A Psychological Perspective on Australia's Asylum Policies[1]

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ABSTRACT

This paper discusses mental and psychological impacts of Australia's temporary protection visa (TPV) policy on individual asylum seekers. The paper is based on personal narratives constructed by individual asylum seekers during one-on-one interviews and aims principally to sketch the discursive manifestations of stressful events in the lives of TPV holders. The fact that refugees exhibit signs of Post Traumatic Stress Disorder (PTSD) is not entirely new or surprising given the level of trauma, and in many cases torture and persecution, endured in the pre-migration phase.

What is particularly revealing among many TPV holders is the fact that their pre-migration traumatic experiences are compounded by a post-migration condition of being in indefinite "temporary" protection. This is further exacerbated by an awareness of the exclusionary discourses and policies advocated by the host government. Past trauma and persecution, combined with present family separation and social exclusion, further compounded by uncertainty about the future, results in almost chronic states of anxiety and depression among a significant number of TPV holders.

INTRODUCTION

The 2001 Australian Bureau of Statistics census demonstrates clearly that Australia is a genuinely multicultural society with more than 20 per cent of its people being from a non-English speaking background. The annual intake of migrants (now in excess of 100,000 new arrivals each year) means that a significant

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number of new members of Australian society embark each year on the settlement and acculturation journey, with its many emotional and practical challenges, which affect both the individual and the host society. Unless they are carefully managed and serviced, the problems associated with settlement, cultural adjustment, loss of community standing, and separation from family and friends can lead to physical and mental health problems. Australia is one of the few countries in the world with an organized resettlement programme for migrants, which is also extended to offshore humanitarian entrants. However, Australia is also now recognized as a world leader in the development and implementation of policies deterring refugees and asylum seekers. This policy includes mandatory detention for all onshore arrivals without documents, a three year temporary visa for those found to be refugees, and the interception of asylum seekers arriving by sea and removing them to a third country for processing (Steel, 2003: 2).

Australia's response to onshore asylum seekers

The Temporary Protection Visa (TPV) was introduced in October 1999 for asylum seekers arriving without valid documentation and who are subsequently found to be genuine refugees. TPV holders do not have the same entitlements as permanent visa holders (Mansouri and Bagdas, 2002). They have limited access to social security, primary education, and English language classes, and are ineligible for most settlement support services. In practice, they are excluded from tertiary education (as they are not entitled to government subsidized university places and must pay full fees which can be as high as AUS$35,00 p.a.), and although they have the right to work their ability to do so is limited by the temporary nature of their visa, poor English language skills, and limited access to employment services. They have no automatic right of return if they leave Australia, and no right to family reunion, which is perhaps the most damaging restriction. Initially, it was thought that a permanent visa would be granted once the TPV expired after three years. In September 2001, however, amendments to Australia's migration legislation included the introduction of the "seven day rule". This rule prevents an asylum seeker from ever receiving a permanent visa if they have spent more than seven days in a country where they could have applied for protection. Most TPV holders to arrive after September 2001 have been affected by this (Leach and Mansouri, 2004).

It is estimated that by mid-2005 all temporary protection visas will have expired. In September 2004 it was reported that 2,109 claims by Afghani nationals had been processed, 1,138 (55%) of whom were given Permanent Protection Visas (PPVs), while 930 (45%) were rejected and face the prospect of repatriation. At the same time, of the Iraqis who had been processed, 59 (20%) of them have

been given PPVs while 231 (80%) have been refused (Colman, 2004). It is somewhat surprising that no further TPVs have been granted, although it must be noted that most of the initial applicants to be processed would have arrived before September 2001 and are therefore not subject to the "seven day rule". The number of cases to be rejected may well diminish once they are appealed at the Refugee Review Tribunal (RRT). According to a refugee group, the RRT has overturned the negative decision in 22 out of 31 cases finalized (Steketee, 2005).

Recent regulatory reforms

On 13 July 2004, the government announced that all TPV holders would be given the opportunity to apply for permanent visas. TPV holders, however, would not automatically qualify for permanent visas, but would simply be given the right (if eligible) to apply onshore for other non-humanitarian visas – a right denied to them since the migration legislation changes of 2001. While the 33 visa categories available appear to be extensive, many such as the "Media and Film Staff", "Visiting Academic", and "Foreign Government Agency" visas will benefit few, if any, TPV holders, while other categories, such as "Close Ties" remain unavailable (Mares, 2004). Some of the visas available are permanent; however, others (like student visas) are also temporary and – unlike humanitarian visas – do not engage the Australian government in any protection obligations once they have expired. Possibly of most benefit to TPV holders is the "Regional Sponsored Migration Scheme" visa which is available to people who have worked in regional Australia for at least 12 months. It has been amended so that employment does not need to be with one single employer and the level of functional English language required has been lowered to make the category more accessible to TPV holders working in rural areas. As of February 2005 only five people had succeeded in gaining a permanent visa for themselves and their families as a result of the changes (Shaw, 2005). All of those were doctors.

A "Return Pending" visa has been introduced for applicants whom the Australian government deems to be "no longer in need of protection". It allows 18 months for rejected applicants to make arrangements to return home and carries the same rights and restrictions as the TPV. This is undoubtedly a more humane alternative for rejected asylum seekers than (often forcible) removal or detention, which were the extant responses, and will allow them time to examine other alternatives. A "Reintegration Assistance Package" to cover travel costs and resettlement has also been offered to encourage voluntary return. However, as the majority of TPV holders are Iraqi and Afghani, the security situation in their home countries raises concerns grave enough to question the appropriateness of such an offer.

All TPV holders wishing to remain in Australia are required to reapply for another protection visa. As a signatory to the 1951 United Nations Refugee Convention, Australia is not obliged to provide permanent protection to refugees. However, there are compelling humanitarian and policy reasons for doing so, particularly since the majority of onshore asylum seekers in Australia since 1999 were classified as genuine refugees (Mann, 2004:72).

