Children, women and families from migrant and refugee backgrounds – an annotated bibliography

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Purpose

This Annotated Bibliography provides background information and evidence to support the accompanying publication *Developing multicultural indicators of wellbeing for children, women and families: Multicultural Issues Paper May 2015*. The intent of these publications is to reinforce the need to develop program responses based on research and evidence. The document presents research and evidence that informs programs in child development, child protection, family support, community support and domestic violence. The key themes which emerged from a review of the literature include:

- Displacement, dislocation and trauma impact significantly on migrant and refugee family wellbeing and resettlement
- Parenting practices of migrant and refugee families from collectivist cultures are not valued
- Experience of violence through civil strife, displacement and the resettlement process has significant implications for the mental health of migrant and refugee women
- Changes to the role and status of men in the family occurs as a result of homeland civil strife, displacement and resettlement
- An ecological framework provides a useful way to consider risk and protective factors in relation to children and women’s safety and family wellbeing.

Background

One in five Queenslanders are born overseas, more than a third are either overseas born or have at least one parent born overseas. Queenslanders speak more than 220 languages and approximately one in 10 speaks a language other than English.

As a western democracy receiving significant numbers of humanitarian settlers, Australia can expect that dominant cultural values and systems will be challenged. Queensland receives between 10 per cent and 13 per cent of humanitarian settlers from non-English speaking countries to Australia. From 2011 to June 2014, Queensland received almost 7000 new humanitarian entrants (Department of Immigration and Border Protection 2014).

A review of the literature on multicultural issues in child protection, family support and domestic violence in Queensland highlights the very limited data and consequent limited knowledge available on the participation rates and experiences of and outcomes for non-English speaking background children, women and families.

It is important to acknowledge these data and information gaps and to actively seek and source evidence to inform future policy and practice. Research in this area of policy and practice is now growing as government authorities and research bodies respond to emerging cross-cultural issues across Australia.
Effects of resettlement on refugee families

Fisher, C, 2013, Changed and Changing Gender and Family Roles and Domestic Violence in African Refugee Background Communities Post-Settlement in Perth, Australia, (Violence Against Women, 19(7), 833-847)

The importance of understanding experiences of domestic violence within the context of cultural transition is highlighted in this article. This study focuses on domestic violence in five African refugee background communities post settlement in Perth. It considers the inter-relationship between experiences of domestic violence, and changed and changing gender roles and responsibilities. Three key dimensions of this inter-relationship are discussed:

- Male loss of breadwinner role and status
- Financial independence
- Mismatch between formal response and expectations.

The impact of Western legal and social systems on changed and changing gender and family roles was dominant in the discussions with study participants. Most notably was the role of Centrelink which provided social security benefits to families to assist with the cost of raising children directly to the bank accounts of the women. This was a cause of great angst for many men in the study as it was seen as undermining and usurping their provider role and handing it to women. The tension that this created as men struggled to retain their traditional role and status was seen as manifesting in domestic violence in many families.

From the data, it appears that complex dynamics are occurring in families around the receipt of Centrelink payments. For many women, this was the first time in their lives that they have had access to money and they may not want to give it to the man. The situation becomes more complicated if one of the partners obtains employment and the other loses Centrelink money, and/or the children reach the age of 16 and are eligible to receive their own payments. For many who came from countries that did not have welfare security systems, the Western system is alien.

In addition, the Western legal system (police and judiciary) and social support systems that respond on behalf of the victims of domestic violence were likewise seen as complicit in changing gender and family roles. The Australian response to domestic violence is very different from the response, or nonresponse, most were familiar with prior to settlement in Australia. However, not all participants considered the impact of the legal and social systems negatively.

The study concludes that the challenge for service providers is to ensure that their services are culturally relevant and secure, that locally recruited staff are aware of the context of women’s lives prior to settlement, and that staff have the skills and knowledge to understand domestic violence within the context of cultural transition.


This study examines the situation of Burundian men and women in camps in Tanzania and argues that poor socio-psychological wellbeing actually explains the manifestations of violence against women in refugee camps. The study illustrates how the loss of control over their lives in refugee camps affected men who experienced socio-psychological crisis that took the form of a gender identity crisis, and led to refugee men engaging in gender-based violence. The paper puts forward the case for greater focus on and investment in addressing the socio-psycho needs for identity of individuals especially in regards to the individual’s need for recognition, participation and autonomy.
The paper provides a detailed analysis of life in the refugee camp for Burundians and outlines a range of strategies for addressing socio-psychological issues for life in the camp and post camp settlement. While most of the recommended actions are directed to aid agencies working in refugee camps, settlement services in new countries of Burundian resettlement will find this information critical to their planning and staff training.


This paper finds that family separation has pervasive impacts on the wellbeing of the participants and on their capacity to participate and direct their own futures. Family separation is found to be a barrier to settlement and therefore a crucial consideration for the design and provision of settlement services to people with refugee backgrounds. Few studies have explored the relationship between family separation and settlement, thus the significance of this study. The aim of the study was to explore the impacts of family separation on the settlement of refugees in metropolitan Melbourne, Australia. Participants were from Sudanese, Afghan and Karen communities. Findings highlighted the impacts of family separation in the following ways:

- All participants worried about family left overseas and their safety
- Participants attributed insomnia and nightmares to the worry about families left overseas
- Participants experienced poor concentration as a result of traumatic experiences with deleterious effects for study, training and work
- Participants used the language of guilt to explain the cognitive or emotional experience of family separation
- Many participants experienced a persistent state of depression and ongoing physical problems which they associated with family separation
- Participants reported that between 16 and 65 per cent of their monthly income is sent back to family overseas leaving them in considerable financial strain.

