



Foundation House

The Victorian Foundation for Survivors of Torture Inc.



# INTEGRATED TRAUMA RECOVERY SERVICE MODEL

Advancing the health, wellbeing and human rights of  
people of refugee backgrounds who have experienced  
torture or other traumatic events

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## BACKGROUND

This document is designed to orient readers to the specialist work done by the Victorian Foundation for Survivors of Torture (VFST, also known as Foundation House). It describes the integrated nature of our approach to working with and for survivors of torture and other traumatic events who come from refugee backgrounds.<sup>1</sup>

## OUR ORGANISATION

VFST provides services to advance the health, wellbeing and human rights of people of refugee backgrounds in Victoria who have experienced torture or other traumatic events in their country of origin or while fleeing those countries.

The organisation was established in Melbourne in 1987 and is non-denominational, politically neutral and non-aligned. It is constituted as a non-profit organisation managed by an elected Board of Management. VFST's work is funded by the Victorian and Commonwealth Governments, charitable organisations and donations from private individuals.

We have approximately 180 staff located in three offices in metropolitan Melbourne (Brunswick, Sunshine and Dandenong with an outpost in Ringwood). We also provide services in partnership with other agencies in rural and regional centres across Victoria including: Ballarat, Bendigo, Geelong, Mildura, Shepparton, Swan Hill and the Latrobe Valley. Further information about our mission, principles and organisational structure is at Appendix 1.

## OUR CLIENTS, COMMUNITIES AND SETTINGS

Each year VFST delivers services to approximately 4,000 survivors of torture and other traumatic experiences who come from dozens of countries of origin. We provide professional education and training to over 5,000 service providers annually to build their capacity to work with people of refugee backgrounds. We also conduct research and provide policy advice to government on matters relating to people of refugee backgrounds.

We work directly with individual survivors, their families and communities as well as working in settings such as schools, primary health care and mainstream mental health.

## OUR CONCEPTUAL FRAMEWORK FOR TRAUMA RECOVERY

Working with our clients towards recovery requires a framework of understanding which brings together awareness of historical, political and social influences, both past and present, which affect lives on a daily basis.

Our conceptual framework for trauma recovery (depicted in Figure 1 below) is based on an understanding that survivors' wellbeing is affected by a complex interplay of their history of torture and other traumatic events, the risk and protective factors they encounter in Australia (the host country), and cross cultural factors at play in a new settlement environment. It is underpinned by four recovery goals which result from an analysis of the impact of torture and other traumatic events. Each element of the framework is further discussed below.

<sup>1</sup> 'Refugee backgrounds' includes:

- people who have been found to be refugees (by the UNHCR or the Australian Government)
- people who have suffered persecution in their country of nationality or usual residence
- people who have been subjected to substantial discrimination and human rights abuses in their country of nationality or usual residence
- immediate family members, such as a child, of the above.

Someone may have a refugee or refugee-like background without meeting the specific Refugee Convention definition of a refugee.

**Figure 1: VFST's trauma recovery conceptual framework**



This trauma recovery framework guides our work with survivors of torture and trauma and assists our multi-disciplinary team of staff to use consistent practices based on common understanding, drawing on the strengths of different professional disciplines. The framework generates a shared vision across the entire organisation, regardless of specific program areas or work roles.

### **RECOVERY GOALS**

Since its inception, VFST has dedicated itself to promoting human rights and assisting people to recover from experiences of torture and other traumatic events. As described in our 1998 publication, *Rebuilding Shattered Lives*, assistance can take many forms but there are four fundamental goals, as seen in Table 1 below, which need to be achieved to counter the potentially devastating and long term effects of torture and other traumatic events.

**Table 1: Recovery goals**

RECOVERY GOALS
To restore <b>safety</b> and enhance <b>control</b> and reduce the disabling effects of fear and anxiety
To restore attachment and <b>connections</b> to other human beings and a sense of <b>belonging</b>
To restore <b>meaning, identity and justice</b>
To restore <b>dignity and value</b> and reduce shame and guilt

These goals, or aspects of them, are also used in trauma recovery approaches to assisting survivors of sexual violence, family violence and natural disasters.