REVIEW OF THE LITERATURE

Studies have found consistently high rates of mental illness among asylum seekers, particularly depression, anxiety, and post-traumatic stress disorder syndromes (Steel, 2003; Schweitzer et al., 2002). It has been noted that factors contributing to mental illness include not only the threat to life (and the re-living of such threats through current triggers), but the threat to what makes life meaningful (ASTSS, 2003). This can span a range of socially and individually constructed meanings, such as dignity; self-respect; honour; being able to provide physically and emotionally for children, family, and friends; natural justice; achieving potential; and having a sense of agency.

Migration and settlement impose unique stressors on migrants. Traumatic experiences before or during immigration, grief and loss, separation from family and friends, and isolation from others of a similar cultural background, combine with cultural and linguistic difficulties, a low or decreased socio-economic status since immigration, and prejudice and discrimination, to indicate a greater tendency toward mental illness (The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, 2000 quoted in MHCA, 2003). These mental health risks are more pronounced among the refugees and asylum seekers (onshore applicants) who seek protection and resettlement in Australia than in other migrants (Richardson et al., 2002).

It is generally accepted that the poor mental health status of asylum seekers is due to a combination of personal histories, including pre-migration exposure to trauma, and their current settlement and acculturation environment. The significance of the migration process itself has not been the subject of much research, with the notable exception being the impact of immigration detention on mental health. Evidence gleaned so far points to government policies of deterrence, such as extended detention and temporary protection visas, as prolonging and exacerbating mental illness (Steel, 2003; Steel and Silove, 2000). It is well established that the asylum-seeking process itself, and the material conditions of settlement and acculturation, can exacerbate the psychological trauma from which the individual is seeking refuge. The crucial issue remains, however, as to whether it is in itself a significant *cause*.

Seeking asylum

The causal relationship between previous exposure to trauma, and ongoing mental illness has been well documented (Silove and Steel, 1998; Steel and Silove, 2000; Sinnerbrink et al., 1997; Silove et al., 2000). Martin (2002: 187) notes that "[t]rauma on a mass scale leads to the shattering of identity on a personal level: the shattering of previously held assumptions; and the loss of trust, meaning, identity and a sense of future". Refugees and asylum seekers, by their very definition, are escaping persecution in their home countries. Most – if not all – will have experienced significant trauma prior to their flight, which may include torture, imprisonment, forced isolation, murder of family and friends, separation from family, rape, kidnapping, and war or civil conflict (Silove and Steel, 1998; Schweitzer et al., 2002). Many will also have experienced severe disruptions to their daily existence, such as deprivation of food or water, lack of shelter, and being in a combat situation (Schweitzer et al., 2002).

A New South Wales study of 40 asylum seekers (Harris and Telfer, 2001) found most to be suffering from physical or psychological ill-health serious enough to warrant medical attention. Three-quarters of these people reported exposure to pre-migration trauma, and one in four had been tortured. More than one-third reported being imprisoned and around one in three had family or friends murdered (Silove et al., 2000). Silove and Steel's analysis of five studies (1998) found nearly 80 per cent of asylum seekers reported exposure to serious trauma in their home countries. Many studies (Sultan and O'Sullivan, 2001; PHR, 2003) have concluded that unauthorized arrivals often have a more significant trauma history than authorized arrivals.

AIMS

The research findings reported in this paper are based on a larger project that was initially designed to look at the social and cultural rights of asylum seekers, and was not specifically seeking to document the mental health impacts of the TPV regime. When interviewing TPV holders, however, it became apparent that the psychological manifestations of stress and trauma were impacting every aspect of migrants' lives: from their ability to find and keep employment and their interest in learning English or studying, to their motivation to participate in community life and commit to a future.

The following excerpts illustrate how individual experiences directly relate to the uniquely liminal state imposed by the temporary visa regime, which keeps refugees in a space of ambiguity, marginalization, and transition. The excerpts

reproduced here are not intended to provide a comprehensive examination of the effects of the TPV on the mental health of asylum seekers. Rather, they illustrate the psychological repercussions of a temporal limbo, which has been created by global migration trends and national border politics. It is important to let these voices be heard, for as McGuire and Georges point out: "Having been constituted by border politics as politically, legally, socially, racially and culturally unauthorized others, the subaltern voices of … immigrants surface as 'moral others' who recount key dimensions of their migration experiences within multiple layers of context" (McGuire and Georges, 2003:192).

Little writing on refugee policy in Australia has given expression to the people most directly affected. The disembodiment of the asylum seekers themselves from within the current debates on Australia's immigration policy inadvertently sustains them, in the words of Ghassan Hage as "debatable problematized objects" (1998: 246) which helps to fuel an inclusory /exclusory dialectic around the place of immigration within national self-definition. Reincorporating the voices of TPV holders themselves provides an important counterpoint to an exclusionary discourse which defines the experiences of asylum seekers according to desired national migration outcomes.

Methodology

The data source for this paper is derived from a larger longitudinal study on the impact of the temporary protection visa on individual asylum seekers and their families. The ten interviews included in this analysis were chosen at random from the larger pool of data that included 35 individual interviews and more than 200 semi-structured questionnaires. Conducted in 2002, in-depth interviews were held with TPV holders living in and around Melbourne. The interviews were conducted by Arabic and Farsi speaking research assistants, and then translated into English. The interviewers were known to the respondents in most cases, in a trusted relationship as bilingual social workers working for prominent community organizations. The interviews were structured around open-ended questions that focused on the various stages of the refugee experience, while at the same time allowing the respondents space to express their feelings and experiences in their own terms (Leach and Mansouri, 2004).

The interviewees included asylum seekers from Iraq, Afghanistan, and Syria. One-third of all interviewees were women. In the interests of trying to obtain a representative sample of the diverse experiences of refugees from these countries, interviewees reflected a range of ethnic backgrounds. Some of the Iraqis were Sunni Kurds; others were Shi'a Arabs and some were Sunni Arabs. Among the Afghan TPV holders, we spoke with ethnic Hazaras, Pashtuns, and Tajiks.

For reasons of privacy and for the protection of individual TPV holders, pseudonyms are used throughout.

