

**“** I was so afraid I would never be able to talk to anyone about what had happened. I felt so alone. But then you came and **you listened without fear or judgement and you didn't turn away.** **”**

FASSTT member agency client

# Never Turning Away

Australia's World-Leading  
Program of Assistance to Survivors  
of Torture and Trauma (PASTT)



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# Acknowledgements

Throughout this publication we have used quotations from and stories about clients of FASSTT member agencies. Names and identifying information have been changed to protect our clients' privacy. We acknowledge the courage it takes to tell the often harrowing accounts of their refugee journeys and thank them for allowing us to use their words, stories and images.

This publication was prepared by Rebecca Cole on behalf of FASSTT with input from FASSTT member agencies and their clients. Thanks to all those who were interviewed and provided case studies, statistical data and information. Thanks also to Peter Cruttenden and Sharrin Murphy for editing and proof-reading.

# FASSTT members



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# Foreword



*Never Turning Away* is a review of the activities and significant achievements of the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) during the last decade. This title summarises the ethical commitment to victims, whose aspirations are at the base of the work of all Australian rehabilitation providers.

*Never Turning Away* also describes an attitude essential to impede the ultimate goals of perpetrators: to damage, crush and impair the individual's capacity to resist, dissent or criticise. A world without torture will exist when torture is prevented from happening, prosecuted when it occurs, and when its victims have received adequate reparation for their suffering.

The achievements recorded in *Never Turning Away*, published on FASSTT's 25th anniversary, are evidence of the extraordinary contribution of the network to these objectives. Every year, thousands of people have received individual support and counselling (17,771 in 2016–2017), and the specialist approach that FASSTT has developed integrates clinical and community development approaches, together with building capacity in the service sector and policy work, to foster a positive recovery environment for refugee resettlement.

FASSTT, and its members, are also leaders in the global fight against torture. They lead by example, having built a reputation for thinking strategically, providing services pursuant to the highest standards of excellence, and advocating with great effectiveness. The fact that FASSTT has received support by the Australian Federal government on a bipartisan basis for 25 years only proves this point.

On the other hand, FASSTT and its members lead by action. Since they joined the International Rehabilitation Council for Torture Victims, they have determinedly shared their knowledge, their voice and their capacity to furthering the right to rehabilitation of torture victims globally. The fight against torture is as necessary as always, extending from the fight against systemic torture and abuse in repressive regimes, to awareness-raising and advocacy to maintain migratory policies in accordance with international human rights standards in well-established democracies.

In this global fight against torture, being at the side of FASSTT is in equal parts a strategic advantage, an intellectual privilege and a moral imperative. The only evidence needed to reach this conclusion lies pristine in the following pages, through which the voice of rehabilitation providers, victims and political leaders comes together in unison: we will not rest until a World Without Torture.

Copenhagen, 1 October 2017

A handwritten signature in black ink, appearing to read 'Victor Madrigal-Borloz'.

**Victor Madrigal-Borloz**

Secretary-General  
International Rehabilitation Council  
for Torture Victims, IRCT

# Acronyms used in this publication

<b>ASeTTS</b>	Association for Services to Torture and Trauma Survivors	<b>ISHHR</b>	International Society for Health and Human Rights
<b>CALD</b>	Culturally and Linguistically Diverse	<b>MRC</b>	Migrant Resource Centre
<b>DFaHCSIA</b>	Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs	<b>NAYS</b>	Newly Arrived Youth Specialist
<b>DIBP</b>	Commonwealth Department of Immigration and Border Protection	<b>OPiCT</b>	Older People in Cultural Transition
<b>DIMA</b>	Commonwealth Department of Immigration and Multicultural Affairs (now DIBP)	<b>PASTT</b>	Program of Assistance for Survivors of Torture and Trauma
<b>DIMIA</b>	Commonwealth Department of Immigration and Multicultural and Indigenous Affairs (now DIBP)	<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>FASSTT</b>	Forum of Australian Services for Survivors of Torture and Trauma	<b>QPASTT</b>	Queensland Program of Assistance to Survivors of Torture and Trauma
<b>FiCT</b>	Families in Cultural Transition	<b>STARTTS</b>	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
<b>GP</b>	General Practitioner	<b>STTARS</b>	Survivors of Torture and Trauma Assistance and Rehabilitation Service
<b>IHSS</b>	Integrated Humanitarian Settlement Strategy	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>IRCT</b>	International Rehabilitation Council for Torture Victims	<b>VFST</b>	Victorian Foundation for Survivors of Torture (also known as Foundation House)

## Definitions

### Refugee

A refugee is defined by Article 1 of the United Nations Convention Relating to the Status of Refugees as someone who:

*....owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country...*

Throughout this publication the term 'refugee' is used to refer to people who enter Australia specifically as refugees as well as those who come from a refugee-like background.

### Traumatic events

For our clients, 'traumatic events' include violence and loss, persecution, human rights violations and forced displacement, often in the context of war or civil conflict. Forced displacement typically features extreme hardship, insecurity and prolonged uncertainty.

### Torture

As described by the International Justice Resource Centre, the UN Convention Against Torture 'identifies the following three elements that, if combined, constitute torture:

1. the intentional infliction of severe pain or suffering;
2. for a specific purpose, such as to obtain information, as punishment or to intimidate, or for any reason based on discrimination;
3. by or at the instigation of or with the consent or acquiescence of State authorities.<sup>1</sup> (This includes governments and 'extra governmental' groups who claim authority and exert systemic control over communities, regions and states.)

FASSTT agencies hold that torture is a systematic violation of human rights which is, and must remain, unacceptable under any circumstances.

1. International Justice Resource Center, *Torture*, available at [www.ijrcenter.org/thematic-research-guides/torture/](http://www.ijrcenter.org/thematic-research-guides/torture/).

# PART 1:

## The need for specialist torture and trauma services

*“Even before interrogation, I was brutally beaten. Afterwards, each question was systematically accompanied by punches, kicks, cigarette burns. Each of my replies provoked new blows. After the interrogation they hung me up, my body was suspended like a sandbag, defenceless against the kicks and punches of my interrogators. They entertained themselves by putting out their cigarettes on my body, which they used like an ashtray. They scored my back all over with the point of a knife.<sup>2</sup>”*

2. East Timorese survivor, quoted in 'I am Timorese', *Testimonies from East Timor*, London: Catholic Institute for International Relations, 1990.



*“I wasn’t tortured. Not like the others around me. I was just hung and beaten for a few days. They tortured others in the camp... They would put barbed wired in a [PVC] pipe and insert it up them. Then they would take the pipe out and leave the barbed wire inside. What suffering!<sup>3</sup>”*

*“I was blindfolded and my hands and feet were tied. Sometimes they would use electric cables and give us electric shocks. They would beat us with iron rods after pouring water on our bodies so that it hurts more. They would keep beating us for four to six hours. They hit me on my neck and on my back. One officer jammed a rod in my knee so hard that it’s left a permanent injury in my leg. I was scared of dying. I was scared.”<sup>4</sup>”*

**122**

**The number of countries where state-sanctioned torture is widespread**

(Source: Amnesty International)

In the face of such harrowing stories as those above it may be difficult for many of us to imagine how those who survive such experiences can ever feel safe and trust anyone again. However, with appropriate interventions from specialist torture and trauma services, survivors are able to work towards recovery, rebuild their lives and contribute significantly to Australian society.

In Australia, there is a specialist torture and trauma service in each state/territory whose staff work with people from refugee backgrounds who are survivors of torture and other traumatic events. These eight agencies come together to form a national network, FASSTT (the Forum of Australian Services for Survivors of Torture and Trauma). This specialist network has built a depth of expertise that allows its members to augment other services in the health, mental health, education, community and employment sectors.

FASSTT is made possible through the Program of Assistance for Survivors of Torture and Trauma (PASTT), funded by the Commonwealth Department of Health. PASTT allows for the provision of short- and longer-term specialist counselling and other interventions tailored to meet client needs. It also aims to improve access to mainstream services for survivors and build the capacity of both service providers and refugee-background communities. The infrastructure required to maintain a national network is also provided by PASTT. State/Territory Governments also provide substantial funding to FASSTT agencies. As Australia’s

only specialist torture and trauma rehabilitation service providers, FASSTT member agencies are the sole recipients of Federal government PASTT funding. Further details about PASTT and the profile of clients of the program are provided on pages 5–8 of this publication.

The national links made possible through PASTT are complemented by international links of FASSTT member agencies, including with the International Rehabilitation Council for Torture Victims (IRCT), the International Society for Health and Human Rights (ISHHR) and the United Nations High Commissioner for Refugees (UNHCR).

This publication provides an overview of FASSTT and its member agencies; a profile of clients assisted by PASTT, and more broadly by FASSTT agencies during 2016–17; and a series of case studies that give an insight into the experience of survivors of torture and trauma in Australia and the specialist programs FASSTT agencies have implemented.

**24,586**

**The number of people granted Australian Humanitarian Program visas in 2016–17**

(Source: Australian Government Settlement Database)



“I was six years old when my family was murdered. I was in my first year of school, and everyone was afraid. When the killers came we hid under a bridge. My mother had my sister on her back and said she was going to get food for us. I stayed under the bridge with my grandmother and other siblings. When my mother came back to bring food, the killers saw her and butchered

her with machetes in front of us. My little sister survived. ... the killers came back. They took my father and started to beat him. Others were beaten too and then they started killing everyone with machetes. There was blood everywhere. The biggest problem, even now, is that I have never found the corpse of my father.<sup>5</sup>”

## The refugee experience

Refugees flee the violence of war or direct persecution. Such persecution can take many forms including torture, imprisonment and the denial of the right to express one's religious and cultural identity. Persecution and violence occurs by or with the complicity of the authorities. Many of Australia's refugee and humanitarian entrants also spend considerable periods in the harsh conditions of refugee camps in countries of asylum before being accepted for permanent residence in Australia.

**Apathy, disbelief or complacency are the best friends of the torturer. If we do not recognise a survivor's need for support and provide services to assist them, the goal of the torturer is sustained and enhanced.**

Survivors of torture experience its impact in many different ways. For any person, torture has a profound, immediate and long-term impact on physical and psychological health. A high percentage of survivors of torture and other traumatic events suffer from significant levels of depression and anxiety, which manifest in many ways. These can include sleep disorders, recurring and intrusive memories, poor self-esteem, difficulty in concentrating, sadness, fear, anger, guilt, shame, psychosomatic complaints, and breakdown in family and personal relationships.

These impacts can present profound barriers to settlement in a new community.

They can make it difficult for survivors to learn a new language, seek and keep employment, and make new social connections. FASSTT agencies work with survivors, service providers and communities to overcome these barriers and assist survivors to build a new and productive life in Australia.

The fact that most refugees have survived horrific experiences yet re-establish their lives in Australia is evidence of their enormous courage and resilience. Nevertheless, they suffer a higher incidence of physical and mental health problems than other migrants and people born in Australia.<sup>6</sup> This arises from negative influences on their health before, during and following their forced movement. They are less likely than other migrants to have family and community support in Australia to assist them in accessing mental health care and related services; they generally have lower levels of literacy in their first language and are less proficient in English; and they face greater challenges in finding housing and employment. FASSTT agencies provide training and consultations to health and community service professionals, as Australian health-care providers are not routinely trained to identify and deal with issues of particular concern to refugees. This makes specialist torture and trauma services such as those provided by FASSTT agencies an important part of the Australian Government's world-class settlement support services for arrivals under the Humanitarian Program.

**17,771**

**The number of clients directly assisted by FASSTT member agencies in 2016–17**

(Source: FASSTT member agencies)

3. Sri Lankan male survivor, quoted in Hughes, Dhana, *Violence, Torture and Memory in Sri Lanka*, Taylor and Francis, 2013, p80.

4. Syrian male survivor, quoted in “It was hell”: Syrian refugees share stories of torture, <http://www.aljazeera.com/indepth/features/2016/06/hell-syrian-refugees-share-stories-torture-160620094137004.html>

5. Rwandan female survivor, quoted in “Surviving the Rwandan genocide: “Now there is hope in our life again”, <http://irct.org/media-and-resources/stories/article/623>

6. Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) 2003, *Report of the Review of Settlement Services for Migrants and Humanitarian Entrants*, May, DIMIA, Canberra

# FASSTT

## FASSTT member agencies' services

FASSTT agencies work from an understanding that people from refugee backgrounds can face complex challenges rebuilding their lives in Australia and integrating into a new society. FASSTT agencies work to reduce the impact of torture and other traumatic events by providing direct services to survivors in the form of counselling and other therapeutic interventions, advocacy and group work.

In moving beyond simply assessing and treating the presenting psychological symptoms associated with refugee trauma, FASSTT agencies use an innovative model of service delivery. This integrates clinical and community development approaches, together with building capacity in the service sector and policy work, to foster a positive recovery environment for refugee resettlement. As such, the work of FASSTT agencies includes:

- training other service providers who have contact with survivors of torture and other traumatic experiences
- developing resources to assist health, welfare and education professionals in their work with refugees
- working with federal, state and local governments to ensure policies and services are sensitive to the needs of refugees
- building the capacity of refugee communities through community development initiatives
- conducting research to enhance understanding of the needs of survivors of torture and other traumatic events and to inform service development
- raising community awareness of the experience of refugees and the incidence and effects of torture and other traumatic events
- contributing expertise to international organisations to build the capacity of governments and services to meet the needs of refugee-background survivors of torture and other traumatic events.

**22.5  
million**

**The number of refugees  
worldwide at the end of  
2016 – more than double  
the number in 2010**

(Source: UNHCR)

**Approx 25%**

**The number of refugees who have  
been physically tortured or subjected  
to severe psychological violation  
prior to their arrival in Australia.  
Seven in 10 will have been subject  
to less severe, but nevertheless  
traumatic, experiences in  
violent circumstances.**

(Source: FASSTT)



## PASTT

The Program of Assistance for Survivors of Torture and Trauma (PASTT), funded by the Commonwealth Department of Health, contributes to providing interventions for survivors of torture and other traumatic experiences with complex needs.

Amita, a Nepalese woman, and her five children aged 10–21 were referred by their settlement worker to a FASSTT agency. Amita and her family faced multiple complex issues including physical and psychological problems, pre-existing mental health issues (Amita had attempted suicide in the past) and current family conflict – all stemming from their refugee experience.

The family were referred to the PASTT counselling team and the youth worker at the FASSTT agency. When this team met with the family, it became clear that part of the current conflict stemmed from the fact that the family had not yet been able to find a way to reflect on, and express to each other, their experiences of trauma and moving to a new country with unfamiliar systems and customs, where the oldest son became the 'man of the family'.

The counselling team provided several family intervention sessions to allow the family members to openly discuss their challenges and experiences. This led to increased understanding among the family members of each other and an increased ability to cope with the complex issues they were facing in settling in a new country. As a result, the level of family conflict decreased. The family has now settled in well, living in private rental accommodation. The FASSTT agency youth worker continues to support the young people in the family in settling in their new environment and communicating with their mother. Amita was referred to a parenting service where she is receiving assistance in strengthening her parenting skills. The FASSTT agency counselling team continues to conduct family and individual sessions as needed.