Family separation is a typical feature of refugee families living in Australia and it manifests in a number of biomedical forms and impacts on many domains of their life and ultimately on the degree of their social inclusion.

Vulnerability and mental health of refugee children/minors

Cameron, G, Frydenberg, E, Jackson, A, 2011, *Young refugees in Australia: Perspectives from policy, practice and research*, (Children Australia, 36(2), 46-55)

By reviewing international and local research and applying it to the Australian policy context, the article highlights how evidence-based practices for young refugees in Australia are lacking. Risk and protective factors for young refugees are discussed in relation to possible avenues of intervention. In particular, unaccompanied refugee minors are seen as at highest risk of social exclusion and mental illness.

It has only been in recent years that research has begun to take more of an interest in unaccompanied children and young people’s experiences of home care. Australia however has a paucity of research evidence in this area and has focused its attention on children in detention.

Young refugees typically must cope with stresses that relate to their past, present and future. It is important to understand how they cope and what they find to be useful strategies for
managing such stresses. Cultural, linguistic and religious differences are likely to impact on how young refugees cope with stress. Different coping strategies are used during different stages of the refugee journey.


This article presents information that reinforces that, for this group, exposure to violence has been shown to be a key risk factor for mental health. Stable settlement and social support in the host country has been shown to have a positive effect on the child’s psychological functioning. Children and adolescents who flee persecution and re-settle in high-income countries often endure great physical and mental challenges during displacement, and suffer continuing hardships after arrival.

The process of sociocultural adaptation is shown to be gradual. Refugees integrate to different extents within the host community. Children with disrupted or minimal school education are suddenly immersed in new education systems. Racial discrimination and bullying, exacerbated by policies to accommodate asylum seekers in already impoverished and disadvantaged areas, are widespread. Immigration policies for dispersal and detention can negatively affect refugees’ attempts to settle in their host community.

In this review, the authors draw attention to the specific risk and protective factors that affect the psychological wellbeing of children. The authors provide detailed discussion of risk and protective factors in the following areas:

- effects of displacement
- exposure to violence
- physical, psychological or developmental disorders
- family bereavement
- parental ill-health
- household economic and financial stress
- parental education
- social and community integration
- ideological and religious contexts
- ethnic origin
- resettlement location
- time since displacement
- immigration process.

The evidence lends support to the idea of spirals of loss and to the cumulative adversities that worsen health outcomes. The most harmful pathways are those that involve exposure to violence for both behavioural and emotional mental health outcomes. The study concludes that professionals need to assess the multiplicity of ongoing challenges to the wellbeing of refugees.

Huemer, J, et al, 2009, Mental health issues in unaccompanied refugee minors, (Child and Adolescent Psychiatry and Mental Health, 3(13),)

This study recognises that unaccompanied refugee minors are a particularly hard to reach but vulnerable population group. Considerable literature has emphasised the assessment of post-traumatic stress disorder symptoms in this group. The vulnerability of the group is evidenced by the group’s mental health status. This United States (US) study indicates that while six per cent of refugee children with families have witnessed the killing of parents, living on the streets or being kidnapped and living with rebels, this compared to 25 per cent
of unaccompanied refugee minors. Sixty-three per cent of unaccompanied refugee minors were more likely to have experienced four or more traumatic events compared to 16 per cent of refugee children and adolescents with families. Unaccompanied refugee minors showed a significantly higher prevalence of depressive disorder, borderline personality disorder and psychosis when being compared to minors with families.

This study concludes that there is a need to broaden the perspective by integrating models of coping with stress, personality profiles, long term outcomes, resilience and the examination of the full range of psychopathology in this vulnerable population group. The authors reference the study by Goodman (2004) which identifies four key themes in coping strategies:

- Collectivity and the communal self - the adolescents described themselves as part of the group of refugees and stressed the importance of mutual support to endure their situation
- Suppression and distraction - these defence mechanisms were described as a means to forget about the stressful past - their narratives of past events were told with little detail and little emotion
- Creating meaning - the idea that God is in power and that God's will is predominant in deciding about your life and dying was present in most of the stories
- Emerging from hopelessness to hope - youth in the study contrasted the stressful past with the prospect of a more fortunate life in the future.


This article provides an overview of how the Australian refugee program worked in 2012 and addressed who was subject to mandatory detention at that time. The focus of the paper is the concern for the health and wellbeing of children residing in both immigration detention centres and in community detention. It notes that children within the detention network have no clear child protection system governing their safety and that staff members working in the detention network have limited understanding of child protection issues. The paper provides specific attention to the case of unaccompanied minors for whom the legal guardian is the Minister for Immigration. The authors raise the question of whether a person can act in the child's best interests as their guardian while at the same time being responsible for implementing the policy of mandatory detention. Contracted providers place unaccompanied minors in residential or foster care arrangements. In reviewing the US experience of foster care for unaccompanied humanitarian minors, the authors noted positive outcomes indicating that after 12 to 18 months, 95 per cent were attending school and felt supported, despite extreme exposure to war related displacement. This article puts forward a number of recommendations for health professionals working with refugee children and young people.

