NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

Elderly Refugees Research Project

Focus Group Discussions - Jun-Nov 2017 - Report

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"Nobody seems to care about the elderly…we are on our way out so "why invest?" they must think. But we live years and years as old people. Years forgotten, years in pain, years feeling like a burden…afraid to ask for help…afraid of what will happen if we do not ask. It feels like old age ends your membership to the club of humans with the right to dignity, respect and a decent standard of living" (Jose, 72, refugee from Chile)

This report is based on conversations with 327 older refugees (male and female between 60 and 89 years of age) from the following countries: Syria, Iraq, El Salvador, Vietnam, Chile, Argentina, Uruguay, Peru, Bolivia, and Nicaragua.

The conversations took place between June and November 2017. Some of the participants arrived in Australia as refugees and others have gone through the asylum seeker journey. The length of time living in Australia ranges from 3 to 38 years. Most of the people interviewed for this project are current clients of STARTTS.

Despite the vast differences between the cultures of the people who participated in these discussions, it is interesting to note that their experiences of ageing in Australia, their current needs, and their concerns are quite similar. In a nutshell, the process of ageing in Australia as a refugee is described by the participants as a complex cluster of experiences arising from refugee-related issues, migration challenges, and cultural factors causing inter-generational conflict and changes to family dynamics; all compounded by the difficulties commonly associated with ageing.

The discussions with elderly refugees centred on the overall experience of ageing as a refugee in Australia: What is this experience like? As the participants developed this question, several main areas of influence were identified:

The scars of the past and the impact on the body today

The normal challenges associated with an ageing body were discussed in the context of the refugee experience. Several factors involved in surviving the horrific experiences that resulted in the participants becoming refugees in Australia have a direct impact in their ageing experience today. War and other armed conflicts affected the structure and functioning of the places where they lived: there was not enough food, limited access to health care, chances of physical injury increased substantially, and sanitation was not always possible. In many cases, the refugees interviewed for this project could trace their current health problems to the experiences they survived in their countries of origin. In their words, they are "worse off" because of what they lived through.

"There was so much poverty because of the war. Farms were ravaged by soldiers and burned. Food was scarce and we were often hungry. I have really bad bones now, because of the years of war. It affects my mobility and I am in constant pain."

"I was beaten savagely and I did not see a doctor because there wasn't one available. My body healed in whatever way it could. But now I have so much scar tissue around my organs that none of them works properly. The older I get, the worse it gets."

"I had my daughter in a shed with no doctor or sanitation. I had a horrible infection afterwards and I barely survived. My kidneys were severely damaged and this has a huge impact on my health now."

"To survive, I carried huge loads of wood on my head which I sold for a bit of money to eat. My neck and shoulders are quite damaged. I have suffered migraines and intense neck pain all my life, but now with age it is so much worse"

Elderly refugees can often trace their physical health problems to the types of experiences they survived in their countries of origin, or in transit to Australia. This impacts their current situation in addition to health concerns /capacities decline commonly associated with ageing.

Settlement: "planting seeds under a storm"

Another factor which participants identified as having a big impact in their lives today is settlement. The settlement process poses well-documented challenges and difficulties for anyone finding themselves having to navigate it. At its most basic, settlement entails learning how to function in a new place, and planting the seeds for thriving. For the participants in these discussions, this process was extremely difficult: not only did they have to learn a new language and adapt to a very different culture, but they needed to do so whilst feeling the impact of the experiences they survived.

All of the participants reported experiencing moderate to severe mental health symptoms when they arrived in Australia: depression, anxiety, panic attacks, flashbacks, nightmares, sleep disturbances, hypervigilance. These symptoms had implications for the way people functioned in society, for their capacity to learn, to stay focussed, to hold employment, etc. For many, the mental health symptoms that were the direct consequence of the traumatic experiences lived prior to life in Australia, meant they could never become independent from services such as Housing and Centrelink.