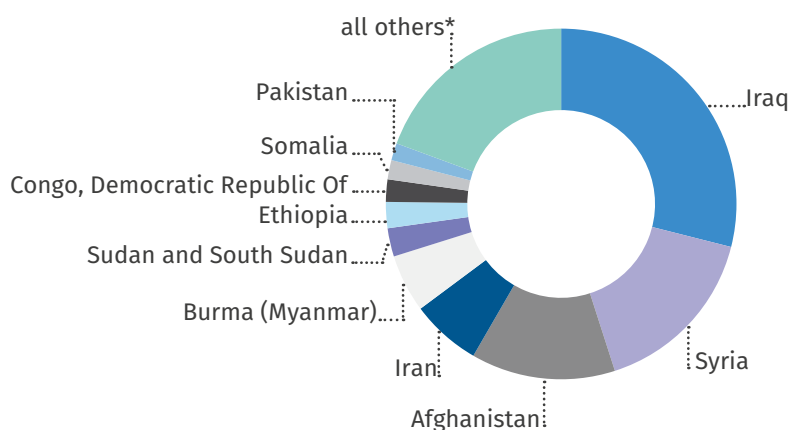
PASTT, established in 1995, was developed and undertaken by a number of FASSTT agencies before becoming a national program. A short-term torture and trauma counselling program was also developed as part of the Integrated Humanitarian Settlement Strategy (IHSS) funded by the Commonwealth Department of Immigration and Citizenship (DIAC). From April 2011, both programs were appropriately merged into an expanded PASTT program administered by the Commonwealth Department of Health. This consolidated the specialist nature of FASSTT agencies to deliver services tailored to the needs of survivors of torture and other traumatic events, whether these are short, medium or long term. PASTT makes Australia's response to refugees who are tortured and traumatised prior to arriving in Australia one of the most extensive and effective programs of this type anywhere in the world.

In addition to direct services to torture and trauma survivors, PASTT funding is used by FASSTT agencies, in conjunction with funding from other sources, to support a range of activities such as training of other mainstream service providers, secondary consultations, community development and service infrastructure.

FASSTT member agencies also receive funding from state/territory governments for provision of direct services to survivors. The statistics presented in this section refer only to clients who have received services using PASTT funding and should not be read as representing all refugee survivors of torture and other traumatic events who require assistance.

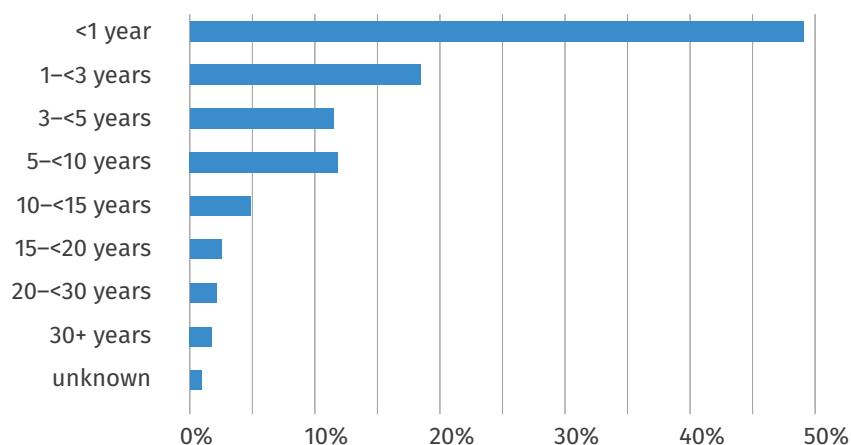
In 2016–17, 10,361 people received direct services funded by PASTT, with just over half of these (54%) being female. This represents nearly 60% of all FASSTT agency clients. The number of clients seen under PASTT increased significantly (by almost 80%) in 2011–12 and remained relatively stable until 2015–16. This increase was due to an expansion of the national Humanitarian Program along with the consolidation of short-term counselling, previously funded by the Commonwealth Department of Immigration, into PASTT in 2011. The number of PASTT clients rose again in 2016–17, reflecting an increase in the Humanitarian Program in response to the Syrian crisis.



**Figure 1: Top 10 countries of origin of PASTT clients, 2016–17**

\*19% of PASTT clients in 2016–17 came from 100 different countries combined

Source: FASSTT member agencies' databases

**Figure 2: Period of residence in Australia before clients were referred to PASTT, 2016–17**

Source: FASSTT member agencies' databases

In 2016–17, PASTT clients came from 110 different countries of birth, reflecting the diversity of, and changes to, Australia's humanitarian intake over the last few decades. In 2016–17, well over half of all PASTT clients came from Middle Eastern countries, with 29% from Iraq, 16% from Syria, 13% from Afghanistan, and 6% from Iran (see Figure 1).

PASTT supports survivors at any time after their entry into Australia and regardless of the visa class under which they enter (although the majority have entered under the Humanitarian Program). As Figure 2 demonstrates, some PASTT clients need therapeutic intervention in response to their experiences of torture and other traumatic events very soon after their arrival in Australia. For others, symptoms can manifest long after their original cause.

Some clients only become ready or able to deal with their experiences once their immediate settlement needs (such as housing, employment and learning English) are resolved. For these reasons, there may be a period of time before clients access PASTT services after they arrive in Australia; however, just over two-thirds of PASTT clients have lived in Australia for less than three years, with the largest proportion (49%) being referred to PASTT within their first year after arrival, allowing for early intervention.

Clients are referred to PASTT services in FASSTT agencies from numerous sources, including physical, mental and allied health services; settlement services; accommodation and employment services; and educational institutions. This reflects the networks and partnerships that FASSTT agencies have established, as well as the value-adding that different programs within FASSTT agencies can bring to PASTT. A significant proportion of clients (22%) refer themselves or are referred by their family members or friends, reflecting the strong level of awareness of FASSTT services among refugee-background communities.

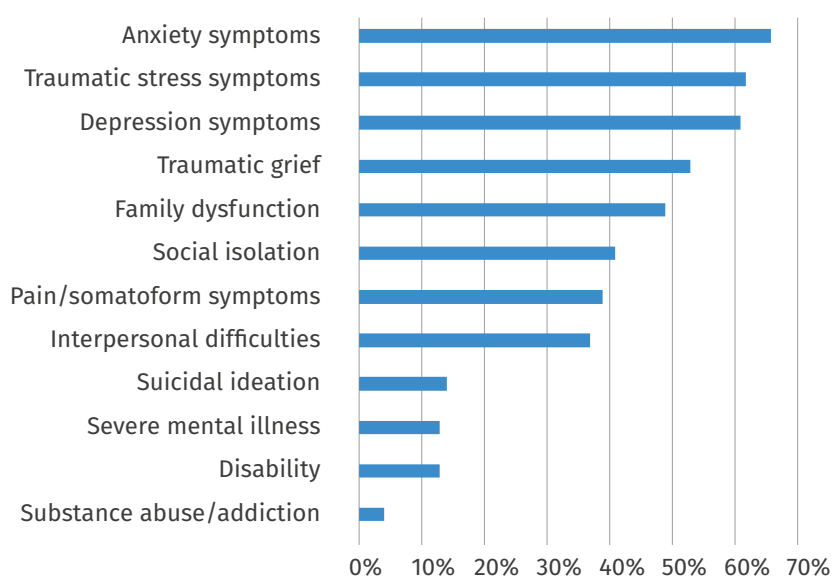
Clients receiving PASTT services present with a variety of needs and psychological symptoms (see Figure 3). Assessment shows that the most common symptoms that severely impact on the daily functioning of clients are those of anxiety, traumatic stress, depression and traumatic grief. In responding to these needs and symptoms, FASSTT agencies are able to use PASTT funding to provide a range of interventions, including:

- counselling (individual, family and group)
- psycho-educational groups
- complementary therapies programs
- community development
- referral to medical and psychiatric services (some in-house)
- advocacy with other service providers.

In addition, using PASTT funding FASSTT agencies provide professional development and secondary consultations to other services working with refugee survivors, as well as contribute to service development, particularly in rural and regional locations.

By being able to provide this range of interventions, FASSTT agencies can take a holistic approach to recovery from torture and other traumatic events and provide services in the most culturally appropriate manner to meet client needs.

**Figure 3: Psychological symptoms of PASTT adult clients, 2016–17 (clients with moderate or severe symptoms at assessment)**



Source: FASSTT member agencies' databases

# Profile of FASSTT clients

FASSTT agencies deliver services to a wider group of clients than those who are seen under PASTT. Services to this broader group of clients are funded by a wide range of sources, including state and local governments, philanthropic bodies and individual donations. The statistics in this section refer to all FASSTT agency clients, who numbered 17,771 in 2016–17.

The national origins of people entering Australia under the Humanitarian Program have changed significantly over the last six years and this is mirrored in changes in the profile of FASSTT clients (see Figure 4). In 2016–17, over half of FASSTT clients were born in the Middle East (60%); the vast majority of these split between Iraq (22%), Afghanistan (13%), Iran (12%), and Syria (11%). In contrast, six years earlier only a third of clients were from this

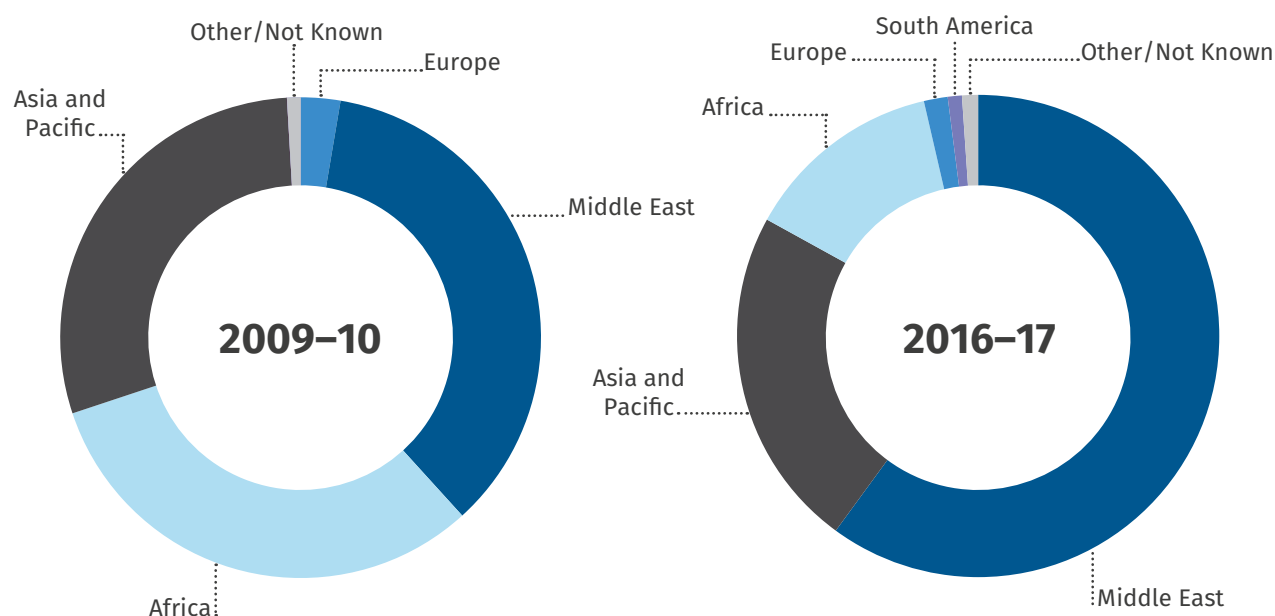
region. The proportion of clients from Africa has more than halved compared to six years ago, with only 13% of clients from Africa in the 2016–17 period (of these, one in five were from Sudan or South Sudan). The proportion of clients born in Asian or Pacific countries remains relatively unchanged at 23% in 2016–17, compared to 29% in 2009–10. However, the main source countries from the Asian region have changed. In 2016–17, of those from this region, 27% were from Sri Lanka and 24% from Burma (Myanmar), compared to half of the clients from Asian countries in 2009–10 being from Burma (Myanmar).

Subsequent chapters of this publication provide case study examples of the range of ways that FASSTT agencies have connected with the wide variety of ethnic communities represented by their client groups.





**Figure 4: Significant changes in countries of birth of FASSTT clients**



Source: FASSTT member agencies' databases

Although their demographic profile has changed over the past 10 years, the needs of FASSTT clients continue to be complex. Throughout subsequent chapters of this publication you will read, including in their own words, the experiences of clients and the FASSTT workers who engage with them. A high proportion of clients have experienced:

- lengthy periods in refugee camps
- extreme traumatic events, torture and loss
- family groups with a high degree of dislocation and single-headed households
- lack of familiarity with Western health systems.

In addition to these complexities, Commonwealth and state governments have sought to increase the level of refugee resettlement in rural and regional communities. These changing settlement patterns mean that there are significant challenges for metropolitan-based FASSTT agencies working to develop and augment service provision in rural and regional areas.



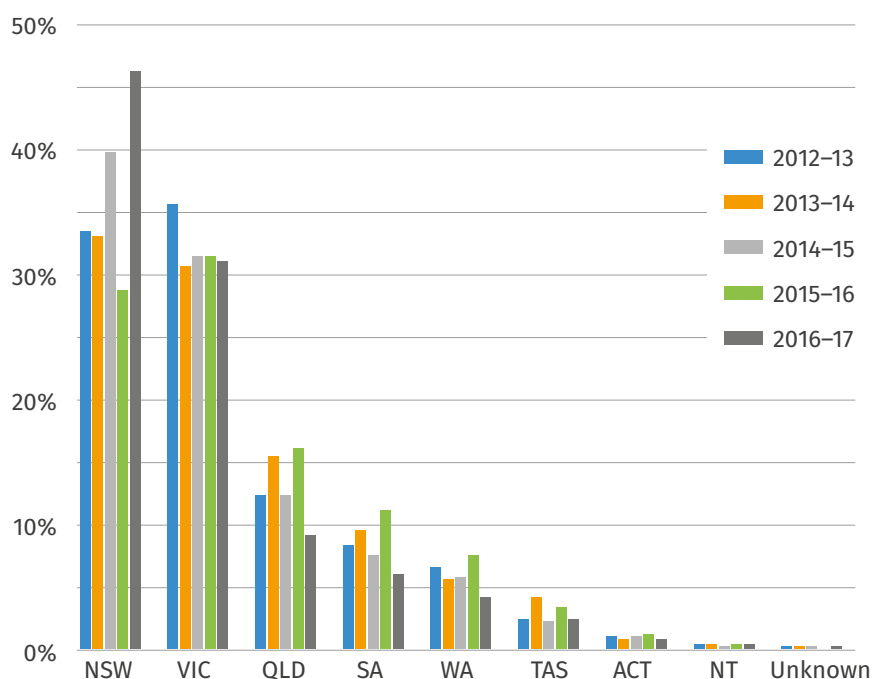
# **PART 2: FASSTT and its member agencies**

The following pages provide a brief overview of each FASSTT agency.

