

“She [the FASSTT worker] grabbed me and took me out of the abyss and stabilised my psychological state, then focussed on referring me to doctors and helped me to find this country could be my home. I will never be the person I was,

# Out of the Abyss

## Australia’s Program of Assistance to Survivors of Torture and Trauma



but I feel with this help I will reach the stage of being able to take care of myself”

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Throughout this report we have used quotations from and case studies of 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 report was prepared by Rebecca Cole, FASSTT Project Officer with input from FASSTT agencies. Thanks to all those who provided statistical data and information, and special thanks to Sue West for editorial input and advice.



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## Acronyms used in this report

ASeTTS	Association for Services to Torture and Trauma Survivors
DFACCSIA	Department of Families, Community Services and Indigenous Affairs
DHA	Department of Health and Ageing
DIMA	Department of Immigration and Multicultural Affairs
EHAI	Early Health Assessment and Intervention
FASSTT	Forum of Australian Services for Survivors of Torture and Trauma
FICT	Families in Cultural Transition
IHSS	Integrated Humanitarian Settlement Strategy
IRCT	International Rehabilitation Council for Torture Victims
ISHHR	International Society for Health and Human Rights
PSP	Personal Support Program
QPASTT	Queensland Program of Assistance to Survivors of Torture and Trauma
STARTTS	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
STTARS	Survivors of Torture and Trauma Assistance and Rehabilitation Service
UNHCR	United Nations High Commissioner for Refugees
VFST	Victorian Foundation for Survivors of Torture

## 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 report 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.

### TORTURE

Torture is defined by Article 1 of the United Nations Convention Against Torture and Cruel or Degrading Treatment as:

... any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

### TRAUMA

The term 'trauma' is used throughout this report to refer to the pain, distress and suffering that our clients experience relating to, or arising from, their refugee journey. This usually includes war or civil conflict, and/or violence motivated for religious, ethnic or political reasons.

## Overview of FASSTT

““ After the interrogation they hung me up, my body suspended like a sandbag, defenceless against the kicks and punches of my interrogators. They entertained themselves by putting out their cigarettes on my body... ””

““ I was taken prisoner by militia ...I will never forget the beatings...the bodies that I had to load on trucks ...the sleep which they withheld from me for days on end and the hunger which never passed. Every day I remember those times and am grateful that ”” I survived.

““ My brother stood on a mine when we were crossing a field. They were everywhere. After some time my brother begged us to leave him. He begged us and so we ran... and kept running. ””

““ I wake up... naked...lying on a wet sponge mattress. Cords tie me on the mattress firmly. I am shivering. I cry out loud. As the voltage rises so does my voice... ””

**I**N THE FACE OF SUCH harrowing stories it is reassuring to know that there is a network of agencies that specialise in working with refugee survivors of torture and trauma to help them recover from their experiences and build new lives in Australia. That network is FASSTT (the Forum of Australian Services for Survivors of Torture and Trauma), and is made up of eight specialist torture and trauma rehabilitation agencies located in each capital city of Australia.

FASSTT is made possible through the Program of Assistance for Survivors of Torture and Trauma (PASTT), funded by the Commonwealth Department of Health and Ageing (DHA). PASTT is designed to improve access to mainstream services for survivors with high needs. PASTT funding contributes to the provision of long-term counselling and complex case

management as well as the infrastructure required to maintain a national network. As Australia's only specialist torture and trauma rehabilitation service providers, FASSTT member agencies are the sole recipients of PASTT funding. Further details about clients of the PASTT program are provided on pages 24–26 of this report.

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

This report provides an overview of FASSTT and its member agencies, gives an insight into the experience and demographic profile of survivors of torture and trauma in Australia, and provides a profile of clients assisted by the PASTT program during 2004/5.



## The Refugee Experience

“ I was tortured for many years and spent two years in prison. I was tortured and watched my friends tortured and executed. They covered my eyes for six months. We were not allowed to sleep and were allowed only one shower per month. When I came to Australia I felt guilty for being here and I did not trust anyone, not even my family. At [my local FASST agency] I got counselling and went to a support group.

Over time they helped me to find the right doctors and specialists for physical help. They helped me to forget my past, and to trust people again, be independent and think there could be a future for me and my children. In the group I met people from other places who had been through the same experiences. I never thought I could trust a stranger, but I did. Now I feel something released from my body and I feel happier and more comfortable. ”

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. Torture has a profound, immediate and long term impact on physical and psychological health. A high percentage of torture and trauma survivors suffer from extreme 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, psychosomatic complaints, and breakdown in family and personal relationships. These impacts can present profound barriers

**Australia resettles 13,000 people each year under its refugee/humanitarian program**

Source: DIMA



PHOTO: UNHCR

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 help survivors 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 survival strengths. Nevertheless, they suffer a higher incidence of physical and mental health problems than migrants and people born in Australia. 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; generally have lower levels of literacy in their first language and are less proficient in English; and face greater challenges in finding housing and employment. Although FASSTT agencies provide training and consultations for health and community service professionals, Australian health care providers are not routinely trained to identify and deal with issues of particular concern to refugees.

## FASSTT Agency Services

FASSTT agencies work to reduce the impact of torture and trauma by providing direct services to survivors in the form of counselling and other therapeutic interventions, advocacy and group work.

FASSTT agencies also:

- train other service providers who have contact with survivors of torture and trauma
- develop resources to assist health, welfare and education professionals in their work with refugees

- work with State and Federal governments to ensure policies and services are sensitive to the needs of refugees (see Advisory Bodies below)
- build the capacity of refugee communities through community development initiatives
- conduct research to enhance understanding of the needs of survivors of torture and trauma and inform service development
- raise community awareness of the experience of refugees and the incidence and effects of torture and trauma

Over the past 5 years the number of refugees, asylum seekers or internally displaced people has averaged approximately 19 million people per year worldwide

Source: UNHCR



## Advisory Bodies

A key means by which FASSTT agencies provide expert advice to government is through the representation of FASSTT members on advisory bodies. 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:

- Detention Health Advisory Group
- Immigration Detention Advisory Group
- Multicultural Mental Health Australia

- Multicultural Mental Health Policy Development Steering Group
- National Depression Strategy
- National Health Promotion and Prevention Strategy
- Refugee Resettlement Advisory Council
- UNHCR Executive Committee Australian Government Delegation (1997, 1998, 1999, 2003)

## Profile of FASSTT Clients

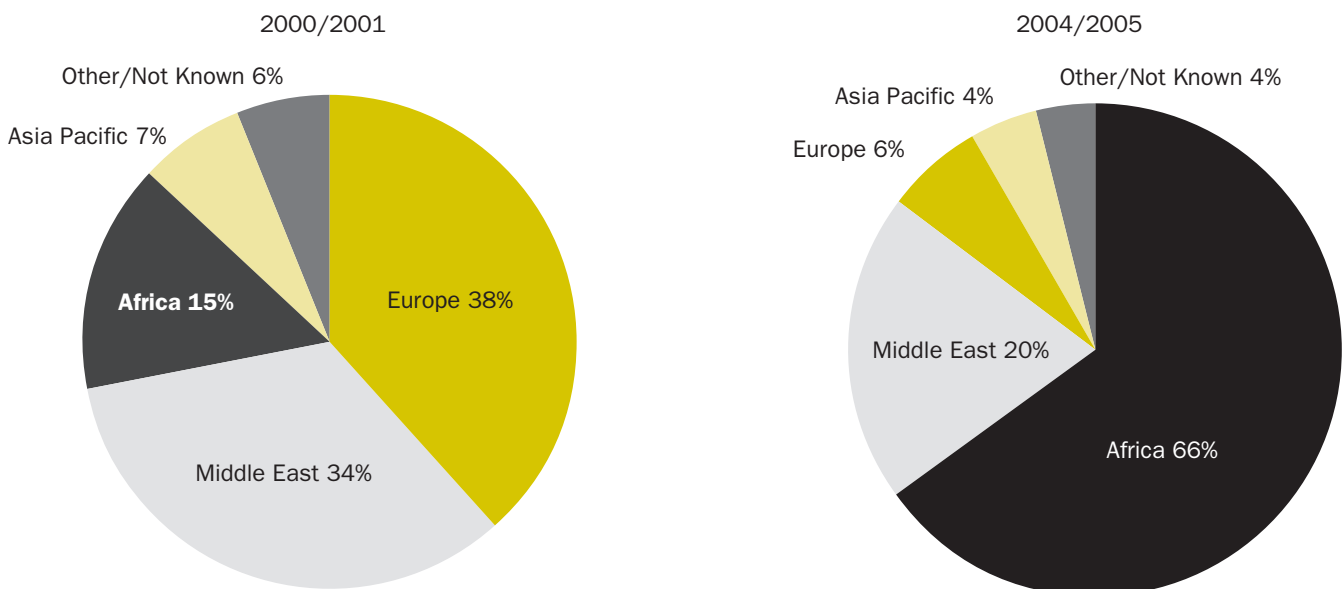
The national origins of people entering Australia under the Humanitarian Program have changed significantly over the last five years and this is mirrored in changes in the profile of FASSTT clients (see Figure 1).