## HISTORY OF TORTURE AND OTHER TRAUMATIC EVENTS

The pre-arrival experiences of our clients are characterised by exposure to violence and loss, persecution, perpetration of human rights violations and forced displacement. Forced displacement typically features extreme hardship, insecurity and prolonged uncertainty and can include protracted periods spent in transit countries. The legacy of such experiences shapes psychological and social functioning at individual, family and community levels. However, the ultimate effects largely depend on the opportunities to rebuild lives.

The forms of violence and persecution used by oppressive regimes are systematic, designed to destroy the mind and body of the individual, and the spirit, fabric and very existence of the community to which they belong. The psychological and social consequences are caused by the systems which perpetrate them; however the effects alter individuals, families and communities.

Fear and terror are deliberately cultivated. Once internalised they can emerge well after the cessation of violence. Core attachments to others and place are deliberately disrupted and the integrity of the self, family and community fragmented. Violence and persecution usually occur on a mass scale leading to distrust in humanity, and a struggle for identity and justice. The most invasive of persecutory acts, such as rape, are used to create shame and guilt condemning people to isolation, destroying the family unit and ultimately the community.

## RISK AND PROTECTIVE FACTORS IN AUSTRALIA

Consistent with, and inclusive of, a broader social determinants of health framework, we understand that the settlement host country can provide opportunities for rebuilding lives and strengthening protective factors in the recovery process. However, adverse socio-economic circumstances, negative public and local attitudes to refugees, and cultural barriers can constitute further risk factors and impede recovery. In addition, the pre-arrival experiences of people of refugee backgrounds are often characterised by a lack of access to health and education, prolonged periods of poverty and insecure housing.

Table 2 below summarises characteristic risk and protective factors for trauma recovery on arrival in Australia. The factors listed are those demonstrated by research and include factors which are relatively distinctive for people of refugee backgrounds. Risk and protective factors operate at individual, family and community/system levels.

**Table 2: Protective and risk factors in Australia**

	PROTECTIVE FACTORS	RISK FACTORS
<b>INDIVIDUAL</b>	<ul style="list-style-type: none"> <li>Good interpersonal and social skills</li> <li>Self-efficacy and control</li> </ul>	<ul style="list-style-type: none"> <li>Poor physical and mental health on arrival</li> <li>Perceived lack of social and economic status</li> <li>Lack of familiarity with dominant culture and its systems</li> </ul>
<b>FAMILY</b>	<ul style="list-style-type: none"> <li>Actual or early prospect of family reunification</li> <li>Stimulating and safe family functioning</li> </ul>	<ul style="list-style-type: none"> <li>Family members in dangerous circumstances</li> <li>Protracted delays to family reunion</li> <li>Family stressors</li> <li>Poor maternal mental health</li> </ul>
<b>COMMUNITY/SYSTEM</b>	<ul style="list-style-type: none"> <li>Responsive health system</li> <li>Information provision re legal, health and education systems</li> <li>Facilitation of participation in education, training and employment</li> <li>Welcoming attitudes to diversity, refugees and asylum seekers</li> </ul>	<ul style="list-style-type: none"> <li>Barriers to health access</li> <li>Socioeconomic disadvantage</li> <li>Protracted mandatory detention</li> <li>Racism and discrimination</li> <li>Limited social support networks</li> <li>Government policies which perpetuate visa status uncertainty</li> </ul>

### CROSS-CULTURAL FACTORS

Refugees and asylum seekers represent a diverse range of ethnic, cultural and religious backgrounds. Working effectively and appropriately with this diversity requires recognition that every encounter is a cross-cultural one. This means service providers need to be aware of their own (and their organisation’s) world-views, values, philosophies and explanatory models, as well as those of service recipients and their communities.

Specific cultural factors which are particularly important to consider in promoting health and well-being in specialist or broader health settings are listed in Table 3 below.