Cross-cultural issues in child protection

Kaur, J, 2012, Developing culturally sensitive practice when working with CaLD communities in child protection- an Australian Exploratory study, (Developing Practice Issue, 23, 23-34)

Studies of Queensland child protection services examined assessment frameworks and cultural competency in working with culturally and linguistically diverse (CALD) families. The study of 66 caseworkers identified a number of key concerns when working with CALD communities including: lack of preparedness; limited knowledge on various groups and
diverse child rearing practices; lack of suitable training and limited use of interpreters when conducting assessments.


Kaur’s national literature review also highlighted Queensland studies, including a study of child protection service responses for culturally diverse communities (Babacan, 2006) which found that there is a need: to define child protection across cultures; for community awareness and education programs on child protection issues; for further research into risk of harm for CALD communities; for appropriate data collection which records language, ethnicity and religion; for practice frameworks that are culturally sensitive; to develop specialised cultural competence training; to develop Out of Home Care and Kinship protocols and guidelines for CALD children and families; and to develop appropriate service delivery models which target CALD communities.

Raman, S, Hodes, D, 2012, Cultural issues in child maltreatment, (Journal of Paediatrics and Child Health, 48, 30-37)

The impetus for this study lies in the fact that health professionals working with CALD children often find themselves with the challenge of exploring and resolving the tension between definitions of harm in child protection practice and various cultural and child-rearing practices. The authors set out ways of thinking about the influence of culture when approaching and dealing with suspicion of child maltreatment. The paper includes a number of case studies and their related case formulations. They put forward a model for cultural competency in child health and child protection that incorporates the four domains of advocacy and action - individual, professional, organisational and systemic.

The model put forward is drawn from the National Health and Medical Research Council (NHMRC) Cultural Competency Health Toolkit, which is a practical model for cultural competency that urges organisations to ensure that practitioners and clinicians are surrounded by trained professionals who see the issues in a cultural context. The model highlights that for the individual practitioner cultural competency is about self-reflexive practice and not assumptions or generalisations.

The authors emphasise that there are special challenges in working in the field of child abuse and neglect, as all the work involves working across disciplines and agencies. Support for work in this area is provided by the Royal College of Paediatrics and Child Health in the Child Protection Reader which offers a section on ethnicity and cultural perspectives (2007).


Very little is known about the refugee parenting experience during pre-settlement contexts. The research results presented in this article are part of a larger study informing why refugee families are presenting within the South Australian system of child protection. This research developed an ecological framework with added actions for coding of transcript data which provided an analytical framework to unpack and examine the overarching themes regarding cultural beliefs and values held by refugee participants on the parenting process. Outcomes of this research provide insights into the need for the development of appropriate and relevant policy, services, and practice in the area of child protection for South Australian resettlement agencies.
Key areas for actions, themes and sub-themes were identified through this study. Actions for an ecological macrosystem were classified across five categories:

- cultural beliefs and values
- nature and role of family
- responsibilities in parenting socialisation goals for children
- preservation of parenting norms under extraordinary conditions.

Themes included:

- the importance of maintaining traditional practices (including child-rearing practices)
- the importance and practice of piety
- displacement of roles in the practice and process of parenting
- protracted exposure to violence pre-resettlement
- extraordinary circumstances and its impact on wellbeing.

Cross-cultural issues in parenting


This paper reinforces that cross-cultural comparisons of parenting show that virtually all aspects of parenting children are informed by culture: culture influences when and how children care for children, what parents expect of children, and which behaviours parents appreciate, emphasise, reward or discourage and punish. This essay indicates how cultural norms become manifest in the mental health of children through parenting, warning that variations of what is normative in different cultures challenge our assumptions about what is universal and inform our understandings of how parent-child relationships unfold in ways both culturally universal and specific.

The discussion provides insight to the issues that can be considered acceptable in some cultures but not in others and the complex concepts at play in these considerations.

Examples include:

- In some cultures children spend more or most of their time with significant other caregivers, including siblings, non-parental relatives, or non-familial relatives
- Culture-based expectations about developmental norms and milestones (for example when a child is expected to achieve a certain developmental skill) in turn affect parent’s appraisals of their child’s development
- Initiation rites in some cultures may be judged abusive in others
- Ecological and economic conditions specific to a given cultural setting might promote parental beliefs and behaviours having evolved differently to optimise adjustment to the local situation.

Some parenting practices become problematic when parents use them outside of their normal context where they conflict with mainstream definitions of child maltreatment. Some parental practices may be detrimental to the child even if they are sanctioned by the cultural...
group, especially where they may be detrimental to the child’s long term mental health and wellbeing.


This study discusses the issue of cultural continuity of caregiving practices (with particular emphasis on sleep and eating) between home and early childhood settings. Findings showed that:

- Parents hold expectations for the execution of caregiving practices—parents in this study identified the importance of specific caregiving practices in relation to sleeping and eating.
- Ongoing oral communication is seen as a support for understanding practices, and staff with the same cultural background as families are pivotal in this process—while some parents were quite explicit in their expectations of staff many did not wish to do so.
- Concealed practices by staff may be a result of a lack of communication, or staff responding to their own macro-cultural beliefs—the study exposed practices being adapted by staff that were concealed from the parents. The staff involved in this were not bicultural and generally were those who did not acknowledge diversity.

The study reinforces that there can be significant differences in the needs and expectations of parents and staff in childcare settings. The important factor is determining what these differences are and ensuring that there is open dialogue.


