

## Today, I am something!

A report of consultations with refugee women at risk on successful settlement, good services, gaps and challenges held by SSI and CRR

Sydney, Australia, May 21 and 22, June 5, 2014

### Introduction

Refugee women at risk are survivors, protectors and providers. They are subject to severe and systematised human rights abuses at all stages of their journey to find refuge. Some are brutally raped and suffer endemic sexual and gender based violence. Many women and girls are forced to engage in survival sex in order to feed themselves and their families. They often bear one or more children of rape. Many are without the protection of family and community. Single women and widows are often targeted for rape and forced marriage. They suffer rejection, isolation and are at heightened risk of ongoing abuse. Many live in a constant state of insecurity and fear.

The UNHCR Women at Risk Resettlement program is designed to fast-track the resettlement of women and girls who are most at risk to a country of refuge. As one of the first countries to establish a quota for the resettlement of Women at Risk, Australia has a long and proud history in supporting the protection and resettlement of the most at risk refugee women and their families. Over the past 25 years, 14,500 refugee women and their families have been resettled through Australia's Women at Risk program. Currently 1,000 places per year are allocated to this program. Many refugee women and girls who enter Australia on other visas have suffered similar experiences and can also be considered 'women at risk'.

Australia has one of the most comprehensive settlement service support programs in the world. Women at Risk and their families are able to access critical support through these programs. Although services are working hard to support them, their settlement needs are complex. Given their pre-arrival experiences of abuse and trauma, and the absence of critical support structures such as family and community in settlement, Women at Risk often require longer and more intensive settlement support. However, the women are also incredibly resilient and strong. They are proud of having fought to survive at all stages of their journey, and continue to do so here in Australia. They are determined to rebuild their lives in safety and with dignity and are eager to contribute and to find somewhere to belong. They have identified that in order to do so there is a need for targeted support which recognises not only the horrors women have survived, but the incredible strength and determination they have to find a new life here in Australia.

# Consultations

Settlement Services International (SSI), the largest settlement services provider in NSW, and the UNSW Centre for Refugee Research (CRR), are working directly with resettled refugee women to identify key issues of concern and to develop responses to assist them to settle well, and with safety in Australia.

The CRR has worked extensively with refugee Women at Risk for the past 15 years. Members of the research team have been actively involved in working with Women at Risk since the program first began. Their work has identified that while many women settle well, some women continue to remain at risk once resettled, and many face significant challenges with settlement.

SSI provides crucial support to many resettling Women at Risk. They have taken an active role in developing effective responses, beginning with the establishment of a Women at Risk Committee, and the provision of staff training on working with this group of refugee women. In consultation with refugee women, SSI and CRR are committed to building a strengths-based service provision model that recognises and meets the needs of settling Women at Risk.

As part of this ongoing process, in May and June 2014, CRR and SSI conducted a series of consultations with 50 refugee Women at Risk. The first consultation was with case workers, the majority of whom came to Australia as refugees, many as Women at Risk. The second drew on the knowledge and experience of those who were resettled three years ago or longer. The third was with recently arrived refugee Women at Risk.

During the consultations women were invited to share their experiences of settlement in Australia. These included their hopes and dreams for their new lives and what 'successful settlement' meant to them. They discussed which services had best assisted their resettlement, what additional support they would have liked, and what were the most challenging things they faced when they first arrived in Australia.

This is the summary report of what they said. A full version of the consultations and interviews with some of the women will be available from SSI and CRR in August.

The following report outlines the key themes and issues raised during the consultations. It includes a series of preliminary recommendations designed to build on the excellent work already being done in the sector. The recommendations will be further developed in the full report.

## Methodology

The consultations were based on an action research method specifically developed by CRR for working with refugee women.

The 'reciprocal research' methodology is focused on ensuring that the collection of information from vulnerable populations is empowering, not harmful or exploitative, and has the potential to bring about social change.

The consultations on which this report is based included a discussion of human rights, sharing of stories and the production of collages to conduct situational analyses, identify problems, and suggest strategies for action, response and interventions.