"I could not sleep; I was frazzled and exhausted all the time. Every night I had terrifying nightmares and every day I woke up tense, anxious, scared of everything. Always looking over my shoulder, always jumpy and alert. My body ached so badly from the lack of rest and the tension. I went to English classes, but I learned nothing. My mind could not take anything in. I worked as a cleaner because it was the one thing I could do without English. Now I am old and my English is very limited. It means I depend on others for so many things."

"When we came to Australia my husband begun having nightmares about his torture experience. He became angry and violent. The psychologist said he had PTSD. It took years for him to feel better. In those years the tension at home was unbearable. I was also depressed and anxious; I lost my daughter in an attack. My husband could not hold a job because of his symptoms. Other people in the community bought homes, learnt English, and studied a profession. We stayed behind because

we were sick. Our kids missed on opportunities other kids in the community had, because we were always poor. Now we are old and we are still poor."

"I was kidnapped and tortured. When I came here I just could not be with people. I felt different, disconnected, angry and mistrustful. I isolated myself and I dragged my family down with me. Trying to settle here was like "planting seeds under a storm": whatever I did to try to get ahead seemed to be wiped out by the storm unleashed in my mind when they tortured me. Being an older person now I feel at a disadvantage because I feel that I never really "settled" properly".

Elderly refugees are disadvantaged further by difficult settlement experiences. Having spent decades dealing with the mental and physical aftermath of trauma, many find themselves financially strained (and unprotected), linguistically isolated, and highly dependent on services and family in their old age. Furthermore, this cluster of factors derived from settlement difficulties places elderly refugees in a highly vulnerable bracket.

An easily triggered mind

The participants in these discussions talked about the issue of an easily triggered mind, and the impact this has for their everyday lives. In the participant's view, the experiences they had in their countries of origin, compounded by the settlement experience and the process of ageing, have left them with very low levels of tolerance to stress. The stress reaction unleashed by what otherwise constitute normal aspects of everyday life (attending a doctor's appointment, Centrelink, applying for services, etc.), impairs the ability of the elderly refugee to fully engage in the moment. Some of the difficulties experienced by the participants in these discussion groups include anxiety and panic reactions which, in turn, caused them to feel an overwhelming desire to leave the room, inability to comprehend what is being said during the meeting, inability to structure thoughts and sentences clearly, a sense of failure, an intense sense of being judged, frustration at being unable to advocate for themselves, temporary loss of English skills, irritability, anger, and mistrust.

One important conclusion to be drawn from this is that the inclusion of interpreters in important interviews and appointments will not be sufficient for the meeting to be successful (by successful we mean that the elderly refugee was able to engage in the moment, fully understand the messages being delivered, and had the opportunity and the means to communicate his or her fears, concerns and doubts to others). Whilst interpreters were described as an essential need by the refugees interviewed, they do not, however, have the skills or the scope to assist the client manage their stress levels so communication can be effective.

The psycho-emotional response to physical decline is well-documented. Problems such as depression and lower self-esteem are common responses to diminished physical/mental capacity, short memory recall difficulties and chronic pain: How do participants see themselves and their own capacities as the process of ageing progresses? Topics such as self-esteem, motivation, positivity, hope, independence, autonomy and self-volition were explored.

An interesting and concerning message that was repeated over the course of the sessions, was the elderly refugees' perceptions of themselves as somewhat "damaged". This perception seems to place participants in a state of helplessness when it comes to challenging situations in everyday life. The underlying thought (mediating helplessness and negative self-concept) seems to be: "I was

persecuted and harmed in my country, settlement often felt like persecution (for example, overly burdensome administrative and form-filling/evidencing documents and interrogation-like interactions with Centrelink to prove credibility i.e. not a liar, thief, etc.), now I am old and I still feel persecuted."

Many participants stated that the fact they live in poverty and never learned English confirms their status as "damaged people".

