and often underpins the meaning of PTSD symptoms where they occur. Other manifestations include the use of fantasy to exact revenge and repair the failure to have acted, self-destructive behaviour, avoidance of others due to shame and the inability to experience pleasure. Shame and guilt are among the more invisible effects, and strategies that build self-worth and dignity are strongly indicated.

Settlement – new life or exile

Arrival in Australia can mean the beginning of a new life, and there is a host of factors that indeed facilitate a new beginning. There is also a host of factors that can have an adverse impact on health and wellbeing of individuals, families, and the communities of which they are part. Those factors are the challenges of settlement and they interact with pre-arrival histories. The distinction between pre-arrival and post-arrival factors is commonly made by theorists and researchers (Porter and Haslam 2005). In part, this mirrors the desire of refugee families themselves to separate them. However, the aforementioned experiences and effects that have been

described clearly do not end with arrival in Australia. Mental health effects would continue. Any developmental impact would continue, although the trajectory would alter depending on circumstances and protective factors operating in the new environment.

One can use the presented framework to understand the types of experiences in the settlement country that would act as risk or protective factors, that is, exacerbating the effects of pre-arrival experiences or ameliorating them.

Ongoing threats to wellbeing

One of the most important factors influencing the wellbeing of refugees is whether threats to life actually continue; that is, whether or not war, conflict and persecution continues in their countries of origin. If one considers the countries from which most refugees are coming – Burma, Iraq, Iran and Afghanistan, it is clear that violence and loss of life continue (Amnesty International 2012). Many relatives and friends have fled to neighbouring countries such as –Pakistan, Iran and Syria, which are highly unstable themselves. Furthermore, refugees are not welcome in the countries to which they flee, and they repeatedly face forced return. Many Chin refugees from Burma, for example, flee to Malaysia where they are detained if found.

Worry and concern for family members is a major source of ongoing anxiety. The other source of anxiety is the sheer unfamiliarity with the new environment, which reinforces feelings of helplessness and loss of agency. All refugee families arrive, and often remain, belonging to a minority group in a dominant culture, different by definition with respect to history of persecution and displacement, manners of political engagement and leadership, educational opportunities, opportunities to participate in civil society, access to health; different in language and communication styles and different in beliefs about causal influences, family roles and relationships. There is evidence of the stressful nature of these challenges. (Dachyshyn 2007; Halcón et al. 2004), including discrimination in a settlement country, acting as traumatic reminders (American Psychological Association [APA] 2010).

Opportunities to rebuild connections

Whether or not individuals, families and their members can thrive in the new environment is dependent on the rebuilding of connections within the family, and with the external world. Within the family, the perspective of children and the perspective of parents require consideration.

From the child or adolescent's perspective a number of pressures and conflicts affect their relationships with parents or caregivers.

Case example. An adolescent was cutting herself, and expressed suicidal ideation. She felt like a failure, having difficulties achieving at school. An assessment of all family members revealed intense pressure to succeed and make up for forced disruptions to education pre-arrival. She also felt let down by her parents who were unemployed and adjusting poorly to the new environment.

Being a failure at school is a major concern. Success is important as a way of making up for previous losses and alleviating parents' suffering. Clashes or intergenerational conflict is not uncommon. Their ideas of fairness can clash with parents. Adolescents as meaning-makers see what the adult world has done and expect their parents to be supportive and perfectly just, which they cannot be. They also carry the conflict between play and responsibility. They want to be like other young people and enjoy the trappings of youth, yet responsibilities are readily carried and they show worry and guilt about family members still at risk, in Australia or overseas.

Parents experience their role as parents being undermined for a number of reasons. Their ability to protect children during conflict can be impaired (Elbedour, ten Bensel, and Maruyama 1993) and the resulting lack of confidence can persist in the settlement environment (Athey and Ahearn 1991). They fear losing children to the dominant culture and are disappointed when children do not uphold traditional values. Children are seen to fail to uphold traditional values, which are often idealised in the face of loss. The parent's view of what was, often does not actually exist because of the impact of conflict and displacement.

Their authority is weakened by dependency on children for communication and advocacy and, indeed, children acculturate faster than parents (Weine et al. 2004). The difference between children and adults in language proficiency (first language and subsequent languages), can contribute to a

breakdown in communication and social support within the family (Wong Fillmore 1991). Parents can lose status on arrival with prior qualifications not being recognised (Miller et al. 2002). They report a loss of dignity associated with unemployment and loss of status, bewilderment about the rights of children and express their sense of dangers in the new environment. The parental role can also be undermined if parents are suffering serious mental health problems. In that situation, children can become parentified (Puig 2002).