## The road to successful settlement

Much of the discussion in the consultation focused on the practical settlement services offered on arrival, which are addressed below. However, major and recurring themes were:

the importance of recognition of the impact of violence and abuse on the settlement experience;

- the need for respect and dignity;
- the need to regain their identity as people of worth;
- recognition of their capabilities and acceptance into the host community.

The women noted that these needs are in addition to the essential needs of housing, income, health and education for all refugees. Without all of these factors the women did not think successful settlement could occur.

*“You lost everything over there; you lost a lot of things in your country. But you need to start from hope. When someone gives you hope, when you first arrive in Australia, this is the main point.”*

(refugee woman)

### Overcoming the legacy of violence and abuse

The women described how the violence and abuse of their pre-arrival experiences comes with them to Australia and that this legacy impacts significantly on their settlement. Many are still grieving for children and other family members left behind.

The women shared many common ideas of what is ‘successful settlement’. At its core was the need to feel safe and secure. The women often framed their hopes and dreams for their new lives in terms of what they wanted to leave behind: war, discrimination, ‘this dangerous life’. Without this it was impossible for women to move forward with their lives.

Some struggle to find affordable accommodation in which they feel safe and secure. Loss of trust in officials and authority figures can make it difficult to navigate Australia’s systems and institutions. Women who have been denied the opportunity of education or who are suffering from post-traumatic stress face additional barriers to finding work. Sometimes women struggle with parenting children who may adapt more quickly than they do to a new way of life, or who have difficulties settling.

Furthermore, their own community is not always welcoming of them due to their status as a single woman or single mother, the stigma of rape and sometimes having children of rape. This can lead to social isolation for these women that other refugees do not face.

## Respect, identity and belonging

*“Respect - if you recognise me as an equal and I see it in your eyes, it means I become hopeful.”*

(refugee woman)

More than anything, women sought recognition of who they were as people. However, often their identities were obscured by the traumas they had experienced. They spoke of their desire to live with dignity, to be valued, to be respected, to live a normal life, to be a human being. For the women, respect and recognition was about regaining control of their lives, and not letting their experiences of risk and abuse define them.

*“My dream is to be very strong and to prove to those who accuse me of being helpless and useless and without a brain, prove to that person and the rest I’m not useless, I’m not witless, I am very wise and strong and perfect woman.”*

(refugee woman)

*“We want to be treated like a human, not numbers...we want to enjoy our citizenship as Australians.”*

(refugee woman)

The women stated that recognition was also needed, not only of the increased support needs of women, but also of their sense of self, their agency and their identity. Women arrive with incredible strength, knowledge, skills, both formal and informal and resilience. However, they often have limited opportunities to exercise choice, to take the lead in decision making and to have control over their lives.

It is crucial that services recognise the capabilities of refugee women and work to incorporate their leadership into settlement planning and delivery. Recognition of their capacities and the opportunities to exercise these were fundamental indicators for many women of feeling supported and settled. Providing more opportunities for women to participate and share their knowledge and skills with others was identified as vital in recognising and drawing upon the strengths of refugee women. This included supporting women to become advocates, participate in decision-making and leadership, and being able to provide support to other Women at Risk.

The desire to belong, to be included was seen as intricately linked to women’s sense of identity. Belonging was about being able to participate and contribute to their local and wider Australian community.

Most importantly, they stressed that they needed time to resolve problems and to come to terms with their pre-arrival experiences before they could settle successfully into their new homeland.

## Fatu’s story

Fatu (not her real name), came to Australia as a refugee from war-torn Sierra Leone, after having fled to Guinea. She was forced to leave her three youngest children and her mother in Sierra Leone, and she initially refused an offer to resettle in Australia because it was too far away from them. She described how when she arrived, “I was not thinking about house, car. . .you’ll never understand when you get separated from your children without saying goodbye how you feel in a new society, in a new country.” She said all she cared

about or could think of were her children: “Whenever I put food in my mouth, I would go like, ‘my children are alive or not - are they eating?’” “She described how she was frozen and could not take any steps to create a new life in Australia while not knowing what had happened to her children and mother.