This study addresses the paucity of studies about strategies that refugee parents might use to parent their children in a new country while they also manage the interrelated challenges of poverty, social isolation, maternal stress, and mental ill-health. The research explores the ecological modelling, within an Australian context to critique the factors that shape the development of parenting capacity within refugee families settling in a Western country.

The study seeks to make sense of the refugee experiences using Brofenbrenner’s bioecological model for human development.

The authors state that this model shows the developing child in the centre, with his or her individual biological capacities. He or she is surrounded by the systems of home, family, and other immediate contacts. It is here that the physical and mental health of the refugee parent has greatest impact on the life course of the child. It is at this level that the parent has the potential to develop their own social capital in their new home. This social capital is an essential determinant of how children will engage with their new home. Influential in this process is the lived experience of the parents and children during pre-settlement and the traumas associated with forced migration, living in refugee camps, arrival in a new land, and the challenges of settlement.
Increasing numbers of families arriving through Australia’s humanitarian settlement scheme are coming into contact with the Australian child protection system. A large number of these families come from African and Middle Eastern countries and have common experiences of trauma, dislocation, and loss. Many are victims of genocide, war and torture. Pre-migration experiences together with considerable challenges of settling in a new country can significantly affect family wellbeing and parenting practices.

The authors reinforce the need for child and family welfare service planners to be well informed about how best to support refugee families using culturally competent family intervention and community development practices. This article presents findings from the project on strategies and resources relevant to prevention and early intervention in refugee families before statutory child protection becomes necessary.
Problems identified include the:

- changing roles and expectations of refugee children and the impact on refugee parents
- tensions between Australian laws and cultural norms, and traditional cultural parenting beliefs and practices, including:
  - the use of physical punishment to discipline children
  - collective parenting practices
- lack of support in the parenting role and in the wider community.

Prevention and early intervention strategies include:

- improving relationships between parents and children
- providing parenting and social support
- supporting practitioners to be culturally competent.

In conclusion the authors quote that there is “potential for tragic consequences to newcomer refugee families when cultural differences, misunderstandings, language barriers, and a lack of cooperation exists between public child welfare, newcomer refugee families, and refugee serving agencies”. (Morland et al, 2005)


Immigration often results in changes in family dynamics and gender roles, the loss of social networks and cultural identity, and difficulties interpreting and negotiating a new legal system. Findings from this research revealed a state of family disharmony but also that:

- Family unity is a core value and provides a framework through which decisions and the role of family members is determined
- Family is a reference point for support and negotiating post-migration experiences and challenges.
- Arabic parents did not trust the legal system, with the perception that it was undermining and against family dynamics and values.

This research leads to a number of recommendations about the need for interventions that provide support for parents and positive parenting programs based on an intergenerational framework. These programs need to be family-centred, to empower parents in their role as care-givers, and to help migrant families better understand and trust the various government systems assisting them. The emphasis should be on helping parents understand the difference between physical discipline and physical abuse and how both practices relate to family laws.


A study of the New South Wales child protection system showed that reports of inadequate supervision seemed high compared to their Anglo-Australian counterparts. It is argued that cultural differences between individualist and collectivist cultures (which families from ethnic minority backgrounds tend to be) contribute to the differential rates of prevalence in reports of neglect. Specifically, the greater roles of extended family and community in sharing parenting responsibilities (and thus the inferred reduced care from primary givers) and the responsibility levels of children at younger ages (and thus the inferred lack of capacity to
care) may be contributing to reports of neglect in families from collectivist backgrounds. The study highlights that caseworkers should be careful not to mislabel the behaviours of parents from collectivist backgrounds as neglectful.

The author emphasises that the enormity of harm that can come to children should child protection workers and systems “get it wrong” in terms of appropriately and sufficiently taking culture into account, means that multicultural countries like Australia must become and remain highly skilled at culturally competent child protection practice. Part of this involves accurately understanding the experience and needs of ethnic minority families.

Refugee women’s experiences


The starting point for this US study is the acknowledgement that refugee women’s experiences and needs are qualitatively different from those of men. The findings of the study reveal the importance of considering the impact of refugee women’s socio-demographic characteristics on their experiences in resettlement and the significance of their need for basic resources. The study proposes that meeting these needs may facilitate the resettlement process and ameliorate the gendered effects of resettlement on refugee women.

The study details that:

- Generally women tended to be positive about their new lives in resettlement and appreciated the new opportunities offered
- The women have significant unmet needs in language, finances, social support, and access to social service agencies and community resources, specifically:
  - accessing English classes
  - managing resources to support large families
  - seeing no options other than working in low paying industries
  - affordability and accessibility of transportation
  - limited family and community support networks and low level satisfaction with social services (although generally they were positive about the initial resettlement services provided)
  - significant problems with understanding and completing paperwork for accessing government benefits, finding work and finding housing.

A number of key findings reinforce that the women’s economic disadvantage affects the whole family, increasing physical and mental health risks for adults and children. Importantly, 68 per cent of participants in the study stated that they had at least one friend whom they regularly talked to and spent time with and 74 per cent were at least somewhat happy with the number of friends they had in the area. However, 94 per cent noted their desire for organised opportunities to meet with others who share their language and culture.

