The impact of refugee experiences

The refugee journey

Refugees and asylum seekers have usually escaped from war or armed conflict in their countries. This is often internal conflict between government forces and guerrilla or separatist groups. Civilians are frequently caught in battles and targeted in the fighting. Children may even take part in armed conflict as child soldiers.

Sometimes governments have sustained campaigns of persecution against some of their citizens, because they belong to a particular religion or ethnic or racial minority or because of their perceived support of guerrilla groups. This persecution is targeted directly at civilians, often women and children.

Many refugees are forced to flee at night. There may be no time to collect travel documents. For some people it is too dangerous to travel on genuine passports or identity papers. Many people have had to abandon their possessions and have seen their homes destroyed or occupied by others. Some escape with just the clothes they are wearing. Survivors sometimes have to walk long distances or travel through hostile territory with no shelter and little to eat and drink.

Refugees may be stopped by the authorities of other countries, turned back or forced to go elsewhere. Many are ill-treated or tortured as they make their journey. Having escaped, some find shelter in border areas outside refugee camps. They set up shantytowns, or live beside railway tracks, on riverbanks or in the poorer districts of cities, towns and villages. The local people often mistrust them and the conditions under which they live can be harsh and unsafe. From there they may move to refugee camps or try to move to resettlement countries like Australia where they hope to find safety.

Impact on physical health

Many refugees reach their destinations in need of treatment for unmet medical and dental needs. These treatments may have been denied to them at home or were impossible to obtain in the country of initial asylum or in refugee holding camps.

The health and physical condition of refugees may be manifested in a number of direct and indirect ways.
Direct manifestations can include:

- injuries and disabilities resulting from war, physical or sexual violence, torture or other mistreatment
- headaches, stomach complaints, fatigue, skin conditions and other physical reactions to stress
- increased risk of developing certain diseases, such as tuberculosis
- malnutrition and delayed growth
- anxiety, depression and Post Traumatic Stress Disorder.

Indirect manifestations can include:

- poor dental health
- undetected visual or hearing problems
- low levels of immunisation.

Medical, dental and general health issues can consistently or intermittently disrupt the learning of refugee students at school. For this reason, it is important that refugee families are aware of the provisions for medical and dental health screening and health care accessible through the public health system.

Refugee students can also be referred to NSW Refugee Health Service, a specialised health service which aims to protect and promote the health of refugees and people of refugee-like backgrounds living in NSW by providing clinical assessments and referrals, particularly for recent arrivals. In addition they provide health promotion programs for refugees and advice and support for health professionals working with refugees.

Refugee trauma

All refugees have experienced trauma in some form. Their traumas can be physical, emotional or psychological.

It is common for refugees from war-torn countries to have suffered physical abuse, violence, injury, loss of limb or torture. In addition to personal mistreatment, many refugees have also witnessed the mistreatment of others, including family members. Refugees may have been tortured or traumatised by the death of relatives and friends.

Refugees who have not been exposed to physical torture or trauma can be expected to have experienced trauma in emotional and psychological forms. Individuals may be affected even though they themselves were not directly involved in fighting or did not suffer violence or abuse.

Emotional and psychological trauma can be induced by hearing about raids on homes, houses of worship and meeting places; illegal arrests and unexplained disappearance of family members and neighbours; sexual or gender-based violence and physical assaults; or senseless destruction of property.

Emotional and psychological trauma can lead to overwhelming anxiety, fear and terror about who will be the next victims. Emotional and psychological trauma can be extremely debilitating and have long-lasting impacts.

Refugees often experience traumas in combination. Separate traumas that might be manageable as isolated events can become overwhelming for an individual as the number of such events mounts up.

Physical abuses may have been intensified by psychological and emotional mistreatment such as threats to the safety of family members. This cycle of physical, psychological and emotional abuse could have been repeated many times, each time adding intensity to the cumulative impact of trauma.

Accumulation of trauma may lead an individual to extreme depression and dysfunction. It can also be the unconscious motivator of ‘over-the-top’ responses to difficulties, frustrations and minor criticisms that refugees may encounter after they arrive in Australia.
Disruptive influence of trauma

A reasonable sense of personal safety and security enables an individual to go about their daily tasks free from undue anxiety or fear of harm. All refugee students have experienced trauma in some form and may continue to experience disruption to their sense of personal safety and security. This can significantly affect their learning at school.

In a study of post-trauma distress in children and adolescents, Eth and Pynoos (1985) classify the range of signs of previous fear, stress and trauma affecting children under four general responses.

- **Disorganisation**
  
  The extreme stress of crisis threatens children’s conceptual organisation and they tend to become disorganised under such stress. Some examples of disorganisation include loss of attention span, confusion, immobility, and lack of perspective.

- **Primitivisation**
  
  Children become less sophisticated, regressing to earlier, more primitive forms of functioning. Some examples of primitivisation include loss of toileting or other independent living skills, dependency, generalised fears and a return to earlier forms of coping.

- **De-verbalisation**
  
  Children rely less on verbal means of communication and tend to demonstrate their distress rather than speak of it. Some examples of de-verbalisation include thematic play, anxious clinging, acting out and avoidances.

- **Somatisation**
  
  Much of children’s distress manifests itself in their bodies as physical symptoms. Some examples of somatisation are appetite and respiratory and digestive dysfunction, headaches and other general aches and pains.