A content analysis of the interviews was undertaken to identify major themes in each, and across all the interviews, and consisted of an overall deconstruction of the individual narratives into sub-themes related to a specific phase of the asylum journey. In addition, a frequency count of key lexical and semantic items was undertaken to relate the individual narratives to specific mental and psychological conditions at different points in time during the asylum experience and the subsequent release into the Australian community. The focus on linguistic markers of social and psychological well-being is a recognition that language as a discursive representation of one's individual identity is also a powerful indicator of social relationships (Barker and Galasiñski, 2001).

FINDINGS AND DISCUSSION

Content analysis

The core themes that emerged from the analysis of interviews relate to the various phases of the asylum journey: persecution and oppression in the country of origin, uncertainty and hardship of the flight to a transit country of asylum, the "boat trip" en route to Australia, the detention experience, and life under the temporary protection regime. Within these broad themes spanning the asylum journey, the discourse analysis focussed on linguistic indicators of psychological and mental status. These indicators related to explicit lexical markers of mental and psychological status, most notably: "anxiety", "uncertainty", "suffering", "fear", "pain", "torture", and "punishment". Although some of these linguistic references were more dominant than others, on the whole interviewees recorded between five and 15 references each per interview. Table 1 provides the distribution of the discursive manifestations of stressful events across the individual participants.

Table 2 provides a frequency count of linguistic references to stressful events. The most recurring psychological theme among interviewees was anxiety, which is mentioned by all subjects more than once during the discussion. Similarly, uncertainty and suffering are mentioned by all interviewees. Suffering not only appeared most prominently among the males of the group, but it was easily the most prominent emotional response among them, with four of the six men interviewed mentioning suffering four times. Fear was also a dominant theme, mentioned in nine out of the ten people interviewed. This was more apparent in women – two of the four women interviewed experienced fear well above their

other emotional responses – while each of the men experienced a degree of fear. Pain, torture, and punishment, reflective of the physical experiences of asylum seekers, were the least often mentioned by interviewees.

TABLE 1

QUANTITATIVE SUMMARY OF LINGUISTIC REFERENCES
TO STRESSFUL EVENTS (IN GENERAL)

	Helen	Susan	Mary	Sarah	Bill	David	Larry	Colin	Peter	Jim
Anxiety	2	3	2	3	4	5	2	3	3	5
Fear	0	4	2	4	1	1	1	1	1	2
Pain	0	1	1	2	0	0	0	0	3	0
Uncertainty	1	1	1	1	2	2	1	1	1	3
Torture	0	0	0	2	0	0	0	0	2	0
Suffering	2	2	1	3	2	4	1	4	4	4
Punishment	0	0	0	0	0	1	0	0	1	0
Total per interviewee	5	11	7	15	9	13	5	9	15	14

TABLE 2

A CUMULATIVE FREQUENCY COUNT OF LINGUISTIC
REFERENCES TO STRESSFUL EVENTS

	Frequency count
Anxiety	appears 32 times and in all 10 interviews (100%)
Fear	appears 17 times and in 9 interviews (90%)
Pain	appears 7 times and in 4 interviews (40%)
Uncertainty	appears 14 times in all 10 interviews (100%)
Torture	appears 4 times in 2 interviews (20%)
Suffering	appears 27 times in all 10 interviews (100%)
Punishment	appears twice in 2 interviews (20%)

As this random sample shows, there is clearly a high level of negative feelings associated with their experiences. Whether talking of their past, their current situation or their future aspirations, their psychological distress is unmistakable.

Migration – the journey

TPV holders are in a unique situation among refugees in Australia. Temporary visas are given to "unauthorized" arrivals – those people who arrive in Australia without valid visas – usually by way of a third country. The journey itself is often dangerous. Some asylum seekers have lived in refugee camps in a second country with little personal or material security, or given themselves into the hands of "people smugglers", often enduring a dangerous and unpredictable journey to Australia. Many have left home without travel documents, putting themselves in a precarious position along the way. This means that the process of arriving in Australia will be a source of further trauma for most TPV holders.

Susan followed her husband to Australia. Her experience is unique in its detail, but cannot be dismissed as an extreme case. The journey can pose serious risks to the lives and health of asylum seekers, who would be unlikely to attempt such a trip if any real choices were available to them:

> All women were without their husbands, so we decided to follow our husbands, particularly since we were in danger. We were living in "Al selmania" and Saddam was always threatening to bomb it. I used to get really scared every time I heard bombing, so I decided to travel with my children to Iran, scared about dying. I got to Iran and I intended to travel to Australia from there.

> My trip started from Iran and it was easy because the Iranian government was happy for Iraqis to leave Iran. We only stayed in Iran for two months because the situation was getting very scary. Iraqis couldn't work and the situation was very hard. We left Iran for Malaysia by plane, and smugglers waited for us at the airport, and they told us that they'd take us to Indonesia very easily. We stayed for four days and then we crossed the Indian Ocean from Malaysia to Indonesia in a boat. We had a lot of problems in Indonesia, since we had gangs taking our luggage and some people who pretended they're from the police threatened to kill my son. They were all liars and they took all our money, it was a big conspiracy between the smugglers and the gang. After all this suffering, we got to Jakarta, Indonesia and we stayed for a week.

> I didn't enter Australia safely. The smuggler was a liar and he gave us a very old boat, and he told us that there will be about 170 people, however, there were 418 people from different nationalities. … The men weren't allowed to enter the boat sailing in order to inspect it. The boat was far away and the only way to get there was by little boats. First, women and kids were taken to the boat. All

women were very busy taking care of their children, since some of them were not feeling well and constantly throwing up (because they were sea sick and because the boat was very light). The number of passengers was very high, the children outnumbered the women and men, and there wasn't space for anyone to sit, or lie down and rest our legs. I was under the impression that we were heading to a larger boat. So I asked a man who wasn't feeling well if we were going to be transferred to a larger boat, he told me that this was the boat. I was surprised because the boat was very small. We had no choice at this stage because we couldn't go back and we already paid the money. The smuggler left us a long time waiting before we got on the boat, so we already spent all our money. We had no choice but to accept the situation, we couldn't do anything if we went back. Everyone thought that getting to Australia is easy, even with a small boat …

We went by sea from Indonesia towards Australia in October, and after 20 hours of sailing, the engine stopped and the boat flipped upside down, all women and children died, only 45 survived from 418 people. We never knew the exact number. Then we went back to Indonesia and we were put in a hotel by a human rights association, and they took care of us.

