Consultation paper:
Development of a whole-of-government Trauma Strategy for Queensland

Trauma in refugees and asylum seekers

What is this research about

Trauma in refugees and asylum seekers is a complex and pervasive issue. Traumatic experiences of war, persecution, displacement, and loss[1] can be compounded by stressful demands post-settlement in a new country[2], putting refugees and asylum seekers at heightened risk of psychological distress[3]. With more than 20,000 humanitarian migrants settling in Queensland over the last decade[4], there is a pressing need to address trauma, validate their experiences, and foster healing and recovery to support their successful integration into the Queensland community. This paper sheds light on the prevalence, characteristics, and impacts of trauma within this population and outlines strategies to address pre-migration trauma, prevent further exposure, and tailor interventions to the unique needs of this population.

The context for this research

Refugees and asylum seekers, driven by a well-founded fear of persecution, seek safety beyond the borders of their home country. Whilst common for these individuals to experience significant hardship before arrival in Australia, including exposure to trauma, it is important to recognise that they will not all experience trauma in the same way. Trauma encompasses a diverse range of experiences that impact an individual's psychological and emotional well-being. Broadly defined as the long-lasting negative effects of distressing events, trauma often leads to psychological distress and impaired functioning[5]. This section will introduce the international and Australian refugee policy landscape, give an overview of trauma within the context of the forced migration journey, and then provide some context concerning settlement in Queensland.

International and Australian Refugee Policy Landscape

Refugees, defined by the 1951 United Nations Refugee Convention, are individuals seeking international protection because they are unwilling or unable to return to their home country due to a well-founded fear of persecution[6]. These individuals can be granted refugee status through the United Nations High Commissioner for Refugees or States that are signatories to the Refugee Convention. All refugees begin as asylum seekers, but not all asylum seekers achieve refugee status. The term refugee carries legal recognition of their right to seek protection and safety outside of their home country.

Australia's Refugee and Humanitarian Program comprises offshore and onshore components[7]. The offshore component provides resettlement to individuals granted refugee status outside of Australia. The onshore component encompasses individuals with valid visas who arrive in Australia seeking asylum and who meet Australia's protection obligations under the 1958 Migrant Act or complementary provisions. These individuals, often termed asylum seekers, await the Australian Government's decision on their refugee status. Those recognised as refugees through these two pathways are granted permanent protection visas, allowing them to live and work in Australia as permanent residents. Individuals who arrive in Australia seeking asylum without valid visas are subject to mandatory detention and may or may not qualify for temporary or permanent protection visas.

Understanding these different pathways to Australia is important as they shape different entitlements and rights, including access to government resources and support systems. It is important to acknowledge that asylum seekers encounter greater disadvantage than recognised refugees due to prolonged immigration processes, inequitable

access to government resettlement supports and provisions, and limited civil and political rights, including access to healthcare, education, housing, and employment. While this paper will not examine the direct impacts of visa categories on trauma experiences, it acknowledges the potential for diversity in trauma and recovery experiences among refugees and asylum seekers. The term 'humanitarian migrant' will be used in this paper henceforth to capture both refugees and asylum seekers.

Trauma and the Migration Journey

Given the nature of the humanitarian migrant experience, most have been exposed to traumatic experiences before leaving their home country, including war, conflict, persecution, violence, and torture[8]. The migration process itself can also be fraught with perilous camp and transit experiences, exploitation, prolonged uncertainty, deprivation, and separation from family and community[9]. Upon settlement in a new country, they must navigate a host of challenges, including cultural adaptation, language barriers, limited social networks, discrimination, unfamiliar systems, and the daunting task of rebuilding their lives from scratch[10]. Each phase of the migration journey presents unique challenges contributing to the complex trauma experienced by refugees and asylum seekers.