Eth and Pynoos (1985) found that children usually respond to acute stress in one of two ways:

- **Hyperactive**
  
  Children’s agitated reactions included a flushed, sweating and frenzied appearance; panicked, enraged or ‘hysterical’ emotional reactions; and frenzied, ineffectual and uncontrolled behaviours that were overreactions to the situation.

- **Hypoactive**
  
  Children may experience a depressive reaction, or under-reaction that can include a pale, submissive, and shock-like appearance; blunted or numb emotional states; and slowed, automatic, paralysed or immobilised behaviour. The majority of children in the Eth & Pynoos (1985) study responded in this way.

Some refugee students and other students who have survived refugee-like experiences may have re-established safety and security after their escape and before they reach school in Australia. The disruptive impacts of previous traumas on learning at school for these students may now be minimal on most days.

However, escalated trouble in the country of origin, classroom discussions of war, family and politics, reprimands or even light-hearted jokes at the student’s expense can trigger responses that destabilise a student for a period of time. Awareness and sensitivity from staff will ensure that appropriate professional responses are made in each situation.
In some cases referral of students to the **NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)** by the school counsellor may be appropriate. Information about services and eligibility can be found on the STARTTS website.

### Disrupted education

Schools are often among the early casualties of war or unrest. They may be closed officially by governments or simply cease to operate because of dangers to staff and students.

Depending on the conditions in their country of origin or in the refugee camps they came from, many refugee students may have been unable to attend school for some time. Some students may never have been to school. Few refugee students will have had recent experience with classrooms, schools or formal learning environments similar to those in Australian schools.

As a result of serious disruption to their education, refugee students may have significant gaps in their literacy and numeracy development or limited skills in expressing academic concepts in their first language.

Limited or non-existent educational opportunities and restricted intellectual stimulation over many years may leave some refugee students ill-equipped for the broader learning demands and expectations of schooling in Australia.

It is very likely that refugee students will not be able to provide formal reports or credentials of prior learning because such documentation has been destroyed, lost or confiscated prior to departure from their home countries.

### Resettlement

After the initial relief associated with arrival in Australia subsides, the realities of resettlement and adjustment to living in a new country and culture can emerge as issues for refugee families. Because many families may have believed that resettlement would bring an end to insecurities and upheavals, they may need support in dealing with these new challenges.

At this stage of adjustment it is not uncommon for refugee students and members of their families to experience symptoms such as loss of appetite, lack of concentration, headaches, unexpected or uncontrollable tears, grief, depression, moodiness and yearning for the people, relationships and things they have left behind. These symptoms may be mild or severe. They may emerge immediately, after some months or even years later.

Sometimes family disruptions arise as a result of children gaining proficiency in speaking English and familiarity with the culture and customs of Australia more quickly than their parents. In such circumstances traditional roles and expectations within the family can be challenged as children undertake discussions, negotiations and transactions on behalf of their parents and other family members.

After a number of years, new tensions can arise when family dynamics or traditional customs and cultural practices are challenged by younger members of the family. It may be as simple as children wanting to eat hamburgers or as confronting as children rejecting the family language, traditional customs or beliefs.

Resettlement and adjustment to life in Australia takes time. Some refugee families and individuals adjust in a relatively short period. Some require considerable support over extended periods before they feel comfortable and confident in their new surroundings. Some may be so affected by the intensity of their trauma, grief and loss that they never fully regain trust in others or rid their lives of periodic episodes of intense sadness or depression. There is a range of factors that can affect resettlement, including:

### Homelessness and isolation

The continuation of the war, conflict or persecution that forced them to leave usually means that refugees are unable to return to their country of origin, thus are rendered ‘homeless’. There is no reassuring ‘fall-back’ position, that is that they may be able to ‘go home’ if things don’t work out in Australia.
In addition to their physical separation from home, refugees often feel cut off from their past. This is the result of not being able to bring personal possessions or other mementos that might have been consoling reminders of home – the people, places and events in their lives. This sense of isolation can be intensified by fragmented or non-existent communication with loved ones left behind or lost along the way.

**Feelings of powerlessness**

One reaction to becoming a refugee can be a sense of disempowerment. Disempowerment is the feeling of being at the mercy of external forces over which one has no power or control. In their home countries, before the conflict, individuals may have had stable lives, secure employment and incomes and comfortable homes. They may have been well-respected elders, dignitaries or professionals within their local communities. They usually had the means and the capabilities to look after themselves and those they loved.

Many no longer have the certainty they used to enjoy. Australian society may not recognise their status as an elder or dignitary. Australian professional bodies may not recognise their qualifications. They may no longer be able to earn an income and look after their families as they did in their country of origin.

Disempowerment can lead to a sense of hopelessness and depression. Individuals may swing from being overwhelmed by past experiences to becoming numb and withdrawn, unable to discuss the past. They will need affirmation of their resilience and determination - factors that have brought them through horrifying experiences to Australia.

**Limited social support networks**

Many refugees do not have relatives, friends or well-established community groups to call upon for assistance when they first arrive in Australia. As a result of this perceived lack of support, refugees can feel alone and isolated, particularly if they are not confident speakers of English.

It takes time to develop supportive social networks in a new country. Until they develop networks, refugees may need to rely on ‘strangers’ from government, non-government or community agencies for the practical assistance and emotional support that would previously have been provided by relatives, friends and neighbours.

**References**