**Table 3: Cultural factors in promoting health and wellbeing**

CULTURAL FACTORS
Language and communication
Stigma associated with physical and mental disorders
Experiences of discrimination based on ethnic or religious grounds
Definitions and causal perceptions of illnesses and their treatment
Expectations of practitioners/service providers
Beliefs and practices related to help-seeking behaviour
Experience, knowledge, and acceptance of legal, health and education systems in Australia
Values and approaches to child rearing and parenting
Gender role expectations

Cultural considerations interact with what are commonly known as social factors such as education, socio-economic status, rural or urban background.

### **SURVIVORS NOT VICTIMS**

We refer to ‘survivors’ of torture and other traumatic events as opposed to using the term ‘victims’ of torture. The latter is an important term used in the legal and human rights sector to clearly define who has had a wrong done to them (that is, the injured, the one tortured).

In common with other rehabilitation services, VFST has adopted the term ‘survivor’ with the aim of supporting individuals, families and communities to move from the often disempowering view of themselves as ‘victims’ to a more empowering place of ‘survivors’.

### **ACCESS**

VFST’s services are promoted through outreach, professional development and engagement with other service providers who have a high level of contact with people of refugee backgrounds. This includes settlement, health, social, legal and education services. VFST also employs community liaison workers to promote and facilitate access to our services.

Access to VFST’s client services is generally through referral from other services providers and our services are free to clients. Approximately fifteen percent of our referrals are self-referrals or referral from family members/friends of clients.

### **OUR INTEGRATED TRAUMA RECOVERY SERVICE MODEL**

To achieve the recovery goals described above, VFST has developed a holistic, integrated trauma recovery service model to guide and improve our services for survivors of torture and other traumatic events, and to influence mainstream systems to better serve these clients. The ways to achieve the recovery goals are to:

1. Deliver high quality services to survivors of torture and other traumatic events
2. Improve the capability of service systems and client communities to promote the wellbeing of survivors
3. Advocate for improved policies and programs



Figure 2 below depicts the recovery goals and ways to achieve them.

**Figure 2: VFST's integrated trauma recovery service model**



The emphasis on integration is designed to maximise expertise and effectiveness across the organisation and to create a dynamic and rigorous approach to this field of work. VFST has capitalised on the value of this integrated approach to influence the direction of government policy and programs in the field of refugee settlement and, wherever possible, the treatment of asylum seekers. This integrated model is reinforced by a strong agency operations area which provides financial planning and management services, Human Resource services, IT capabilities and administrative infrastructure.

Each of the ways of achieving the recovery goals is described in more detail below.

## DELIVER HIGH QUALITY SERVICES TO SURVIVORS OF TORTURE AND OTHER TRAUMATIC EVENTS

### SPECIALIST INTERVENTIONS

#### Tailored interventions based on comprehensive assessment

VFST delivers specialist interventions, based on a holistic trauma recovery model, which are delivered in a manner consistent with the National Mental Health Standards. Our interventions are tailored to meet individual client needs and preferences, recognise the family and community context, and take account of protective and risk factors. Interventions are life-stage appropriate, are tailored to reflect the developmental needs of children and adolescents, and aim to strengthen family cohesion.

Our interventions are based on a comprehensive assessment of clients' functioning in the various domains of:

- trauma-specific psychological and social sequelae
- family functioning
- physical health and torture-related injuries
- daily functioning
- learning abilities
- social networks
- material circumstances
- personal goals

The assessment is family-centred as it has long been recognised that the person presenting for assistance may be unaware of, or reluctant to acknowledge, the problems that their spouse or children may be having. Our assessment approach allows for mutually agreed goals to be set and means, for example, that securing housing in a safe area through advocacy can be as important an intervention as counselling.

#### Trauma-focused and trauma-informed

VFST's client services are directed at achieving and promoting recovery through a range of interventions which are both trauma-focused and trauma-informed. Trauma-focused interventions are those which focus on symptoms characteristic of post-traumatic stress disorder (PTSD) as well as behaviours characteristic of complex trauma such as emotional dysregulation, interpersonal difficulties and problems of self and identity. Trauma-informed interventions recognise broader recovery goals and are generally aimed at developing skills such as problem solving, communication and social skills, building self-esteem and self-efficacy, creating and facilitating social connections and participation, and implementing interventions which target the goals of safety, justice and dignity using the strengths of the individual, family and community.