In 2004/5, 66% of FASSTT agency clients came from Africa, 20% were from the Middle East and less than 10% were from Europe. By contrast, five years earlier, in 2000/1, nearly 40% per cent of our clients were from Europe, 34 % were from the Middle East and only 15% from Africa.

People from refugee backgrounds have a higher rate of physical and psychological conditions than other migrants or people born in Australia

Source: DIMA

Figure 1: Dramatic increase in proportion of clients from Africa



As Figure 2 demonstrates, the number of humanitarian arrivals and proportion of FASSTT clients who are under the age of 20 has also increased considerably over the past few years. FASSTT agencies have also found that the extent and depth of torture and trauma among children and adolescents of recent refugee arrivals has been more severe than previous intakes.

As their demographic profile has changed over the past few years, the needs of FASSTT clients have become more complex. A high proportion of recent clients have experienced:

- lengthy periods in refugee camps
- extreme trauma, torture and loss

- very large family groups with a high degree of dislocation and single-headed households
- lack of familiarity with Western health systems.

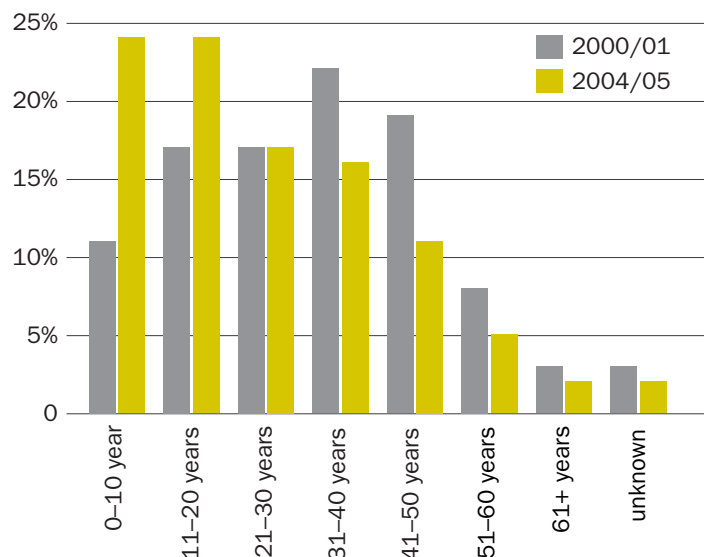
In addition to these complexities, Commonwealth and State Governments have sought to increase the level of refugee resettlement in rural and regional communities.

These changing settlement patterns mean that there are significant costs for metropolitan-based FASSTT agencies working to develop and augment service provision in rural/regional areas.

25% of refugees have been physically tortured or subjected to severe psychological violation prior to their arrival in Australia, seven in ten will have been subject to less severe, but nevertheless traumatic, experiences in violent circumstances

Source: FASSTT

Figure 2: Significant increase in child and adolescent clients over last five years



Source: FASSTT Agency databases

## Key Achievements of FASSTT

**1992** The National Forum of Services for Survivors of Torture and Trauma (subsequently renamed FASSTT) is established

**1995** FASSTT receives funds from DHA to establish PASTT to provide longer term counselling and interventions to survivors nation-wide 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 and 2005)

**1997** FASSTT agencies receive funding from the Department of Immigration and Multicultural Affairs (DIMA) to establish the national Early Health Assessment and Intervention (EHAI) program under the Integrated Humanitarian Settlement Strategy (IHSS) to provide short term counselling and interventions to refugees soon after their arrival

**1999** FASSTT agencies engaged by DIMA 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 draft national standards to govern all aspects of FASSTT member agencies' work to ensure clients receive the highest standard of service

**2002** FASSTT partners with *JJJ Radio* to mount a nationwide radio appeal to raise over \$400,000 to use in direct service work with our 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 get on with their lives with hope, courage and dignity

**2005** FASSTT agencies receive funding from DHA to develop a set of indicators to evaluate Community Development as a tool for healing and recovery from torture and trauma



### Profiles of FASSTT Agencies

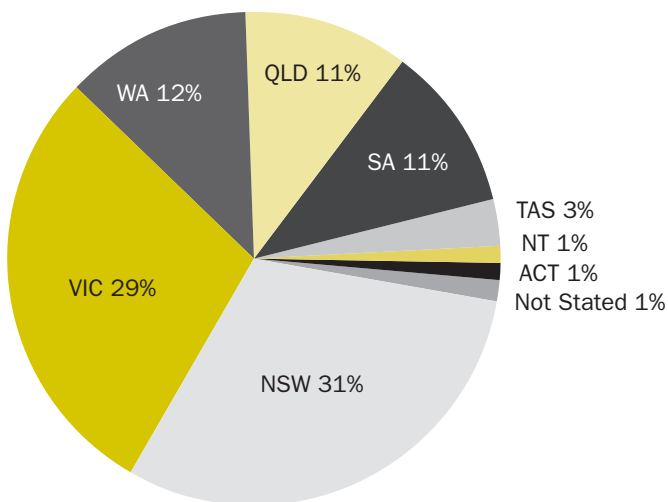
The following pages provide a brief overview of each FASSTT agency and insight into selected programs or client experiences. The size of FASSTT agencies, the number of clients each sees, and their operating budgets (all are not-for-profit) reflect the proportional refugee and

humanitarian intake into each state and territory over the last decade. In 2004/5, 13,332 humanitarian entrants settled in Australia. As Figure 3 shows, NSW and Victoria receive the majority of these entrants (and therefore have the largest torture and trauma agencies seeing the most clients) while the Northern Territory,

the ACT and Tasmania receive the smallest proportions of such settlers (and have respectively sized torture and trauma agencies and client groups). Over the last five years the number of clients who have received FASSTT agency services has more than doubled, with over 11,000 survivors of torture and trauma receiving

services in 2004/5 (see Figure 4). Slightly more men than women receive FASSTT agency services, although this ratio has gradually approached equal proportions over the last five years.

Figure 3: NSW and Victoria receive the largest proportion of Humanitarian Entrants



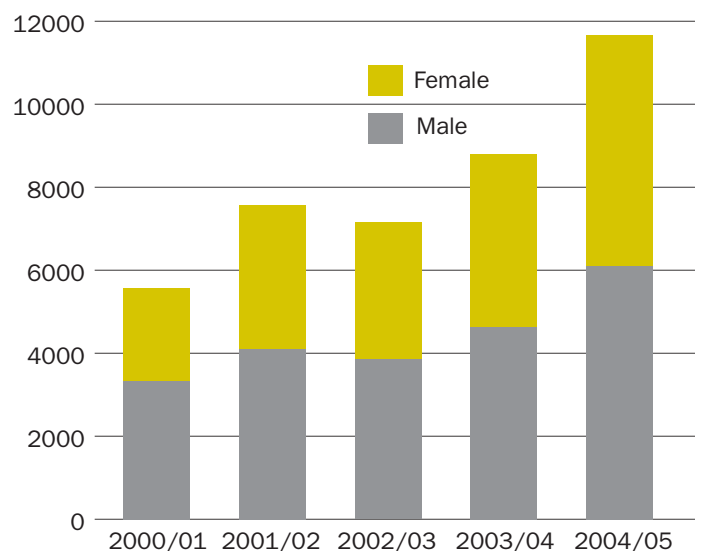
Source: DIMA Settlement Database

Note: These figures are based on DIMA's statistics for 2004/5, however these proportions have been consistent over the past 10 years

### State sanctioned torture is widespread in 106 countries

Source: Amnesty International

Figure 4: Number of FASSTT agency clients more than doubled in five years



Source: FASSTT Agency databases

## ASeTTS (Association for Services to Torture and Trauma Survivors)

- Location: Perth, Western Australia
- Date Established: 1992
- Status: Incorporated NGO

ASeTTS aspires to be a leading organisation of recognised international excellence in:

- the provision and promotion of comprehensive and holistic services to people who have endured torture and trauma resulting from unjust persecution and violent conflict.
- continuous research and development into their needs, and

- service innovation and quality improvement. ASeTTS is a non-profit, independent association managed by a voluntary Board of Management.