The size of FASSTT agencies and the number of clients each saw in 2016–17 reflect the proportional refugee and humanitarian intake into each state and territory over time. In 2016–17, 24,586 people were granted humanitarian visas to settle in Australia. As Figure 5 shows, over the last five years (and prior to this) NSW and Victoria received the majority of humanitarian entrants (and therefore have the largest torture and trauma agencies seeing the most clients), while the Northern Territory, the ACT and Tasmania received the smallest proportions of such settlers (and have respectively sized torture and trauma agencies and client groups). There was a spike in the proportion of humanitarian entrants settling in NSW in 2016–17, which reflects an increase in the number of arrivals from Syria.

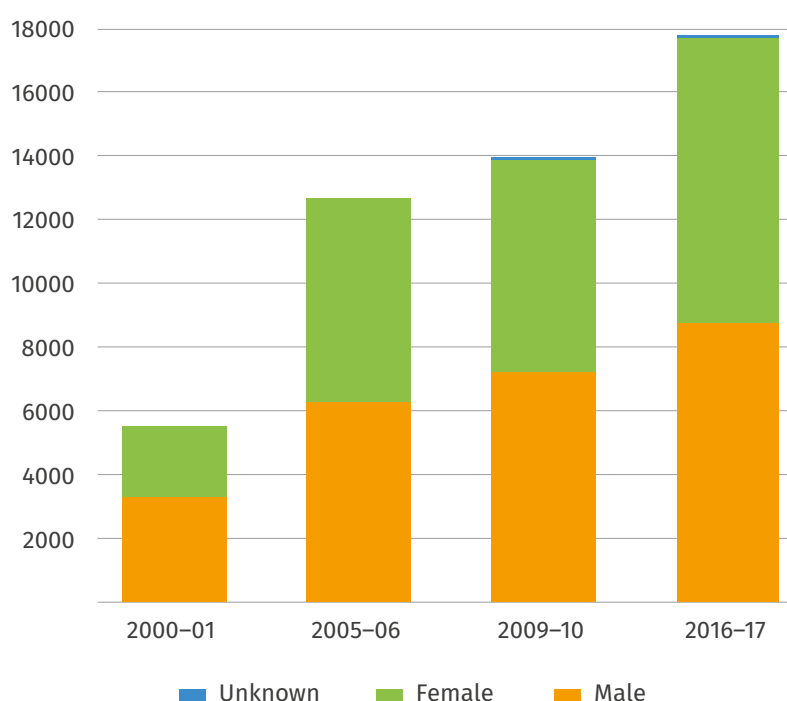
Over the last 16 years, the number of clients who have received FASSTT agency specialist torture and trauma services has increased steadily and significantly. In 2016–17, nearly 18,000 survivors received services – over three times the number of 16 years ago (see Figure 6). The ratio of men and women who received FASSTT agency services has remained close to 50:50 over the last 10 years.

**Figure 5: Proportion of humanitarian intake to each State/Territory (arrivals)**



Source: DIBP Settlement Database

**Figure 6: Increasing number of FASSTT clients**



Source: FASSTT member agencies' databases

## Key achievements of FASSTT

- 1992** The National Forum of Services for Survivors of Torture and Trauma (subsequently renamed FASSTT) is established.
- 1995** Commonwealth Department of Health engages FASSTT agencies to establish PASTT to provide longer-term counselling and interventions to survivors nationwide and to improve access to mainstream services.
- 1996** FASSTT holds Australia's first national conference for staff working at specialist torture and trauma rehabilitation agencies (held again in 2001, 2005, 2010 and 2015).
- 1996** Commonwealth Department of Immigration and Multicultural Affairs (DIMA) funds the first national program of Early Health Assessment based on a successful pilot and proposal by FASSTT.
- 1997** DIMA funds FASSTT agencies to establish the national Early Health Assessment and Intervention program under the IHSS to provide short-term counselling and interventions to refugees soon after their arrival.
- 1999** DIMA engages FASSTT agencies to manage and provide torture and trauma counselling services and interventions to thousands of Kosovar and East Timorese refugees during the Government's Operation Safe Haven.
- 2001** FASSTT develops national standards to govern all aspects of member agencies' work to ensure clients receive the highest standard of service.
- 2002** FASSTT partners with Triple J radio station to mount a nationwide radio appeal to raise over \$400,000 to use in direct service work with FASSTT clients and to raise community awareness of the refugee experience.
- 2003** FASSTT partners with The Body Shop in a nationwide campaign to celebrate Australia's cultural diversity and highlight the positive contribution refugees and asylum seekers make to society as they rebuild their lives with hope, courage and dignity.
- 2005** The Commonwealth Department of Health and Ageing funds FASSTT agencies to develop a set of indicators to evaluate community development as a tool for healing and recovery from torture and other traumatic events.
- 2006** FASSTT agencies receive a funding boost to the PASTT program of \$12 million nationwide over four years.
- 2007** FASSTT agencies produce and contribute to the update of Promoting Refugee Health Guide and Desktop Guides – national resources for general practitioners working with clients from refugee backgrounds.
- 2008** FASSTT completes the first stage of a national minimum data set, allowing comparison and analysis of data from specialist torture and trauma services to give a picture of the demographic profile of our clients.
- 2009** FASSTT members are elected to the Pacific council positions of the International Rehabilitation Council for Torture Victims (IRCT).
- 2009** DIAC engages FASSTT to deliver torture and trauma services to immigration detainees held on Christmas Island.
- 2010** FASSTT implements stage two of a national minimum data set to collect nationally consistent psychological symptom data of PASTT clients.
- 2011** Funding for specialist torture and trauma services is consolidated into an expanded PASTT program (delivered by FASSTT agencies), securing the specialist focus of work in this area.
- 2015** FASSTT holds its largest-yet conference of Australian and New Zealand staff of specialist torture and trauma services with over 330 delegates.
- 2017** FASSTT hosts first Australia and New Zealand Refugee Trauma Recovery in Resettlement Conference.



**ASeTTS**



**Agency:**

ASeTTS (Association for Services to Torture and Trauma Survivors)

**Location:**

Perth, Western Australia

**Date established:**

1992

**Equivalent full-time staff at December 2016:**

29.6

ASeTTS' mission is to provide holistic services that assist refugee survivors of torture and trauma to rebuild their lives.

ASeTTS is a non-profit, incorporated association managed by a voluntary Board of Management. The agency receives funding from state and federal

governments as well as from philanthropic sources and donations.

In 2016–17, ASeTTS provided direct service and support to 1605 survivors of torture and other traumatic events from 62 countries.

## Selected key achievements since 2000

- |             |   |             |  |
|-------------|---|-------------|--|
| <b>2001</b> | Established a client reference group, United Voices, of which the Chair is a voting member on the ASeTTS Board                      | <b>2008</b> | Won Mental Health Research and Education Award   |
| <b>2001</b> | Established Project Connect, a strategy to connect refugee survivors of torture and other traumatic events with the wider community | <b>2009</b> | Awarded Premier's Australia Day Active Citizenship Award   |
| <b>2001</b> | Contributed to the creation of CASE for Refugees, a legal service for refugees and asylum seekers                                   | <b>2013</b> | Received WA Mental Health Commission Outcomes Award  |
| <b>2003</b> | Co-founded the Western Australian Refugee Health Network  | <b>2014</b> | Two long-serving staff accepted into the prestigious Harvard Medical School course, Global Mental Health Trauma and Recovery |
| <b>2003</b> | Became a member of the International Rehabilitation Council for Torture Victims (IRCT)  | <b>2015</b> | Established outreach service in Gosnells in response to high referrals and refugee settlement                                |
| <b>2007</b> | Won WA Multicultural Service Award  | <b>2016</b> | Created a Suicide Prevention Training Program for the sector and refugee communities   |
| <b>2008</b> | Won Community Services Industry Award   | <b>2016</b> | Developed and implemented the Families United Together project   |
|             |   | <b>2017</b> | Celebrated 25th anniversary  |



## Companion House



**COMPANION HOUSE**  
Assisting Survivors of Torture and Trauma

### Agency:

Companion House

### Location:

Canberra,  
Australian Capital Territory

### Date established:

1989

### Equivalent full-time

staff at December 2016:

15.1

Companion House works with adults and children who have sought safety in Australia from persecution, torture and war. Our organisation believes that people who have survived torture, trauma and human rights violations should have access to services that respect, empower and promote recovery.

Companion House is a non-profit, incorporated association governed by a voluntary Board. The agency receives funding from state and federal

governments as well as from philanthropic sources and donations.

In 2016–17, Companion House provided direct service and support to 415 survivors of torture and other traumatic events from 46 countries. The organisation also supported over 1000 patients in Companion House's Medical Service. In addition, the organisation provided direct service to clients through migration advice and community development activities.

## Selected key achievements since 2000

- |             |  |             |  |
|-------------|--|-------------|--|
| <b>2001</b> | Launched Regional Refugee Health Services Network in Greater Murray and Riverina region                                      | <b>2012</b> | Awarded ACT Community Organisation of the Year, ACT Multicultural Awards   |
| <b>2003</b> | Expanded community development, health promotion and capacity building of community leaders and bicultural workers           | <b>2013</b> | Received Medicare Local Primary Health Care Team Award for antenatal services  |
| <b>2004</b> | Published and launched <i>The Sound of Hope</i> , an anthology of writing from refugee survivors of torture and trauma       | <b>2015</b> | Established scholarships scheme in partnership with University of Canberra for young people from refugee backgrounds on temporary visas                            |
| <b>2008</b> | Published <i>Folktales from Sudan</i> , a collection of traditional stories from Dinka women and children                    | <b>2016</b> | Received ACT Council of Social Services Partnership Award with ACT Council of Parents and Citizens Associations and ACT Principals Association for work in schools |
| <b>2009</b> | Established migration advice service and pro-bono network of migration agents  | <b>2016</b> | Accredited against the National Standards for Mental Health Services (NSMHS)   |
| <b>2010</b> | Received an ACT Health Australia Day Award for integration of primary health, counselling and community development services | <b>2017</b> | Successfully completed mid-term review against NSMHS   |

## Melaleuca Refugee Centre



**Agency:**

Melaleuca Refugee Centre

**Location:**

Darwin, Northern Territory

**Date established:**

1996

**Equivalent full-time  
staff at December 2016:**

8.4  
(torture and trauma  
staff only)

Melaleuca Refugee Centre's mission is to provide an environment for resettlement and healing of refugee survivors of torture and trauma, their families and communities through confidential, high-quality, holistic services.

Melaleuca Refugee Centre Torture Trauma Survivors Service of the NT Incorporated

is a community-controlled, non-profit incorporated association. The agency receives funding from state and federal governments as well as donations.

In 2016–17, Melaleuca provided direct service and support to 105 survivors of torture and other traumatic events from 21 countries.

## Selected key achievements since 2000

- |   |  |
|---|--|
| <p><b>1999–00</b> Conducted the Sticks and Stones community development program</p> <p><b>2001–03</b> Developed and implemented the Strong People Strong Stories community arts project</p> <p><b>2002</b> Became the settlement service provider for newly arrived refugees in the Northern Territory</p> <p><b>2003</b> Awarded the National Bank Volunteer Award</p> <p><b>2003–05</b> Secured funding from DFahCSIA to implement the Families in Cultural Transition (FiCT) program</p> <p><b>2007–08</b> Introduced the NAYSS program to Melaleuca's young clients</p> <p><b>2008–09</b> Secured NT Government funding for the FiCT program for three years and introduced a new module to the program, Welcome to Country, an initiative for families of refugee background to get to know and experience Indigenous culture</p> <p><b>2009–10</b> Introduced a family program and Tips and Ideas for Parenting Skills</p> <p><b>2010</b> Partnered with Nightcliff Primary School and won a National Australia Bank School First grant to support refugee students at the school</p> | <p><b>2012</b> Implemented an Alternatives to Violence Program</p> <p><b>2012–13</b> Produced the booklet <i>Healthy Living for New Arrivals: Volunteer Guide</i> together with City of Darwin and Red Cross</p> <p><b>2013</b> Moved to central location in Darwin City, close to other service providers</p> <p><b>2014</b> Awarded Recognition of Community Support award</p> <p><b>2015</b> Established a Refugee Support Network to ensure seamless support to clients at an interagency level</p> <p><b>2015–16</b> Delivered Trauma Informed Training to over 200 NT police officers</p> <p><b>2016</b> Celebrated 20th anniversary</p> <p><b>2016</b> Established a TSV-holder Services Network to develop best practice and referral pathways for this emerging client group</p> <p><b>2016</b> Secured the Refugee Health Nurse Coordination Contract for the NT</p> <p><b>2017</b> Partnered with the Aikuma Project to use Treasure Language Storytelling – a performance event to support young people and their families as part of a narrative therapy approach</p> |
|---|--|



## Phoenix Centre



**Agency:**

The Phoenix Centre

**Location:**

Hobart, Tasmania

**Date established:**

1991

**Equivalent full-time**

**staff at December 2016:**

9.8

The Phoenix Centre is a program within the Migrant Resource Centre (MRC) (Southern Tasmania) and provides services across Tasmania to people of refugee backgrounds who have experienced torture or other traumatic events in their country of origin or while fleeing those countries. The MRC's mission is to inspire and support culturally diverse communities to reach their full potential. Phoenix Centre staff collaborate with other MRC staff to ensure that clients access

programs which support their participation in society and their trauma recovery.

The MRC is a non-profit, incorporated association managed by a voluntary Board. Phoenix receives funding from federal and state governments and donations.

In 2016–17, Phoenix provided direct service and support to 282 survivors of torture and other traumatic events from 24 countries.

## Selected key achievements since 2000

- 2001** Formalised the interaction between Phoenix and the MRC, with the Phoenix coordinator taking a management role within the MRC, and joint projects being undertaken between MRC and Phoenix staff
- 2002** Established a multi-disciplinary specialist team including a natural therapies practitioner, counsellor/music therapist, psychologist/narrative therapist, social worker, qualified sexual health counsellor and qualified bicultural workers
- 2007** Received funding from Commonwealth Health to develop programs to reduce the risk of suicide in Tasmania's CALD communities, with a particular focus on refugee communities
- 2008** Received funding from the Tasmanian Department of Health and Human Services to develop a support program for young people from humanitarian backgrounds and for the coordination of the Tasmanian Transcultural Mental Health Network
- 2009** Partnered with MRC North (Launceston) to provide short-term torture and trauma counselling under the IHSS program
- 2011** Developed a partnership with Anglicare to deliver the Commonwealth-funded Personal Helpers and Mentors Service (PHaMs) to people with mental illness from refugee backgrounds
- 2013** Phoenix Centre Suicide Prevention team initiated RUOK? Day activities in Tasmania leading to state-wide partnership and annual RUOK? Day events
- 2013** Co-located with the MRC Settlement program
- 2014** Developed and performed *Bearing Witness*, a community theatre piece celebrating and acknowledging the resilience of survivors of torture and trauma
- 2014** Celebrated the MRC's 35th anniversary
- 2016** Developed a program to reduce the incidence and impact of family violence on women and children from refugee backgrounds
- 2016** Expanded the range of therapeutic services provided by establishing a Neurofeedback program
- 2016** Moved to purpose-built community hub in partnership with Glenorchy Football Club and Glenorchy City Council
- 2017** Moved Launceston office to co-locate with Humanitarian Settlement Program service to improve referral pathways and collaboration

**QPASTT**

QPASTT is committed to fostering a community that honours dignity, upholds human rights, promotes hope, and inspires the human spirit.