"I accompanied my friend (elderly refugee) to an interview. She was super nervous and became increasingly more so as the interview progressed. I was there to interpret for her, because the specialist did not provide interpreters. But she was not listening: it was not a problem of language. She was so upset that no matter what we said, she understood everything differently. Afterwards she explained that she had an anxiety attack and her mind was racing with a million thoughts that kept telling her the situation was unsafe. I just didn't know how to help her."

"When I have to go to Centrelink or Housing appointments I feel like I did when the authorities in my country called us and we knew our lives were in danger. I just cannot concentrate and, at the same time, I feel desperate because these are services that I cannot live without."

"The specialist told me I would need to be operated on. I sat there and I saw the body of my daughter, cut and open. I had a panic attack and afterwards I could not remember anything from that appointment. It cost me $370 and I have not gone back, because it is too much money for me and I am terrified this will happen again."

"As I get older I find that the little English I learned before, I am forgetting. I find that my English makes less and less sense now; I can see it in the faces of the people I talk to. The more important it is that I speak clearly or understand what is said to me, the more I seem to be unable to. For important appointments I need my daughter to come with me and help me calm down, explain things slowly and write down things for me. When she cannot come with me I feel fearful that the appointment will be a failure."

"Everywhere you go they tell you to fill up forms, so many forms. I don't understand them. This person takes the form, another one asks for the same information. Then another person again. I don't know who to call. It is so stressful and so I avoid applying for services. It makes me too anxious and sick."

"I am tired of trying to survive all my life. In El Salvador they were against me, in Australia they pushed me and pushed me when I was hardly coping. I am old and I am still barely surviving. When Centrelink gives me trouble, I get depressed and I feel I want this to end. My mind cannot take stress anymore."

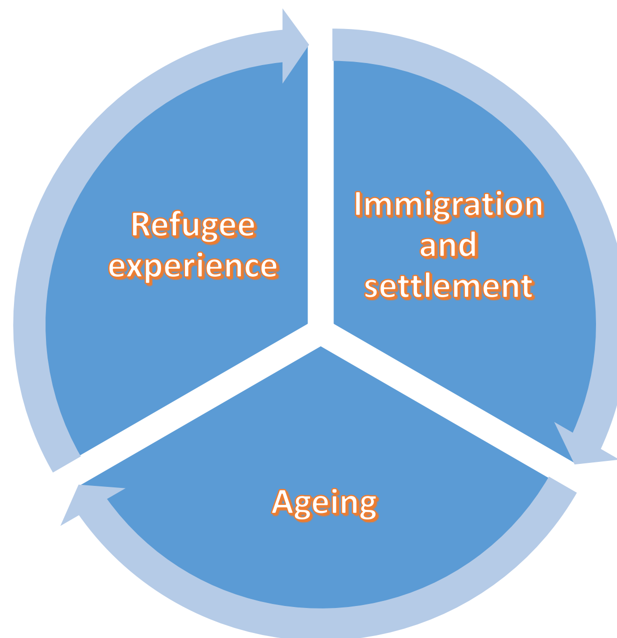
Elderly refugees have been exposed to high and constant levels of stress, in many cases spanning decades. The impact of this manifests itself in all layers of the being: physical strain from somatization of stress, mental overburden and narrow windows of tolerance/dissociative or numbing coping mechanisms, social difficulties and the spiritual over-toil in the search for meaning, hope and motivation. These factors can affect the elderly refugee's capacity to deal with every day challenges.

In a nut shell…

The service GAP

Services in Australia are in constant development when it comes to the effort to address the gaps that affect accessibility and effectiveness for users. Because "elderly refugee" is not an acknowledged, specific category in all service-related policies, this target group is not properly represented and often "falls through the cracks".

As the testimonies of elderly refugees attest, supported by an emerging body of literature, this group is especially vulnerable, because their problems are a complex cluster of refugee trauma issues, migrant/settlement stress factors and difficulties, and ageing. These three "components" are not linear, but instead are in a dynamic and constant interplay with one another.