When everyone was sinking, I was all by myself, floating without anyone's help for a whole day. I saved myself and I didn't know anything about my son. The next day, Indonesian fishermen saved us and they told me that my son was alive. …It was very dark and cold, it was raining and couldn't see anything around me. I was very thirsty and I was trying to drink from the rain, but the sea water was going inside my mouth which contained gasoline. So I was trying to breath from my nose, and struggling to live. I expected death every second. …

The smuggler knew that the boat will only last one or two days then stop, it's like he intended to kill us. When the boat stopped, the men told us that the engine cannot be fixed and that all we can do is pray, and scream for someone to find us and rescue us. In a second, the boat flipped upside down and the water came in, people started screaming, I opened my eyes and found myself underwater. The boat over me and there were kids and women around me. They were swallowing the water, and dying, I could hear their screaming under water. I was telling myself, why there's all this unfairness in life? Why human beings do these things to their brothers? I felt that all the ones who died felt that they were treated unfairly. I was thinking about my daughter, I wanted to see her, and I wanted to solve my son's problem. And my son who's with me, where is he? I was wondering if he was alive, I just wanted to know, then die.

Detention experiences

Unauthorized arrivals like Susan and her husband are put into immigration detention either in Australia or offshore while their claims are being processed.

Most TPV holders will have been detained either in Australia or offshore as part of the "Pacific Solution". Mandatory detention is part of a global policy trend to deter and punish unauthorized asylum seekers (Human Rights Watch, 2002; Steel and Silove, 2000), despite statistics released by the Department of Immigration itself showing that more than 85 per cent of recent detainees were accepted as genuine refugees – higher than that for community-based applicants (Mann, 2004).

The traumatizing effects of prolonged immigration detention have been well documented. A number of national and international bodies including the United Nations High Commissioner for Refugees and on Human Rights (UNHCR and UNCHR), Human Rights and Equal Opportunity Commission (HREOC), the Australian Commonwealth Ombudsman, along with Amnesty International and Human Rights Watch have all expressed concern over the impact of this practice (Steel, 2003; Amnesty International Australia, n.d.; Loff, 2002; Loff et al., 2002; Silove and Steel, 1998).

One of the most disturbing studies on the effects of detention on the mental health of asylum seekers has been conducted by two psychologists, Sultan and O'Sullivan (2001), one of whom was himself detained by the Australian authorities. Of the 33 detainees interviewed, all but one had symptoms of psychiatric distress: 85 per cent reported chronic depressive symptoms, 65 per cent had pronounced suicidal ideation, while seven exhibited signs of psychosis, including delusional beliefs and auditory hallucinations. Sultan and O'Sullivan characterized the psychological deterioration of detainees within four stages, beginning with a "non-symptomatic stage" and degenerating through primary and secondary to tertiary depressive stages. The last of these manifests in severe psychiatric symptoms, including self-harm and self-mutilation, suicide attempts, and emotional disconnection from others. They report that nearly half the detainees in the study had reached tertiary depressive stage.

Sultan and O'Sullivan have documented that the longer people stay in detention, the more traumatized they become, a finding supported by anecdotal evidence from the TPV holders with whom we spoke. When entering a detention centre, people like Peter quickly absorb the prevailing hopelessness and become demoralized, which is then exacerbated by the indeterminate length of time to be spent there:

> I was scared that I would never leave the camp because I found people who were in the camp for two years when I got there. Someone who comes looking for freedom stays in a camp for two years? Strange. He doesn't know what his destiny is. These cases made me doubt I would get the visa soon and I felt depressed and scared that my destiny would be like those who spent a long

> time in the camp, or those who were rejected. Did I come to Australia to live in a camp? I came here to feel like a human being. I had a nervous breakdown and was wondering on how long I would have to live under the authority of these prisons.

Sultan and O'Sullivan's findings have been supported by numerous studies. Steel and Silove (2001) outlined several recent inquiries including those of HREOC (1998), which documented many examples of suicide attempts and self-harming behaviour in detention centres, and the Victorian Foundation for Survivors of Torture (1998) study which exposed substantial levels of pre-migration trauma among 17 East Timorese asylum seekers at the Curtin detention centre. All were suffering from PTSD, while 16 were depressed, and 11 suffered from anxiety. Steel and Silove (2001) found that detained asylum seekers reported a much higher response to trauma categories (12.4 out of 16) than asylum seekers in the community (4.8 out of 16 for asylum seekers in community), suggesting that the detention itself might be a contributing factor, either in itself or as a re-traumatizing influence (Silove et al., 2000: 3). A psychiatrist formerly working at the Baxter detention centre in South Australia described the detainees there as "the most damaged people" he had seen. He claimed that "[u]p until that time, I'd never met an adult-onset bed wetter. I had never met someone with psychological blindness" (Grattan, 2005). Some asylum seekers claim detention is more traumatic than the torture they have already endured.

For many like Mary**,** the prison-like environment is a brutal reminder of all they have escaped and can trigger a traumatic stress response:

> They used to always come to get our number (to count us). One day, they came in and I saw them, wearing the army gear, with the mobile phones, I felt like I was in Iraq and that the security was coming to take my son from me. At this moment, I had a nervous breakdown.

Similar findings have been reported in the United States. In one study of 70 asylum seekers in detention (PHR, 2003), 70 per cent stated that their mental health had worsened substantially in detention. Seventy-seven per cent reported significant levels of anxiety, 86 per cent were suffering from depression, half had PTSD, and one-quarter reported suicidal thoughts. It is worth noting that the median length of detention was significantly shorter than for detainees in Australia.