QPASTT is a non-profit, incorporated association managed by a voluntary Board.

The agency receives funding from federal, state and local governments.

In 2016–17, QPASTT provided direct service and support to 2034 survivors of torture and other traumatic events from 71 countries.



**Agency:**

QPASTT (Queensland Program of Assistance to Survivors of Torture and Trauma)

**Location:**

Brisbane, Queensland

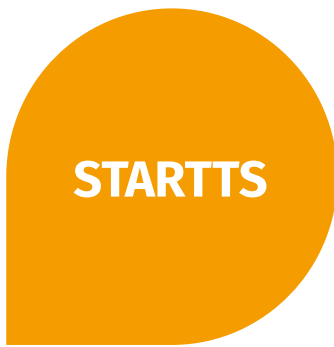
**Date established:**

1995

**Equivalent full-time staff at December 2016:**  
61.5

## Selected key achievements since 2000

- |                |   |             |   |
|----------------|---|-------------|---|
| <b>1997–07</b> | Established outreach programs throughout South Queensland including an office in Toowoomba and services to Logan, Gold Coast and the Greater Brisbane region                                    | <b>2011</b> | Established an annual commemoration to mark International Day in Support of Victims of Torture  |
| <b>2001</b>    | Established the Queensland Integrated Refugee Community Health Clinic   | <b>2011</b> | Established Brisbane Youth Voice to empower young people to participate in the social, cultural, economic and political activities of their communities through peer and community education  |
| <b>2005</b>    | Received additional funding from the then DFaHCSIA to provide a family relationship program for humanitarian entrants   | <b>2015</b> | Established the Community Relationships and Capacity Building team to enhance refugee communities' input into QPASTT services; this included launching quarterly Community Leaders Dinners  |
| <b>2005</b>    | Developed a dedicated Children's Program  | <b>2015</b> | Celebrated 20th anniversary at Parliament House in Brisbane   |
| <b>2005</b>    | Established the NEXUS Program, a suicide prevention program for young people from refugee backgrounds   | <b>2016</b> | Developed the Support Skill and Connect Program   |
| <b>2007–17</b> | Responded to the increase in regional settlement by establishing a state-wide program and a permanent presence in seven locations with an additional seven outreach locations across Queensland | <b>2017</b> | Received funding from the Queensland Mental Health Commission to pilot a new initiative – Upskilling Community Champions, Building Stronger Communities – to build awareness and capacity to respond to drug and alcohol misuse in refugee-background communities |
| <b>2010</b>    | Developed the Stronger Families Program, a cross-cultural parenting and family relationship educational program   |             |   |



**Agency:**

STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors)

**Location:**

Sydney, New South Wales

**Date established:**

1987

**Equivalent full-time staff at December 2016:**

195.6

STARTTS' mission is to develop and implement ways to facilitate the healing process of survivors of torture and refugee trauma, and to assist and resource individuals and organisations who work with them to provide appropriate, effective and culturally sensitive services.

STARTTS is an Affiliated Health Organisation of the NSW Department

of Health and is a non-profit limited company.

STARTTS receives funding from federal and state governments.

In 2016–17, STARTTS provided direct service and support to 6859 survivors of torture and other traumatic events from 110 countries.

## Selected key achievements since 2000

<b>1999–00</b>	Awarded commendation for establishment and provision of on-site mental health services for Kosovar and East Timorese evacuees at East Hills and Singleton during Operation Safe Haven	
<b>1999–02</b>	Participated in PRADET (Psychosocial Recovery and Development East Timor) as expert Torture and Trauma Rehabilitation service advisers	
<b>2003</b>	Opened Liverpool office	
<b>2004</b>	Commenced Neurofeedback Clinic	<b>2010</b>
<b>2005</b>	Established Clinical Master Class and trainee Bicultural Counsellor programs	Established Communities in Cultural Transition program (CICT)
<b>2005</b>	CEO Jorge Aroche elected to the position of Secretary-General of the International Society for Health and Human Rights (ISHHR)	<b>2011</b>
<b>2006</b>	Commenced Clinical Seminars program attracting world renowned experts in the field of trauma rehabilitation	Jointly organised through Friends of STARTTS the ninth Conference of ISHHR in Tbilisi, Georgia
<b>2007</b>	Organised Sharing Our Stories, Sharing Our Strengths conference	<b>2011</b>
<b>2007</b>	Partnered with Psychevisual to place resources for working with trauma survivors online	Established rural and regional team bringing together staff based in Northern NSW, Hunter and Illawarra
<b>2008</b>	Celebrated 20th anniversary of first client seen at STARTTS	<b>2012</b>
<b>2009</b>	Changed governance structure to make STARTTS a non-profit legal entity and Affiliated Health Organisation	Expanded rural and regional team to include staff in Southern NSW (Wagga Wagga, Griffith and Albury)
<b>2009</b>	CEO Jorge Aroche elected to Council of IRCT and subsequently	<b>2013</b>
		Celebrated 25th anniversary of the first client seen at STARTTS
		<b>2014</b>
		Established Early Childhood Clinic
		<b>2015</b>
		Organised fifth FASSTT National Conference of Torture and Trauma Treatment Services
		<b>2016</b>
		Expanded capacity to meet client needs, particularly those from Syria and Iraq, through extended and new offices in Auburn and Fairfield
		<b>2016</b>
		CEO Jorge Aroche elected president of the International Rehabilitation Council for Torture Victims (IRCT)
		<b>2016</b>
		Established School Liaison program
		<b>2017</b>
		Hosted international FASSTT Refugee Trauma Recovery in Resettlement Conference



**STTARS**



**Agency:**

STTARS (Survivors of Torture and Trauma Assistance and Rehabilitation Service)

**Location:**

Adelaide, South Australia

**Date established:**

1991

**Equivalent full-time staff at December 2016:**

31.3

STTARS' mission is to support survivors of torture and trauma to lead secure, productive and fulfilling lives.

STTARS is a non-profit, incorporated association managed by a voluntary Board.

The agency receives funding from federal and state governments.

In 2016–17, STTARS provided direct service and support to 1068 survivors of torture and other traumatic events from 52 countries.

## Selected key achievements since 2000

- 2001** Began DIMIA-funded early health assessment and short-term torture and trauma counselling to new arrivals
- 2002** Became a founding member of both the South Australian Refugee Health Network and Mental Health Coalition of SA
- 2003** Established a partnership with the South Australian Migrant Health Service to provide an integrated response to the physical and psychological health needs of refugees
- 2004** Developed new group work approaches for Temporary Protection Visa holders
- 2005** Established a community development program
- 2005** Established a partnership with Child and Adolescent Mental Health Services to provide an integrated response to the psychological health needs of refugee children, including capacity building in schools
- 2006** Expanded Child and Youth Team to provide services in schools to staff and to refugee young people and their families
- 2007** Established a Refugee Mental Health Clinic providing clinical services with casework support to STTARS clients
- 2008** Implemented Mosaic Project in partnership with Adelaide Secondary School of English and Families SA
- 2009** Established annual Peace Camp for young people from refugee backgrounds in partnership with Toc H
- 2010** Facilitated the Imagine the Future program for at-risk youth from refugee backgrounds in collaboration with Baptist Community Care
- 2010** Opened second premises specifically for families and children and youth
- 2010** Started providing support services to survivors of torture and other traumatic events being held in immigration detention in South Australia
- 2011** Established Client Reference Group and celebrated STTARS' 20th anniversary
- 2012** Moved to larger premises in the inner city of Adelaide to accommodate agency growth and increase accessibility
- 2012** Director Bernadette McGrath elected to the Executive Committee of the IRCT
- 2012** Facilitated the establishment of torture and trauma services for immigration detainees on Manus Island and Nauru, leading to the establishment of a new service to continue this work, Overseas Services for Survivors of Torture and Trauma (OSSTT)
- 2014** Responded to increased regional settlement by establishing a permanent presence in Mt Gambier
- 2015** Began providing regular services in Bordertown and established an outreach office in Salisbury
- 2016** Celebrated 25th anniversary
- 2017** Doubled service delivery in the Southeast

**VFST**



**Foundation House**

The Victorian Foundation for Survivors of Torture Inc.

**Agency:**

VFST (Victorian Foundation for Survivors of Torture Inc., also known as Foundation House)

**Location:**

Melbourne, Victoria

**Date established:** 1987

**Equivalent full-time staff at December 2016:** 155

The mission of Foundation House is to advance the health, wellbeing and human rights of people from refugee backgrounds who have experienced torture or other traumatic events.

Foundation House is a non-profit, incorporated association managed by

a voluntary Board. The agency receives funding from federal and state governments, philanthropic sources and donations.

In 2016–17, Foundation House provided direct service and support to 5403 survivors of torture and other traumatic events from 66 countries.

## Selected key achievements since 2000

- 2001** Published *Refugee Resettlement: An International Handbook to Guide Reception and Integration* in partnership with the UNHCR
- 2002** Received high commendation for Off to a Healthy Start – research work in collaboration with Deakin University focused on refugee youth
- 2004** Published a recommended Refugee Health Strategy for Victoria that was subsequently adopted by the Victorian Government
- 2005** Moved to new purpose-designed building constructed by the Victorian State Government in Brunswick
- 2006** Established annual Max Charlesworth Oration to mark the United Nations International Day in Support of Victims of Torture
- 2006** Began the IHSS program for the provision of short-term torture and trauma counselling
- 2006** Worked with the Western Region Community Health Centre and the Victorian State Government to implement the Refugee Health and Wellbeing Action Plan and the Refugee Health Nurses Program
- 2007** Established the Ucan2 and Family Strengthening programs
- 2007** Established the Quentin Buckle Study Grant
- 2007** In partnership with UNHCR and Centre for Refugee Research, UNSW, developed the Heightened Risk Identification Tool for early identification of at-risk people in a refugee setting. The tool is now used by UNHCR all over the world
- 2008** Schools Support Program developed through philanthropic funding is adopted and funded by the Victorian State Government
- 2009** Opened new Dandenong office
- 2009** Received the Victorian Police Multicultural Community Exemplary Award at Victoria's Multicultural Awards for Excellence
- 2010** Developed the Vulnerability Identification and Assessment Tool to assist DIAC assess vulnerable asylum seekers in the community and target services for them
- 2013** Launched the research report *Promoting the Engagement of Interpreters in Victorian Health Services*
- 2011** Opened new office in Sunshine
- 2013** Established a school-based Child, Adolescent and Family Program with funding from the Victorian Government
- 2015** Established the Ian McKenzie Endeavour Grant
- 2016** Published Integrated Trauma Recovery Service Model to document the Foundation House specialist approach to work with survivors of torture and other traumatic events
- 2016** Received Victorian Early Years Award in the Improving Access and Participation in Early Learning Award for work with the Chin community
- 2016** Opened new office in Dallas
- 2017** Celebrated 30th anniversary



# **PART 3:**

## **Stories of our work and our clients**

This section provides insights into our clients' experiences both before they arrived in Australia and in their interactions with FASSTT agencies. Case studies of FASSTT agency programs/activities demonstrate the multidisciplinary, holistic and specialist nature of our work.





# 1. Working towards recovery: The impact of counselling

*“It’s like I am lost in a field. Everything is chaos and out of control and I overthink and worry. My counsellor gives me an opportunity to talk about it and find a way to look at it all from a different perspective. She helps me find my way through the field.”*

**QPASTT counselling client**



Counselling is a process which allows a person to talk with a trained professional about things that are worrying them. Counselling is used globally and is one of the most common interventions used by FASSTT agencies to assist survivors of torture and other traumatic events.

At FASSTT agencies, counselling is delivered to individuals, families or groups, at no cost to the client, and interpreters are used whenever needed. FASSTT counsellors come from a range of professional backgrounds including psychology, social work, family therapy, youth work and community development.

Counselling by FASSTT agencies addresses the distress that clients from refugee backgrounds experience resulting from past traumatic events in the context of organised violence and forced displacement; the loss of their homeland, social roles, social and community networks; cultural transition and resettlement; and rebuilding their lives in Australia. Counselling follows an

appropriately timed staged approach using a range of body and mind integrated modalities, ensuring the client is sufficiently stabilised in relation to their basic needs and feels some sense of control over their thoughts and feelings, and external environment (first stage), before doing more exploratory work around their traumatic memories (second stage). In addition to trauma work, FASSTT counsellors pay significant attention to the client's relationship with their family, and in assisting clients to find a sense of community, identity, meaning and purpose in their new life in Australia. Therapy sessions are flexible and readily adapted to the cultural backgrounds and the changing needs of clients from refugee backgrounds and the crises they might experience.

The following stories illustrate some of the life experiences that FASSTT agency clients bring to counselling and how talking with expert trauma counsellors about their experiences has assisted them to rebuild their lives.

## A step into the light: Suleiman's story

Like many refugees, Suleiman fled his home country in north-east Africa in fear of his life and made a long and difficult journey to Australia. Though refugee stories may have many aspects in common, FASSTT agencies recognise clients as individuals beyond the circumstances of being a refugee. In Suleiman's case, the difficulties of his journey were compounded by childhood traumas, and issues of gender and sexuality.

Suleiman had a difficult early life. 'I am born like this. My mum, she looks all the time like she understands me,' he said. 'My dad, he's a strong man, a religious man. I have a problem with him. The imam, I have big problems with him. When I went to high school, I have phobias, I can't believe people. I go to school, then straight to my home.'

Political and personal persecution intersected when he was a young adult, and police tried to coerce him into reporting on local gay people. 'They say, if everyone know you are gay, you have big problem, you are blacklisted. I said, I can't. I don't have information about this. They said, you are not right, you are bad.' Political turmoil was also increasing in his home country until he feared for his life.

A friend helped Suleiman get to Cairo where he was assessed by the UNHCR to be a political refugee. He found work with people with disabilities. Life in Cairo was still not easy, and he was beaten, robbed and threatened with death more

than once. He found it even harder to understand this continuing persecution. 'There are more people in Cairo who are gay, wearing clothes of a woman...I think, why [persecute] me?'

With the assistance of a sympathetic doctor in Cairo, Suleiman came to Australia in 2012. Though things were better, it has been difficult for Suleiman to find a place where he feels safe and comfortable to settle. Housemates are not necessarily sympathetic. 'They give me a hard time. They say, Africans are not gay! Even if I not tell them I am gay I cannot be myself.'