Lenette, C, 2015, *Mistrust and Refugee women who are lone parents in resettlement contexts,* (Qualitative Social Work, 14(1), 119-134)

This qualitative study of women raising children alone in Brisbane, Australia, examines the post-migration experiences of refugee women and outlines the presence of mistrust as a key part of the difficult resettlement circumstances faced by these women.
The paper challenges the notion that refugee groups may be homogenous and demonstrate the very different resettlement experiences of lone refugee women. The study also highlights the degree to which social networks can assist resettlement and facilitate social participation - or not. Critical to understanding the degree to which groups and networks can support resettlement, is an understanding of the concepts of trust and mistrust as experienced by these women within their refugee communities.

The study examines how for some of these lone refugee women:

- without the help of their communities, they felt they would be lost and the trust they felt towards some members of their community was integral to their wellbeing especially during the initial stages of resettlement
- the experience of isolation made them feel excluded within their local communities and particularly as lone mothers felt that because of their marital status there were assumptions of them being “unfit” women
- experiencing mistrust from the community was a source of distress especially for unmarried women raising children
- it was better to move away from the suburbs where their community resided so as not to feel compelled to meet expectations of and obligations placed on the women
- trusting relationships with people outside their local community had brought very positive impacts on their adaptation process, especially contacts formed through work and study links
- they were not always sure whom they could trust within or beyond their local communities
- strong social networks within their communities proved to be sometimes a source of anxiety (where a tight knit group served to ostracise women who did not meet the embedded norms) or a source of support.


Many refugee women have experienced torture, violence and intimidation in their countries of origin, during flight across borders, in refugee camps or detention and during resettlement.

This study was undertaken with service providers in Victoria and South Australia to consider the ways in which refugee women can be seen to be resilient, the significance of understanding resilience as a process rather than as an individual trait, and the importance of appreciating that the process of resilience can only materialise if responsibility for it is shared collectively.

The study draws on previous research that argues for a move away from identifying protective factors or resilient individuals per se towards thinking about resilience as a process between the individual, family and social environment. In the context of refugee women, the role of community, particularly through the extended family and wider social networks, are seen in the literature as crucial to maintaining and building resilience-enabling women to re-orient their lives in resettlement.

The article emphasises that resilience in refugee women is not automatic, rather that it is built through external support, and provided through a range of programs and services as a necessary ingredient in the transformations indicative of resilience. This process of transformation does not rest with the women alone to “bounce back” from violence.

The authors reflect from the service providers’ input to the study that resilience should not be used as a rationale for the abrogation of state and social responsibility and subsequent...
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reduction of resources. The study finds that, based on the input from the service providers, resilience is possible for refugee women who have extensive histories of extreme violence and who may also be currently living in domestic violence situations.

The study concludes, however, that in resettlement, refugee women have low expectations of their environments and that they do not expect to be safe either within or outside the home. But a high tolerance level of violence does not suggest that violence is acceptable, even if violence has become normative for these women.

Domestic and family violence in refugee communities

James, K, 2010, Domestic Violence within refugee families: Intersecting patriarchal culture and the refugee experience, (The Australian and New Zealand Journal of Family Therapy, 31(3), 275-284)

This article examines the stages of the refugee journey and the intersections of domestic violence and culture, trauma, resettlement and masculinity. Arguing that therapists must challenge aspects of culture that promote violations of women’s human rights while understanding the unique situation of refugee families, the article concludes by identifying principles for therapeutic and community based interventions.

The article explains that given the complex reasons for domestic violence in refugee communities, intervention is not straightforward. The authors put forward several principles for working with refugees in a therapeutic context around the concepts of trust, confidentiality, flexibility, client self-determination and empowerment.

The author concludes that the greatest traction in reducing violence in refugee communities will be gained by focusing on a defined community and working with men’s and women’s groups and their identified leaders. The need for responses to domestic violence that honour cultural differences while challenging abuse is stressed. “Cultural relativism” which is an outsider’s unquestioning support or acceptance of violence against women and other oppressive practices because they belong to a culture or emanate from cultural values cannot be supported in Australia.


This US study examined the relations among acculturation, domestic violence and mental health in 62 married refugee women from Somalia. In designing this study the authors drew on the literature which indicated that domestic violence may be initiated by resettlement stressors, such as language barriers and cultural differences. In general, other studies have found that the greater the cultural difference between native and new cultures, the more stress. One common stressor is changes in gender roles brought about when refugee women have to work outside the home and bring home more money than their male partners. For men, resettlement can lead to unemployment, and loss of power and status. However, the impact of domestic violence on Somali women’s mental health is largely unknown with few studies in this area.

The results of this study indicated that women with greater proficiency in speaking English were more likely to experience both psychological abuse and physical aggression from their partners. It is possible that such language ability is associated with women being more engaged in the community, more acculturated to new social values and beliefs, more
independent, and possibly have greater likelihood of being employed. Greater intimate partner violence was associated with increased psychological distress, and more instances of domestic violence. As refugee Somali women become more acculturated and proficient in speaking English, they may be at continued, even greater, risk of abuse.

The study reinforces that to intervene in culturally sensitive and more effective ways, service agencies must familiarise themselves with the culture and the struggles of their Somali clients.


This article presents qualitative data collected from Vietnamese refugee women highlighting issues of acculturation, changing gender roles, examples of strength, and cultural persistence found by the women to establish lives free of abuse for themselves and their children. This study examined the cultural context and the lived experience of Vietnamese women survivors of domestic violence in a city in the US. The women’s narratives collated from focus groups highlighted the following issues:

- General lack of awareness within their community regarding domestic violence and the legal consequences of domestic violence
- Cultural values expressed in gender roles reinforce that the woman is responsible for maintaining harmony in the family/household
- Men blamed domestic violence on the way that Vietnamese women adopted “the American way”
- Vietnamese women’s self-awareness of the distinction between family conflict and domestic violence reflected the emerging awareness of the psychological and emotional dimensions of abuse
- Marital conflicts and domestic violence are considered to be intensely private family matters and there are strongly held cultural prohibitions against public disclosure of any family problems.