In the nineties, the author had oversight of several hundred psychosocial assessments involving families from the former Yugoslavia. Where parents and children had remained together and parents were able to protect children, there was relatively little cause for assisting families. The situation was quite different where parenting was disrupted, through prolonged separation or a parent having been tortured in a way that destroyed their ability to be a source of nurturance.

In a study of the effects of long-term detention, Coffey, Kaplan, Sampson and Tucci (2010) found adverse mental health effects, as several studies have. The qualitative design of this study allowed the authors to interpret the mechanisms behind these effects. There were several causes, but one of the main ones, for parents and young people charged with bringing family members, was the almost complete destruction of the person's identity and value as a parent or caregiver.

In a service and research context it is essential to know the history of the integrity of the family. Twenty-five percent of households are headed by a single parent, usually the mother. Unaccompanied children have been recognised as especially vulnerable. There is evidence that they show more mental health symptoms and behavioural problems (Derluyn and Broekaert 2007; Kinzie et al. 1989). But there are many other circumstances where connections are fragile. They include situations where the caregiver, such as a grandmother, has been left behind and may never arrive. Those children suffer grief and related problems. They highly depend on the capacity of current caregivers to be adequate substitutes.

Restoring meaning, a sense of future and justice

The characteristics of the settlement environment are also critical to the restoration of meaning, a sense of future and justice. Such beliefs are most fluid for adolescents, and very important to adults as well. Meaning is

inextricably linked to a sense of identity, which undergoes changes as the new environment is encountered. The developmental tasks of adolescence do vary with culture but in general they involve an increase in responsibilities, preparation for a vocation, the formation of relationships beyond the family constellation and a degree of independence from parents. All these tasks require facilitation, as they do for non-refugee populations.

The educational setting and community setting can foster a sense of belonging, and promote the acquisition of skills important for everyday communication and other daily tasks. Relationships, skills and achievements in turn build a sense of future. This can remain fragile without specific attention to how beliefs about the future were shattered by previous experiences. Garbarino (2001) refers to this shattering as “philosophical trauma”:

One young client expressed how the war had changed his life from one of peace and safety to one of utter destruction. He said that he could not wake up in the morning and be confident that he would see the end of the day. This was despite the reasonably safe environment in which he now lives.

VFST 1998, 49

The potential for the school setting and adult educational settings to allow for the discussion of such beliefs and how they shape future expectations is unfortunately a limited one. As Pynoos and Eth (1993) point out, some youngsters are burdened by an awareness of an unfortunate legacy. They expect things to go wrong, or deem themselves unlucky and destined to misfortune. Assisting in the formation of a comprehensible picture of the world is the responsibility of the welcoming society, and it also ensures that ideologies for the better are constructed. Otherwise the risk is that ideologies for the worse, such as enacting revenge or perceiving others as enemies, develop. Responding to barriers to learning, providing opportunities for training and employment, and modelling a safe world to which adults contribute can powerfully shape the expectations for the future and the expectations of how human beings behave.

The settlement environment and its influence on shame and guilt

Dealing with guilt and shame requires the particular attention of people and services in the settlement environment. “In trauma, the guilt hides a sense of helplessness so profound that the guilty torment is needed, clung

to...in order to re-establish some sense of personal control” (Terr 1995, 420). To take some responsibility for what happened, even if it results in self-blame, is to retain some control. Counselling allows for the exploration of such deeply-held beliefs but is not readily available on a wide-scale basis. However, such exploration can be part of school-based programs or other life skills programs that also examine the beliefs associated with the development of identity, meaning and the future.

There is also a role for public acknowledgement of violence and its consequences. Shame and guilt are the unrecognised legacy of rape, which affects an unknown number of young women from war-torn countries. The denouncement and prosecution of rape as a war crime has assisted young women overcome their humiliation and ostracism. Young men are also the victims of rape in countries that systematically use sexual assault to destroy opposition and dissent. The analysis of persecution and the way perpetrators work has long been used by services who work with survivors of sexual violence because it shifts the blame and guilt which survivors carry. The costs of not directing attention to victims are immense, and can lead to transmission of the consequences of violence across generations.

An analysis of the political purpose of rape can be of benefit to individuals and families in another way. Practice experience has shown that in some cases men are violent towards their wives, blaming their wives for being raped. When men do become aware of the system of violence that has deliberately been constructed to permanently damage them and weaken their opposition, they are more likely to take responsibility for their actions as they do not want to do the work of their persecutors.