Suleiman was referred by his doctor to Foundation House and began seeing a Counsellor-Advocate. He also received specialist mental health services, massage and natural therapies. 'My counsellor, she listens to me, gives me hopes, solves many problems. One year ago, if I saw people talking, I am thinking, he's talking about me. I have bad dreams. It has really changed my life. My bad dreams – 90% gone. Depression, going. Stress, going. My studies – I was always forgetting, can't keep it in my head. Now I save all my information.'

Suleiman still faces challenges, but says, 'Now I have hope. If I have a problem, I can fix this. I am not running away, not crying. My life has changed. I feel like I am born a new person.' He stresses the importance of talking with someone when you are struggling.

***"A doctor, a psychologist can help you with your problems if you give them a chance. If you keep silent, if you do not give him chance, if you stay alone, if you cry, it is not good. If you go step by step, tell him all your suffering, they help you. But if you don't tell, they can't help you. A person has problems, he needs one person to take his hand, from the dark, and he is in the light."***

– Suleiman,  
Foundation House client

## Janani's story

When Janani was 11 years old, the Sri Lankan town she lived in was bombed. She witnessed her father die in the bombing, along with many others, and saw her mother injured. She and her mother had to leave her father's body lying on the ground while they ran to save their lives. Janani and her sister were looked after by a family friend while their mother was receiving medical treatment.

After her mother recovered, the family decided to flee to Australia by boat – a journey which proved as terrifying as the events they were fleeing. Janani did not have any food and she witnessed people jumping off the boat hoping to save their lives, but instead disappearing in the water. She constantly feared death and felt she would never reach a safe place.

Soon after she arrived in Australia, Janani was referred to ASeTTS by a Red Cross worker. Janani had symptoms including flashbacks, intrusive thoughts, poor concentration, low self-esteem, suicidal ideation and prior suicide attempts, isolation of self from others, excessive fear and impulsive anger. She also had physical symptoms of headaches, weakness and dizziness.

A comprehensive assessment revealed that in addition to the traumatic events Janani had experienced, she lacked connections and emotional support in Australia. A range of modalities were used to address Janani's problems. These included relaxation techniques, mindfulness, storytelling, Cognitive Behavioural Therapy and art therapy.

An important element in Janani's recovery was facilitating social connections and improving her knowledge of Australian culture. To achieve this she was referred to a number of ASeTTS programs. Through the Volunteer Program she was linked to a volunteer who provided homework support and helped break her social isolation. She participated in a group run by the Youth Program, which led to improvements in her confidence and self-esteem and also broadened her social skills. Interaction with other refugee youth also helped Janani to normalise her experiences and symptoms as well as to show her strengths and work on weaknesses. Referral to another program, Families Link and Connections, provided the opportunity to better understand Australian culture. The program provided an opportunity for Janani to engage in cultural and other activities while enjoying time with her family and other program participants.

As a result of the emotional support provided to Janani she has made significant improvements in her psychological, emotional and social functioning. Her psychological symptoms have reduced, her sleep has improved, her flashbacks are less frequent, she feels more positive about the future, she has a greater range of social connections and her self-esteem has improved.

Janani is living with her mother and younger sister in Perth. Her ASeTTS counsellor will continue individual counselling with ongoing assessment to ensure that emerging issues are identified and goals are set to address them.

## 2. Interventions across the lifespan

FASSTT clients come from all age groups. Interventions are tailored to clients taking into account, among other factors, their developmental stage.



## **A new respect: Elders from the Chin and Karen communities**

Through its Capacity Building Team, Foundation House has had a strong focus on working with and supporting elders from both the Chin and Karen communities. As elders they had played leadership roles within their communities prior to arrival in Australia, but resettlement in a new country had left them feeling a loss of role and status. Together with the lack of employment opportunities for older people, this made them vulnerable to depression and a loss of hope. In response to these needs, identified through individual counselling, groups were established to support older community members who were feeling isolated and disconnected from the community in a new and very different country.

The Karen Elders and Ex-Combatants Group is a mixed group of older Karen people, who share a history of involvement in activism in Burma. Meeting monthly with support from Foundation House's community liaison workers, members come from across Melbourne's suburbs and reflect the diverse religious affiliations of the community.

In establishing its own direction and priorities, the group has had a strong focus on sharing the stories of individual group members and the history in which group members played a part. The group has also focused on learning about opportunities to undertake volunteer work and has been linked to multiple local and council services, as well as having a focus on health and the impact of trauma.

The Chin Elders Group brings together male elders from across the diverse Chin community – reflecting the seven different Chin dialects spoken and the different religious denominations to which members are affiliated. It is the only opportunity members have to communicate with each other across these groups.

Like the Karen, the group has had a strong focus on exploring opportunities for volunteering, and been linked to Brimbank Council, with members securing volunteer positions. Further linking to local services has included the Men's Shed and the local community garden, as well as supporting them to access local recreational opportunities such as swimming and lawn bowls. The group has also chosen to focus on sharing their stories, which has been a powerful tool for building connection, trust and an acknowledgement of the past and the important role they played in their troubled country.

## Facing the challenge: Behaviour regulation in 0–5 year olds

The behaviour regulation of children under five years old from refugee backgrounds is affected by many interconnected factors. When the refugee experience is not taken into account, unhelpful labels can be given to the child and their behaviour, and this can affect the responses of caregivers and professionals.

Comprehensive assessments by FASSTT agencies, which are consistent with the trauma studies of Van der Kolk (2005) and others, show that children who are referred present with health issues, sensory processing problems, aggression, irritability, controlling behaviours, lack of focus and speech delays.

These children have not just faced one adversity but several layers of traumatising experiences. Of the 10 adverse childhood experiences (ACEs), some of the children seen at FASSTT agencies have each experienced all 10, in addition to displacement, organised persecution and deprivation. Post-traumatic signs and symptoms can also be passed from one generation to the next.

The lives of these children have been chaotic and unpredictable from the

moment of their birth. As a result, because many of their traumatic experiences occurred before their language development, the common triggers for their behavioural problems are at an unconscious and non-verbal level. The impact of these layers of experiences means that normative development does not occur, so these children are continuing to rely on earlier skills. Rather than developing new competencies, their energy is invested in survival.

A mix of therapeutic interventions is used in working with these children, including modalities such as play therapy, music and movement, sensory motor activities and mindfulness. Repetitive, patterned, sensory, rhythmic activities and other non-verbal techniques are particularly helpful.

The parents or guardians of these children are usually suffering from their own trauma and may find it difficult to respond attentively to their child's distress. For example, the child's crying may trigger their parent's memory of massacres or escape situations. Using a family-based assessment, in partnership with clients FASSTT counsellors make decisions about the most appropriate way to work with the whole family in each situation. The aim is not just to improve the child's symptoms, but also, by working respectfully with the parent/s or guardian/s, to build on safe care-giving systems.

Susan was 12 years old when she arrived in Australia with her mother, having fled war and violence. Her father and two brothers had been murdered when she was a small child and she then spent seven years being displaced and insecure in a country of first asylum. When she arrived in Australia, Susan struggled to settle in at school and make friends and was highly anxious. The school referred her to a FASSTT agency and she began counselling with a worker expert at working with children. Susan learnt skills to manage her anxiety. With her counsellor she explored the meditation practice she had been taught in her home country and practised additional calming techniques including visualisation and art. Over six months Susan developed more language to describe her and others' emotions, gained greater confidence in expressing her feelings and wishes, and developed stronger peer relationships.

## Reconnect: Newly Arrived Youth Specialists

The Commonwealth Department of Social Services' Reconnect program funds Newly Arrived Youth Specialists (NAYS) at ASeTTS and Melaleuca. This program focuses on young people aged 12–21 years who have arrived in Australia in the previous five years, focusing on people entering Australia on humanitarian visas and family visas, and who are homeless or at risk of homelessness. Reconnect NAYS assist young people to stabilise their living situation and improve their level of engagement with family, work, education, training and their local community.

Using NAYS in conjunction with PASTT, ASeTTS and Melaleuca are able to provide intensive individual and group supports to a diverse range of vulnerable young people. Activities are designed to provide the relationships and experiences that young people need to find their place in the world. The individual and group programs are built around recovery goals, and the young people themselves are involved in designing and influencing the way that the program works, so that it can be as responsive as possible to their concerns.

*"It's incredibly rewarding when we witness young people taking what they have learnt back to their own families and communities. The group work gives them an opportunity to create some relationships that may have been missing in their lives. We are constantly seeing strong connections form and older kids taking on mentoring roles for the younger ones."*

– Youth Specialist Worker, ASeTTS



### 3. Innovative and tailored interventions

In addition to the counselling therapies discussed above, FASSTT agencies use innovative, evidence-based approaches to working with complex trauma. The interventions used with any client and their family are tailored to their specific needs, which are comprehensively assessed when they are referred to a FASSTT agency. Based on this assessment, a case plan is developed with clear goals which interventions are designed to meet.

## Neurofeedback

Since 2007, STARTTS has pioneered the use of neurofeedback in the treatment of survivors of torture and other traumatic events. In 2015, the Phoenix Centre also established a neurofeedback program.

Neurofeedback is a type of biofeedback that uses a computer to give clients information about electrical activity in their brains, or their brainwave patterns. The aim is to alter changes in the brain caused by trauma. It works by assisting the brain to re-learn how to produce brainwave patterns that help it to function effectively and improve the client's mental state.

Neurofeedback is used in combination with psychotherapy to help reduce the symptoms of refugee trauma such as anxiety, hyper-vigilance and sleep difficulties. The process relies on a principle with which most people are familiar: behaviour which is rewarded is likely to continue. In neurofeedback, non-invasive sensors are attached to the client's scalp and these record brainwaves while the client interacts with a computer game. Auditory and visual cues on the computer screen allow the client to receive

moment-to-moment information about the rhythmic electrical activity in their brain. The information is not processed consciously, but the client becomes aware of the impact of particular electrical firings in the brain, with visible results in the game. With this feedback and learning clients are soon able to induce positive changes in their brain wave patterns.

Neurofeedback helps the brain improve its own regulation so the clients can better engage in other therapeutic processes and make more conscious, healthy decisions for themselves. Through the use of neurofeedback clients gradually come to understand the relationship between sensations, thoughts and behaviours, enabling them to feel more in control of their responses and achieve a sense of grounding and confidence.

STARTTS has initiated research to better measure the effectiveness of neurofeedback as a therapeutic intervention for survivors of torture and other traumatic events. Initial results from a pilot study indicate a greater reduction in symptoms of post-traumatic stress disorder, anxiety and depression when neurofeedback is used in conjunction with trauma counselling than counselling alone.

***“Neurofeedback is not delivered as a form of remote technical therapy. The positive relationship between the counsellor and the client is crucial for the neurofeedback to be successful. Neurofeedback is used in the context of a counselling relationship.”***

– STARTTS staff member







## Complementary therapies

It is now widely accepted that, rather than using cognitive therapies alone, a combination of cognitive (mind) and somatic (body) approaches may be more effective in helping traumatised clients understand, identify and manage their body sensations. Trauma can become 'stuck' in the body and not easily accessed through traditional 'talk' therapies.

Additionally, for clients from refugee backgrounds it may be more culturally relevant to approach trauma treatment via the body. Therefore, a number of FASSTT agencies use complementary, body-focused therapies such as physical movement techniques, biofeedback, massage and herbal remedies as part of their suite of interventions used in conjunction with psychotherapy. The following case studies demonstrate the positive impact of these approaches.

**Kamali's story:**  
**Memories from the mountains**

When Kamali brews the herbs prescribed by Foundation House natural therapies practitioners, it creates a powerful and positive connection to his childhood.

'The smell of tea makes me nostalgic for the mountains where I grew up,' Kamali said. 'In the old days, oils were used for massage for women who gave birth and for those who were suffering from joint, muscle and bone pain. My mother used to make that oil. The ingredients were the same, they looked the same, the smell was the same.'

Of Hazara background, Kamali was born in Afghanistan and moved to Pakistan as a young child. As an adult he fled Pakistan, arriving in Australia in 2011 where he spent over a year in detention. His family, who had to stay behind, were finally able to join him in Australia, and he now lives with his wife and three children.

When he first arrived, he struggled with the physical and psychological effects of his experiences, and was referred to Foundation House by his GP. He received counselling and treatment through the Foundation House Complementary Therapies Program; in particular massage and herbal medicine. The massage provided him with short-term relief, and he could take away the herbal oils, capsules and teas to use at home as needed.

Kamali has now completed English language lessons, is studying history and philosophy and assists his family in adjusting to a new life. He still faces challenges, but says that the combination of services he received from Foundation House helps him find strength to deal with them. And he still drinks the tea he rediscovered in the complementary therapies room. 'It gives me serenity,' he said.

***"If I had not knocked at the Foundation House door I would have suffered a lot. Every member of Foundation House would deal with me in a very human, polite way. ... The way I have now of accepting challenges and meeting new challenges I learned at Foundation House."***

– Kamali,  
Foundation House client

***Thank you so much – you help me so much! Massage is my best medicine."***

– Grace, Phoenix Centre client

**Grace's story: Massage contributes to counselling**

Grace, a 40 year-old woman from Sudan, had a history of extreme childhood trauma which was compounded by her experience of decades of civil war and displacement as an adult. Soon after her arrival in Australia she was referred to the Phoenix Centre, the FASSTT member agency in Tasmania. She was suffering significant back pain and headaches, as well as anxiety and disrupted sleep from nightmares. She presented in a hyper-aroused state and it was difficult to contain her chaotic thought processes

in counselling sessions. She was referred into Phoenix's Natural Therapies program and has found it a highly effective adjunct to counselling as it relieves her physical suffering and calms her nervous system. She finds deep tissue massage very helpful for soothing her painful, contracted muscles while also being profoundly relaxing. As a result, her pain levels are much improved and, with the further assistance of mindfulness techniques, she sleeps better and more deeply at night. Now that her arousal and pain levels are contained, she finds she can better engage in counselling.

*"Outside this room the world is crazy and stressful but in here it is peaceful and calm".*

– Yoga class participant

## Yoga

Research has recently shown that yoga practices, including meditation, relaxation and physical postures, can reduce autonomic sympathetic activation, muscle tension and blood pressure, and soothe the body's alarm systems. Yoga is able to decrease physical symptoms and emotional distress by teaching clients to be present and safely begin to connect to the body and the mind. Yoga is a promising treatment or adjunctive therapy for addressing the cognitive, emotional and physiological symptoms associated with trauma.

Yoga is used in a number of FASSTT member agencies including Phoenix, QPASTT, STARTTS and Foundation House. Trauma-sensitive yoga classes are offered to clients with a history of complex trauma. The classes are run by qualified yoga instructors and incorporate techniques drawn from the work of trauma specialists Bessel Van Der Kolk and David Emerson. Initial research results from a pilot program run by STARTTS demonstrated a reduction in PTSD and depression symptoms following attendance at a series of yoga classes.