With no information on their whereabouts, after months in Australia she asked to return to Guinea, saying “why am I sitting down in this country, what am I doing here?” Eventually she found her children with the help of the Red Cross, and they were reunited in Australia. She has since gone on to complete a bachelor’s degree, and is a case manager with SSI. She is also the chair on the board of a non-government organisation which works with refugee women and is actively involved in advocacy for women at risk both in Australia and internationally.

As Fatu’s story shows, the challenges Women at Risk face on resettlement can be paralysing. However, with support they are able to go on to not only rebuild their lives and their family’s lives, but to make significant contributions to their new country.

## **Settlement services, what works, gaps and challenges**

*“You need someone to help you and you find that ‘one’, a worker, a case manager to understand you and give you support, give you safety and security at the same time, .. this is the main point for the people.”*

(refugee woman)

The women all agreed on the crucial role that settlement services play in helping women to feel secure and settled. The importance of accommodation, income, health services and education were all very much appreciated. The work of the SSI HSS case workers was seen as a major contributor to successful settlement. For many women, the role of workers was seen as much more than orientation and case management. Instead, they were seen to replace the core support and protection structures of family and community which were often missing from the women’s lives.

The most important recommendation from the group was for intensive co-ordinated, specialised service provision for a period of 12-24 months for women who arrive on a 204 visa, and other women who have suffered severe abuse torture and trauma pre-arrival. The key services which they identified are addressed separately but the clear message was that while these do not all fall under the HSS umbrella, whenever possible, they should be co-ordinated by the HSS case manager. The women argued that Government departments, non-government organisations and the community sector need to work more closely to provide the network of services necessary to ensure effective settlement outcomes for Women at Risk.

## **Housing**

*“I will feel settled when I have my own home.”*

(refugee woman)

The most pressing settlement need identified by all of the women and their workers was that of access to safe and affordable housing. It was seen as intricately linked to a sense of safety and security. However, many women struggled to be able to find appropriate housing. The high cost of housing often caused considerable financial stress, in particular

for single women. Often unable to afford housing on their own, they were often forced to share in unsafe conditions with other families. They were particularly concerned about the lack of security, including an absence of locks on bedroom doors. Women with large numbers of children also faced considerable struggles with many family members forced into crowded accommodation.

When women were forced to move multiple times due to affordability and the lack of suitable housing stock, this further exacerbated their trauma as they felt a continual sense of displacement. It also placed additional stressors on their family, as their children were often required to change schools and to make new social connections. At times women felt isolated when they were placed in locations far from services and their communities. This placed some women at increased risk of abuse and harassment.

Many women struggled to access public housing. They spoke of their frustrations with long waiting lists, with no provisions made to expedite housing options for Women at Risk.

*“ ... Most of the housing workers have attitudes towards refugee women, saying like, ‘you are just arriving here; people have been in the queue for 10 years. You are too pushy. Why are you coming here?’ So that’s the hardest thing for settlement for refugee Women at Risk, especially with large numbers of children.”*

(SSI case manager from a refugee background)

## Case management

The women emphasised that it was important that case managers understood the experiences women had survived prior to their arrival and that they be aware of and allocation of longer case management hours for Women at Risk cases. It was also important for case managers to receive regular training, support and debriefing when working with Women at Risk cases.

Case workers stressed the need to receive as much information as possible about the specific needs of Women at Risk before they arrived, to enable them to prepare adequately for their case management. In recognition of the trauma experienced by women on 204 visas and other traumatised women, additional case management hours would provide a better chance for women and their families to settle well. The consultations identified that more training was required for case management staff in dealing with trauma and the psychosocial needs of Women at Risk and to enable them to tailor case management plans to the needs of each woman and her family.

## On arrival orientation

*“When you come from different backgrounds (from) our countries, we don’t have those kinds of services. So sometimes you become shy, and then you’re fearful, and, of course, you are already a refugee you are traumatised, shyness, and then the language barrier and there’s discrimination. Then you think that when I ask for more, maybe they might think that she or he is asking for too much. So sometimes we keep it to ourselves.”*

(refugee woman)

Having confidence in and being able to navigate systems and institutions were seen by many women as indicators of successful settlement. Again, this was an area that was often quite overwhelming on arrival. Having limited time with their case manager, discrimination

and a lack of confidence to speak up for help had an influence on their ability to access services.