A developmental perspective

There are many studies and several reviews (APA 2010; Cortes 2007, 44) that show that among children and adolescents, higher rates of exposure to traumatic events are associated with higher rates of PTSD, depression and behaviour problems. Most of our knowledge on the developmental impact of children comes from non-refugee children who have experienced extreme adversity, such as maltreated children. Maltreated children can develop a profile of enduring vulnerabilities that puts them at risk for problems in the future (Cicchetti 2010). It has also been found for non-refugee children (Cloitre et al. 2009) that exposure to repeated or multiple trauma in childhood results in symptom complexity, that is, posttraumatic stress

symptoms and difficulties in self-regulatory capacity in affective and interpersonal realms.

The most consistent critique made of findings of adverse effects in non-refugee children is that it leaves unexplained the high proportion of children and adolescents who do not develop distressing problems (Bonanno and Mancini 2008). Many prominent writers and researchers in the field of trauma, and developmental psychology have pointed to the need to understand adaptive behaviours in the face of adversity, recognising great individual variation in responses to traumatic events and the resultant developmental trajectory. (Cicchetti 2010). In general, resilience, the term most often used to describe positive adjustment after adversity, is understood to be a function of personal attributes such as self-regulation abilities, intelligence and a positive view of self; family characteristics, mainly a close attachment relationship with a caring and competent adult; and qualities of the social environment such as school support and caring adults in the community (Betancourt and Kahn 2008; Cortes and Buchanan 2007; Luthar, Cicchetti, and Becker 2000).

Resilient functioning has not been studied in children affected by war and conflict comparable to studies of non-refugee children. However, Betancourt and Khan (2008) have reviewed the literature on resilience in children affected by armed conflict. They found individual attachment relationship, mental health of family members and social support factors to be protective. Child characteristics included high intelligence, internal locus of control, good coping skills, an easy-going temperament, religious beliefs and making meaning of adversity. The availability of a caregiver was seen to be protective in comforting a child and helping them make meaning of frightening events. Mothers with poor mental health are likely to be less able to provide needed comfort and fear-reducing meaning of events. Social support is variously defined but in general, across several studies, poor social support is associated with more severe mental health symptoms. Hodes et al. (2008) showed that caregiver relationships and social support systems were associated with resilience in youth of refugee backgrounds. Buffering effects of parents and teachers have also been shown (Garbarino 2001). For child soldiers, acceptance from other-family members, peers and community members has a positive influence on post-conflict psychosocial adjustment (Betancourt 2010). Within individuals, factors such as coping strategies are associated with reduced psychopathology in refugees. They include cognitive restructuring, prayer

and religion, and emotional expression through social support (APA 2010).

The developmental impact for children and adolescents of refugee background requires considerably more research. Several domains of functioning could be considered – cognitive, moral, social and physical (Qouta, Punamaki, and Sarraj 2008). It is critical to assess the level of exposure to traumatic events, and the age at which they have occurred and the presence of protective factors, to predict the impact and the level of intervention required. A relatively unexplored area is the impact of loss of children on refugee parents. In the general non-refugee literature the violent death of a child is associated with persistent symptoms of PTSD in the parents (Murphy 2006). Practice experience indicates that the impact of the loss of children and other disruptions to family integrity profoundly affect the capacity of families to be nurturing and supportive to remaining family members.

Prevention and intervention

Given the potentially far-reaching consequences of pre-arrival traumatic events, the above analysis of factors that increase and ameliorate risk in the settlement environment point to many possible pathways for prevention of long-term adverse effects, the rebuilding of lives and pathways for specialised interventions. The multiple factors can make it difficult to determine which are of foremost relevance, and many secondary influences can remain hidden. An example is women who have experienced the loss of their spouses. In addition to the direct effects of losing a loved one, there are secondary effects of stigma and discrimination, and lack of access to social resources (Raphael, Taylor, and McAndrews 2008). Another example is the poor mental health of a parent, which is a problem in itself but is also known to be one of the main factors affecting the wellbeing of children (APA 2010). Practice experience indicates that the impact of the loss of children and other disruptions to family integrity profoundly affect the capacity of families to be nurturing and supportive to remaining family members.

The following section describes important principles that comprise the underpinning for prevention and intervention strategies, and some exemplar programs that have been undertaken in the Australian context.

Integrated Prevention and Intervention approaches

Prevention and intervention strategies need to target individuals, families and communities in a way that promotes safety, connections, meaning and dignity. Violence that has been perpetrated prior to arrival in Australia cannot be undone, but it is possible to reduce risk factors which contribute to the persistence of adverse effects and strengthen protective factors which ameliorate those effects and contribute to resilience.