*"I feel relieved when we do yoga. Psychologically, physically and mentally. I forget all my problems."*

– Yoga class participant

*"When I am stressed I have thoughts on my mind. But after yoga here, I feel really fresh."*

– Yoga class participant

*"I used to overthink and my head used to feel heavy. It's fine now, I feel my body is very light. Yoga has helped me a lot."*

– Yoga class participant



## Reconnections Chronic Pain Program

Based upon the work of Dr Boris Drozdek in the fields of psychotraumatology and transcultural psychiatry, STTARS established the Reconnections Chronic Pain Program. The aim of this group program is to facilitate a broader understanding of chronic pain issues and management in a cross-cultural context for refugee groups with a history of torture and complex trauma. The specific program aims are to: improve clients' quality of life; restore hope, confidence, and trust; and build upon broad social/cultural connections.

The group consisted of eight men and four women from various cultural backgrounds who were clients of STTARS

and who had a history of unresolved chronic pain. The sessions ran for four hours every fortnight for 16 weeks. The approach the STTARS facilitators used to promote self-management was to explore multiple strategies for individuals living with chronic pain, including nutrition and diet, exercise, sleep hygiene, medication management, mindfulness and relaxation techniques, group discussions and individual storytelling.

Upon completion of the group sessions, clients reported a decrease in their pain scores and an increase in their daily coping strategies. Despite the cultural diversity of the participants, many shared similar cultural views of the origins and expression of their pain that conflicted with the Western discourse of pain origins and management.





## Families in Cultural Transition

Families in Cultural Transition (FiCT) is a psychosocial education group program developed by STARTTS. The program aims to assist newly arrived adults from refugee and refugee-like backgrounds to anticipate and manage their psychosocial settlement needs and changing family dynamics during the period of cultural transition. It focuses on the impact of the refugee experience and the challenge families may experience in Australia post-settlement. Participants are also able to develop an appreciation of the principles underpinning Australian society and institutions, which helps them understand their rights and ensure that these rights are upheld.

The FiCT Program is detailed in a resource kit that provides group facilitators with a comprehensive package of materials to run the program's 10 three-hour sessions, as well as information on running groups in general. Each module in the program covers a topic area of particular relevance to families trying to settle in Australia. Using experiential learning approaches,

the program is highly interactive and is delivered in the language of the participants by trained and supported bicultural facilitators.

In 2015–16, STARTTS developed additional FiCT activities through a project funded by the Western Sydney Partners in Recovery. Based on client feedback, to address the issue of poor knowledge and understanding of the nature and treatment of mental health problems in a more holistic way, a range of activities aimed at promoting mental health and wellbeing was developed under the title 'We Can Do This'. These activities are integrated into the existing FiCT modules and emphasise the considerable strengths and personal resources refugees bring with them, while acknowledging that pre- and post-migration factors may play a role in their wellbeing in a resettlement context. STARTTS has also finalised the Older People in Cultural Transition (OPiCT) Kit and received NSW Family and Community Services funding to deliver OPiCT in rural and regional NSW.

*"When you come here, being part of this group, you feel you are part of a family, you are with people you know. You trust, you feel comfortable; you share stories, relax and enjoy. I feel that everyone here is my sister."*

– FiCT participant

*"We all have different emotions when we first come to Australia and these activities show it is okay to feel these emotions, and that there are things we can do to help ourselves."*

– FiCT facilitator



## 4. Supporting recovery of children and young people

Approximately one in four of the clients that FASSTT agencies work with is under the age of 20 years. These children and adolescents have experienced multiple traumatic events and often present with symptoms such as hyper-arousal, social isolation, acculturation issues and low self-confidence. In working with this client cohort, FASSTT agencies have developed a range of different tailored interventions, examples of which are provided here.

### **Experiences of children and adolescents seen by FASSTT agencies**

55% threat of harm to family

54% dangerous flight

45% witness to physical violence

37% forced separation from family

19% disappearance of family/friends

12% witness to others killed

Date source: Foundation House database

## **Working systemically and holistically: Refugee children, families and schools**

Foundation House has established a Child Adolescent and Family (CAF) Program to provide tailored support to schools with high numbers of refugee-background students. Research has shown that participating effectively in formal education in a supportive environment can improve self-esteem, promote social inclusion, develop resilience and potential, build on strength and create pathways for future employment (Downey, 2007). It is therefore critical for schools to provide appropriate tailored whole school interventions for refugee and asylum seeker students and their families (Block et al., 2014). In the CAF Program, trauma

counsellors work in partnership with teachers and leadership teams to assist schools to support refugee-background students more effectively and to take a trauma-informed approach. Through the program specialist trauma counselling and advocacy is provided to individual students and their families; consultations and meetings are held with wellbeing staff and teachers to discuss students of concern; group work interventions are conducted; and professional development is delivered. An increased awareness by teachers of the impact of trauma on learning has allowed for the early identification of children who can benefit from referral to Foundation House. The CAF program has also led to a greater focus in schools on building relationships with families of students and their communities.

***“There has been a change of culture with more parents at the school. We have learnt the importance of families being able to have their say.”***

– Teacher

## Ucan2

Disruptions to the lives, social connections and education of young people from refugee backgrounds who arrive in Australia are extensive. The skills and needs of these young people are generally not recognised in a traditional classroom where they may be unable to access the curriculum, leading to disengagement from education and training. Young people are often reluctant to engage with individual counselling to support recovery from trauma, but benefit enormously from participating in a group program with other young people who have had similar experiences.

Ucan2, an education and settlement program, was developed by Foundation House. The program facilitates and supports the social inclusion of newly arrived young people from refugee backgrounds between the ages of 16 and 25. The program assists with recovery

from traumatic events and settlement in Australia. It builds on young people's strengths, integrating their past and present experiences and supporting their future.

Ucan2 puts into practice two frameworks: Foundation House's Integrated Trauma Recovery Service Model (VFST, 2016); and a conceptual framework of understanding integration by delivering on all 10 core domains of Ager and Strang's integration model (Ager & Strang, 2008).

By fostering partnerships between education providers, social support and training and employment services, Ucan2 provides participants with access to and engagement in education, training and employment; mental health and wellbeing support; and social connections and networks. The program has an ongoing relationship with Australia Post, which sponsors mentoring and employment opportunities for Ucan2 participants.

***"The Ucan2 people were like friends for me. They explained all the obstacles that new people can have here. They motivated me."***

– Ucan2 participant

***"I think it is a great program for employees at Australia Post. I think it is good for our development. It's a good balance to have – to focus on something at work but also have something outside of work, because I apply my learnings from this program to work and my learnings from work into this. Being a mentor you have to be open-minded, there is issue resolution, finding answers to problems that I have never had to deal with before."***

– Ucan2 mentor



## The DRUMBEAT/Tree of Life program

STTARS uses Drumming/Narrative Therapy group programs in primary and secondary schools to assist in addressing the psychological symptoms that are interfering with the daily functioning of children.

The STTARS counselling team adapted a program originally developed by the Holyoake organisation entitled DRUMBEAT (Discovering Relationship Using Music, Beliefs, Emotions, Attitudes and Thoughts). This intervention engages clients through rhythm. Research shows that drumming impacts the primal brain structures damaged through trauma and provides an avenue for creative self-expression and dialogue.

Within the dynamics of the drumming classes, counsellors incorporated the 'Tree of Life', which uses the narrative of

a client's life to enable them to speak about their lives in ways that make them stronger. The 'Tree of Life' emphasises skills, hopes, dreams and identifying special people in clients' lives.

A number of techniques harnessing fundamental cognitive and sensorimotor skills were incorporated into the group sessions. These included creating group goals, problem-solving, group games, opportunity to lead the group, working with analogies and teamwork.

Evaluation showed that within a relatively short period, the young people became more adept at managing their own stress responses and developed strategies to regulate emotions within the group. Feedback from the students' teachers indicated that school attendance had increased; students were able to cooperate more with staff; and students contributed towards the learning outcomes of the class on a daily basis.





## Capoeira Angola: Healing in action

Capoeira Angola is an Afro-Brazilian art that shares qualities with martial arts. It is fundamentally a simulated game between two players and uses an amalgamation of music, singing, dance and martial arts body movements. The use of Capoeira Angola as a therapeutic intervention represents a shift from cognitive and behavioural therapies to more interactive and social methods of group therapy. It is a particularly appropriate intervention for young people from refugee backgrounds due to its unique framework of empowerment, confidence-building and overcoming adversity through the development of individual self-discipline, inner strength and group membership.

STARTTS has been conducting Capoeira Angola classes for young people from refugee backgrounds since 2007. The aims of the program include: increased interpersonal skills and improved

relationships; increased confidence and self-esteem; increased control of anger and associated behaviour; increased self-discipline and sense of responsibility; and improved school attendance.

In 2015–16, STARTTS conducted a mixed methods evaluation of the program which was running at five schools in Western Sydney. Students attributed a range of benefits to the program, including new friendships, improved communication skills, better relationships with peers and teachers, enhanced concentration, reduced anger and irritability, improved adaptation to change and physical benefits such as increased flexibility. Teachers also assessed students to have improved against the Strengths and Difficulties Questionnaire (SDQ) completed as part of the evaluation. These findings were consistent with the program's aim to develop interpersonal skills and trust, which can be extended to future relationships with peers, family members and authority figures.





## 5. Working with men

## Breaking the silence through MANTRA: Assisting male survivors of torture and rape

MANTRA (MAN survivors of Torture and RApe) is a program developed by STARTTS for refugee men who have survived multiple traumas including torture, sexual violence and rape. Experiencing and witnessing torture and gender-based violence is pervasive in a refugee population in the context of war. A desire for power and dominance underpin these acts of systematic violence that are also used as a strategy to demoralise, terrorise and control. In men these acts of violence are under-reported and are seldom mentioned by men of refugee background, even in the safety of a therapeutic relationship. Shame and stigma are possible barriers to seeking help. This increases vulnerability and could also lead to victimisation.

MANTRA uses a combination of group and individual approaches, integrating culturally sensitive practices such as recitation of mantras and principles of Narrative Exposure Therapy to assist survivors to construct a meaningful narrative. MANTRA assisted participants to better manage the sequelae of humiliation, recurrent thoughts, avoidance and other possible maladaptive attempts to cope with the horrors of the past.

Evaluation and psychometric measures indicate that as survivors began to integrate and construct a narrative of their past traumas, the intensity of their symptoms of anxiety, avoidance and arousal decreased, and they became increasingly confident to share their traumas.

Assisting clients to narrate trauma experiences gradually led to habituation to these experiences. The reduction in anxiety and the intensity of the emotional response to the traumatic memory led to the onset of a recovery process.

***“You have helped my mind do what my brain would not let it do.”***

***“Now I can talk about my problems, but I didn’t know how to talk about my problems before. First I needed the opportunity and the confidence. My brain says don’t tell anything and my mind says to tell ... I feel like you are teaching a small child how to speak and finally we have started to talk.”***

– MANTRA participants

## Wangarra Men's Group

In partnership with Multicultural Development Australia (MDA) and Inala Community House, QPASTT formed the Wangarra Men's Group to provide social and emotional support to new arrivals from the Syrian and Iraqi conflict and thereby enhance positive settlement outcomes. The men meet weekly to: learn about the Australian way of life, culture and systems; establish connections; and become aware of the impact of traumatic events and how to manage their symptoms through gentle exercise, meditation and art therapies.

The group also visits a range of Brisbane locations, including City Hall, to learn about the history and development of Brisbane city. This helps them to navigate the city and take their families to different recreational areas for social outings and relaxation, which in turn fosters the sense of belonging and reduces the levels of settlement-related stress. The men are

supported to establish social connections with other men from their community and the wider community, as well as develop new contacts.

QPASTT has partnered with the Brisbane City Council to organise Aboriginal and Torres Strait Islander elders to welcome the group and help them to connect with the first people of Australia. In the first program, Uncle Albert blessed the group with the name Wangarra, which means 'come together as one', hence the origin of the group's name.

The men are appreciative of the opportunities to learn about new places where they can take their families to relax and have fun, which is important to their recovery from traumatic experiences. Some of the group members also see the program as a great opportunity to learn and practise English. The members of the group have stated that prior to arriving in Australia they never dreamed of the life they are having now.

***"The men's group was so important to me, because it is the only time I can laugh."***

– Wangarra Men's Group participant

## Supporting communities and connections: Phoenix Centre Men's Group

Refugee men living in Tasmania experience psychosocial challenges around cultural transition and their need for nourishing social connection in the larger community. They often feel isolated and experience a loss of identity, power and worth, especially around work and within their own families, as their English-speaking children often take on some of the roles traditionally done by older men.

In response, the Phoenix Centre initiated the formation of a Men's Group for Bhutanese and Hazara men. The activities of the group were negotiated with the group members and consisted of a balance between confidential sharing and listening

to member's stories and concerns around settlement issues with more practical activities. We visited and received tours around a number of businesses in the Hobart area that employ refugee workers, who also spoke to the men about their experiences in the workplace. These visits gave the men much hope that they too could, in time, find employment. One of the men from the group is now working part-time in one of the businesses visited, while others have expressed their interest to the manager.

Other activities included visiting museums and galleries, bushwalking, and visiting community garden initiatives where the men were offered membership and their own garden bed to work on. During each of these activities time was allocated for shared reflection and support, and suggestions for future activities.



*"The aim of the Men's Group was to create a safe space where the men could experience connection with other men in talking about their experiences and concerns. The men reported that in listening to other men's stories, they had much in common in their journeys of cultural transition. They felt more connection and a greater understanding of their challenges. The visits to cultural and workplace environments encouraged the men to participate, in their own time, in wider community initiatives."*

– Phoenix Centre staff member



## **A space to grow: Afghan Young Men's Group**

Every second week at Foundation House's Dandenong office, the upstairs training room is transformed with rugs, food and music into a comfortable, safe space, in preparation for the arrival of the Afghan Young Men's Group.

The members of the group are aged from 16 to 19, of Afghan background, and have all arrived in Australia without immediate family. They meet fortnightly, or sometimes more often, to chat, eat, dance, play music, celebrate cultural events and participate in community-based art as well as recreational events and outings. The group provides a basis from which participants are able to form relationships and feel a sense of connectedness. This helps them to break out of the social isolation that so often dominates their lives as unaccompanied minors in a new country.

The group also provides participants with the opportunity to share individual and common experiences, and to access information about relevant services, events and local opportunities.

The Afghan Young Men's Group project began in September 2012. Foundation House Counsellor Advocates, through experience with their own clients and feedback from other agencies, established that there was a need for a safe,

supportive place for this particular group of young people who might otherwise be in danger of becoming disengaged and isolated. It had become evident that to respond to the needs of unaccompanied minors and accommodate the different ways young people engage in support, models of counselling needed to 'be flexible.