The discovery of a mentally ill Australian resident found to have been erroneously put in immigration detention focused media attention on the mental health situation within detention centres. In the aftermath of public shock, two suicidal asylum seekers from the Baxter detention centre took the Department of Immigration to

court alleging it had breached its duty of care toward asylum seekers in immigration detention by not providing adequate mental health care. During the trial a psychiatrist described the detention centre as "a place that drives people mad" (Debelle, 2005a, 2005b). At the time of publication the case had not yet been determined.

Post-detention experience – living on a TPV

Asylum seekers assessed to be genuine refugees are provided with a temporary visa upon their release from detention. Settling in a new country is stressful for all migrants, but is compounded for refugees by the fact that the decision to migrate is usually one which has been forced upon them, and few will have chosen their country of destination. TPV holders face the added burden of a future which is unknown and out of their control. Not surprisingly, the post-migration environment for asylum seekers is characterized by high stress levels, often directly related to uncertainty, fear, and deprivation. People with significant experiences of past trauma are particularly vulnerable to re-traumatization, and an increase in the severity of anxiety and post-traumatic stress symptoms.

Post-migration stressors are triggered by the dislocation and distress which occur when a person is unable to achieve a satisfactory state of belonging, and have been associated with increased symptoms of depression, anxiety, and PTSD (Silove and Steel, 1998: 34). Indicators of settlement success include the ability: to speak the local language; obtain adequate employment; participate in the social, cultural, and economic life of the new country; achieve a sense of belonging and responsibility within the new culture; and to enjoy meaningful relationships within the family, with friends, and within communities (Khoo and McDonald, 2001).

Schweitzer et al. (2002) categorized these as "vulnerability" factors (those contributing to further trauma), and protective factors. "Vulnerability" factors are those aforementioned which are needed for successful settlement but which are absent or minimal for refugees on TPVs. Low English language proficiency has been identified in many studies as a predictor of depression both in the short term (Blair, 2000; Richardson et al., 2002), and in the longer term (Beiser and Hou, 2001). Depression is more likely to be diagnosed in those with low income or receiving welfare payments (Schweitzer et al., 2002), or with not being able to find work (Harris and Telfer, 2001; Silove and Steel, 1998).

In one study, more than half of the respondents experienced major stress related to fears of being sent home, or conversely, being unable to return home in an emergency (Silove and Steel 1998: 34). Other stress-inducing factors identified

included forced separation from one's family, unemployment, a lack of access to health and welfare services, and difficulties with the refugee visa application process (Schweitzer et al., 2002). Being accepted by the community and experiencing a sense of inclusion is essential for the reconstruction of the disrupted identity. Discrimination and lack of social support or friends have been identified as major contributors to anxiety and depression in refugees (Pernice and Brook, 1996; Harris and Telfer, 2001). Interestingly, one study suggested that spending time with others from the same cultural background in some instances *increased* anxiety, as respondents reported that they had to "conform and respond to the expectations of their ethnic groups" (Pernice and Brook, 1996: 517). "Protective factors" were identified as skills and opportunities possessed by the individual which enabled asylum seekers to participate in the social, cultural, and economic life of their adopted country. Social support, language proficiency, and education were the key protective factors identified by Schweitzer et al. (2002).

Unfortunately, if protective factors do not already exist they are very difficult to acquire. TPV holders have restricted access to services, which means that they are either ineligible for certain services or must pay for them from their own pocket. The pressure to find and keep a job often leaves little time for "luxuries" such as learning English, gaining qualifications, or accessing medical or counselling services. TPV holders' health is further undermined by their employment opportunities. Becoming economically self-sufficient is understandably the first priority for most, but the type of work commonly available is temporary, unskilled, and contractual, and does not provide sick leave provisions, prompting fears of losing their job if absent from work (Marston, 2003).

The effect of past trauma on mental health is twofold. As already discussed, stresses of resettlement can exacerbate pre-existing mental disorders brought about by trauma (Beiser, 1999 quoted in Marston, 2003: 64), but the effects of past trauma may also inhibit successful settlement. The ability of asylum seekers to learn new skills, acquire education, and secure employment can be inhibited by psychological ill-health caused by the traumas of their past. Without such skills asylum seekers are likely to remain marginalized, creating further depression, stress and anxiety, and further disrupting their ability to participate and contribute.

Concerns about the effects of the TPV on refugee health have been expressed by human rights groups and torture and trauma groups since the visa's inception (Steel, 2003). It has been pointed out that "a particular irony of the Australian response to refugee crisis is that the more traumatized are more likely to be detained and granted temporary protection rather than permanent protection"

(Steel, 2003: 17). The government's "deter and deny" policy punishes people for not entering Australia through the "proper" channels, but in the process imposes the harshest restrictions on the people most in need of support.

Family separation

The policy of granting temporary protection is intended to deter others from attempting a similar journey. To do this effectively, the restrictions placed on the temporary visa are deliberately harsh. Being separated from family and denied the right of family reunion was the issue that was raised most frequently by the TPV holders interviewed as being the hardest aspect of their existence. Susan's words sum up the feelings of many:

> I want to talk to Mr. John Howard and ask him to take everything away from me, but in return bring my son here, and put him in a camp. Even if I don't get to see him, at least I'll know that he's safe in the hands of the Australian government and close to me. I just want to protect my son in any way. I'm so depressed, my daughter is in Jordan and I haven't seen her in seven years. My family is dispersed, my daughter has two children that I haven't seen, and my son is in Iran. My other son and I waited for so long in Indonesia when my husband was in Australia. We left our country and we had no choices. If it wasn't for the very hard life, we wouldn't have left our country.

Many writers have commented on the importance of the family unit which "lessens the sense of isolation and loss and provides a justification and a direction for the future" (Marston, 2003: 24-25). Family is a potent source of community and social infrastructure that provides meaning and a sense of identity. David questions the morality of punishing the few to deter the many, particularly when those being punished have already suffered:

> My wife was fired from her job because she was always pressured to make me go back to Syria. The government also pressured my family by stopping their financial income. They also kicked my children out of school after they fired my wife. My family was therefore with no income, my wife with no job and my children with no school. The situation was very bad and my children were suffering. Was it their fault? Even if I were guilty, they're children. Everyone I met here was willing to help, but because I had the TPV, the government didn't allow reunion. Was this protection visa given to me to protect me or to punish me?