Case managers expressed frustration with feeling rushed to undertake required registrations and on-arrival orientation. They also reported the difficulty women have in absorbing large amounts of information within a short period of time. They asked for more time to be able to space out the orientation program with clients, assess and monitor women's individual needs and ultimately link them with the relevant services.

*"For the accommodation, for local area orientation and for public transport – how we can expect someone who can't speak English, can't read English, can't count in English, get the train, public transport, buy the tickets, find the right platform? Just doing it once is not enough, they need more orientation."*

(SSI case manager)

Women also found important support with their orientation from other services including Intensive English Centres, Migrant Resource Centres, support from local community centres, and mentoring programs offered by some councils, but this was ad hoc and uncoordinated

## **The links between English acquisition, education and employment**

*"To have a right like a human being to study."*

(refugee woman)

In sharing their hopes and dreams for life in Australia, women spoke of their strong desire to study and access education for themselves and their children.

However, some women expressed concerns about how their children were coping in school. At times they felt disconnected from their children's education process and frustrated at not knowing where to turn to for help.

*"The school, they are not treating (my) children fair because my son suffered from kidnap, because of that traumatised problem, he has problems in talk and speaking and also because his father died suddenly, and the school they are suspending him...if always he is suspended...when he going to learn English?"*

(refugee woman)

For most women, a key to successful settlement involved being able to communicate in English. This then gave them access to education and employment. While appreciative of English classes available, they spoke of the pressure they faced to learn quickly under the existing Adult Migrant English Program.

*"Being under pressure that you need to learn English in 510 hours; if I give that to someone to be able to learn my language, it's not actually possible."*

(SSI case manager from a refugee background)

The current 510 hours of Department of Industry-funded English lessons are insufficient for many women, particularly those who are illiterate, those suffering from post-traumatic stress related disorders, or who have had only limited access to formal education prior to arriving in Australia. At times the method of delivery of English classes was found to be intimidating and unsuitable for some of the women.

Although many refugee women who arrived on 204 visas identified securing a job as one of their main goals, they highlighted a number of barriers to achieving this. Employment was seen as a key measure of successful settlement for many of the women. They faced considerable barriers to gaining employment, including limited work experience, a lack of recognition of overseas experience, limited education and literacy, lack of access to affordable childcare and in some cases, discrimination. However, the women were determined to find ways to contribute to Australian society. Many had worked in their home countries and were keen to build on, and receive recognition for, their skills and experiences.

*"I follow two years without a job. I have a lot of certificates: personal secretary, now I study child care courses, other study, a lot of other things, but no job I get. I bring my certificate from my country – of cooking, of art - but nothing comes from it."*  
(refugee woman)

Although some employment programs were available, the women sought targeted specialist employment services which could assist them to find both work experience and long-term employment. It was important that such programs recognise and value the pre-arrival experiences and contributions women had made, and could also be tailored to meet the individual needs of the women.

*"No one wants to be a bludger sitting there and watching TV. No! We want to work!"*  
(refugee woman)

Women were also concerned about their sole caregiving responsibilities for often large numbers of children with only limited family or community support. With child care costs identified as unaffordable for most, increased financial exemptions for women could facilitate better access to child care and thus employment.

## Health

*"We need access to specialist doctors, the cost of specialist doctors is too high for newly arrived refugees."*  
(refugee woman)

Women requested specialist women's health services that would focus on both the physical and psychological impact of surviving severe violence, rape and trauma but also the related social isolation. They also identified the importance of access to counselling which could be offered by specially trained female mental health professionals. This needed to be culturally appropriate and available for long-term support. In acknowledgement of the often heightened health needs of Women at Risk, due to their experiences prior to arrival in Australia, priority access to medical specialists through Medicare was also requested by the women. This was considered crucial for helping them settle well.