In 2004/5, ASeTTS provided direct service and support to approximately 1500 refugees and humanitarian entrants from over 40 countries.

## Selected Key Achievements

**1998** Established and maintained a Multicultural Women's Group

**1999** Provided counselling and casework to East Timorese and Kosovar refugees as part of the Governments' 'Operation Safe Haven'

**2001** Established a client reference group, *United Voices*, of which the Chair is a voting member on the ASeTTS board

**2001** Established a volunteer service, *Project Connect*, which currently has 95 volunteers on its register

**2002** Assisted in the establishment of CASE for Refugees legal service and the WA Refugee Alliance

**2002** Established a client support group program facilitated by paid bicultural workers trained and supervised by ASeTTS staff

**2003** Attained accreditation of the International Rehabilitation Council for Torture (IRCT)

**2003** Supported the early community development of the Liberian, South Sudanese and Sierra Leonean communities in WA

**2003** Co-founded the Western Australian Refugee Health Network (WARHN)

**2003** Established a bicultural home visiting service

**2003/2004** Established a Youth Leadership Program, *Connect 2 Leadership*, a finalist for Best Project with Social Ventures Australia

**2004** Coordinated the settlement of three large Ethiopian groups

**2004/2005** Contributed to a greater understanding of family violence within the African communities in conjunction with the Department of Community Development

**2005** Established a Meri's Group and a Former Yugoslavian Group



### Connect 2 Leadership Youth Volunteer Program

*Connect 2 Leadership* is a youth program developed by ASeTTS to encourage and develop leadership skills in young people. These skills are then used to educate other young people and the wider community about issues of refugees, human rights and diversity. The program has three components: a structured 2-day training program; an ongoing peer-partner program; and the opportunity to perform public speaking roles at venues such as schools and community functions.

Harnessing young people's passion, and developing confidence and the ability to portray what they want to say

are integral components of the training program. Participants learn public speaking and communication skills concurrently with gaining knowledge about relevant social issues. The program also aims to develop trust and understanding between participants so that they can mentor, support and provide feedback to each other. A mixed group of refugee and non-refugee young people encourages deeper understanding of differing backgrounds, experiences and beliefs. It also builds friendships and self-esteem, a nurturing and supportive group culture, and provides excellent representation for community education.

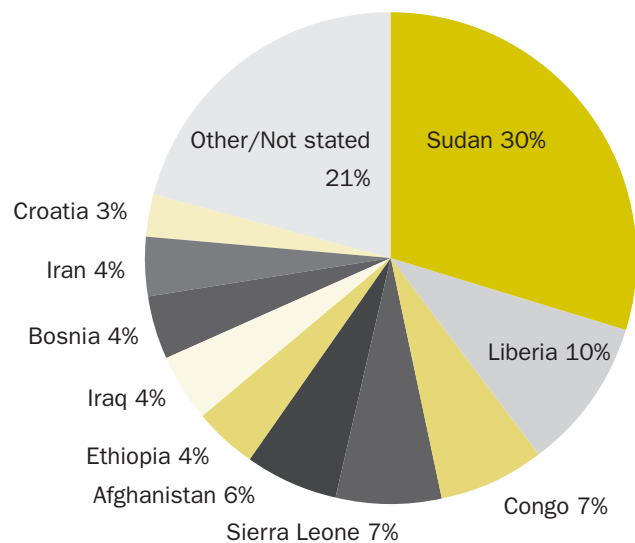
### Project Connect Volunteer Program

ASeTTS has 95 fully trained and active volunteers under its *Project Connect* Volunteer Program. Volunteers are matched either individually with a client as a "community coach" offering one-to-one support, or they assist ASeTTS in other ways such as helping with group programs or providing pro bono services. Volunteers can assist survivors of torture and trauma by providing practical assistance with such things as transport and travel training; by introducing them to appropriate services and activities in their new community; by providing personal support and assistance in building new social supports; by assisting

them to develop informal networks; and by providing friendship. 'Community coaches' are encouraged to build a supportive relationship with their client, over a period of not less than six months.

In cooperation with three other agencies, ASeTTS has produced a comprehensive training manual for volunteers. A volunteer management and recognition system has also been established, including documentation, proformas, policies and procedures. Volunteers are invited to in-house training opportunities and ASeTTS' staff members are also trained to ensure that they understand how to use the skills of volunteers to complement their work and benefit clients.

ASeTTS Clients Countries of Birth 2004/5



### United Voices – ASeTTS Client Reference Group

ASeTTS encourages input and feedback about its services from clients, especially through the ASeTTS' Client Reference Group, United Voices, which was established in 2001. This is an independent group of clients that ASeTTS can refer to and be guided by. The chairperson of United Voices is a member of ASeTTS' Board of Management and reports the group's activities at monthly board meetings. There are eleven members on United Voices who come from various cultures and countries. ASeTTS provided training and support to get the group started and continues to offer ongoing

support, although the group remains autonomous.

In addition to the substantial benefit that the group provides to ASeTTS in providing client input and feedback, United Voices members have noted that membership of the group has also been beneficial to them. They have reported that they have learnt new skills (such as running business meetings, public speaking and research methods); become more assertive, self-confident and able to express their opinions; made new friends and networks; and had an opportunity to help ASeTTS as ASeTTS helps others.

## Companion House

- Location: Canberra, ACT
- Date Established: 1989 (originally named Transact)
- Status: Incorporated NGO

Companion House works with people who have sought refuge in Australia from persecution, torture and war related trauma. We believe people who have survived torture and trauma and human rights violations should have access to services that respect, support and empower them and promote recovery.

Companion House is an independent incorporated association managed by a voluntary board. The agency receives funding from State and Federal Government sources.

In 2004/5 Companion House provided direct service and support to approximately 400 refugees and humanitarian entrants from over 20 countries.

## Selected Key Achievements

**1995** Established on site medical service and health reviews for all new entrants and integrated this with counselling services

**1996** Started dedicated children's Early Intervention Program

**1998** Provided torture and trauma rehabilitation services to Kosovar refugees at Bandiana Safe Haven

**2001** Launched Regional Refugee Health Services Network in Greater Murray and Riverina region

**2003-2005** Expanded community development and capacity building programs including health and nutrition, physical health and parenting programs

**2004** Published and launched *The Sound of Hope*, an anthology of writing from refugee survivors of torture and trauma



### Anghere

Anghere, a primary school-aged girl who had witnessed traumatic and very violent events as a young child in Africa was very silent, had regular nightmares and was afraid of loud noises and groups of people. She was identified as needing assistance through a Companion House school holiday group assessment program with newly arrived children. We talked to Anghere's mother and agreed on a program of counselling for

Anghere and support for her family. She spent a number of terms in play therapy sessions. Her fragmented family was reunited during this time and the counsellor also worked with Anghere to adjust to the change in family structure. In addition, the counsellor also worked closely with Anghere's family on childcare issues. Anghere is now much more expressive and sociable and able to communicate her needs. She has begun to settle into her changed family and do better at school.

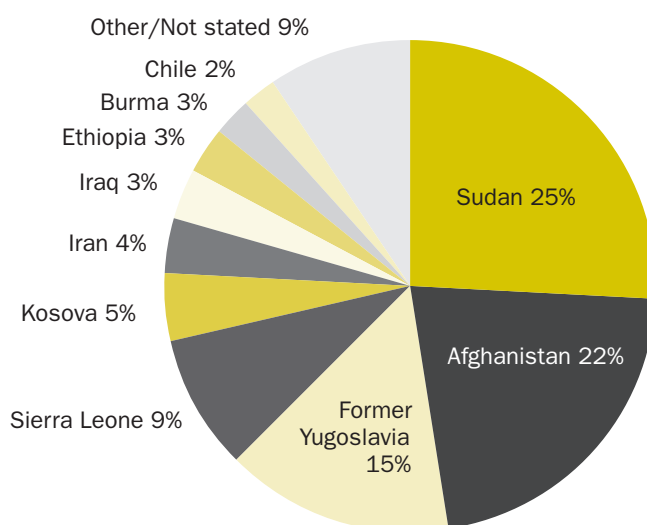
### Cooking and Nutrition Program

Companion House worked closely with two new and emerging African communities on a cooking and nutrition program. The program successfully set out to share and build on nutritional knowledge and strengthen community. Both men and women were targeted for the program and gender specific groups formed. The women's group met regularly to swap recipes and cook together, strengthening ties within and between communities and sharing a range of cooking and nutritional information. The women travelled together to Sydney to look for traditional foodstuffs and cooking implements and had a number of community activities together.