Settlement in the Queensland Context

The settlement of humanitarian migrants in Queensland operates within the framework of the Australian Refugee and Humanitarian Program[11]. Brisbane, Cairns, Logan, Toowoomba, and Townsville are the primary settlement sites, with Brisbane and Logan hosting the largest number of humanitarian settlers. Between 2022 and 2023, Queensland resettled a total of 2311 people[12], contributing to over 20,000 people being resettled in the state over the past decade. In 2023, the most common countries of origin were Afghanistan, Eritrea, Iraq, Myanmar, Syria, and Ukraine[13]. Given the size of the humanitarian migrant population in Queensland, the number of organisations with expertise in refugee and asylum seeker trauma remains limited. The Queensland Program of Assistance for Survivors of Torture and Trauma (QPASTT) is the only agency that provides specialist mental health and recovery support.

The key findings

This section synthesises key findings from the literature concerning trauma prevalence and impacts among humanitarian migrants; help-seeking behaviours and specialist services; resilience and post-traumatic growth; and interventions to support trauma recovery. The findings highlight the diverse challenges humanitarian migrants face and the importance of tailoring interventions for this population.

Prevalence and Impacts of Trauma

The psychological sequelae of trauma in humanitarian migrants vary depending on the nature and severity of the trauma, personal coping resources, and the availability of social and practical support systems[14]. Trauma can manifest in various forms, ranging from acute stress reactions to chronic conditions like post-traumatic stress disorder (PTSD), depression, and anxiety[15]. Other mental health challenges stemming from trauma include substance abuse, self-harming behaviours, addictive behaviours, relationship difficulties, and emotional dysregulation[16]. Recent research in Australia indicates that between 31-46% of newly arrived humanitarian migrants have moderate or severe psychological distress[17], 20% present with depressive symptoms[18], 30% present with symptoms of PTSD, and 16% experience severe comorbid mental health conditions[19].

The impact of trauma also extends beyond individual psychological symptoms, affecting families and communities as well[20]. Within families, the complex interplay between pre-migration trauma and the stress of resettlement can increase the risk of further trauma exposure, such as domestic violence[21] and intergenerational trauma

transmission[22]. Within communities, unaddressed trauma can affect their ability to build and sustain community resilience and the community's capacity to respond effectively to challenges and crises[23]. Hence, unaddressed trauma can hinder social cohesion and the ability of resettled communities to achieve critical settlement outcomes, such as workforce integration and well-being[24].

Help-Seeking Behaviour and Specialist Trauma Recovery Services

Despite the high prevalence, research suggests that only one in five humanitarian migrants in Australia engage in help-seeking behaviour[25]. Furthermore, when they do seek support, it is most often through informal sources such as family and friends[26], with less than one in ten humanitarian migrants with PTSD symptoms accessing specialist trauma and torture mental health services in Australia[27]. However, recent data from QPASTT noted an increase in uptake of its services following COVID-19, with a 7% increase in demand overall and a 12% increase in demand for trauma counselling services[28].

Specialist humanitarian migrant trauma mental health services in Australia, such as QPASTT, operate within a Trauma Recovery Framework[29]. This framework delineates explicit recovery goals aimed at restoring: (1) a sense of safety and control, (2) social connections and a sense of belonging, (3) meaning and purpose to life, identity, and justice, and (4) a sense of dignity and value[30]. Achieving these goals requires concerted efforts in clinical and community settings, cross-sector initiatives, and structural reform.

According to recent QPASTT data, cost of living pressures, housing stress, and international conflicts and crises have significantly increased the amount of emotional and referral support needed by humanitarian migrants in Queensland[31]. These pressures exacerbate mental health challenges and can trigger trauma responses related to displacement (e.g., lack of physical security and stability), posing barriers to the well-being and recovery of resettled communities. The demographic profile of QPASTT clients includes that 44% are children and young people aged under 25 years, with a considerable proportion of these clients reporting moderate or severe traumatic stress symptoms and anxiety.

Resilience and Post-Traumatic Growth

Exposure to trauma is common among humanitarian migrants, yet longitudinal research indicates that most do not have long-term psychological problems[32]. A recent longitudinal study with over 1200 humanitarian migrants in Australia found that pre-migration trauma was associated with psychological distress early in resettlement, but not with psychological problems over the medium- to long-term[33]. Similarly, research conducted in Queensland found that post-migration stress had a greater impact on psychological well-being than pre-migration trauma[34]. This study also found that supportive social networks were a stronger predictor of quality of life in resettlement than pre-migration experiences.