*"She is thanking Australian government for accepting her and bringing her. Especially she is seeing doctor for some health issues about her knee. She's never seen this treatment in Iraq or this equipment they are using for treatment, so for her it's a big thing."*  
(refugee woman)

Women often arrived with complex health needs resulting from years of torture and trauma. It was important to the women that they were able to access appropriate health support promptly after arrival. Although appreciative of the health services that they and their families were able to access through Medicare, at times it was challenging for the women to be able to access appropriate specialist support including counselling. Long waiting lists, a lack of access to interpreters and limited knowledge of the health system, meant that some women missed out on access to critical health services. This left a number of women with unaddressed physical and mental health issues.

*“Actually from this day I don’t go to hospital because I’m afraid. So we need good help and we need specialists faster, actually two months or three months, but one year? Too long.”*  
(refugee woman)

Although waiting lists were often long, the women spoke positively about the support they received through torture and trauma counselling and other mental health services. It was important to the women that such services were culturally appropriate and accessible in both the short and the long term. The women also emphasised the importance of informal support structures, such as women’s support groups, in assisting them to cope with the traumas they had experienced and the challenges of settlement.

*“For me, the counselling is really helpful because they let me move from bad situation. I bring, I hold all the problems from my country; I pack it in my bag; bring it here with me, leave it here with me. But then they let me go up, by one step, by one step ... maybe I throw it? In the future, I don’t use it at all. But they give me something to move with, to change my life, for my son as well.”*  
(refugee woman)

It was felt that the establishment of women’s support groups, which could be led by refugee women, would assist with the process of settlement. Women’s support groups were widely acknowledged as a powerful means of breaking down isolation and providing opportunities for women to talk to and support each other. Women made the links between mental health support and other settlement challenges. They envisaged the groups as an important opportunity for women to access training and support to engage in livelihoods. Women requested these groups be led by local refugee women thereby facilitating opportunities for women to engage in leadership and decision-making.

## **Family relationships**

*“As a refugee, for myself it was all about survival and I was always out there trying to find food for my child so the bond with my children was not there. Now that I’m here, it’s peaceful, I need to get that bond back. So for me I’ve seen that it has worked well. My daughter and I, we have that relationship.”*  
(refugee woman)

For women with children, their success in settlement was undeniably linked to their hopes for a better future for their children. The women were grateful their children were able to access important opportunities, including education, and that they were safe and could live without fear. They took great pride in their achievements and were proud to see the contributions their children were making to their new lives here in Australia.

However, the pressures of settlement and women adjusting to new roles within their family placed considerable stress on a number of families. The traumas women had experienced prior to their arrival often impacted their relationships with their children, and their desire to rebuild and strengthen these relationships was often challenged further by the struggles of settlement. In some cases, this led to family conflict. Some women had been reported to DOCS/FACS. They expressed considerable concerns about the removal of children from families.

It was acknowledged that an increased number of bicultural workers were now working with FACS, however the women stressed the importance of increased support for women and a greater recognition of their strengths as parents. Women also sought additional support to assist them to adjust to parenting in a different context in order to address issues of concern and to strengthen their families.

*“Caseworker interpreted mother not showing (her) child love, because she’s not kissing, but it’s cultural...DOCS worker said ‘you know, the father doesn’t even buy them deodorant’.”*  
(SSI case manager from a refugee background)

Intergenerational conflict was commonly reported, in particular where children were seen to be rejecting their mother’s or parents’ values. There were reports of children using their better command of English to ‘manipulate the system’ against their parents. It was felt that additional bicultural support workers in schools and increased efforts to bridge communications with parents would assist in addressing these challenges.

### **Family-centred services**

There was strong support for an increase in specialist family support services such as parenting classes and relationship counselling for Women at Risk and their families which aim to strengthen family relationships and minimise the risk of family conflict. The role of bicultural support workers in schools and child protection agencies was also identified as an important way of supporting children’s welfare. Women felt this would also encourage stronger relationships with their children’s schools, and help them to understand Australian systems and practices.