#### Evidence-based

VFST's interventions are informed by available evidence from a range of sources including qualitative research, evaluation, theory and expert consensus. There have been several reviews of evidence-based interventions for survivors of torture and other traumatic events, and the limitations of the current evidence base. Most reviews indicate that a range of approaches will lead to improvements in PTSD symptoms; however there is not sufficient evidence of one therapeutic method being superior to any another. The effectiveness of holistic, culturally-adapted approaches

for clients with multiple needs requires considerably more research.

## SERVICE TYPES AND DURATION

Any individual client or family may be in receipt of one or more of the following services:

- individual and/or family counselling
- group counselling (including school-based groups)
- complementary therapies (eg massage, naturopathy, physiotherapy)
- psychiatric treatment
- facilitated referral/s, case management, secondary consultation, and co-joint work with other services
- client advocacy
- psycho-education and information

There is no prescribed or capped number of sessions of interventions. Duration and frequency of services is a function of the client's symptom severity, their level of daily functioning and the extent and breadth of relevant risk and protective factors.

## QUALITY ASSURANCE

Interventions, as specified in case plans, are subject to review by coordinators and managers and through mandatory VFST supervision processes, to ensure that appropriate interventions are being delivered to meet client needs.

## IMPROVE THE CAPACITY OF SERVICE SYSTEMS AND CLIENT COMMUNITIES TO PROMOTE WELLBEING OF SURVIVORS

Client communities and service sectors, such as health, education and social services play a crucial role in influencing whether the multiple and often complex needs of people of refugee backgrounds are responded to appropriately. VFST's approach to improving the capability of service systems is multi-faceted. The VFST recovery goals are supported in our work with refugee background communities and service systems including:

- establishing dialogue between refugee-background communities and service providers
- building networks and partnerships with other services to support service and broader sector development
- conducting professional and organisational development
- developing and piloting innovative programs and building on strategic investments

## ESTABLISHING DIALOGUE

Community based approaches with refugee communities have a focus on supporting the VFST recovery goals. Strategies are aimed at enabling community members to access the services they need, as well as enabling community groups to support recovery in their activities. The process of community engagement and capacity building are based on using dialogue (rather than didactic provision of information). This dialogic approach offers a reciprocal benefit to VFST and other service providers, as the community is able to contribute to service development.

### **VFST's Community Advisory Model**

The VFST community advisory model is an approach that has been used across a range of settings and sectors over many years. It is an intentional approach where community advisors are identified by community leaders and others, and invited to participate in a community advisory group with service providers. The community advisors receive orientation and skills development in advocacy (as required) by VFST facilitators. This model has been used effectively in the areas of family support, early years, education, child and adolescent mental health and community based research in maternity services.

### **Community liaison work**

VFST employs community liaison workers with the relevant cultural background to work alongside their communities through a range of strategies including group work, psycho-educative sessions, leadership development, engaging with young people, and encouraging community participation in various regional networks. Recent target communities have been Karen, Chin, Assyrian/Chaldean, Afghan, Sierra Leonean, Liberian, Bhutanese and Iranian.

## **PARTNERSHIPS/NETWORKS**

VFST uses a partnership approach and actively supports network development in health, education and community service sectors to increase access and provide more effective delivery of services to survivors of torture and other traumatic events.

Outlined below is our work in building the capacity of schools and health services to be more responsive to the needs of survivors of refugee-background communities. We have also undertaken work with family support services and early years services using a partnership approach. Our delivery of torture and trauma counselling services in rural and regional Victoria is also supported by a partnership approach.

### **Education**

The Schools Support Program offers a specialist service to teachers and school leaders in schools with refugee-background students. It acknowledges schools' contribution to the recovery, resettlement and integration processes for children, young people and their parents and carers, whose lives have been disrupted by conflict, persecution and long-term displacement.

Through network partnership strategies we work with clusters of schools to take a whole of school approach to supporting refugee-background students. This is achieved through a tailored program including school audits, action plans, provision of resources, professional development and strategies to support parent engagement.

### **Health**

A pro-active health promotion, education and early intervention approach is particularly important for people from refugee backgrounds given their relatively poor health status on arrival, their limited access to health care in the past and the barriers they may face in seeking appropriate care following their arrival.