The men were initially resistant to the idea of cooking as it was not culturally acceptable to many of them. However, the group met regularly and helped each other to learn about making cultural transitions in Australia. New friendships and ties were formed within and between communities. The group did eventually learn some recipes and became keen to know more about nutrition. A nutritionist met the group and talked over nutritional issues with them.

As a part of the project the two communities came together for soccer tournaments and dance and food events. People identified that both their own communities and relations between communities were stronger and better connected.

Companion House Clients Countries of Birth 2004/5



## Melaleuca Refugee Centre

- Location: Darwin, Northern Territory
- Date Established: 1996
- Status: Incorporated NGO

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 and Trauma Survivors Service of the NT Incorporated) is a community-controlled, not-for-profit Association operating out of Darwin. The Association was first established in 1996 to cater for the small numbers of

refugees and asylum seekers wanting to settle in the Northern Territory. In 2002, it expanded to include the full range of Integrated Humanitarian Settlement Strategy (IHSS) services including airport reception and housing for newly arrived refugee and humanitarian entrants.

In 2004/5, Melaleuca provided direct service and support to approximately 200 refugees and humanitarian entrants from 14 countries.

## Selected Key Achievements

**1999-2000** Conducted the Sticks and Stones community development program

**2001-2003** Developed and implemented the Strong People Strong Stories community arts project

**2002** Became the central settlement service provider for newly arrived refugees in the Northern Territory by winning responsibility for providing the full range of IHSS services

**2003** Awarded the National Bank Volunteer Award

**2003-2005** Secured funding from the DFACSIA to implement the Families in Cultural Transition program



### Strong People, Strong Stories

Strong People, Strong Stories was a community arts project which brought together young people from refugee backgrounds living in Darwin with indigenous young people from Ngukurr community. Story-telling workshops were held with the young people in each place to tell their personal, community and cultural stories through drawings and writing. A web artist then worked with the young people to create a website which told their stories through images, sound and writing. A textile artist also

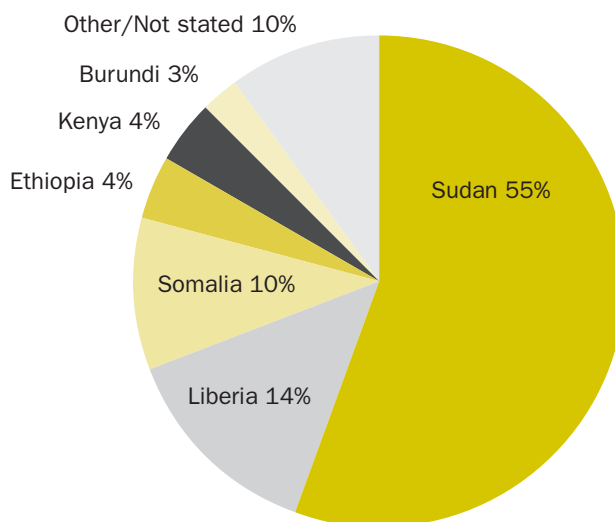
worked with the young people and members of their communities in both places to translate the stories on the website into creative textile art pieces. The aim of the project was to make virtual and real meeting places for people to come together. While the main focus of the project was young people, it expanded to include the broader community in both places, particularly in the creation of the textile art pieces and many more participants than had been planned participated in the project.

### Tiwi Islands Visit

The Girls Senior College of the Xavier Community Education Centre on Bathurst Island, north of Darwin, was completing a project on refugees and approached Melaleuca to invite a young woman from refugee background to visit the school and talk about her experience. A young Somali woman, her baby and a Melaleuca staff member went to the school and were overwhelmed by the students' welcome, understanding and empathy for refugees. The young women had plenty to chat about and

stories to share. The rest of the community also wanted to know more about the African visitors and the Somali young woman was inundated by questions. The visit ended with a song written and performed by the Tiwi young women welcoming refugees to Australia.

Melaleuca Clients Countries of Birth 2004/5



## Phoenix Support Service for Survivors of Torture and Trauma

- Location: Hobart, Tasmania
- Date Established: 1991
- Status: Program of Hobart Migrant Resource Centre (Incorporated NGO)

The Phoenix Centre is a program within the Migrant Resource Centre (Southern Tasmania) in Hobart, and provides services to people who have suffered torture and war related trauma. As part of its mission statement, the MRC undertakes to provide quality services to all migrants in southern Tasmania, with the objective of encouraging participation by migrants in relevant aspects of the

community. Phoenix Centre staff collaborate with other MRC staff to ensure that clients access programs which support their participation in society and their trauma recovery.

Phoenix receives funding from various Federal Government programs.

In 2004/5 Phoenix provided direct service and support to approximately 550 refugees and humanitarian entrants from 20 countries.

## Selected Key Achievements

**1999** Managed the on-site counselling and therapeutic activities for 400 Kosovar refugees housed at the Brighton Barracks as part of the Australian Government's 'Operation Safe Haven'

**2000** Commenced a contract with DIMA to provide early health assessment and short-term torture and trauma counselling to new arrivals

**2001** Began a natural therapies and massage program for clients

**2002** Employed professionally qualified bi-cultural workers as health workers and counsellors located at the Launceston Migrant Resource Centre, allowing integrated state-wide service delivery for torture and trauma counselling

**2003** 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

**2004** 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 bi-cultural workers



### Ali's Story

Ali is a young man from the Middle East. His family belonged to a minority sect, forcing their removal to a neighbouring country where they were ostracised as unwanted aliens. Declared stateless, Ali made many attempts to leave and finally journeyed to South East Asia. Finally, after many years of frightening and humiliating experiences, he arrived in Tasmania.

He contacted the Phoenix Centre because of panic attacks and suicidal ideation following a relationship breakdown. He also reported the trauma symptoms of flashbacks, nightmares and hyper-arousal. He had ten

individual weekly counselling sessions that initially focussed on his grief reaction to the broken relationship, then extended to his grief at losing his family to whom he had been very close. Gradually he talked more openly about his trauma experiences from his many years 'on the run', and engaged in stronger emotional work, achieving resolution on a number of issues. Four months after beginning counselling his panic attacks and trauma symptoms had ceased. Ali is now enjoying and succeeding in his studies, is making new friends and has a positive outlook on life.

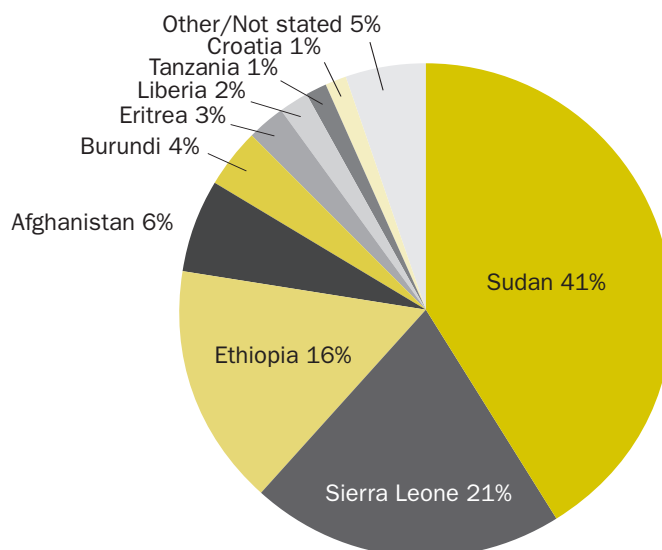
### Music Therapy

The Phoenix Centre uses music therapy for both group and individual interventions when it suits client needs. Using singing and musical instruments, music therapy is a non-verbal approach that is particularly useful when working in mixed-language groups or with clients whose degree of trauma is such that talking about their experiences may be difficult or impossible.

A significant majority of refugees interviewed by a Phoenix Centre researcher identified music as an important coping mechanism during stressful and traumatic times. In 2005 a music therapy group was established of African women from four different countries. The group aimed to give the traumatised women an opportunity for emotional

expression and support and to reduce their sense of isolation. The group shared traditional songs from their cultures and improvised new songs, rhythms and melodies. They sang about their new life in 'cold Tasmania' where they 'need lotta clothes' and 'have to go to school and read lotta words'. They also sang of Tasmania as a 'lovely country, friendly people, good education, good food and very quiet'. The group enabled the women to cross cultural boundaries, express themselves, validate their experiences and appreciate common ground while singing, laughing and drumming together. The group has been re-formed in 2006 with the addition of men (at the women's request) and is being integrated into the program at the local Adult Migrant English Service.

