

Promoting Refugee Health

A guide for doctors and other health care providers caring for people from refugee backgrounds



PREPARED BY



Foundation
House

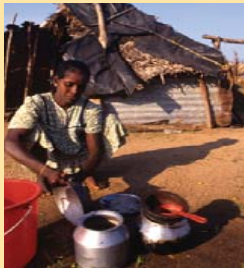
The Victorian Foundation for Survivors of Torture

> [How to navigate this online Guide](#)

Contents

List of Tables	7	Section 2: Cross-cultural communication	33
List of Figures	7	The importance of using an interpreter	34
Using this Guide	8	The impact of culture and prior experience on health care	38
How to navigate this online Guide	10	References	43
Foreword	11	Section 3: Trauma and Torture Experiences: Psychological and physical sequelae, management and psychological approaches	45
Contributors	13	Traumatic events characteristic of the refugee experience	46
Section 1: Why focus on refugee health?	17	What are the physical sequelae of trauma and torture?	48
Australia's Humanitarian Program	19	The psychological sequelae	49
Other migration programs	23	The settlement process and its psychosocial effects	53
How can a refugee client be identified?	23	The psychological implications of uncertain migration status	54
Special health concerns of refugees	24	Approaches to assessment of trauma	55
The importance of health as a resource for successful resettlement	28	A comprehensive psychosocial assessment	56
The importance of early identification	28	Mental health/psychological screening	58
Sensitive health care as a healing process	29	Impact of torture and trauma experiences on the consultation	59
The role of Australian health care professionals	29		
Terminology	30		
References	30		

Section 1: Why focus on refugee health?



Refugees entering Australia have a higher rate of long-term medical and psychological conditions than other migrants, tend to report a poorer state of well being and visit health care providers more frequently.⁽¹⁾ While health issues affecting individual new arrivals and particular refugee communities clearly vary depending on region of origin and the nature and duration of the refugee experience, there are common health concerns which are extensively documented in [Section 4](#) (p.77) and [Section 5](#) (p.143) which look at special health concerns of refugee adults and children. It is not unusual for entrants to have multiple and complex health problems on their arrival in Australia.

This does not mean that people from refugee backgrounds are inherently less healthy than the Australian born or other migrants. Indeed the fact that they have survived horrific experiences, yet ultimately settle very successfully in Australia is evidence of their enormous survival strengths.

In part, the relatively poor health status of new arrivals from refugee backgrounds reflects the fact that the more stringent health requirements for entry into Australia may be waived in the case of some refugee entrants (with the exception of those involving serious communicable diseases). However, they are also testimony to the negative health effects of the refugee experience, with most health problems being due largely to physical and psychological trauma, deprivation of basic resources required for good health and poor access to health care prior to arrival. Most of these problems can be addressed by sensitive, intensive 'catch-up' care and support in the early period of settlement.

Australia's Humanitarian Program

While the focus of this guide is on the recently arrived refugee client, much of its content is applicable to refugee clients regardless of their time of arrival.

A refugee is defined in the United Nations (UN) 1951 Convention Relating to the Status of Refugees (one of a series of conventions and treaties designed to regulate the resettlement of refugees internationally) as someone who has left his or her country and cannot return to it 'owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.'⁽¹⁹⁾

Each year the Commonwealth Government accepts some 13,000 people from refugee backgrounds through its Humanitarian Program. Legislation and programmatic responses to refugees and asylum seekers are subject to change. The Humanitarian Program currently comprises two parts – the off-shore and on-shore, components.

The off-shore component

The off-shore component comprises people who have been identified (often with the assistance of the United Nations High Commissioner for Refugees) in their countries of origin or first asylum as in need of permanent resettlement. This includes two categories:

- **REFUGEES** — those persons formally defined as refugees under the 1951 UN Convention. People in this category are sometimes known as 'Convention Refugees'. The refugee category includes entrants under the Women at Risk Program — a special category introduced in 1989 in recognition of the particular vulnerability of refugee women and including among others, single parents, widows and abandoned single women.
- **SPECIAL HUMANITARIAN PROGRAM ENTRANTS** — These are people who have experienced substantial discrimination amounting to gross violation of their human rights, and who have strong support from an Australian citizen, resident or community group.⁽⁴⁾

People selected for entry through the off-shore component are granted permanent residence in Australia and are entitled to the same benefits and services as Australian nationals as well as some additional assistance in the early settlement period. [See Section 9 > Entitlements \(p.223\)](#).