The Victorian Refugee Health Network, established and auspiced by VFST, was created to bring together key stakeholders across immigration and settlement, primary care and specialist care including universal services (maternal and child health), acute and preventative health services to address refugee health and wellbeing. The Network aims to facilitate greater coordination and collaboration among health and community services to provide more accessible and appropriate health services for people of refugee backgrounds in Victoria, through time limited projects and programs, provision of advice to providers and policy-makers and provision of information through a dedicated website and e-bulletin. A senior level reference group guides the work of the Network.

Our work in the Network has supported a number of practice-based research programs, including a focus on maternity and early years.

## PROFESSIONAL AND ORGANISATIONAL DEVELOPMENT

VFST has a well-established professional and organisational development program which each year delivers education and training to over 5,000 participants predominantly from the health, community services and education sectors.

Professional development at VFST is one of a number of strategies designed to support external individual practitioners and organisations in their work with survivors of torture and other traumatic events from refugee backgrounds.

We continue to develop our approaches to supporting organisational development and skills development in different settings. This has included:

- a whole of school approach in educational settings
- facilitation of reflective practice groups in health and community services
- development of tailored modules for particular organisations.

## INNOVATIVE PROGRAMS

VFST has a proven record of developing innovative programs based on identifying major service gaps through research and evaluation and our existing work with clients. We have built on strategic investments from philanthropic funding bodies to influence government policy and increase funding for programs and services for survivors of torture and other traumatic events.

Our innovative programs and strategic investments have led to tangible practice and policy outcomes in the health and education sectors. For example:

- Having identified poor access to primary health by our clients, we worked with the Victorian Government to develop the first Refugee Health and Wellbeing Action Plan in 2008. A framework for refugee health services delivery has grown since then which includes expansion of the refugee nurse program.
- Philanthropic funding was used to build school capacity to respond to the needs of refugee background students and their parents/carers. This led to investment by the Victorian Government in a program that is now known as the Refugee Education Support Program (RESP).
- Recognising that many young people of refugee backgrounds struggle to remain in education and participate in employment, a program was developed to facilitate English language acquisition, provide psychosocial support and education (including peer and business mentors), and provide participants with work experience and/or part-time work. This program, Ucan2, was piloted and successfully evaluated, leading to a significant investment from the Federal Government for program expansion.

## ADVOCATE FOR IMPROVED POLICIES AND PROGRAMS

This component of VFST's integrated model:

- builds effective strategic relationships in the government, non-government and private sectors
- draws on the expertise and evidence emerging from the integrated model to provide advice and constructively advocate for improvements and changes in mainstream system responsiveness, government policy, programs and resourcing
- supports advocacy for refugees and asylum seekers
- conducts and contributes to research investigating the issues affecting VFST's client population to inform programs and services aiming to improve the health and wellbeing of refugee communities.

## STRATEGIC RELATIONSHIPS: REPRESENTATION AND ADVISORY POSITIONS

VFST provides advice and advocacy through membership of a range of advisory bodies, steering committees and working groups at the Federal, State and local levels. Membership of such bodies includes:

- Commonwealth Minister's Council on Asylum Seekers and Detention (MCASD)
- Commonwealth Settlement Services Advisory Council (SSAC)
- Victorian Office of Multicultural Affairs and Citizenship Translating and Interpreting Advisory Group
- Refugee Council of Australia Network of Asylum Seeker Agencies in Victoria
- Refugee Council of Australia National Detention and Offshore Processing Network
- Network of Asylum Seeker Agencies Victoria (NASAVic)
- Refugee Minor Program Advisory Group

In addition, VFST is a member of the Forum of Australian Services for the Survivors of Torture and Trauma (FASSTT), a national network of specialist torture and trauma services. The role of FASSTT includes: developing national policy, standards and service frameworks for torture and trauma agencies; liaising with State and Federal governments on behalf of survivors; and participating in international torture and trauma networks.

VFST is also a member of the International Rehabilitation Council for Torture Victims (IRCT), an umbrella organisation that supports the rehabilitation of torture survivors and the prevention of torture worldwide.