In response to such findings, research has emerged on resilience and growth following trauma. Resilience refers to an individual's ability to adapt and cope when faced with significant adversity[35]. Qualitative studies indicate that despite trauma, humanitarian migrants focus on moving through adversity, drawing on optimism, perseverance, and hope, which are especially effective in combination with systems of social support[36]. While it is important not to minimise the effects of pre-migration trauma, research suggests that psychological changes occurring in the aftermath of trauma can be associated with psychological growth, such as perceptions of personal strength, appreciation of life, better relationships, and compassion towards others[37]. Most humanitarian migrants report positive psychological growth, even when still experiencing the adverse consequences of trauma[38]. Collectively, these findings suggest that trauma does not always lead to long-term mental health problems, and under the right conditions, may even help to cultivate resilience and be a source of growth and transformation.

Interventions to Support Trauma Recovery

As mentioned earlier, trauma recovery requires a multi-faceted approach involving clinical and community-based interventions, cross-sector initiatives, and structural reform. Clinical and community settings serve as vital sources of support for trauma recovery. Clinically, research highlights the effectiveness of narrative exposure therapy in supporting healing and transformation among humanitarian migrant populations, including significant increases in post-traumatic growth[39]. Moreover, group-based clinical interventions, such as culturally adapted cognitive behavioural therapy combined with problem-solving training, can reduce psychopathological distress, and improve quality of life over the long term[40]. Community-based interventions play a pivotal role in building and sustaining community capacity, self-efficacy, and social support networks. For example, a community-based intervention could involve training humanitarian migrants to lead cultural peer-mentor support groups. Evidence suggests that such interventions not only enhance resilience[41] but also cultivate opportunities for post-traumatic growth[42].

Effective sector initiatives and structural reform for trauma recovery require coordination, collaboration, and advocacy to ensure comprehensive support, address systemic barriers, and catalyse meaningful change at both the organisational and societal levels. The benefits of such efforts trickle down to individuals and communities, creating a reinforcing cycle of healing and empowerment. Despite these aspirations, it is well-documented that humanitarian migrants encounter a diverse range of structural barriers in the resettlement environment, hindering their ability to build resilience, sustain recovery, and achieve psychological growth from trauma. Examples include discrimination within healthcare and education systems[43]; difficulty accessing culturally appropriate and linguistically accessible trauma recovery services[44]; economic insecurity; and organisational and institutional constraints to their effective workforce integration[45].

What does this research mean for policymakers

The literature demonstrates that the combination of pre-migration trauma and post-migration stressors are unique to humanitarian migrant experiences. These factors collectively contribute to the higher prevalence of psychological distress and psychiatric conditions within this population[46]. Post-migration stressors can complicate, reinforce, and exacerbate trauma[47]. Nonetheless, research highlights the remarkable resilience of humanitarian migrants[36], which can lead to post-traumatic growth when appropriate supports are in place[38].

Accommodation for Diversity

In formulating a whole-of-government trauma strategy, policymakers must remain cognisant of the diverse experiences, backgrounds, and needs of humanitarian migrants. Below are some key points for consideration.

- Experiences of trauma may differ between humanitarian migrants entering Australia through the resettlement program and those subjected to mandatory detention. The detrimental impacts of trauma are exacerbated by prolonged immigration detention and temporary protection, with morbidity escalating alongside the duration of detention[48]. Hence, "refugees" and "asylum seekers" may require different levels of trauma care and have different experiences of re-traumatisation based on their visa category and treatment by the government.

- While sharing a history of forced migration, each humanitarian migrant possesses a unique narrative shaped by their individual history, migration journey, and settlement experience. Hence, the principles of trauma-informed approaches, which acknowledge and respect the individual experience of trauma**Error! Bookmark not defined.**, should be used to inform trauma policy and intervention strategies.