This interplay of factors indeed creates a unique set of challenges for this segment of our community. Services that target "refugees" may focus on "healing" or "settlement" but not be well equipped to deal with the cumulative effect of unfulfilled settlement and healing needs which is seen at an older age. This is because the Aged Care services needed by the elderly refugee at this stage in life are beyond the scope of specialist refugee and trauma services. Similarly, Aged Care services may not have the capacity to properly address the needs of elderly refugees, because the complexity of their needs often exceeds the planning for CALD-appropriate services.

Furthermore, the discussions with elderly refugees inform us that accessing services is a challenge, and one that goes beyond language barriers or cultural appropriateness. In order for services to be truly accessible to this target group, they would need to be prepared to offer support systems that can be tailored to clients' individual and unique needs.

Lobbying and advocating for the wide spectrum of services available to support elderly refugees in all capacities is out of the scope of this project. However, recommendations for STARTTS, as a specialist service for refugees in NSW are:

1. Specialised services for refugee elderly

"The elderly" is a vulnerable group within society, whether they are refugees or not. Statistically, this group is at higher risk of abuse, neglect, poverty, depression, suicide, isolation and other problems. These issues affect not just the elderly person, but their families too. This is a life stage in which people typically begin to see deterioration of physical and mental capacity, as well as many important changes such as retirement, shift in family roles, community engagement, and the death of people from their generation, etc. When we speak of "elderly refugees" we are speaking of all of the above, but with the added complexity of the refugee experience and the migration/settlement experiences. Attempting to provide effective services to elderly refugees requires a systemic approach based on sound understanding of this life stage, the implications of the clustered problems at all levels (individual, family, community) and the services available to support the elderly. Working with the elderly requires specialised policies, and flexibility to support access and equity principles in practice.

2. Holistic Care Plans and Interagency collaboration

Which services/supports does the person need to achieve wellbeing, safety, social inclusion and access to appropriate health services? Literature on the topic of elderly refugee needs tells us that in order to achieve better health and wellbeing outcomes for this target group, a holistic approach is paramount. In line with this, we acknowledge the importance of ensuring the elderly refugee client is linked with appropriate support systems that can work together (STARTTS, doctors, aged care services, social support, community organisations, families, etc.). It is also essential that refugee community organisations are included and supported to participate in this collaboration as they have access and linguistic/cultural expertise required.

3. Capacity of STARTTS and staff of other services working with CALD/refugee clients to provide practical support for clients to access services.

This includes understanding referral systems and barriers encountered by elderly refugees. STARTTS staff and other working in the CALD/Refugee sector would need to be able to liaise with services and families when creating care plans, assist in key interviews, and provide information/support to all stake holders.

4. Specific data collection and program evaluation systems

Aged care services should be able to collect and analyse data indicating previous refugee status and/or experience of torture and trauma. Further, aged care services should be able to evaluate their programs as to their effectiveness with this client group.

5. Liaison with service providers likely to be involved in assisting elderly refugee clients.

Again, being a specialist service with unique access to elderly refugees, STARTTS is in a well-placed position to work in partnership with aged care and health services. A symbiotic relationship with these services would go a long way towards achieving elderly refugee care plan goals. STARTTS could offer training and support to workers providing direct care to elderly refugees in their homes and the community; thus assisting key organisations to ensure their front line workers are well informed,

appropriately prepared and able to access good support in case of vicarious traumatization (for example torture survivors re-living their experiences following a dementia diagnosis and the impact of disclosure on carers).

6. Assistance for refugee communities and organisations to develop and deliver their own culturally and linguistically appropriate aged care services

Some ethnic communities have managed to develop and deliver culturally and linguistically appropriate aged care services (eg. Jewish, Italian, Greek). New and emerging refugee communities are beginning to identify a need to follow this path. However, they need access to resources and intensive guidance and mentoring to move into this highly complex and regulated service industry.

Joining national advocacy efforts to improve policies and budget allocation to elderly refugees as a specifically recognised group.