## PUBLIC ADVOCACY

As well as advocating for the needs of survivors through advisory bodies, VFST undertakes public advocacy through multiple avenues including media releases, opinion pieces in mainstream media, submissions to parliamentary and other enquiries, input into government policy initiatives and participation in annual consultations of the United National High Commission for Refugees (UNHCR).

Submissions have been made to inquiries including:

- Joint Standing Committee on Migration Inquiry into Multiculturalism in Australia
- Joint Select Committee on Australia's Immigration Detention Network
- Commonwealth parliamentary inquiries into proposals to amend laws relating to protection visas
- Australian Human Rights Commission Inquiry into Children in Immigration Detention
- Reference Group on Welfare Reform (Commonwealth) with respect to its Interim Report to the Minister for Social Services, 'A New System for Better Employment Outcomes'
- Independent Hospital Pricing Authority (Commonwealth) Draft Work Program 2014-15 (highlighting the importance of recognising the costs of interpreters in the health system)

- Victorian Royal Commission into Family Violence
- Victoria Police Community Consultation on Field Contact Policy and Cross Cultural Training
- Australian Law Reform Commission Freedoms Inquiry

In addition, VFST provided significant input to the Victorian Refugee and Asylum Seeker Health Action Plan, Victorian Government Consultations on Early Years and Schools, as well as commenting on the National Mental Health Commission Review of Mental Health Programs.

## RESEARCH AND EVALUATION

VFST undertakes and contributes to research to enhance understanding of the needs of torture and trauma survivors of refugee backgrounds and to improve service responsiveness to them. We also regularly undertake evaluation of our own programs. The findings of our research and evaluations, and the recommendations that flow for policy makers, and service providers are disseminated through a variety of means including the publication of reports and articles in journals and presentations at conferences.

Recent and current research projects include:

- a study of the experiences of young people from refugee backgrounds of mental health services
- the development of measures suitable for use in research with people of refugee backgrounds including a computer assisted interview for assessing the wellbeing of refugee children and a goal-based approach to outcome measurement
- the development of a Vulnerability Identification and Assessment Tool for use by immigration officers in assessing asylum seekers and determining appropriate interventions
- Having a Baby in a new country - the experience of Afghan families: in partnership with Murdoch Childrens Research Institute
- Bridging the Gap - a program of quality improvement initiatives in maternity and maternal and child health services (in collaboration with the Murdoch Childrens Research Institute and others).

## APPENDIX 1: MORE INFORMATION ABOUT VFST

### OUR MISSION

To advance the health, wellbeing and human rights of people from refugee backgrounds who have experienced torture or other traumatic events.

### OUR GUIDING PRINCIPLES

1. Torture is an unacceptable violation of human rights regardless of the perpetrator or the purposes for which torture is used.
2. Survivors of torture have the right to services to support their recovery from the harm inflicted on them.
3. VFST is independent and not aligned politically, and will denounce the use of torture by any regime.
4. VFST will provide services that support our clients to rebuild their lives and foster their self-determination and independence.
5. VFST will advocate for policies that respect and advance the health, wellbeing and human rights of refugees and asylum seekers.
6. VFST will maintain a productive, innovative and sustainable culture that supports and strengthens the capacity of our staff.

### GOVERNANCE AND LEADERSHIP

As an incorporated not-for-profit membership organisation, governance of VFST rests with a Board of Management. An Agency Management Team, comprised of the CEO and seven senior managers, oversees the day to day operations of the agency and participates in strategic management of the organisation. Overall responsibility for the organisation rests with the Board of Management.

### ORGANISATIONAL STRUCTURE AND MANAGEMENT

VFST is structured around program areas which work closely together to form an integrated approach to service planning, development and operation. We have a permanent staff of approximately 180 people (140 EFT).







## OUR MISSION

To advance the health, wellbeing and human rights of people from refugee backgrounds who have experienced torture or other traumatic events.



## Foundation House

The Victorian Foundation for Survivors of Torture Inc.

### **FOUNDATION HOUSE - The Victorian Foundation for Survivors of Torture Inc. (VFST)**

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