Phoenix Clients  
Countries of Birth 2004/5



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

- Location: Brisbane, Queensland
- Date Established: 1995
- Status: Incorporated NGO

QPASTT's vision is to be recognised for leadership in supporting refugees, especially survivors of torture and trauma, to attain health and well-being through training, individual advocacy, counselling and developmental activities enacted by processes of engagement, capacity-building and connections.

QPASTT is an independent incorporated association managed by a Committee drawn from refugee communities, human rights workers, and health and welfare workers who have experience in providing services to refugees.

In 2004/5, QPASTT provided direct service and support to approximately 1200 refugees and humanitarian entrants from over 20 countries.

### Selected Key Achievements

- 1997-2005** Established outreach programs throughout South East Queensland (south to Logan and Gold Coast, west to Toowoomba and North to Cairns)
- 1998** Established natural therapies as a volunteer-run program (now funded through core funding)
- 2001** Established Queensland Integrated Refugee Community Health Clinic to provide GP service to refugees and asylum seekers
- 2002** Received funding to implement the Personal Support Program (PSP) – a labour market program for people whose torture and trauma experience presents a barrier to accessing employment
- 2003** Established the Sudanese Elders Liaison Committee who are consulted on a range of client issues
- 2004** Established an exercise program for men – beneficial for men for whom counselling and “talking therapies” were of limited effect
- 2005** Received funding from Commonwealth Department of Family and Community Services to develop the POUCH Centre (Promoting Our Unity Culture and Human Rights) – a family unit which will offer family therapy and other whole of family support using trainee bilingual bicultural co-counsellors



### QIRCH (Queensland Integrated Refugee Community Health) Clinic

The QIRCH Clinic evolved to meet the needs of refugees and asylum seekers living in Queensland who were experiencing difficulties in accessing primary health care. Through a network of diverse organisations and individual health professionals with a common interest in refugee health care, an integrated primary health response through a GP clinic was established. Initial funding was provided in 2001 by Queensland Health to employ a part time coordinator. Over the past five years the clinic has expanded and consolidated its commitment to building capacity within the community GP sector.

QIRCH Clinic is auspiced by QPASTT and is supported financially and in kind by numerous partners and 11 volunteer GPs. The QIRCH

model relies on volunteer GPs who provide clinic sessions and donate 50 to 100% of their Medicare earnings to assist the running of the clinic. Community Health nurses coordinate assessments and facilitate referrals. GPs provide short term care and assessment of complex health needs with the view of discharging patients to trained community based GPs in the patient's local area. The training and peer support of both the GPs who volunteer at the clinic and the community based GPs is a main focus of the clinic.

### Children and Young People

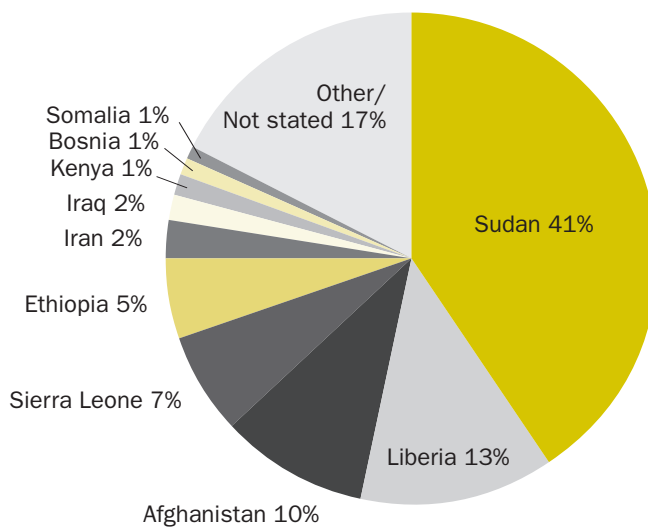
QPASTT has responded to the increase in the proportion of refugee and humanitarian arrivals who are under the age of 20 by prioritising work with children and young people. Thirty per cent of the agency's resources are dedicated to this work which includes:

- individual casework and counselling
- family casework and family support
- working with schools to build community capacity
- working to build the capacity of young people through

leadership camps, peace building initiatives, and holiday programs

- pioneering the homework club approach (noted in DIMIA's client satisfaction survey with recently arrived humanitarian entrants in 2003 as the most helpful family support strategy that they had received.)
- developing a partnership with Flipside Youth Circus to develop communication, cooperation and conflict resolution skills using circus (physical theatre) as a medium

QPASTT Clients Countries of Birth 2004/5



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

- Location: Sydney, NSW
- Date Established: 1987
- Status: Service of NSW Department of Health

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 a specialised service of the NSW Department of Health and is managed by a Committee appointed by the NSW Minister for Health. The Management Committee includes representatives of

human rights organisations, professionals in the field such as psychiatrists, and community positions.

STARTTS' main funding source is the NSW Department of Health, with additional funding from the Federal Government and other sources for specific projects.

In 2004/5 STARTTS provided direct service and support to approximately 2800 refugee and humanitarian entrants from over 70 countries.

### Selected Key Achievements

- 1989 Developed Bi-cultural counsellor model
- 1993 Developed award-winning *Eye of the Needle* documentary and training kit
- 1994 Presented systemic model in service provision at International Society for Health and Human Rights Conference, Tagatay City, Philippines (framework adopted by some services internationally)
- 1996 Awarded International Year of the Family funding for Families in Cultural Transition (FICT) program
- 1996 Officially opened purpose built facility in Carramar
- 1997 Established Regional and Rural outreach program with workers located in Wollongong, Newcastle and Coffs Harbour
- 1999-2000 Awarded commendation for participation in Operation Safe Haven
- 1999 Opened re-furbished office in Auburn
- 1999-2002 Participated in PRADET (Psychosocial Recovery and Development East Timor) as expert torture and trauma rehabilitation service advisers
- 2003 Opened Liverpool office
- 2004 Began Neurotherapy Clinic
- 2005 Officially opened \$1.7 million extension to existing building
- 2005 Established Clinical Master Classes program



### Baby Map

The idea of the Baby Map was originally dreamed up in war-torn Serbia by Mirjana Askovic, now one of STARTTS' psychologists, almost as a defiant statement that life does and must go on, even while surrounded by chaos and destruction.

The Baby Map gives parents graphic and easily accessible information about the developmental stages their babies go through, as well as their needs and requirements at different stages. Told from a baby's perspective, the baby map is an invitation for parents to play with and enjoy their babies more, and to contribute to their healthy development in the process.

STARTTS printed a small run of the Baby Map in English and, as our clients found it very useful and engaging, we entered a partnership with Karitane – a local parentcraft service – and Auburn Migrant Resource Centre Families First Project to also print the resource in Arabic, Vietnamese, Spanish, Serbian, and Bosnian. This makes it possible for it to reach young families from mainstream Australia and from major migrant and refugee communities. The Baby Map comes in an A3 poster-format and a booklet format.

The Baby Map constitutes a great example of a successful multi-sectorial partnership involving two different health service agencies and the community sector.

### Families in Cultural Transition (FICT)

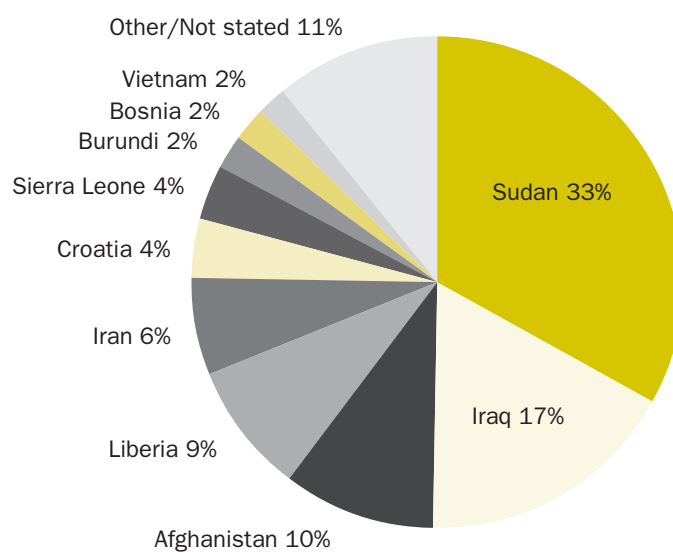
The Families in Cultural Transition (FICT) program is an innovative psychoeducational program developed by STARTTS. It is specifically designed to involve participants in an experiential learning process to prepare them for the challenges of settling in a new country while overcoming the effects of their torture and trauma experiences.