Many asylum seekers could not afford to bring all their children with them to Australia, and those forced to leave family behind suffer guilt, anxiety, and depression (Manning, 2003: 31). A secondary (and probably unforeseen) consequence of the policy is that people will attempt dangerous journeys to join

their families, which in effect creates a demand for further "illegal" migration. In 1999, the Australian government was among those that passed a Conclusion on the Protection of the Refugee's Family at a meeting of the Executive Committee of the UNHCR. This recognized the importance of family cohesion for society, and one which deserves state protection (Sengchanh, 2001: 13). In this light, the family reunion restrictions of the TPV are particularly punitive, as people like David attest:

> How much can we handle? The injustice of our own country, or the injustice of the Australian government? We came to Australia looking for mercy and peace, not to deal with the mental pressure that we're suffering from. I can't handle living away from my family, I don't have the capacity to deal with that.

The TPV policy deliberately and successfully creates an unsustainable life. Jim explains its effect on him:

> I lived a good life in Iraq, so high life and technology doesn't mean much to me. My purpose is not the high life, but to feel safe, free, and to get a citizenship to feel that I belong somewhere. All I've seen so far doesn't mean much to me, given the type of visa that I was given. I feel that getting this visa put me back in the same situation of not knowing and not being settled.

Overwhelmingly, the TPV holders we interviewed expressed frustration that they are unable to become a part of their new society in any meaningful way.

Economic concerns

Economic security is a key indicator of settlement success and many international studies on the economic integration of refugees have identified successful economic integration and well-being as being determined by the twin variables of refugees' social and human capital, and the social, political, and economic context of the host country (Potocky and McDonald, 1995; Lamba, 2003). Education, citizenship, ethnicity, English-speaking ability, and length of residence were found to be the main predictors of integration success. The refugee populations in these studies generally compared unfavourably to the wider population and to other migrants, and correspondingly demonstrated downward occupational mobility, and high levels of unemployment or underemployment.

A Melbourne study of TPV holders (Marston, 2003) found that unemployment is high within this group, and that the little work available was often temporary, casual, and unskilled. With no access to English language classes, employment assistance programmes or vocational training, the opportunity to find work – much less meaningful work is severely limited. Accessing health care and

counselling is constrained by financial and practical considerations, while the lack of sick leave provisions in this type of work prompts fears of losing employment and consequently prevents many from prioritizing their physical or mental health. Schweitzer et al. (2002) report that refugees with low income or on welfare were more likely to be diagnosed with depression. Peter found the restrictions imposed by the TPV denied him many rights and advantages afforded to citizens and other refugees:

> We started looking at a way to get work, the first obstacle was the language. We weren't entitled to a free English course being a Temporary Protection Visa (TPV) holder – what sort of visa is this? We weren't entitled to learn the language, study, get married, or travel…, so what are we allowed to do? I want to improve myself and my qualifications, I want to study, but I'm not allowed. If I study, it means cutting off the social security income.

The conditions imposed by the TPV enforce a dependency that is neither the desire of the TPV holders nor in the interests of the Australian public. Hoffman argues that "(a)sylum seekers have been denied the opportunity to establish a moral relationship with the public, so their enforced marginality prevents the recognition of their social legitimacy" (2003: 40), a condition he sees as much more insidious than medical or welfare dependency.

Re-determination: extending uncertainty

The policy of temporary protection denies TPV holders the psychological space to build "protective" factors and heal from the past. They are unable to envision a future for themselves in the prolonged uncertainty of their situation. Many who have lost hope for themselves see their children's future as the most important, and perhaps only, consideration:

> I don't have any wishes or any plans for the future. We came to Australia, and they gave us the TPV which destroyed all our hopes. We hoped to get the freedom, peace and to settle down. A person without hope is like a dead person. We feel that our life is destroyed because it's without hope. We don't plan anything for the future and have no hope but to get a permanent visa. We're old, but our children are going to school and learning English. - Sarah

The strain of living in a state of impermanence clearly takes its toll on TPV holders such as Jim and David who are unable to move forward or end the limbo in which they find themselves:

> I feel that I'm starting to live the same way I lived in Iraq or Iran. I haven't changed anything in my life, I moved from temporary circumstances, to another temporary… to third temporary circumstances. - Jim

> I went to a lawyer and I told him that I don't want Australia. I went with Foundation House to Legal Aid and I told them that I didn't want to stay in Australia and that I wanted to go to another country. My children have no one and they're out of school, they told me that I'm already an asylum seeker here and can't apply again. I told them that I had a death sentence in my country and I was given another one in Australia. The problem was that we were told that we can apply for the permanent visa within three years. I went to a lawyer in the city and he told me that it's too early to apply, and to come after two years and apply for the permanent visa. - David

The refugee determination process itself is inherently traumatic. Researchers have noted that most asylum seekers arrive with a belief that their claim is meritorious and that they will quickly be granted asylum (Sultan and O'Sullivan, 2001: PHR, 2003). They see Australia as a country that respects human rights and accepts refugees. The reality is that the determination process can take years, and holders of a temporary visa will have to re-apply when their visa expires. Under the current regime, this process may be endless.

When re-applying, applicants must recount and re-live the most distressing events of their lives in great detail to prove their claims are genuine (Steel and Silove, 2001). These statements are often disbelieved and discredited (Manning, 2003; Sultan and O'Sullivan, 2001). The credibility of asylum seekers (or perceived lack thereof) has been shown to be one of the most common reasons for rejecting claims at the Refugee Review Tribunal (Manne, 2001; Cauchi et al., 2003) – which is particularly concerning given the manifestations of PTSD and the likely impact this will have on the applicants' coherence, presentation, and memory. Pernice (1994) identified the possibility of refugees having developed a conditioned fear response regarding interviews, which makes them unlikely to present their case well.