- Humanitarian migrants come from diverse ethnic, cultural, religious, and linguistic backgrounds. These differences may manifest in varying personal and social coping mechanisms, as well as expressions of psychological distress. Given this, cultural safety principles should underscore trauma policy and intervention strategies to ensure that humanitarian migrants feel respected, understood, and empowered within healthcare and social service settings[49].

- Humanitarian migrants who are "visibly different[a]" from the "Anglo-Celtic" majority in Australia fare much worse in terms of settlement outcomes and are more likely to experience racism and discrimination, potentially exacerbating the negative consequences of trauma[50]. Hence, if trauma policy and intervention strategies fail to account for the role of structural, institutional, interpersonal, and internalised racism[51] in cycles of trauma, the trauma recovery of humanitarian migrants will be at risk.

Collectively, these considerations highlight that a whole-of-government trauma strategy must adopt an inclusive and flexible approach to trauma that accommodates the diverse range of experiences, backgrounds, and needs among humanitarian migrants.

Options for reform

In crafting a whole-of-government trauma strategy for Queensland that addresses the needs of humanitarian migrants, several reform options emerge.

Ensuring Trauma-Informed Care is Culturally Safe

First and foremost, trauma-informed care must be culturally safe to meet the diverse needs of humanitarian migrants[Error! Bookmark not defined.]. This entails enhancing the cultural diversity[52] and capabilities of the workforce to effectively address trauma while navigating the complexity of cultural diversity[53]. Workforce capacity building should prioritise training and development initiatives that cultivate cultural safety, sensitivity to diversity, and a strengths-based approach to trauma-informed care across sectors interacting with humanitarian migrants, such as mental health and education. This should support cross-sector awareness of culturally safe trauma-informed approaches, enabling supportive environments that promote healing, empowerment, and resilience among humanitarian migrants affected by trauma, as well as continuity of care. Recipients of such training may also benefit from developing an understanding of the humanitarian migration journey and the cultural norms, practices, and communication styles of refugee and asylum seeker communities in Queensland. Integrating the cultural knowledge and guidance of cultural connectors, such as community leaders, into training and educational initiatives is crucial to providing culturally responsive trauma care[54].

Enhancing Access Through System Navigators and Advocates

Reforms should prioritise improving access to system navigators and advocates to help humanitarian migrants navigate complex systems in their new environment. System navigators, including case managers or social workers, alongside system advocates, like cultural liaison workers and interpreters, play pivotal roles in guiding humanitarian migrants through novel systems and connecting them with culturally appropriate resources and support networks[Error! Bookmark not defined.,55]. Recognising that language and cultural barriers pose significant challenges post-settlement[56], the presence of system advocates becomes indispensable in fostering effective communication between humanitarian migrants and services, ensuring their needs are understood and addressed.

Tackling Settlement Stressors that Exacerbate Trauma

Any comprehensive government strategy must acknowledge that resettlement stressors can complicate, reinforce, and exacerbate trauma[57,58]. While exposure to pre-migration trauma cannot be prevented, efforts can be directed toward mitigating the impact of post-migration stressors. Structural barriers, such as the non-recognition of foreign credentials and discriminatory hiring practices in the context of employment[45], can hinder trauma recovery, exacerbate poverty, and ultimately widen sociocultural and economic disparities[59]. Addressing these barriers through identifying and resourcing programs and initiatives that address structural barriers, such as employment assistance

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[a] Visibly different features can include a foreign accent when speaking the local language, foreign name, skin colour, facial and bodily features, style of dress and attire (which can depict religious beliefs), or a combination of these. For further information see Colic-Peisker, V. (2009). Visibility, settlement success and life satisfaction in three refugee communities in Australia. *Ethnicities*, *9*(2), 175–199. https://doi.org/10.1177/1468796809103459

programs tailored to humanitarian migrants, can alleviate trauma and reduce psychological distress. Tackling resettlement stressors can also mitigate the risk of further trauma exposure, including instances of domestic violence and intergenerational transmission, which are perpetuated by vicious cycles of poverty and marginalisation. By acknowledging these stressors within a broader framework of culturally appropriate trauma-informed care, policymakers can develop interventions that effectively support humanitarian migrants through their post-migration journey while minimising further trauma exposure.