TABLE 1.2 Top 10 countries of birth for Humanitarian Program, Australia 2001-06

Country of Birth	2001-02	2002-03	2003-04	2004-05	2005-06	Total
Sudan	1043	2731	4504	5561	3591	17,430
Iraq*	2219	2612	1625	1499	1864	9819
Afghanistan	1847	1039	1199	820	1515	6420
Former Yugoslavia**	1337	958	386	158	24	2863
Iran	580	536	568	530	397	2611
Sierra Leone	320	176	120	632	516	1764
Liberia	112	143	107	844	552	1758
Ethiopia	230	389	506	384	221	1730
Egypt [^]	134	228	331	422	290	1405
Kenya [^]	25	180	244	494	309	1252
Total	7847	8992	9590	11344	9279	47,052

Source: Department of Immigration and Citizenship (DIAC), (2006) *New Beginnings: Life in Australia: Supporting New Arrivals On Their Settlement Journey 2005-06* www.immi.gov.au/media/publications/settle/pdf/new_beginnings2005-06.pdf

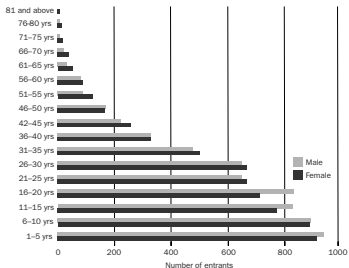
* Iraq may refer to a Kurdish entrant

** Former Yugoslavia may refer to entrants from Bosnia_herzegovina, Croatia, Macedonia, Serbia and Montenegro and Slovenia

[^] Egypt or Kenya usually refers to a child born of Sudanese parents in refugee camp/settlement in Egypt or Kenya

Another significant change in recent years to the humanitarian intake is the higher proportion of children and young people. In 2005-06 about 66% were under the age of 25 and about 42% were under the age of 15.⁽²¹⁾

FIGURE 1.1 Humanitarian entrants – age on arrival 2005-06



Source: DIAC, (2006) *New Beginnings: Life in Australia: Supporting New Arrivals On Their Settlement Journey 2005-06* www.immi.gov.au/media/publications/settle/pdf/new_beginnings2005-06.pdf

Communication with a client from a refugee background may be affected by language and cultural differences as well as different social, economic and political experiences.

The importance of using an interpreter

It is particularly important that a professional interpreter is offered to the refugee client as:

- a client who has only recently arrived in Australia is unlikely to have acquired even rudimentary English or to have commenced the process of acculturation to a new society, with the result that the potential for misunderstanding is great
- confidentiality is crucial in working with this group of clients
- there are ethical issues associated with using a family member or untrained person to interpret, including the possibility that this may place them in a position where they are exposed to information of a sensitive or traumatic nature
- health professionals have no certainty what information is provided which could lead to a significant risk of misdiagnosis and/or treatment
- professional interpreters are trained in the use of English and a second language and in appropriate communication skills. They are bound by a professional code of ethics which places great emphasis on confidentiality.

RESOURCE

The National Accreditation Authority for Translators and Interpreters (NAATI) is the body responsible for setting and monitoring the standards for the translating and interpreting profession in Australia. Recognition is granted in languages (including many African languages) for which NAATI does not test and has no specification of proficiency level. See www.naati.com.au/

The use of children, other family members, friends, fellow clients and other bilingual employees in your practice or health facility as interpreters should be avoided. Untrained personnel may not be fully bilingual and are unlikely to know technical terms in both languages. Clients may feel embarrassed when talking about intimate matters in their presence. Using family members to interpret may place undue stress on relationships within the family, and in the case of children, may impose an unfair burden of responsibility.