Vietnamese refugee women who survived domestic violence spoke of needing:

- people they could trust to confide in
- supportive counselling and education
- free bilingual classes on services available and what to do
- access to Vietnamese reading materials/newspapers
- better access to services that understand their cultural issues
- education classes for men on domestic violence
- more support programs for their children.

Zannettino, L, 2012, “…There is no war here; it is only the relationship that makes us scared”: Factors having impact on Domestic Violence in Liberian refugee communities in South Australia, (Violence Against Women, 18(7), 807-828)

The findings from this study suggest that disruption to traditional gender roles has an impact on domestic violence at the cultural, socio-economic, familial, and individual levels and that women’s experience of domestic violence must be understood in relation to the acute and prolonged stressors of war, loss, and displacement.

This study presents detailed consideration of the nested ecological theory of domestic violence (Dutton 2001) highlighting:

- culture specific factors
disruption to traditional gender roles
beliefs surrounding rape in marriage
the acceptability of using violence within the family for child discipline and chastisement
the belief that parenting is women’s responsibility
socio-economic factors
the gendered allocation of welfare payments
fears about the police and the legal system
family and the impact on family dynamics of trauma
the impact of war and conflict on family functioning
the belief that seeking help for domestic violence will hurt men and bring shame to family and community
the belief that seeking help for domestic violence will lead to family breakdown
the effects of PTSD on individuals
the trauma of war and conflict.

The author draws conclusions in the form of implications for practice that should focus not only on gender as a central factor, but also on other structural determinants in refugee women’s experience of domestic violence.

Implications for policy and practice

Bjorn, G, J, et al, 2013, Family therapy sessions with refugee families; a qualitative study, (Conflict and Health, BioMed Central, 7(7),)

The main goal of this study was to explore in more detail the complexity of various family members’ experiences and perceptions from their life before the war, during the war and the escape, and during their new life in Sweden. There is insufficient knowledge of refugee families’ perceptions, experiences and needs, and especially of the complexity of family perspectives and family systems. This study focused on three families with children under the age of 12 from Bosnia and Herzegovina.

The study findings reinforce that health care and social welfare professionals need to find out what kind of lives refugee families have lived before coming to a new country, in order to determine individual needs of support. When analysing each person’s point of view one must seek an all-embracing picture of a family and its complexity to tie together the family narrative. A key recommendation for the health and welfare sector is to offer refugee families with children meetings with professionals who have family-oriented knowledge.

Guregard, S, Seikkula, J, 2014, Establishing Therapeutic Dialogue with Refugee Families, (Contemporary Family Therapy, 36, 41-57)

A study of the dialogue needed to form a therapeutic alliance between Swedish psychotherapists and refugee families demonstrated significant hindrances to dialogue. These were seen to be based on differences in cultural values between refugee and therapist, their different power positions, the refugees’ weariness and distrust of meetings, and language problems revealing difficulty in obtaining satisfactory interpreters and the same interpreter throughout the therapeutic process. The paper describes the open dialogue approach use by therapists as they observed it to work well where the therapist:

- avoided pre-planning the meeting agenda
tolerated uncertainty and followed where the client led
avoided factual enquiry which led to monologue, whereas inter-personal conversation developed into therapeutic dialogue.

The open dialogue approach requires the therapist’s self-awareness, to bear painful stories, to empathise with unfamiliar people and experience one’s own culture as the refugee experiences it, and to maintain a focus on the family’s cultural and personal constructions.


This study concludes that refugee children have varied migration, trauma, educational backgrounds, impacting on health and psychological outcomes. In-depth multi-disciplinary history including prior education and psychosocial issues is recommended. Partnering with education services appears to play an effective, multifaceted role in aiding resettlement.

A clear understanding of the effects of refugee experiences is necessary to successfully identify issues, so as to improve the health and educational outcomes for this growing population of Australian children. Multidisciplinary paediatric screening questionnaires containing increased educational, developmental and psychosocial documentation appear to assist in identification of both parental and staff concerns. Collaboration with education services appears to facilitate earlier intervention, advocacy and support in early resettlement.


This conceptual paper emphasises that achieving cultural competence in child welfare services requires a grounded knowledge base, affective dimensions, and cumulative skill proficiency. It puts forward A Cultural Competence Attainment Model. The proposed model draws on the definition of cultural competence by Dana et al (1992) as “an ability to provide services that are perceived as legitimate for problems experienced by culturally diverse persons”.

The proposed model as reflected in the following figure assumes:

- competence is developmental
- knowledge grounding (thinking and critical analysis) is accompanied by affective components of feeling and sensing (re-orienting one’s primary world view involving attitudinal and affective dimensions)
- cumulative skills development (behaving).
This paper goes on to put forward a number of suggestions for the development of cultural competence by child welfare practitioners including having knowledge and understanding of:

- culture and customs of the cultural group
- social problems and issues experienced by that group
- the dynamics of oppression, racism, sexism and classism
- systemic obstacles to providing and accessing effective services
- the imprecise nature of the ways in which the profession assesses risk for children and what genuinely constitutes neglect and abuse within community and cultural norms.