Reducing Exposure to Further Trauma

To effectively address further exposure to trauma, such as domestic violence and intergenerational trauma, targeted interventions are essential. Potential interventions might include awareness campaigns aimed at promoting healthy parent-child relationships, workshops on conflict resolution skills, and avenues for seeking assistance in the case of domestic violence. Results from positive parenting interventions with humanitarian migrants show promise in reducing child maltreatment and improving parental and child mental health[60]. Programs focusing on children, adolescents, and families should provide access to culturally sensitive mental health services and educational initiatives promoting resilience, coping skills, and positive family dynamics. By equipping children and families with the necessary tools and support networks, such interventions can break the cycle of trauma and foster healthier relationships. Additionally, community-based interventions focused on strengthening social connections and providing mentorship opportunities for youth, such as mentoring by community leaders, may offer a sense of belonging and mitigate the risk of youth engaging in high-risk behaviours associated with trauma exposure. Developing practice approaches that identify risks, such as racism, and that reinforce protective factors, such as social connections, is paramount to reducing further exposure to trauma[61].

Specific Support for Young People

Children and young people from a refugee background who resettle in Queensland face very specific challenges as they acquire language and settle into the school system. Many have faced significant disruptions to education, in addition to exposure to the types of traumatic loss and adverse events described above. The consequences can disrupt their development during time-critical periods and delay the formation of a strong sense of self and well-being. *Building a New Life in Australia* found high levels of psychological distress among young people, with 31% of young men and 37% of young women being classified as having moderate or high levels of psychological distress at Wave 1 of the study[62]. School is a primary site where trauma recovery can occur; school is also the place where young people from a refugee background can start to realise their potential[63]. Nonetheless, there is a developing evidence base that attests to the prevalence of racism in schools, with deleterious effects on both wellbeing and educational outcomes[64]. Ensuring that schools offer trauma-informed services and create culturally safe classrooms and playgrounds is essential to diminishing the impact of trauma on young people from a refugee background and providing time and space for healing alongside integration.
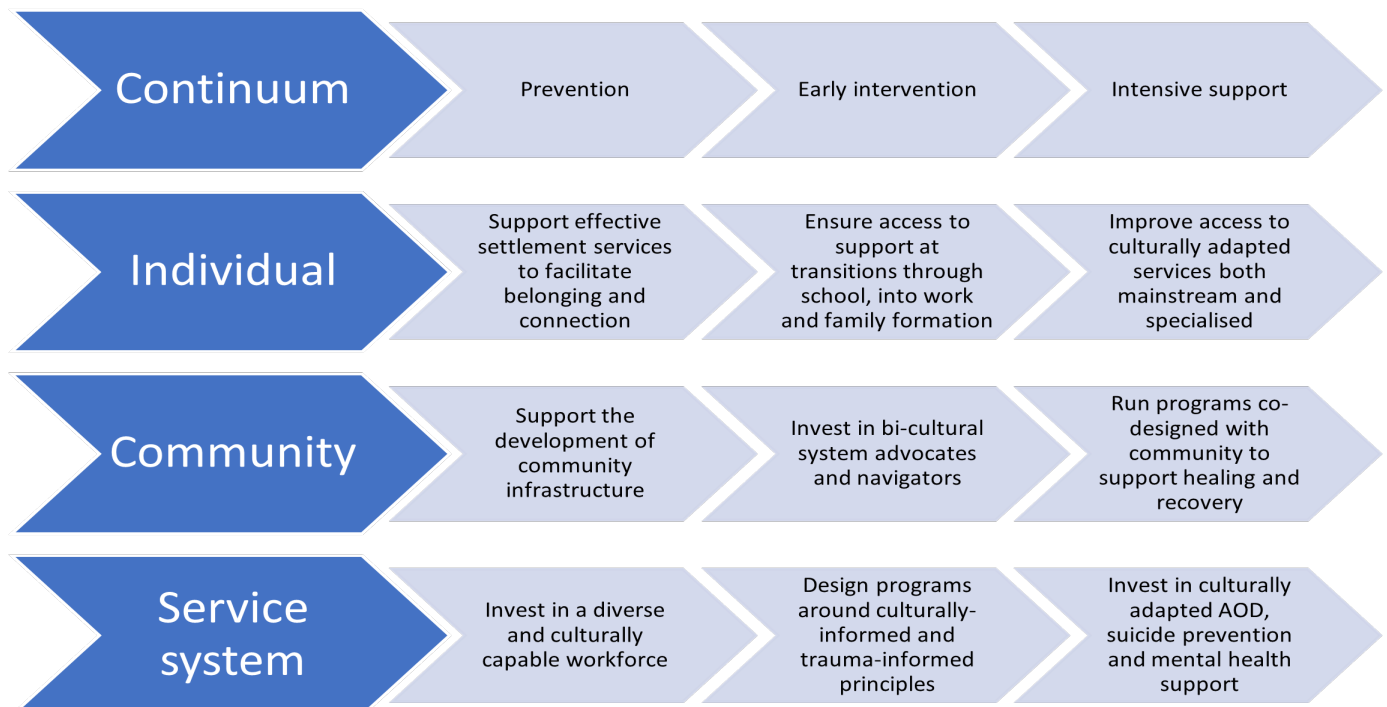
Building Confidence and Connection