The initial pool of approximately 25 young people was drawn from Foundation House counselling clients. The numbers have ebbed and flowed over time, but that is part of the flexible nature of the group where participants are encouraged, but not required, to attend. It is deliberately 'semi-structured' to lower the barriers for the young men to engage in much needed relationship building, psychoeducation and mentoring. The group also provides the basis to start processing some of the traumatic experiences the young people have been through; and the ongoing stressors of being uncertain about when – or if – they might be reunited with their families, who continue to live in dangerous circumstances.

As well as providing social support and information, the group-work model assists the young men to recognise their abilities and skills in areas such as sport and art, and supports independent living skills. It helps makes connections between members, and with Foundation House workers, and together the participants build positive memories and experiences.

## 6. Working with women



## Safe and Secure Parenting Group

Mothers who have been forced to flee their country of origin following traumatic events can experience barriers to establishing strong attachments with their infants and young children. Such parents can be rendered emotionally and functionally unavailable, lacking the ability to attune to their children and therefore exacerbating the symptomology of their already traumatised infants. Attachment and child development theories suggest that when significant rupture occurs within the child-parent relationship as a result of trauma it has detrimental consequences in a variety of areas (social, educational, psychological) of the lives of both child and parent.

To assist in addressing such barriers, VFST ran a trauma-attachment-informed therapeutic group for mothers and their infants and young children. The project targeted mothers of Tamil background with children aged 0–4. Group sessions focussed on a combination of activities aimed at strengthening attachment between parent and child as well as psychoeducation around parenting strategies, attachment, and exploring the impact of trauma on parenting. All of the mothers who attended the group had

physical and psychological symptoms including debilitating pain from being tortured, headaches, breathing difficulties, chronic sleep difficulties, depression and anxiety.

The group created a safe and supportive space for mothers and infants to engage and connect and for mothers to reflect on how their past experiences of trauma may impact on the infant-parent attachment relationship. It also provided an opportunity to develop peer relationships and support networks as mothers explored and reflected on differences in cross cultural parenting practices.

The project was based on a multi-agency and multi-disciplinary approach, bringing together the services of Foundation House, Queen Elizabeth Centre early parenting services, local community organisations (St James Anglican church) and volunteers to better respond to the needs of traumatised families.

Over the course of the program, displays of attachment between mothers and children increased and facilitators observed that mothers grew in their confidence in responding to their child's attachment cues and behaviours. Several women reflected that they had a greater understanding of their children's needs as a result of attending the group.

*"I am more secure after coming to the group. Before I was vulnerable. The group has become part of my family because I had no support from family when I came. Now I have support to continue parenting in this country."*

– Safe and Secure Parenting Group participant





## Physical health contributes to psychological wellbeing

In addition to individual counselling for the impacts of past traumatic events on self and family, a number of FASSTT agencies run group programs focused on strengthening wellbeing by improving physical health. As research suggests, flexible, trauma-informed fitness programs can assist participants with confidence, self-esteem, sleep, improved concentration and improved physical health, as well as being an excellent reliever of stress. Providing a safe, private, women-only space aims to engage vulnerable women who might not feel comfortable to exercise in public or in mixed-gender activities.

In Canberra, Companion House has run a women's fitness group focused on gentle movement, relaxation and mindfulness exercises as well as swimming groups for women. These allow participants to practise gentle ways of moving muscles to assist in addressing discomfort, tension, stress or pain. The feedback from both the fitness and swimming groups

was very positive, with participants appreciating the activities and exercises as well as welcoming the opportunity to meet together in a supportive and fun atmosphere. In the swimming group, many women learnt to swim for the first time and reported an increase in confidence, physical and mental wellbeing, and social connections.

In Queensland, QPASTT has been running Fitness Groups for Young Women for a number of years. These groups aim to create opportunities for positive social interaction and social development, create connections, increase self-worth and help promote mental and physical wellbeing. Young women attend weekly groups with a range of different fitness strategies provided including yoga, karate and general physical exercises. Pre- and post-group evaluations are conducted and have found a range of positive physical and mental health changes reported by the young women including: improved sleep (100% of participants); improved overall physical health (99%); significant reduction of trauma-related symptoms such as nightmares, dissociation and feelings of sadness (83%); and improved feelings of self-esteem (98%).

*"I feel good when I am in the water. I need to swim. It makes me feel so good and relaxed."*

– Swimming group participant

## Narrative Therapy: Afghan Women's Group

The experience of torture and other traumatic events can make survivors fearful or suspicious and impede their ability to make new social connections and restore attachments. Coming together in a safe group supports them in learning to trust others again. Participants can make friends, support one another, learn together and share their grief. In addition, group members can benefit from the experiences and insights of others in the group and approach counsellors for advice and assistance in an informal manner.

Many FASSTT agencies run group programs specifically for women with the objective of decreasing social isolation, creating connections and sharing stories. Some of these women have lost their husbands due to war or conflict; others may have fled gender-based violence at home. Many are the primary caregivers for children in a new country and have fewer opportunities to access language classes, socialise, or increase their knowledge of services and assistance available to them.

One example is the Afghan Women's Group facilitated by STTARS. Facilitated by counsellors using a Narrative Therapy approach, the group members spent time recreating memories together, discussing stories of culture and belonging, and talking about how resettlement had posed both challenges and opportunities. The women spoke about how they had learned techniques to assist with adapting to Australia and learning skills, such as developing a sense of humour and reliance upon spirituality, which have supported them through this process. The women brought in items from Afghanistan, such as jewellery, photos and embroidery, to give context to their rich stories and enable them to reveal to other group members aspects of themselves which they hold sacred.

Meeting regularly at an inner city venue, the group reported to their counsellors that they looked forward to these occasions so much that they counted down each day until they met once more. Participants reported that the group benefited them in a number of ways and were especially grateful for the opportunity to connect with other women from a shared cultural background.

*“Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives.”*

– Morgan (2000: 2)





## Expressive therapy: 'Hands' Quilting Group

Many clients of FASSTT agencies are women who are socially isolated for a range of reasons. These can include dealing with changes to their role as a result of becoming the head of the household; the impact of torture and other traumatic events; mental health issues; challenges with learning a new language; fear of harassment/discrimination; and lack of supportive community connections.

To assist in addressing this isolation the Phoenix Centre in Tasmania established a women's quilting group which used expressive therapy to contribute to recovery for these women. Expressive therapy is an intervention which focuses

on the creation of artwork rather than the finished product. Through the use of imagery, the connection between mind, body, emotions and cognition is generated, helping to integrate trauma experiences and create healing.

Under the guidance of dedicated volunteers from the Tasmanian quilting community, a group of women from different countries of origin met regularly over a two-month period. They were able to share their textile skills, build relationships in the community, exchange knowledge about their new environments and practise English in a low pressure environment. Although a final product was not the focus of the therapy, a beautiful quilt was created that stands as a symbol of the new connections generated through the process of the creative group interaction.

*“There were no interpreters involved in the making of the quilt; we relied on creativity, demonstration, lots of laughter and newfound friendships that were created from the women involved sharing their skills with each other. The quilt represents ‘hands’ in the diverse languages from the countries represented by each of the group participants: Afghanistan, Ethiopia, Jordan, Syria and Zimbabwe.”*

– Phoenix Centre counsellor

# 7. Community and service capacity building

As well as working with individuals, groups and families, FASSTT agencies work at the community and service sector level to build the capacity of community members to access services and the service providers to meet the often complex needs of people of refugee backgrounds.



*“Community is a place where you can find your own people and people you can identify with and share your cultural identity. Community is not always coming from a particular place, ethnicity, religion or culture, however. For some people it is instead a group of people who come together to provide practical, emotional, social and financial support to each other. Trust, collaboration, stability and celebration are the key elements of community.”*

**QPASTT Youth Voice**

## **Support, Skill and Connect**

Taking inspiration from the structure of Ucan2, QPASTT developed the Support, Skill and Connect Program to strengthen the capacity of adult English-language students of refugee background. Developed in close collaboration with TAFE Queensland Brisbane and Queensland University of Technology, the program has two primary aims. The first is to strengthen the confidence, resources and social connectedness of participants, thereby enhancing their capacity to recover from their past traumatic experiences and engage within an employment and vocational context. Second, the program works collaboratively with relevant stakeholders to enhance their capacity to effectively respond to individuals and families affected by torture and other traumatic events.

Support, Skill and Connect includes a volunteer component where carefully recruited and trained volunteers from the broader Australian community engage in activities with the students every week. It also includes a three-day ‘work placement’ experience with local community centres and gardens.

Evaluation of the program showed positive psycho-social outcomes for the participants, including increased levels of social connectedness, reduced learning barriers and increased confidence in understanding and navigating employment and education settings and systems. Students demonstrated an improved ability to focus for longer periods of time and to engage with other students; they were also less distressed in class. Volunteers reported receiving significant personal benefits, and TAFE teachers and case managers have been resourced with skills and information relevant to working effectively with students from refugee backgrounds.

*“Many of (the students) were suffering from depression and weren’t sleeping because of recurring nightmares. So QPASTT has been helping them to talk about their experience, recognise it and then work through it so they can take the next step forward.”*

– TAFE Queensland AMEP  
Case Manager



## School's in for Refugees: Schools Support Program

Many children and young people who arrive in Australia under the refugee and humanitarian program have not been able to attend school or may have had disruptions to their schooling. In addition to developing knowledge and understandings of formal schooling in Australia and learning a new language, students of refugee background have suffered severe emotional and physical deprivations. The impact of trauma in the context of learning is difficult for students and their families. It also presents gaps in knowledge, understanding and readiness for teachers and the broader education system as they receive students and families from refugee backgrounds as part of the school community.

Foundation House has a long history of working in partnership with schools

to build their capacity to support the education and wellbeing needs of refugee background students, their families and communities. Since 2007, Foundation House has been funded by the Victorian Department of Education and Training to provide a Schools Support Program across metropolitan Melbourne and regional Victoria. Based on a whole-school approach, the Program has worked in partnership with over 190 schools.

The Schools Support Program offers a specialist service to teachers and school leaders. It acknowledges their contribution to the recovery, resettlement and integration processes for children, young people and their parents and carers, whose lives have been disrupted by conflict, persecution and long-term displacement. Professional development is provided along with the development of resources for schools to build their capacity to respond to refugee-background students and their families.

*"I thought that parents were disengaged from school because they did not want to engage. But the reality is that there are barriers and challenges to parents' engagement. As a teacher, I can contribute to how to engage parents. I have to have the right approach."*

– Participants in School Support Program



## Community Leaders Forum

Every quarter, QPASTT and Multicultural Development Australia (MDA) co-host a Community Leaders Forum dinner. This forum brings together more than 90 community and faith leaders from diverse refugee communities. The forum acts to: create connection between communities; establish mutual support and understanding; share stories of survival and adaption; and share hope and lessons for dealing with a new environment. The forum gives communities the opportunity to provide their own perspective on recovery and for appropriate strategies and programs to be developed.

Key issues for communities are identified by the leaders and discussed at the forum including: mental health and wellbeing; general community health; youth justice issues; and multicultural affairs.

The forums have been addressed by leading experts in different fields and government ministers such the Queensland Minister for Health and Ambulance Services; Queensland Minister for Communities, Women and Youth, Child Safety, and Domestic and Family Violence; and the Queensland Minister for Justice and Attorney General.

Through this forum the community has been able to see issues regarding their wellbeing and recovery addressed. In addition, the leaders have been able to provide input into policy submissions and support and enable service organisations to provide relevant and appropriate services. This has included: designing culturally appropriate mental health kits and other relevant resources; connecting with communities; streamlining referral processes and pathways; and identifying mental health and wellbeing needs.

## Victorian Refugee Health Network

The Victorian Refugee Health Network is auspiced by Foundation House and brings together primary and specialist health services, settlement and support agencies and government departments to identify and address refugee and asylum seeker health issues. It provides a forum for health and community services and practitioners to work collaboratively to address the needs of refugee-background survivors of torture and other traumatic events. The Network was established in June 2007 to assist coordination across service areas and promote the provision of more accessible and appropriate health services for people of refugee backgrounds (including asylum seekers).

The Network aims to:

- build the capacity of the Victorian health sector to respond to health concerns experienced by people of refugee backgrounds and address health inequality through health promotion
- support services to be more accessible to people from refugee backgrounds, particularly in regional and outer metropolitan areas
- improve service coordination for recent arrivals and those with more complex needs.

The Network produces a monthly e-Bulletin with updates on professional development opportunities, events, research and publications from the refugee health sector in Australia and overseas.





## Fostering a positive recovery environment

With our unique understanding of refugee trauma, FASSTT agencies are committed to fostering a positive recovery environment for people from refugee backgrounds. We support, train and build the capacity of services with the aim of providing a framework of understanding around refugee trauma and resettlement. This assists workers to adapt their skills and experience to the unique challenges faced by refugees.

Each year our experienced staff provide workshops, presentations, reflexive practice groups, training sessions, webinars, lectures and student clinics to thousands of workers, students and

volunteers across the health, education, community, welfare, housing, immigration and legal sectors, and more.

This work is built upon informed knowledge of the unique psychological sequelae likely in people from refugee backgrounds. This complex interplay of the impact of torture and trauma, resettlement and cross cultural factors can create challenges for professionals and organisations working in this area, but also means these services occupy an important position in the recovery and resettlement process. Professionals and organisations providing a safe and inclusive environment offers an opportunity for recovery for people whose lives have been fundamentally disrupted by conflict, persecution and long term displacement.

## 8. Research and advocacy



## Experiences of using health services: Listening to people of refugee background

Health care can make a significant contribution to the psychological recovery and positive resettlement of people from refugee backgrounds; however, many face barriers to accessing health services in Australia. There is increasing recognition that consumers should be meaningfully involved in health policy, planning and service delivery, and evidence that consumer involvement leads to improvements in quality, safety and patient experience of health-care services.

People from refugee backgrounds are under-represented in processes designed to inform health-care service planning and delivery, such as surveys, consultations, advisory committees and complaints mechanisms. This project of the Victorian Refugee Health Network (auspiced by Foundation House) consulted with people from refugee backgrounds and people seeking asylum in Victoria about their health and experiences of using

health-care services. Bicultural workers employed in health, community and settlement services advised on the consultation strategy and conducted consultations with refugee-background communities. This approach was effective at reaching under-represented groups, such as people who are newly arrived, people seeking asylum, and women.

Consultations were conducted with 115 people and groups from refugee backgrounds across Victoria. Eight key themes emerged that impacted on the health, wellbeing and health-care service access of people in this cohort: healthy eating and food security; social connectedness; physical exercise and sport; health information and knowledge about health service systems; communication with health providers; accessibility and appropriateness of services; mental health; and income and employment. The project has informed a range of recommendations for health-care services and various levels of government on how to provide more accessible and appropriate health-care services for people from refugee backgrounds.