This review focuses on the mental health of refugee children who have fled war and outlines strategies and recent developments in the field to both prevent and treat adverse mental health outcomes. Authors describe the child refugee’s experiences before, during and after migration.

Post migration experiences for refugee children may include:

- stress related to the family’s adaptation
- difficulties with education in a new language
- acculturation including shifts in ethnic and religious identity
- gender role conflicts
- intergenerational conflict within the family
- experiences of discrimination and social exclusion
- dealing with the impacts of what they experienced in the refugee camps which could include malnutrition and sexual abuse.

A discussion of effective interventions for war-affected refugee children is summarised in this review through a table which presents key aspects of the tiered collaborative care model in youth mental health assessment processes for refugee children and their families. This approach to tiered prevention and treatment models begins with emphasis on better support for primary care and community-based professionals, providing general psychosocial support through local community based health and social service providers, either in clinics, their homes or schools, leading up to specialised mental health treatment.


This study presents the findings from research into the significance of traumatic history in a social and economic context, cultural differences and changed gender identities on the perceptions and experiences of domestic violence in refugee families. The study was undertaken with a sample of men and women from Iraq, Ethiopia, Sudan, Serbia, Bosnia and Croatia.

The study has underscored the importance of thinking about refugee communities, settlement and domestic violence in more complex ways than has previously been evidenced in Australia. The complexity and intersectionality of social and cultural values that people use to make sense of their world need to be taken into account.
This study provides insight to the experience of domestic violence and isolation by refugee women in resettlement. Isolation was experienced in many different ways:

- domestic violence and the strategic isolation of women
- separation from family and isolation from family support
- implications of living with refugee status
- social withdrawal associated with post-traumatic stress disorder
- fear of racial violence and intimidation
- inadequate English language skills preventing poor social integration
- inadequate public transport
- poverty preventing social outings.

Unemployment affecting men was correlated with family conflict and domestic violence, as was mental health issues experienced by men as a result of past trauma. The research established that education and awareness of mainstream Australian society, cultures and worldview were important factors in preventing violence in families.

The general view from some of the men and women in this study was that many women had become more aware of their rights and more empowered and felt protected from domestic violence in Australia, however many women also remained isolated. It is important that refugee communities are not approached in a general or universal way and that service providers be aware of the multiple experiences for refugee women during resettlement.


Drawing on consultations with the settlement sector and with relevant Commonwealth Departments, the report provides an overview of various care and support arrangements for unaccompanied humanitarian minors (UHMs) across the country (including a statistical overview of wards and non-wards by state and territory as well as key issues facing UHMs and the services supporting them. The key issues include:

- service sector capacity to support UHMs 
- mobility and relocation of UHMs between states and territories 
- guardianship arrangements (legislative complexities and limitations of guardianship) 
- transitional care arrangements for when the UHM turns 18 
- better supported transition out of care 
- processes relating to citizenship application and the implications of age inaccuracies 
- UHMs are a high risk group vulnerable to homelessness 
- lack of timely and adequate access to family reunion.


This article demonstrates how because of cultural differences families which originate from collectivist cultures, but enter child protection systems in primarily individualistic countries, experience some challenges which are not experienced by their white counterparts.

The authors put forward the rationale for a number of recommendations for child protection workers including that they should:

- receive training in cultural competency 
- offer client families an ethnically-matched caseworker
• use interpreters appropriately
• seek advice and information by consulting with relevant caseworkers and community groups
• avoid the use of or reliance on negative stereotypes
• refer families to mainstream and culturally tailored services
• focus on child safety without losing focus on cultural factors
• actively develop and continuously maintain links with relevant groups such as community, ethnic, and/or religious groups in the area.

They also present a strong platform for changes to child protection systems including:
• developing two types of program models (see Babacan 2006)
  o a mainstream program of service delivery that is delivered as part of core business but also targets specific cultural groups
  o a multicultural program of service delivery comprised of ethno-specific services that target specific ethnic groups or multicultural services that target culturally diverse communities
• providing on-going training to all staff in cultural competency
• reviewing risk of harm assessment tools
• making relevant policies widely available and easily accessible to child protection staff
• monitoring and routinely collecting data on indicators of ethnicity
• developing outreach programs to educate ethnic communities on the roles of child protection agencies.

Measuring wellbeing


In this article the authors present a framework for the development of psychosocial indicators of wellbeing for refugee children and young people which can be used to assess outcomes of interventions in the settlement context. The domains presented are multifaceted and include signs and symptoms of disturbances to:

• psychological wellbeing
• family wellbeing
• connections to social groups and community, and
• contextual moderating indicators.

This thesis reinforces that multiple outcome indicators of change are required to capture the complex meaning of “wellbeing” and changes to wellbeing as a result of interventions. The framework presented here highlights a number of specific areas where intervention is likely to be required. Interventions with children need to consider the role of family, and therapeutic interventions need to target not only the children but foster supportive arrangements at home, school and work with agencies such as child protection.


Data collected from children needs to cut across a number of domains that go beyond “good feeling” to “good functioning”.

An annotated bibliography
Sample questions exploring different facets of wellbeing, might include the following which are drawn from the what?