The FICT program supports participants to anticipate and manage their psychosocial settlement needs and changing family dynamics during their period of cultural transition into Australia. It enables participants to recognise the differing perspectives that family members may develop in Australia in response to their

new surroundings and interaction with a new culture. Participants are also able to develop an appreciation of the ideas behind Australian society and institutions in order to know their rights and ensure that these rights are upheld.

The FICT Program centres on a Resource Kit that provides group facilitators with a comprehensive package of materials to run the 10 x 3 hour sessions in the complete program, 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. FICT employs refugees as bi-cultural facilitators to deliver the modules to their respective communities.

STARTTS Clients Countries of Birth 2004/5



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

- Location: Adelaide, South Australia
- Date Established: 1991
- Status: Incorporated NGO

STTARS' mission is to provide support and counselling to survivors of torture and trauma and to advocate for the abolition of torture and other human rights abuses worldwide. To achieve this STTARS provides a range of services including counselling, community development, natural therapies and group work.

STTARS is a non-government, not for profit organisation with no political or religious affiliations that is managed by a voluntary board.

In 2004/5, STTARS provided direct service and support to approximately 2000 refugees and humanitarian entrants from over 20 countries.

### Selected Key Achievements

- 1991 Incorporated and moved into own premises
- 1992 Became a founding member of FASSTT
- 1995 Began a natural therapies and massage program with a paid therapist/coordinator
- 1997 Published Australia's first refugee health handbook in partnership with the Adelaide Western Division of GP's, *Torture and Trauma and Refugee Health – A GP Reference Manual* as a resource for doctors and allied health practitioners
- 1999 Provided on-site counselling and other supports for Kosovar refugees housed at the Hampstead Barracks as part of the Australian Government's 'Operation Safe Haven'
- 2001 Commenced a contract with DIMIA to provide early health assessment and short-term torture and trauma counselling to new arrivals
- 2002 Became a founding member of the South Australian Refugee Health Network
- 2002 Founding member of the 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 Employed a part time counsellor/advocate to provide group and one-to-one support to Temporary Protection Visa holders.
- 2005 Employed a dedicated Community Development Worker
- 2005 Employed a dedicated children's counsellor and 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



### African Boys Cooking Classes

Every Saturday morning for the past two years a group of young African men and boys have gathered in Adelaide to meet with Ayen, a STTARS worker, and her cousin Nyiel. They all head off to the Central Market where they decide on the menu for the day and buy the ingredients. Once back at a kitchen in a local church hall, Ayen and Nyiel give everyone jobs to do — chopping and peeling and stirring — and eventually all sit down to share a meal together.

On the surface, this group of young people is simply participating in a fun social activity. But in terms of the positive effects on their lives, the value of these classes goes far deeper. The community kitchen not only provides a venue for teaching basic nutrition, budgeting, food preparation and other valuable skills, it is also a place where

young people gather and form friendships, share stories and support each other as they make the challenging transition to life in Australia.

Not only does the cooking class assist in reducing isolation and developing self confidence and self reliance, it also serves as a relaxed environment through which other needs can be identified. The development of a trusting relationship between participants and the STARRS workers provides an opportunity for informal education on mental health issues and encourages disclosure and help-seeking which otherwise may not occur. Workers can identify any emerging mental illness and facilitate appropriate referrals to counsellors, doctors and other services.

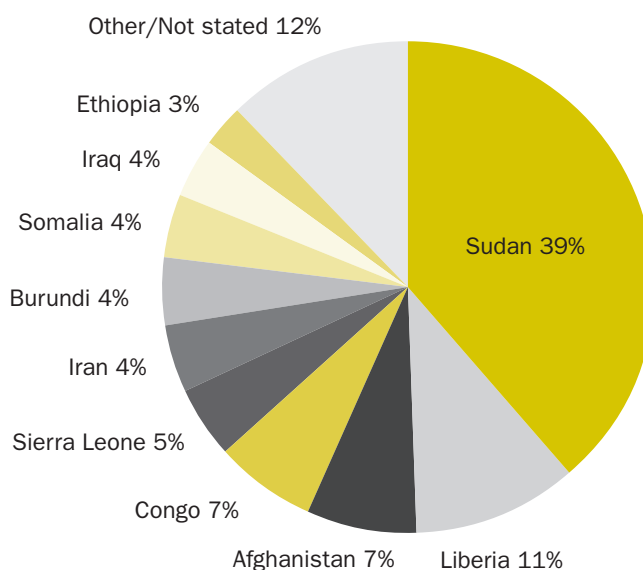
### Sayed's Story

At the age of 14 Sayeed, a young Kurdish man who had been living with his family, went to join the guerrilla fighters living in the mountains. When he was 17 government forces captured and imprisoned him and subjected him to psychological and physical torture including anal rape with an instrument. After he escaped he fled to Australia where he was placed in a detention centre for three years before being released on a Temporary Protection Visa.

Sayed contacted STTARS because he was anxious about delays in processing his application for permanent residency. He was having significant difficulties concentrating and was being woken several times each night by nightmares. He reported

feeling that the pressure was just too much and he was having thoughts of suicide. STTARS provided Sayeed with counselling, remedial massage and weekly support through a group for men in similar circumstances. STTARS also facilitated his admission to hospital and public mental health services when this was required and advocated on his behalf to DIMA for a swift resolution to his visa application. After more than a year of intensive support Sayeed now has a visa and is elated about the prospect of seeing his family again. STTARS will continue to offer him support on a less intensive basis as Sayeed learns to overcome the long term effects of the traumatic events he has experienced.

STTARS Clients Countries of Birth 2004/5



## VFST (Victorian Foundation for Survivors of Torture)

- Location: Melbourne, Victoria
- Date Established: 1987
- Status: Incorporated NGO

The Victorian Foundation for Survivors of Torture (Foundation House) was incorporated in 1987 to meet the needs of people in Victoria who were subject to torture or trauma in their country of origin or while fleeing those countries. It is non-denominational, politically neutral and non-aligned.

Foundation House is constituted as a non-profit organisation managed by an elected committee of management. While many of its innovative programs are funded by charitable trusts and private donations, its core funding is provided by the Victorian Department of Human Services and the Commonwealth Department of Health and Ageing. The Department of Immigration and Multicultural

Affairs also make a substantial contribution to Foundation House's funding base. Foundation House provides direct services to survivors of torture and trauma in the form of counselling, advocacy, family support, group work, psycho-education, information sessions and complementary therapies.

With primary sites at Brunswick and Dandenong (in Melbourne's inner north and south east respectively), Foundation House also provides programs on an outreach basis across Melbourne's suburbs as well as in regional Victoria.

In 2004/5, Foundation House provided direct service and support to approximately 3000 refugees and humanitarian entrants from over 50 countries.

## Selected Key Achievements

**1995** Piloted the first systematic model of community based early health intervention services for newly arrived refugees. This was awarded a Public Health Association award for excellence in public health practice and the model is now a central component of the IHSS.

**1996** VFST's Family Support Program was selected by the Commonwealth Department of Human Services and Health as one of 13 exemplary approaches to working with families in the International Year of the Family publication, *Family Friendly Services*

**1997** Received a Victorian Public Health Award for significant contribution to public health

**1998** Received high commendation from Public Health Association for providing resources and training to doctors in collaboration with Western Melbourne Division of General Practice

**1998** Published hallmark model for working with survivors of torture and trauma — *Rebuilding Shattered Lives*

**1999** Received commendation for development and provision of on-site mental health services for Kosovar and East Timorese refugees housed at Puckapunyal and Portsea during the Australian Government's 'Operation Safe Haven'

**1999** Contracted by AusAID to provide trauma counselling and support to UN personnel stationed in Dili and the surrounding areas as part of the United Nations Mission in East Timor (UNAMET)

**2000** Received award for Innovation and Excellence in Primary Health Care

**2000** Received Victorian Public Health Award for Food and Nutrition Project for Recent Arrivals from Refugee Backgrounds

**2001** Published *Refugee Resettlement: An International Handbook to Guide Reception and Integration* in partnership with the United Nations High Commissioner for Refugees

**2002** Received high commendation for *Off to a Healthy Start* – research work in collaboration with Deakin University to identify factors that promote social connectedness, health and wellbeing for refugee youth

**2004** Established the Refugee Mental Health Clinic

**2004** Published a recommended Refugee Health Strategy for Victoria that was subsequently adopted by the Victorian Government