### **Family reunion**

For those women separated from families still at risk overseas, it was impossible for them to move forward with their settlement and to feel ‘settled’. Many felt unsafe without the support of family, with many single and widowed women targeted for sexual harassment and abuse. Despite having little money themselves, women were often sending remittances back to family members overseas. This left them incredibly vulnerable as they often had few resources to be able to house and feed themselves and their families here.

Separation from family often exacerbated the already complex traumas women were experiencing as they felt enormous guilt for being resettled while others remained in danger. This was a considerable point of distress for the women, making it difficult for them to engage with and reach out for support when it was available. In recognition of the increased vulnerability of refugee women resettled alone without the support of family or community, they requested the prioritisation of family reunification for this group.

# Recommendations

The following recommendations are designed to enhance and build upon current responses to Women at Risk. Although based primarily on the recent consultations undertaken by SSI and CRR with refugee women in 2014, they are also informed by a significant body of research CRR has conducted with resettled Women at Risk over the past decade.

It is clear there is a strong commitment to supporting the settlement of Women at Risk and that good outcomes are being achieved with current levels of support in the HSS program. However additional responses are needed to ensure women can effectively settle with the safety and dignity that they deserve and maximise their potential to contribute to Australian society. More detailed and targeted recommendations will be available in the full report.

**Based on the consultations to date, it is recommended that Government, HSS and other NGO service providers work collaboratively to:**

- Continue to consult directly with women from refugee backgrounds to understand and identify their concerns and to develop potential responses to their settlement needs.
- Offer rights-based, flexible and coordinated long-term service responses which involve strong links between communities, settlement providers, health services and mainstream organisations.
- Establish specialist integrated and supported on arrival housing models for Women at Risk, which include longer access to supported HSS accommodation, specialised support services, and prioritised pathways to public or community housing.
- Establish specialist settlement service response models for Women at Risk which include a minimum of two years intensive on arrival assistance. This should also include the option of regular home visits for women during the initial settlement period.
- Engage specialist Women at Risk case managers to work with women who arrive on 204 Visas and other women who are subsequently identified as being at risk.
- Recruit established and settled Women at Risk as trained community/bilingual settlement guides and case managers.
- Provide training and resources to enable workers to have specialist knowledge and understanding of women's pre-arrival experiences including expertise in gender-related violence and an understanding of conditions in countries of origin and asylum.
- Allocate volunteers who are experienced and familiar with Women at Risk cases and provide regular training and debriefing for these volunteers.
- Establish specialist employment and training services for Women at Risk with a focus on recognition of prior skills, informal skills, knowledge and work experience.
- Provide financial exemptions to Women at Risk to facilitate access to child care services in order to undertake work and study during the initial settlement period.

- Extend the AMEP hours available for Women at Risk on an as needed basis.
- Ensure that Women at Risk are resettled in areas with good access to specialist support and supportive community networks.
- Provide a targeted range of family support services available to support the strengthening of family relationships for Women at Risk with children, in particular women with children of rape.
- Increase the number of bicultural support workers in schools and child protection agencies and ensure that they receive training in the special needs of families who come on a Women at Risk visa, and others who have suffered severe trauma.
- Provide targeted funding and training to established, resettled refugee women to run social support groups for newly arrived women to assist in their orientation and settlement.
- Ensure that Women at Risk are given priority access to medical specialists covered by Medicare.
- Provide additional and timely opportunities to access torture and trauma services for Women at Risk and consider alternative models of counselling and psychosocial support, including refugee community-led initiatives.

In order to respond to the caseworkers' request for additional information about Women at Risk prior to developing case plans, it is recommended that UNHCR and resettlement countries:

- Develop an agreed protocol to facilitate the effective sharing of detailed and relevant case information with settlement organisations, pending the consent of each refugee woman.

Prioritise family reunification for women at risk.

## Conclusion

These recommendations are wide ranging and broader than HSS service delivery as the women highlighted the need for an integrated approach to service delivery which crosses government departments and the community sector.

The many examples of successful settlement and the rich contribution which Women at Risk and their children are making to our society make the investment worthwhile. The women and children who have survived so much to reach Australia deserve nothing less.