The requirement to go through the visa application process all over again will prolong the uncertainty and distress felt by temporary visa holders. The recently announced regulatory changes are specious, as they prolong the uncertainty and raise hopes with no guarantee of a permanent outcome. It is this aspect that prompted Marion Le to call it "one of the cruellest things this government has done" (quoted in Zable, 2004). Colin expressed a sense of helplessness around the lack of control over his future:

> There is a hope that the circumstances will change. I feel comfortable in this country, I feel freedom, and I hope that my freedom is permanent. I have a great hope that the laws regarding us will change. I haven't applied for the permanent visa because from what I heard, whoever applied for it before the tenth month, will be considered. However, whoever applies after that has no hope. I'm thinking

of the present and what's left of the three years. What comes next is something out of my control. If they wanted me to stay then I will, and if they want me to leave, then I will because I have no choice. The decision comes from the government.

The loss of hope is the most serious threat to psychological well-being and healing. Some TPV holders retain hope, but that hope is inextricably tied to being granted permanent status with all the rights it confers. Nobody in this study expressed hope of a positive future while they remained on a temporary visa.

Prospects of repatriation and anticipatory stress

The very real threat of return to an asylum seeker's originating country creates a substantial source of stress. Sinnerbrink et al (1997) found that more than 80 per cent of asylum seekers expressed fear about being sent back to their countries of origin:

> We feel the same thing here and that's not being settled, uncomfortable, unsafe. My children's future and our future are unknown. We don't know when we'll be returned to our country, for Saddam to hang us. We can't plan our future. We are always worried if we couldn't stay in Australia, who would welcome us in their country? We always feel discriminated against. I don't want my children to be like me, no future, and no destiny and without an identity. I want to study and work, I want them to belong somewhere and have a citizenship. - Sarah

Alexander (2003) characterizes four policy manifestations in the transition from temporariness to permanence, fuelled by what he calls "the myth of return". The stronger the hold this "myth" has on policy makers, the more likely it is that they will adopt a "non-policy" toward immigrants. If it is accepted that outsiders will remain at least temporarily, "guest worker" policies of tolerance without acceptance are favoured, and once it is accepted that their return is unlikely, assimilationist or pluralist policies of inclusion are likely to dominate. The TPV policy, which shares aspects of the "guest worker" and "non-policy" typologies, can be seen as heavily premised on an assumption that refugees are willing, and most importantly able, to return. For Peter, this thought is unimaginable:

> I started hoping that the criminal government will stay in Iraq, so that I'll get the permanent visa here, even though this is against common sense, and at the expense of my people and my family in Iraq who are suffering because of the government. Every Iraqi wishes that the government will collapse.

The interviewees were clear that the impermanent nature of their visa keeps them in a state of uncertainty and anxiety. They have lost everything that

defined their previous lives and are yet unable to plan for their future and build new ones. Getting a permanent visa is the only solution that many – like Larry – can envisage:

> We've suffered enough; I came to Australia to get a future for my children. We want peace and freedom. I still feel like I'm in prison. I can't travel anywhere, and I feel that this visa doesn't allow us to settle down. We don't know what's waiting for us, will we suffer again? In Iran, we were threatened by being returned to Iraq. I don't feel that my children have any future in Australia. All I want is a future for my children, I don't care about me, I'm old and I've suffered enough. We lie to our children and we tell them that we will get the permanent visa and that they have to study and not worry about anything. Yet, they still don't feel that they're settled because of the unknown future. For example, a teacher asked one of my children about his hopes and wishes for the future in Australia and what he wishes to happen in the future, He told her that he doesn't wish anything because he only lives temporarily in Australia. She then told him that he'll stay in Australia and no one will take him away. My son told her that his family is on a temporary visa and that after three years we'll be sent back to our country. The teacher wanted him to concentrate on his studies and not worry about these things, so she told him that they all (in this school) will stand by him and won't let anyone send him away. We live the fear of the temporary visa every day.

Steel (2003) found that TPV holders displayed twice the risk for PTSD as permanent residents, and expressed concern that the conditions imposed by the TPV are creating a new category of traumatic stress which he describes as *chronic anticipatory stress*. During his research into PTSD, he was struck by both asylum seekers and TPV holders reporting "that they were not troubled by intrusive memories of past traumatic incidents, but by terrifying images of imagined future traumatic events to themselves or their family" (Steel, 2003: 16). Steel considers this "future oriented PTSD" as a "core adaptive survival response" to a state of uncertainty, which will be virtually impossible to treat while the situation of impermanence remains (Steel, 2003: 18). Many refugees like Mary describe their material conditions associated with a TPV as being (re-)imprisoned:

> The disadvantage was giving us the temporary visa. The advantage was the good treatment that we got from the Australian people who were nice to us, and loved us. We've suffered enough; I came to Australia to get a future for my children. We want peace and freedom. I still feel like I'm in prison. I can't travel anywhere, and I feel that this visa doesn't allow us to settle down. We don't know what's waiting for us, will we suffer again?

This heightened level of anticipatory stress, Steel suggests, may be responsible for torture and trauma services across Australia reporting a lack of responsiveness

to standard treatment interventions. The standard interventions are premised on the subject having arrived at a place and time where they are able to feel safe, but for TPV holders, "the future threat they face is real and represents a likely outcome. In such circumstances, it could be argued that forms of exposure therapy, rather than having an habituating effect, are likely to have a sensitizing effect to future trauma …the use of temporary protection may inadvertently lock individuals into an irresolvable future oriented PTSD" (Steel, 2003: 17-18). For people like Helen, this fear is part of daily life:

> How could I build hopes on nothing? I have no future, same with my children, my family. The future is unknown for me and my family, we live in fear and anxiety. I also worry that I'll get a mental illness that has no cure: madness.

CONCLUSION

Research undertaken concerning asylum seekers, detainees, temporary protection visa holders, and authorized refugees indicates that all these groups are at risk of ongoing mental illness (Steel, 2003). While all refugees have escaped from a traumatic past and share with other migrants the problems associated with settlement and acculturation, exclusionary government policies disproportionately disadvantage onshore asylum seekers. By denying them the stability to reconstruct their lives, their trauma and uncertainty is not able to be left in the past, and compounds their vulnerability to further stress (Steel and Silove, 2000). The evidence points to government policies of deterrence such as prolonged detention and temporary protection visas as perpetuating and exacerbating mental illness.