<table>
<thead>
<tr>
<th>Wellbeing dimension</th>
<th>Example question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive feelings</td>
<td>How much of the time during the past week were you happy?</td>
</tr>
<tr>
<td>Negative feelings</td>
<td>How much of the time during the past week have you felt sad?</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>How satisfied are you with how your life has turned out so far?</td>
</tr>
<tr>
<td>Vitality</td>
<td>How much of the time during the past week have you had a lot of energy?</td>
</tr>
<tr>
<td>Optimism</td>
<td>I’m always optimistic about my future (agree – disagree)</td>
</tr>
<tr>
<td>Resilience</td>
<td>When things go wrong in my life, it generally takes me a long time to get back to normal (agree – disagree)</td>
</tr>
<tr>
<td>Autonomy</td>
<td>I feel I am free to decide how to live my life (agree – disagree)</td>
</tr>
<tr>
<td>Meaning and purpose</td>
<td>I generally feel that what I do in my life is valuable and worthwhile (agree – disagree)</td>
</tr>
<tr>
<td>Relationships</td>
<td>There are people in my life who really care about me (agree – disagree)</td>
</tr>
</tbody>
</table>


This report puts forward a number of headline wellbeing measures for children aged 0 to 15. These include:

a) for personal wellbeing, the proportion of children with medium/high levels of:
   - life satisfaction
   - happiness yesterday
   - worthwhileness

b) for what we do, the proportion of children who:
   - have participated in any sport in the last week
   - have engaged with or participated in arts or cultural activity at least three times in the last year
   - who belong to social media networking sites

c) for where we live, the proportion of children who:
- have been victims of a crime at least once in the last year
- have a bit or big worry about being a victim of crime
- feel a bit or very unsafe walking alone in their neighbourhood after dark
- who like living in their neighbourhood

a) for our relationships, the proportion of children who:
- quarrel with a parent or carer more than once a week
- talk to a parent of carer about things that matter more than once a week

b) for education and skills, the proportion of:
- three to four year olds participating in early years education/Kindy
- children with relatively high level of happiness with their school
- children who would like to go on with their schooling.

Ecological models applied in cross-cultural settings


This paper proposes a different theoretical framework based on the following core community work principles:
- an ecological perspective: addressing disadvantage and social exclusion at the community and societal levels by building the capacity of mainstream structures and organisations to be responsive to cultural diversity
- empowerment: children, families, organisations and communities need to set their own goals with workers playing a role in providing information and “scaffolding” learning
- strengths: building on the strengths that come from the group’s own culture, learning new ways through reflecting on one’s home culture.

Drawing on the core principles put forward through the ARACY (2008) report and developed in the ecological modeling for parenting in refugee families developed by Grant and Guerin (2014), the following ecological framework has been developed by these authors to provide a platform for the development of outcomes for children and families.

Diagram 1. An ecological framework
Based on this ARACY framework, qualitative outcome measures focus on the transformations and changes that occur for migrant and refugee children, women and families as they engage with local community networks, school communities, cultural activities, health and social services, and institutional entities.

Williams, N, 2010, Establishing the boundaries and building bridges: A Literature review on ecological theory: implications for research into the refugee parenting experience, (Journal of Child Health Care, 14(3), 35-51)

This paper begins with the premise that an ecological model for conceptualising and capturing the refugee parenting experience is lacking. An extensive review of the literature dealing with an ecological model of child development indicates a gap in knowledge and skills in relation to the refugee experience of parenting characterised by disruptions and alterations to the family structure, values, norms and gender roles. The paper puts forward a proposed ecological model which provides a framework for understanding the refugee presettlement experience and its effects on parenting. This offers a refugee-centred approach to child protection and family support.
References

Bjorn, G, J, Gustafsson, Per, A, Sydsjo, G, Bertero, C, 2013, Family therapy sessions with refugee families: a qualitative study, (Conflict and Health, BioMed Central, 7(7),)


Cameron, G, Frydenberg, E, Jackson, A, 2011, Young refugees in Australia: Perspectives from policy, practice and research, (Children Australia, 36(2), 46-55)


Guregard, S, Seikkula, J, 2014, Establishing Therapeutic Dialogue with Refugee Families, (Contemporary Family Therapy, 36, 41-57)


Fisher, C, 2013, Changed and Changing Gender and Family Roles and Domestic Violence in African Refugee Background Communities Post-Settlement in Perth, Australia, (Violence Against Women, 19(7), 833-847)

Guregard, S, Seikkula, J, 2014, Establishing Therapeutic Dialogue with Refugee Families, (Contemporary Family Therapy, 36, 41-57)

James, K, 2010, Domestic Violence within refugee families: Intersecting patriarchal culture and the refugee experience, (The Australian and New Zealand Journal of Family Therapy, 31(3), 275-284)

Kaur, J, 2012, Developing culturally sensitive practice when working with CaLD communities in child protection- an Australian Exploratory study, (Developing Practice Issue, 23, 23-34)


Lenette, C, 2015, Mistrust and Refugee women who are lone parents in resettlement contexts, (Qualitative Social Work, 14(1), 119-134)


Refugee Council of Australia and Multicultural Youth Advocacy Network (MYAN), 2012, Report on Unaccompanied humanitarian minors: Exploring gaps, challenges and models of care across Australia,


Williams, N., 2010, *Establishing the boundaries and building bridges: A Literature review on ecological theory: implications for research into the refugee parenting experience*, (Journal of Child Health Care, 14(35),35-51)


Zannettino, L., 2012, “...There is no war here; it is only the relationship that makes us scared”: Factors having impact on Domestic Violence in Liberian refugee communities in South Australia, (Violence Against Women, 18(7), 807-828)


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