Building confidence and fostering connections among humanitarian migrant populations are essential components of addressing psychological distress within the whole-of-government trauma strategy for Queensland. Supportive social relationships within culturally diverse communities can significantly mediate trauma and settlement-related outcomes. For instance, group therapy programs provide a safe space for individuals to simultaneously receive peer and clinical support, whilst also providing a platform to share experiences[42]. Beyond clinical interventions, reforms should prioritise initiatives that promote community support networks[36]. Community-based psychosocial programs have been recommended to address the impacts of trauma and resettlement stressors on individuals, families, and communities[65]. These programs help to build individual and community resilience, capability, confidence, and self-efficacy, as well as social support systems.

Five types of psychosocial programs have been found to benefit the psychological well-being of humanitarian migrants: (1) trauma-informed psychotherapy group programs, (2) community-based psychoeducation, (3) physical activity and sports-based programs, (4) peer support and mentoring programs, and (5) targeted school-based programs[66]. Cultural connectors, such as community liaison workers, are often used to implement these programs, and thereby play a crucial role in building confidence, connection, and capability within humanitarian migrant communities[54]. Other community programs and events include cultural celebration events and workshops focused on training and skills development, such as employment skills development. Strengthening protective factors, such as social connections, a sense of belonging, and employment pathways, can significantly mitigate the harms of trauma[33]. By prioritising interventions that foster confidence and connection within refugee communities, policymakers and practitioners can help humanitarian migrants build resilience and navigate the challenges of resettlement more effectively.

Conclusion

The options for reform can be usefully summarised as addressing multiple levels: individual, community, and the service system. These operate along a trajectory of interventions that function to prevent the exacerbation of trauma through settlement processes, create opportunities to intervene early when evidence of psychological distress is apparent, and ensure the provision of specialised trauma recovery services for those who would benefit from a more intensive response.

Continuum	Prevention	Early intervention	Intensive support
Individual	Support effective settlement services to facilitate belonging and connection	Ensure access to support at transitions through school, into work and family formation	Improve access to culturally adapted services both mainstream and specialised
Community	Support the development of community infrastructure	Invest in bi-cultural system advocates and navigators	Run programs co-designed with community to support healing and recovery
Service system	Invest in a diverse and culturally capable workforce	Design programs around culturally-informed and trauma-informed principles	Invest in culturally adapted AOD, suicide prevention and mental health support

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