*“Be patient, listen carefully, and understand that we come from different cultural background with difficult experiences.”*

– Health service user

*“Approaches to mental health treatment in Australia are very Western-centric. They don’t take into account people’s way of thinking about mental health; they leave too many people behind. Services should get more information from the community about how they think about mental health in their own context, and how it impacts on their community.”*

– Project Advisory Group member

## Social capital evaluation tool and indicators

Strengthening social capital among refugee communities is one of the key goals of STARTTS' community development work. To assist STARTTS' staff to evaluate the social capital outcome of their projects, STARTTS commissioned the Centre for Refugee Research to partner in participatory research, exploring social capital with members of resettled refugee communities in Sydney. The project aimed to contribute to theoretical understandings of social capital and to develop a number of practical project design and evaluation tools. The project explored the ways in which refugee communities themselves defined and understood social capital and the role that social capital played in aiding their settlement in Australia.

The project resulted in lessons to support the development of social capital in resettling communities; a guide for designing and evaluating projects to increase social capital in refugee communities in Australia; a social capital evaluation tool; a training kit; and three academic papers.

The guide and evaluation tool have been developed to assist community workers to design new projects or evaluate existing projects. In particular, they have been designed to assist in the evaluation of projects which lack clearly defined social capital objectives or indicators. In addition, they provide a critical framework for measuring and reporting on unanticipated positive social capital outcomes. Included in the tool is a list of possible social capital objectives for community development projects with refugee communities. It also includes indicators that may be helpful to evaluate these objectives. The indicators can be easily adapted to suit different community development projects and to assist in measuring the effectiveness of projects designed to build social capital among refugee communities.

STARTTS has used the evaluation tool on a number of community development projects and has trained other service providers in the use of the tool. The evaluated projects ranged from a large-scale community cultural development/art project to youth groups. Development of this tool allows STARTTS to evaluate community development projects and use evaluation methods complementary to clinical evaluation of individual outcomes.

## Systemic advocacy: Advisory bodies and councils

A key means by which FASSTT provides expert advice to government and advocates about the needs of survivors of torture and other traumatic events is through the representation of FASSTT members on advisory bodies and councils. FASSTT agencies are also routinely called upon by government to provide input to policies and strategies.

FASSTT members are represented on or have contributed to the following national and international bodies:<sup>7</sup>

- International Rehabilitation Council for Torture Victims (IRCT)
- International Society for Health and Human Rights (ISHHR)
- Mental Health in Multicultural Australia (MHiMA) Advisory Group
- Minister's Council on Asylum Seekers and Detention (MCASD)
- Refugee Council of Australia (RCoA)
- Refugee Health Network of Australia (RHeaNA)
- Refugee Resettlement Advisory Council (RRAC)
- UNHCR Annual Tripartite Consultations on Resettlement

7. In some cases FASSTT members sit on these bodies as representatives of FASSTT or their agency; in others they are appointed in their own right.



# References

Ager, A. & Strang, A. (2008), 'Understanding integration: A conceptual framework', *Journal of Refugee Studies*, 21(2), 166–191.

Block, K., Cross, S., Riggs, E. & Gibbs, L. (2014), 'Supporting schools to create an inclusive environment for refugee students', *International Journal of Inclusive Education*, 18(12), 1337–1355.

Downey, L. (2007), *Calmer Classrooms: A Guide to Working with Traumatised Children*, Melbourne: Child Safety Commissioner, Victoria.

Morgan, A. (2000), *What is Narrative Therapy? An Easy to Read Introduction*, Adelaide: Dulwich Centre Publications.

Perry, B. D. (2001), 'The neuroarcheology of childhood maltreatment: The neurodevelopmental costs of adverse childhood events', in K. Franey, R. Geffner & R. Falconer (Eds), *The Cost of Maltreatment: Who Pays? We all Do*. San Diego, CA: Family Violence and Sexual Assault Institute, 15–37.

Van Der Kolk, B. (2005), 'Developmental Trauma Disorder – Towards a rational diagnosis for children with complex trauma histories', *Psychiatric Annals*, 35(5), 401–408.

## FASSTT member agencies' selected publications

Please see individual agency websites for a full list of their publications.

### ASeTTS

Fielding, A. & Anderson, J. (2008), *Working with Refugee Communities to Build Collective Resilience*, Perth: ASeTTS.

Fisher, C. (2009), *The Exploration of the Nature and Understanding of Family and Domestic Violence within Sudanese, Somali, Ethiopian, Liberian and Sierra Leonean Communities and its Impact on Individuals, Family Relations, the Community and Settlement*, Perth: ASeTTS.

Fisher, C. (2015), *Evaluation of Healthy Relationships for African Families*, Perth: University of Western Australia and ASeTTS.

Shukor, J. (2015), 'Trauma and children: A refugee perspective', *Children Australia*, 40(3), 188–194.

Teckic, N. (2015), 'Psychological distress in refugee survivors of torture and trauma', *Medicine Today*, 16(7), 51–53.

### Companion House

Companion House (2008), *Dinka Folktales from Sudan* (book and CD), Canberra: Companion House.

Costelloe, R. et al. (2004), *The Sound of Hope*, Canberra: Companion House.

Nelson, D., Price, E. & Zubrzycki, J. (2014), 'Integrating human rights and trauma frameworks in social work with people from refugee backgrounds', *Australian Social Work*, 67(4), 567–581.

Nelson, D., Price, E. & Zubrzycki, J. (2016), 'Critical social work with unaccompanied asylum-seeking young people: Restoring hope, agency and meaning for the client and worker', *International Social Work*, first published online: May 12, 2016, DOI: <https://doi.org/10.1177/0020872816637663>.

Phillips, C., Hall, S., Elmitt, N., Bookallil, M. & Douglas, K. (2017), 'People centred integration in a refugee primary care service', *Journal of Integrated Care*, 25(1), 26–38.

### QPASTT

QPASTT (2002), *The Need for Understanding – the Care of Refugee Survivors of Torture and Trauma: A Training Kit*, Brisbane: QPASTT.

QPASTT (2003), *Looking After Yourself: Hints and Tips: A Multilingual Resource for Self Care*, Brisbane: QPASTT.

QPASTT (2007a), *A School Counselling Guide to Working with Students from Refugee and Displaced Backgrounds*, Brisbane: QPASTT.

QPASTT (2007b), *A Teacher's Guide to Working with Students from Refugee and Displaced Backgrounds*, Brisbane: QPASTT.

QPASTT (2007c), *Students from Refugee and Displaced Backgrounds: A Handbook for Schools*, Brisbane: QPASTT.

### STARTTS

Aroche, J. & Coello, M. J. (2004), 'Ethno-cultural considerations in the treatment of refugees and asylum seekers', in B. Drozdek & J. P. Wilson (Eds), *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Victims*, New York: Brunner-Routledge, 53–80.

Aroche, J., Coello, M. J. & Momartin, S. (2012a), 'Culture, family, and social networks: Ethno-cultural influences on recovery, reconnection and resettlement of refugee families', in U. A. Segal & D. Elliott (Eds), *Refugees Worldwide: Volume 3, Mental Health*, Santa Barbara, CA: Praeger, 165–186.

Aroche, J., Coello, M. J. & Momartin, S. (2012b), 'The search for solutions: Programs, services, and interventions to facilitate resettlement and assist refugee families', in U. A. Segal & D. Elliott (Eds), *Refugees Worldwide: Volume 4, Law, Policy, and Programs*, Santa Barbara, CA: Praeger, 125–174.

Aroche, J., Tukelija, S. & Askovic, M. (2009), 'Neurofeedback in work with refugee trauma: Rebuilding fragile foundations', *Biofeedback*, 37(2), 53–55.

Bowles, R. (2005), 'Social work with refugee survivors of torture and trauma', in M. Alston & J. McKinnon (Eds), *Social Work Fields of Practice* (2nd ed.), Oxford University Press, 249–267.

Bowles, R. (2013), 'Ethics and cross-cultural psychotherapy', *CQ: CAPA Quarterly*, 2(14–15), 30–31.

Bowles, R. & Mehraby, N. (2007), 'Lost in limbo: Cultural dimensions in psychotherapy and supervision with a Temporary Protection Visa holder from Afghanistan', in B. Drozdek & J. P. Wilson (Eds), *Voices of Trauma: Treating Survivors Across Cultures*, New York: Springer Science and Business Media, 295–320.

DADHC & STARTTS (2011), *Working with HACC Clients from Refugee-like Backgrounds*, Sydney: DADHC and STARTTS.

Fernandes, P. (2005), *Jungle Tracks*, Sydney: STARTTS.

May, S., Rapee, R., Coello, M., Momartin, S. & Aroche, J. (2014), 'Mental health literacy among refugee communities: Differences between the Australian lay public and the Iraqi and Sudanese refugee communities', *Social Psychiatry and Psychiatric Epidemiology*, 49(5), 757–769.

Momartin, S., Steel, Z., Coello, M., Aroche, J., Silove, D. M. & Brooks, R. (2006), 'A comparison of the mental health of refugees with Temporary versus Permanent Protection Visas', *Medical Journal of Australia*, 185(7), 357–361.

New South Wales Department of Health, Refugee Health Service & STARTTS (2004), *Working with Refugees: A Guide for Social Workers*, Sydney: NSW Refugee Health Service.

Nguyen, T., Hien, L. & Huong, K. (2008), *The Vietnamese Community in Sydney: A Resource Book* (2nd ed.), Sydney: STARTTS.

Pickering, E., Lonnon, G. & Nicholls, N. (2002), *Settling In: A Group Programme for Newly Arrived Refugee and Migrant Students*, Sydney: STARTTS.

Raymond-Yacoub, P. (1997), *Working with Torture and Trauma Survivors: A Manual for Physiotherapists and Body Workers*, Sydney: STARTTS.

Savdie, T. & Carey, L. (1996 and 2004), *Families in Cultural Transition: A Resource Kit*, Sydney: STARTTS.

Signorelli, R. G., Coello, M. & Momartin, S. (2015), 'Change and recovery: Culturally appropriate early childhood programmes with refugee families and communities', *Childhood Australia*, 40(3), 195–204.

STARTTS (2010), *Community Development Evaluation Manual: A Guide to Planning and Evaluating CD Work with Refugee Communities*, Sydney: STARTTS.

STARTTS (2014), *Relaxation Compact Discs*, Sydney: STARTTS.

Steel, Z., Momartin, S., Silove, D., Coello, M., Aroche, J. & Tay, K. W. (2011), 'Two year psychosocial and mental health outcomes for refugees subjected to restrictive or supportive immigration policies', *Social Science & Medicine*, 72(7), 1149–1156.

## **VFST**

Coffey, G., Kaplan, I., Sampson, R. & Tucci, M. (2010), 'The meaning and mental health consequences of long-term immigration detention for people seeking asylum', *Social Science & Medicine*, 70, 2070–2079.

Gifford, S., Bakopanos, C., Kaplan, I. & Correa-Velez, I. (2007), 'Meaning or measurement? Researching the social contexts of health and settlement among newly arrived refugee youth in Melbourne, Australia', *Journal of Refugee Studies*, 22, 1–27.

Hermann, H., Kaplan, I. & Szwarc, J. (2010), 'Post-migration and mental health: The Australian experience', in D. Bhugra, T. Craig & K. Bhui (Eds), *Mental Health of*

*Refugees and Asylum Seekers*, Oxford University Press, 39–60.

Kaplan, I. (2009), 'Effects of trauma and the refugee experience on psychological assessment processes and interpretation', *Australian Psychologist*, 44, 6–15.

Kaplan, I. & Webster, K. (2003), 'Refugee women and mental health', in P. Allotey (Ed), *Women's Health*, Oxford University Press, 104–120.

Kaplan, I., Stolk, Y., Valibhoy, M., Tucker, A. & Baker, J. (2016), 'Cognitive assessment of refugee children: Effects of trauma and new language acquisition', *Transcultural Psychiatry*, 53(1), 81–109.

Kaplan, I., Stow, H. D. & Szwarc, J. (2016), 'Responding to the challenges of providing mental health services to refugees: An Australian case report', *Journal of Health Care for the Poor and Underserved*, 27(3), 1159–1170.

McFarlane, C. & Kaplan, I. (2010), 'Psychosocial indicators of wellbeing for resettled refugee children and youth: Conceptual and developmental directions', *Child Indicators Research*, 4(4), 647–677.

Mitchell, J., Kaplan, I. & Crowe, L. (2006), 'Two cultures: One life', *Community Development Journal*, 42, 282–298.

Szwarc, J. et al. (2007), *Perspectives on Torture: The Law, the Effects, the Debate*, Melbourne: VFST.

Valibhoy, M. C., Kaplan, I. & Szwarc, J. (2017), "'It comes down to just how human someone can be": A qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services', *Transcultural Psychiatry*, 54(1), 23–45.

VFST (1996 and 2000), *A Guide to Working with Young People who are Refugees*, Melbourne: VFST.

VFST (1998), *Rebuilding Shattered Lives*, Melbourne: VFST.

VFST (2002), *The Rainbow Program for Children in Refugee Families*, Melbourne: VFST.

VFST (2004a), *HealthWise – Health Literacy Teaching Resource for Refugee and Other ESL Students*, Melbourne: VFST.

VFST (2004b), *Kaleidoscope Program for the Classroom*, Melbourne: VFST.

VFST (2004c), *Taking Action – Human Rights and Refugee Issues Teaching Resource*, Melbourne: VFST.

VFST (2004d), *Towards a Health Strategy for Refugees and Asylum Seekers in Victoria*, Melbourne: VFST.

VFST (2007a), *Caring for Refugee Patients in General Practice – A Desk-top Guide* (3rd ed), Melbourne: VFST.

VFST (2007b), *Promoting Refugee Health: A Guide for Doctors and Other Health Care Providers Caring for People from Refugee Backgrounds* (3rd ed.), Melbourne: VFST.

VFST (2013), *Promoting the Engagement of Interpreters in Victorian Health Services*, Melbourne: VFST.

VFST (2015), *Schools and Families in Partnership: A Desktop Guide to Engaging Families from Refugee Backgrounds in their Children's Learning*, Melbourne: VFST.

VFST (2016), *Integrated Trauma Recovery Service Model*, Melbourne: VFST.

VFST (2016), *School's in for Refugees: A Whole-School Approach to Supporting Students and Families of Refugee Backgrounds* (updated), Melbourne: VFST.

VFST (2017), *A Framework for Community Capacity Building*, Melbourne: VFST.

VFST & UNHCR (2002), *Refugee Resettlement: An International Handbook to Guide Reception and Integration*, Melbourne: VFST and UNHCR.

Yelland, J., Riggs, E., Fouladi, F., Wahidi, S., Chesters, D., Casey, S., Szwarc, J., Duell-Piening, P. & Brown, S. (2013), *Having a Baby in a New Country: The Views and Experiences of Afghan Families and Stakeholders*, Melbourne: VFST & Murdoch Children's Research Institute.

Yelland, J., Riggs, E., Wahidi, S., Fouladi, F., Casey, S., Szwarc, J., Duell-Piening, P., Chesters, D. & Brown, S. (2014), 'How do Australian maternity and early childhood health services identify and respond to the settlement experience and social context of refugee background families?', *BMC Pregnancy and Childbirth*, 14, October, DOI: 10.1186/1471-2393-14-348.

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Assisting Survivors of Torture and Trauma

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