**2005** Moved in to new purpose-designed building constructed by the Victorian State Government



### School Based Project

Foundation House receives funding from a range of government and philanthropic organisations to develop and implement a School Based Project. This project builds on the Foundation’s direct service, by assisting schools to develop their capacity to support refugee children and young people. Developmental programs have been piloted in a range of schools, and later documented as a manual for assisting schools to assess their refugee readiness and identify additional strategies. As a result of the project, the resource *School’s In for Refugees – Whole-School Guide*

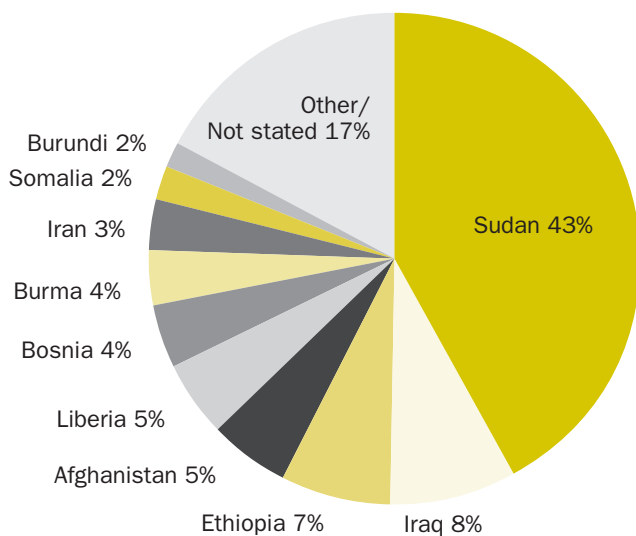
*to Refugee Readiness* has been made available on Foundation House’s website, along with teaching resources *Taking Action – Human Rights and Refugee Issues* and *HealthWise – Health Literacy Teaching Resource for Refugees and Other ESL Students*. Further group work has been developed to complement existing group programs, and a program for adolescents in a whole classroom context has been piloted at three secondary schools in partnership with a child and adolescent mental health service.

### Refugee Mental Health Project

This project is conducted in partnership with the Victorian Transcultural Psychiatry Unit, establishing both a Refugee Mental Health Clinic and a network of private mental health practitioners. The Refugee Mental Health project was initiated to address barriers encountered by refugees in accessing mental health services, including long waiting periods, shortage of clinicians with cross-cultural expertise, limited use of interpreters, and fees. By the end of the project’s first year, 64 clients had attended the Clinic established at Foundation

House’s offices. Five psychiatrists and a GP specialising in the mental health of refugees provided approximately 40 hours of service to the Clinic each month, and the success of the first clinic led to the opening of an additional smaller clinic. Psychiatrists and VFST counsellor-advocates worked closely together to coordinate case management, and a year end evaluation suggested that the service had a very positive impact on the majority of clients attending the Clinics. The two Mental Health Clinics continue to operate as one component of the suite of direct services offered by VFST.

VFST Clients Countries of Birth 2004/5



### Community Development Program with South Sudanese Community

In January 2004, Foundation House undertook a CD program with the initial aim of identifying a refugee community with which to undertake a pilot project. South Sudanese people living in the Brimbank area West of Melbourne were identified as a focus for a pilot project. This group were selected for a number of reasons including the size and structure of the newly arrived community and the absence of existing programs aimed specifically at South Sudanese communities. VFST staff worked to support 30 Sudanese community

leaders and elders as they worked together through a facilitated process to shape the direction of the pilot. From their initial discussions emerged a complex picture of recovery and settlement concerns, influences and issues. Subsequent weekend planning sessions during 2005 aimed to identify the major issues for the community within each of three topic areas — education, parenting and trauma — and community strategies to address these issues. Foundation House’s ongoing role is to support these processes and assist the community to implement the strategies they themselves have developed.

## PASTT

The Program of Assistance for Survivors of Torture and Trauma (PASTT), funded by the Commonwealth Department of Health and Ageing (DHA), contributes to the provision of longer-term interventions for survivors of torture and trauma with complex needs. In addition, PASTT funding is used by FASSTT agencies, in conjunction with funding from other sources, to support a range of activities such as training of health service providers, secondary consultations, community development and service infrastructure.

With the exception of Melaleuca (Northern Territory) and the Phoenix Centre (Tasmania), FASSTT member agencies also receive funding from state government

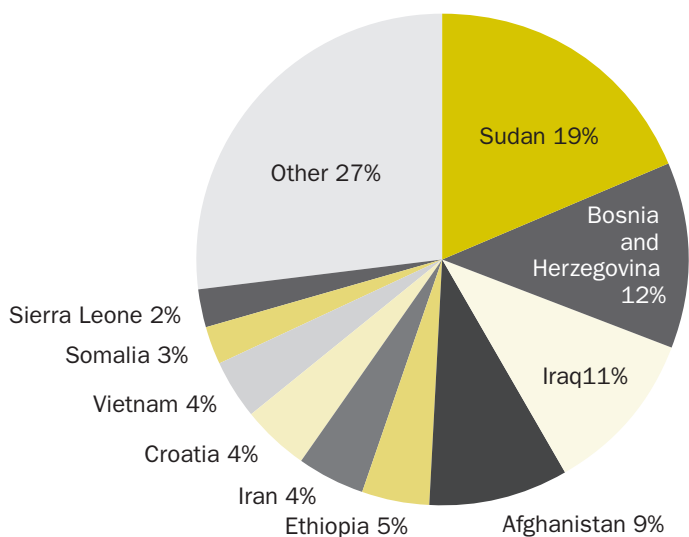
departments of health/human services for provision of direct services to survivors. The statistics presented in this section refer only to clients who have received services using PASTT funding and should not be read as representing all refugee survivors of torture and trauma who require longer term assistance.

In 2004/5, 1534 people received direct services funded by PASTT, with just over half (53%) being male. Nearly all of these clients were located in metropolitan areas, with only 2% living in rural/regional areas. They came from over 40 countries, reflecting the diversity of and changes to Australia's humanitarian intake over the last few decades (see Figure 5 for top 10 countries of birth).

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 Refugee and Humanitarian Program). As Figure 6 demonstrates, some clients' need for longer term intervention in response to their experiences of torture and/or trauma becomes apparent 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 torture and trauma experience once their immediate settlement needs (such as housing, employment, learning English) are resolved. For these reasons, there is a spread of settlement periods before clients receive PASTT services.

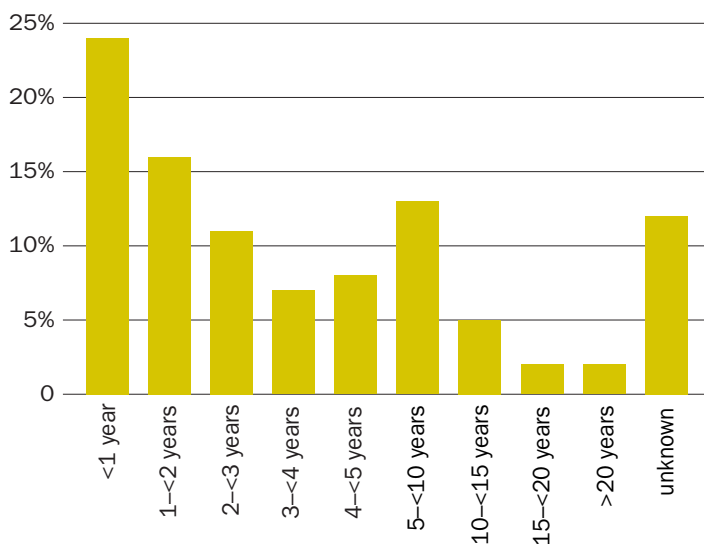
Clients needing longer term interventions are referred to FASSTT agencies from numerous sources (see Figure 7). This reflects the networks and partnerships that FASSTT agencies have established as well as the value-adding that different programs within FASSTT agencies (such as early intervention programs funded by DIMA) can bring to PASTT. A significant number of PASTT clients (1 in 5) were referred from other programs within FASSTT agencies. A similar proportion (17%) referred themselves. In many cases this would be because of their familiarity with FASSTT agencies through early intervention programs in the initial stages of their settlement or through community development work undertaken by FASSTT agencies.