It is widely accepted that the "recovery environment" is important in helping trauma survivors overcome post-traumatic stress, anxiety, and depressive symptoms. Support can be difficult to elicit from personal networks in communities where a significant number of people have been affected by trauma and are unable to offer much support to others (Schweitzer et al., 2002).

Many asylum seekers find accessing health services a daunting task and lack trust in health professionals and the service provided. Pernice (1994) believes that many refugees find it difficult to accept that speaking with a mental health professional will not adversely impact upon his or her relatives' safety, particularly since the past torture experiences of some will have been inflicted by doctors acting under instructions (Sultan and O'Sullivan, 2001). These beliefs are sometimes reinforced in immigration detention when detainees are handcuffed during transportation to and from medical appointments, and where doctors

have authorized (sometimes forcible) sedation for containment or removal of detainees instructions (Sultan and O'Sullivan, 2001).

One of the greatest dilemmas for successful recovery is that the forms of therapy used with torture and trauma survivors are based on the assumption that trauma and torture are things of the past (Steel, 2003: 18). Standard treatments are not effective if trauma continues to be experienced. Schweitzer et al. observe that "many of the psychological problems facing recently arrived refugees will only be resolved by material changes in their lives and current circumstances and by being reunited with their families" (2002: 9). Under the current "protection" regime, this is unlikely to happen:

> As an asylum seeker, I don't want a TPV, and I didn't come for that. I came here to settle down and I wanted to be in a country where they respect human rights. I wanted to give this country as much as it gives me. If after the three years, I'll be returned back, then it's better to return now. The possibility to extend the visa another three years doesn't help. The only thing that does is a permanent visa. **-** Colin

Sengchanh (2001) argues that a fundamental question for our understanding of democracy is what we do about our non-citizens. As "legal authority is determined by the ideological interests of dominant groups" (2001: 19), the assumptions behind the deliberate social exclusion of the most disadvantaged members of a society must be questioned. The restrictions on the TPV locate asylum seekers outside the legal, moral, and political structures of society. It is an act of self-definition to create "deviance" from the norm of the host society (Alexander, 2003: 413), and in Australia the "stranger" has been used in rhetoric of national identity and used to justify exclusionary policies and practices. Too often, the people themselves, like Mary are invisible and we elide their experiences:

> I feel tied up. I don't know whether I'm living in Australia because I don't feel comfortable like the rest of Australian people. We're very tired mentally and we want to settle down. Our future and destiny is unknown. We don't have any freedom, like being in a prison. We've had enough suffering.

Many of the difficulties associated with settling in a new country are unavoidable. The TPV policy is not. For those who are escaping a traumatic past, the process of re-establishing a life can be particularly fraught. As the TPV holders themselves have demonstrated here, the temporary nature of their visas not only prevents them from beginning the process of recovery, but ensures that their journey through trauma is ongoing.

NOTE

1. This paper was published simultaneously by *Refuge*. See "The psychological impact of extended temporary protection", *Refuge,* 23(2): 81-94.

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LES EFFETS PSYCHOLOGIQUES
DE LA POLITIQUE D'ASILE AUSTRALIENNE

Cet article examine les impacts mentaux et psychologiques de la politique australienne du visa de protection temporaire sur les demandeurs d'asile individuels. Il se fonde sur les récits personnels de demandeurs d'asile individuels relatés lors d'entretiens particuliers et a pour principal objectif d'esquisser les manifestations discursives des événements stressants vécus par les détenteurs d'un visa de protection temporaire. Le fait que les réfugiés montrent des signes de névrose post-traumatique n'est ni entièrement nouveau ni surprenant, étant donné la gravité des traumatismes et, dans bien des cas, des tortures et des persécutions subis lors de la phase pré-migratoire.

Ce qui est particulièrement révélateur chez de nombreux détenteurs d'un visa de protection temporaire est que leur expérience traumatique pré-migratoire se complique d'une situation post-migratoire de protection « temporaire » indéfinie. Autre facteur aggravant, ils ont conscience des discours d'exclusion du gouvernement hôte et des politiques qu'il préconise en la matière. Les traumatismes et les persécutions qu'ils ont subis dans le passé, combinés avec leur actuelle séparation familiale, l'exclusion sociale et l'incertitude quant à leur futur engendrent des états d'anxiété et de dépression quasi chroniques chez de nombreux détenteurs d'un visa de protection temporaire.

UNA PERSPECTIVA PSICOLÓGICA
DE LAS POLÍTICAS DE ASILO DE AUSTRALIA

Este estudio versa sobre la incidencia de la política de visados de protección temporal (TPV por sus siglas en inglés) de Australia sobre los solicitantes de asilo, desde un punto de vista anímico y psicológico. El estudio se basa en relatos personales de solicitantes de asilo durante entrevistas en persona y tiene fundamentalmente por objeto esbozar las manifestaciones orales de circunstancias perturbadoras en la vida de los titulares de los visados "TPV". No es nuevo ni sorprendente el hecho de que haya indicios de que los refugiados padecen el trastorno de estrés postraumático, habida cuenta del grado de traumismo, con casos de tortura y persecuciones inclusive, de que pueden ser objeto en la fase previa a la migración.

Lo más revelador entre los titulares de estos visados es el hecho de que a las vivencias traumáticas anteriores a la migración se sume la condición postmigratoria de tener que permanecer, de modo indefinido, en un programa de protección "temporal". Esta condición se consolida todavía más al tomar conciencia de los argumentos de exclusión y de las políticas que defiende el gobierno de acogida. El trastorno de estrés postraumático y de persecución, sumados a la separación familiar y a la exclusión social se agudiza sobremanera por lo incierto de su futuro, lo que fomenta estados prácticamente crónicos de ansiedad y de depresión en un número considerable de titulares de TPV.