Targeting risk factors to be addressed through population-based approaches can be made by identifying those risk factors and suitable settings for the implementation of strategies. We know that until 2010, 50% of the humanitarian intake into Australia was children under 18. We also know that all children come from situations of protracted hardship, violence and human rights violations, as previously described, and with histories of displacement and disrupted schooling. The top four countries of origin of refugees in the last decade were Burma, Iraq, Afghanistan and Sudan. All these countries continue to be unstable and would be expected to create stress in families as a result of concern for family members. This brief analysis suggests that prevention programs could focus on maximising learning opportunities in a safe environment and maximising the participation of, and support for, families. This indeed is the basis for the development of whole-of-school approaches to working with refugee children, adolescents and families, and the development of family support strategies with an extensive reach (VFST 2007).

Similarly, an analysis of needs and settlement experiences of youth from refugee backgrounds (18 to 25-year-olds), and their settlement experiences reveals significant challenges in terms of their resettlement, recovery and integration post arrival in Australia (Gifford, Correa-Velez, and Samson 2009). They show low levels of formal education or education that has been significantly disrupted (Department of Immigration and Multicultural Affairs 2006), affecting their engagement with further education in the post-compulsory age group and future employment pathways. VFST designed a program to continue the learning environment by using work as core context for learning. In addition to curriculum based “knowledge”, the system of education and the work setting were seen to be the most suitable environments for developing the social skills and networks on which a person is dependant for successful transition from one life stage to the next. The work environment was conceptualised as a powerful learning context that would also provide a strong basis for maintaining or finding

employment. Partnerships were formed between industry employers, schools/education providers, and social support agencies to deliver the program that has reached several hundred participants. An evaluation of the program has shown that there were many benefits for participants in terms of work experience, language and confidence to speak in English, confidence to negotiate employment and education systems, social connections, and the ability to seek support from the broader community and organisations.

The following section illustrates another example of a program for vulnerable refugee adolescents and youth that integrated community capacity-building strategies and health sector responsiveness with a group program aimed at building life skills and reducing high-risk behaviours associated with alcohol and drug abuse.

Building a positive future for youth from refugee backgrounds: supporting the health and wellbeing of Karen youth

The target group was Karen young people whose country of origin was Burma or Thailand. Many Karen young people have spent their entire lives in refugee camps on the Thai-Burmese border. The main aims were to engage Karen leaders and Karen community members in strengthening their relationship with young people in their community, including those on the margins of the community, due to alcohol and drug abuse; and improve the capacity of those young people to adopt more health-related behaviours. A further aim was to form a collaborative relationship with Alcohol and Drug agencies to increase their responsiveness to at-risk young people of refugee backgrounds.

The strategies used to build relationships among the community, inclusive of young people, were appointments of community youth workers to the project team, the formation of a youth advisory committee with a mix of young people who were active in the community and ones who were not, and the use of information sessions to bring people together at community gatherings. Youth advisory committee members and community elders also came together to identify strategies for responding to problems affecting disengaged young people. A group program was developed and delivered which focused on identity, self-awareness, alcohol and drug use and alternative coping strategies, and information provision about vocational and recreational activities. An evaluation of the project showed

that bridges were built between young participants and the community and there was greater acceptance of those previously disengaged; foundations were laid for further inter-generational discussions; young people gained skills, showed greater confidence, gained knowledge about future pathways; and some significantly reduced their drug-taking behaviours. Notably, some increased their school attendance. Relationships among key agencies (government and non- government) were developed, deemed highly valued and expected to be sustainable. One of the key learnings was that multiple strategies are essential, but it takes considerable time to build trust and relationships among the community. The other learning was that optimising the benefits of an inclusive participatory approach with young members of a community requires an investment in their skill development with due recognition of their new-arrival status, capacity and experiences.

Specialised torture and trauma interventions

A network of eight torture and trauma services, one in each capital city, has been conducting assessments with newly-arrived families (Forum of Australian Services for Survivors of Torture and Trauma [FASTT] 2006) for fifteen years or more. The majority of families assessed had arrived as UNHCR refugees, and had little in the way of connections to people in Australia. In Victoria, approximately one third of all such refugee families were assessed. Assessments of children were usually conducted through the parents. In any one year, approximately 15-20% of the families assessed had one or more family members who required longer-term specialised assistance because of problems of family functioning, or levels of symptoms that seriously compromised daily functioning. This service data provides some indication of the proportion of the refugee population that would require specialised assistance.

Individual, family and group work involving trauma-specific therapy, supportive counselling, advocacy and complex case management, complementary therapies and psychiatric treatment are the main types of direct client services. Services are holistic, recognising that the consequences of torture and trauma experiences are social, psychological and physical and that interventions focus on a range of problems. It is also recognised that survivors require assistance with joblessness, homelessness and navigating mainstream services and systems of care. The direct client work is inextricably linked to capacity-building strategies in health, education, legal, youth and family services sectors, with work in communities. “Agencies work with State and federal governments through