Figure 5: PASTT clients come from diverse countries of origin



(Note: Figures are for 2004/5)  
Source: FASSTT agency databases

Figure 6: PASTT provides service at any time after arrival in Australia



(Note: Figures are for 2004/5)  
Source: FASSTT agency databases

Clients receiving PASTT services present with a variety of needs and levels of psychological functioning (see Table 1). In responding to these needs, FASSTT agencies are able to use PASTT funding to provide a range of interventions including:

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

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

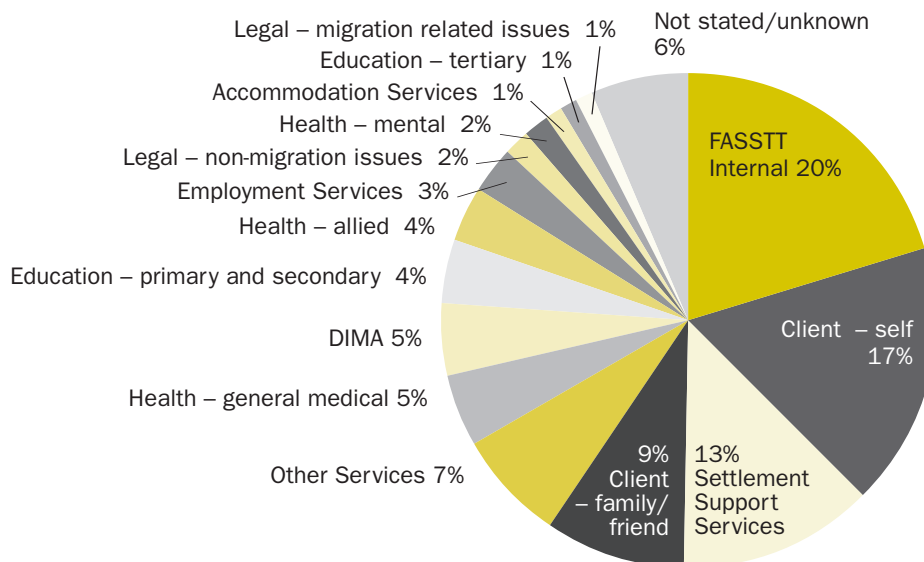
### Marko

Marko, a Serbian in his late thirties, was referred to a FASSTT agency soon after his arrival in Australia. He presented with severe symptoms of post traumatic stress disorder (PTSD). Marko had been a prisoner of war for three months during which time he was tortured daily by means of beatings, threats of execution and threats to execute his family. He began to experience symptoms of PTSD: chronic depression, dissociation, a deep sense of anxiety, horrific nightmares, and intense intrusive memories.

When he first attended his local FASSTT agency, Marko was detached from reality, disoriented, isolated and highly dysfunctional in most practical matters. He suffered painful headaches, pain and tension in his shoulders, chest, neck and back, as well as dizziness, sweating, and shaking. His FASSTT worker assessed that Marko was at risk of suicide and he required monitoring and treatment. Marko received counselling, visited an in-house GP and consultant psychiatrist, had physiotherapy and a participated in a FASSTT-run Personal Support Programme to help overcome barriers to employment.

Marko’s suicide risk is now reduced to the level of occasional pessimistic thoughts. Trust and safety are well established and Marko can now talk openly about his past. He is less detached and more connected to others. His physical pain has reduced significantly in both frequency and intensity. His nightmares are less frequent. Marko will need further assistance to reduce his isolation, further re-connect with his wife and children, and regain a sense enjoyment in his life – assistance that a FASSTT agency will continue to provide.

Figure 7: There are many pathways into PASTT



(Note: Figures are for 2004/5)

Source: FASSTT agency databases

## Ali's Story

Ali is a 34 year old Afghan man of Hazara ethnicity. He self-referred to a FASSTT agency following an information session. He had been released from an Immigration Detention centre the previous week, having spent seven months in detention. He left Afghanistan three months before reaching Australian shores. Ali had lived under the Taliban rule. He lost his left leg in a land mine accident eight years ago and has been wearing the same prosthesis for 7 years. The prosthesis was ill-fitting and beginning to develop cracks and holes. It caused pain, irritation and swelling on the stump of Ali's leg. He was keen to find a job but the pain made it hard for him to get around. He presented as isolated and suffering from sleep disturbance, concentration difficulties, feelings of guilt and fearfulness for his own and his family's future. The FASSTT worker identified a local GP who would be sensitive to refugee issues, bulk-billed and provided telephone interpreters. This was possible because of the GP networks established through a FASSTT project. The GP referred Ali for x-rays and to the state limb service. As a result of advocacy by the FASSTT agency, Ali was given an appointment for measuring and casting in three weeks, rather than having to wait the standard five months. He was also referred to a physiotherapist specialising in amputees. Ali is now able to go to English classes at TAFE as well as hold down a casual factory job. His sleeplessness has also improved.

Table 1: PASTT clients experience a range of reactions to torture and trauma: Psychological functioning of PASTT adult clients 2004/5

	Severe	Moderate	Mild	Total
<b>Grief</b>	30%	27%	18%	76%
<b>Hopelessness</b>	25%	34%	18%	77%
<b>Depressive symptoms*</b>	29%	30%	19%	78%
<b>Worrying</b>	34%	37%	15%	86%
<b>Tension</b>	34%	35%	16%	85%
<b>Anxiety symptoms*</b>	28%	36%	15%	79%
<b>Re-experiencing trauma*</b>	24%	30%	14%	68%
<b>Numbing symptoms*</b>	16%	20%	12%	48%
<b>Over-arousal symptoms*</b>	23%	19%	11%	53%
<b>Sleep disturbance</b>	34%	28%	12%	74%
<b>Disturbed concentration</b>	24%	35%	11%	71%
<b>Social withdrawal</b>	15%	22%	21%	59%
<b>Guilt</b>	21%	8%	13%	41%
<b>Substance abuse</b>	3%	5%	2%	10%
<b>Anger/aggressive behaviour</b>	5%	9%	6%	21%
<b>Psychotic symptoms</b>	1%	2%	2%	5%
<b>Suspiciousness</b>	17%	10%	21%	47%
<b>Eating disturbance</b>	8%	6%	11%	24%
<b>Daily task impairment</b>	20%	20%	27%	67%
<b>Psychosomatic symptoms</b>	15%	11%	6%	32%
<b>Suicidal ideation</b>	3%	5%	11%	19%

\* These are symptom clusters. A number of symptoms need to be present to qualify as a symptom cluster.

Source: VFST Database

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*A Guide to Working With Young People who are Refugees*, Melbourne, VFST Inc., 1996 & 2000

*Rebuilding Shattered Lives*, Melbourne, VFST Inc., 1998

*Easing the Transition*, Melbourne, VFST Inc., 2000

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*Taking Action — Human Rights and Refugee Issues Teaching Resource*, Melbourne, VFST Inc., 2004

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## FASSTT Members



### ACT

#### Companion House

41 Fairfax St  
O'Connor ACT 2602  
[www.companionhouse.org.au](http://www.companionhouse.org.au)  
T 02 6247 7227  
F 02 6247 1416  
E [info@companionhouse.org.au](mailto:info@companionhouse.org.au)



### SA

#### STTARS

Survivors of Torture and Trauma  
Assistance and Rehabilitation  
Service  
12 Hawker St  
Bowden SA 5007  
T 08 8346 5433  
F 08 8346 5755  
E [sttars@sttars.org.au](mailto:sttars@sttars.org.au)



**STARTTS**

### NSW

#### STARTTS

Service for the Treatment and  
Rehabilitation of Torture and  
Trauma Survivors  
PO Box 203  
Fairfield NSW 2165  
[www.startts.org](http://www.startts.org)  
T 02 9794 1900  
F 02 9794 1910  
E [startts@swhs.nsw.gov.au](mailto:startts@swhs.nsw.gov.au)



**PHOENIX  
CENTRE**  
Support for Survivors of  
Torture & Trauma

### TAS

#### Phoenix Support Service

for Survivors of Torture and  
Trauma  
49 Molle St  
Hobart TAS 7000  
T 03 6234 9411  
F 03 6231 1264  
E [phoenix@mrchobart.org.au](mailto:phoenix@mrchobart.org.au)



### NT

#### Melaleuca Refugee Centre

PO Box 1226  
Nightcliff NT 0814  
T 08 8985 3311  
F 08 8985 3322  
E [admin@melaleuca.org.au](mailto:admin@melaleuca.org.au)



**Foundation  
House**

### VIC

#### VFST

Victorian Foundation for  
Survivors of Torture  
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### QLD

#### QPASTT

Queensland Program of  
Assistance to Survivors of Torture  
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PO Box 6254  
Fairfield QLD 4103  
T 07 3391 6677  
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E [admin@qpastt.org.au](mailto:admin@qpastt.org.au)



**ASeTTS**  
Assisting Torture  
and Trauma Survivors

### WA

#### ASeTTS

Association for Services  
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