Consider offering an interpreter even to those clients who appear to have some command of English as:

- the anxiety associated with health consultation may interfere with their command of a second language
- refugee clients may lack the range of vocabulary required to communicate accurate diagnostic information (eg, to distinguish between throbbing or piercing pain)



Prevention of illness can be an unfamiliar concept ⁽⁶⁾

'If you don't feel sick you're healthy.'

'She just lives. She does not look into her health by eating well or sleeping. She just worries about sickness if it comes.'

'When you are sick, you are sick. That's why you go to the hospital to see the doctor. When you are not sick you are fine and you are happy and you don't have to come to the hospital.'

At the same time, it is important not to attribute all differences to the impact of culture. There is significant diversity within cultural groups, with health status, health practices and a client's experience of health care being mediated by a range of factors such as socio-economic status in country-of-origin, education and literacy levels, gender and whether the person came from a rural or urban background. People who originated from a rural background will generally be less familiar with the style of medicine practised in Australia than their counterparts from large urban centres.⁽¹⁾



Reaction to multiple investigations ⁽⁶⁾

'There is a problem with having so many check-ups you know. It causes stress because if the doctor sends you to check up more than three times and they keep saying we don't know what the problem is that will make you suspicious. Maybe they're hiding something or they find something in your body but they don't want to tell you and they want to know more so that's a bit of stress and anxiety.'

KEY POINTS

Taking into account the client's cultural beliefs and practices

How can I make sure that I take the client's cultural beliefs and practices into account?

While documenting the specific cultural beliefs and practices of Australia's diverse refugee communities is beyond the scope of this guide, consider the following to promote culturally responsive health care.

- Take opportunities to familiarise yourself with the cultural beliefs and practices of clients with whom you work.
- Acknowledge that you understand the client may have different perspectives and experiences around illness and health.
- Ask clients if there are any special requirements or information they would like you to take into consideration when providing care.
- Avoid making generalisations about an individual client on the basis of your experience of other clients from that cultural or ethnic group as there is significant diversity within groups.
- Avoid making assumptions based on a client's adherence to cultural or religious practices. For instance a Muslim woman may wear the traditional veil, but may not be devout in other respects.

- When working with individual clients check any impressions you have formed directly, for example, 'I understand that many Muslim women prefer to see a woman doctor ... is that your preference?'
- Beware of attributing too much to culture and ethnicity, particularly as there are a range of factors affecting refugee clients (trauma and torture, experiences in their country of origin, settlement issues).
- Be aware of the impact of your own culture in relating to clients. Consider your own values, expectations and attitudes and how these may affect the care you give to people from other cultures. For example, your confidence in a western biomedical approach may lead you to overlook or dismiss alternative health beliefs which may be held by people from other cultures.
- In some cultures it is common for family members to be involved in decision-making in health care matters. Additional time may be required for explanation and discussion.

If it is your assessment that the client is very unfamiliar with the approach to health care in Australia, consider asking straightforward questions about the client's view of the causes of their health problem, how they feel at present, what they are most afraid of and what they believe will help.

Australian Capital Territory (ACT)

Asylum seekers

Australian Red Cross

Asylum Seekers Assistance Scheme 02 6206 6034

Child protection services

Care and Protection Services (24 hours) 1300 556 729

Child at Risk Assessment Unit 02 6244 2712

Community health services

Central Contact Number 02 6207 9977

Belconnen Health Centre 02 6205 1541

Civic Health Building 02 6205 0977

Phillip Health Centre 02 6205 1463

Tuggeranong Health Centre 02 6205 2768

Dental services

Civic Dental Clinic 02 6205 0977

See Community Health Services above.

Disability services

Disability ACT 02 6207 1086

Family planning

Sexual Health and Family Planning ACT Clinic 02 6247 3077
www.shfpact.org.au/ Education 02 6247 3018

Family violence

Domestic Violence Crisis Service (24 hours) 02 6280 0900

Relationships Australia (24 hours) 02 6122 7100

Female genital mutilation

Women's Health Service 02 6205 1078

Hearing

Australian Hearing 131 797

Australian Government Hearing Services Program 1800 500 726

Immunisation

Health Protection Service

Immunisation Enquiry line 02 6205 2300

Companion House

Assisting Survivors of Torture and Trauma 02 6247 7227