

**Counselling in a Cross-cultural Context:
The Case of Refugees from the Great Lakes Region of Africa
Living in Australia**

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**A thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy (PhD)**

February, 2025

STATEMENT OF ORIGINALITY

I, Patrice Kahone Nyembo, certify that, to the best of my knowledge, the content of this thesis is my original work. This thesis has not been submitted for any other degree or purposes. The intellectual content of this thesis is the product of my own work, and all assistance received in preparing this thesis and sources has been duly acknowledged.

This thesis would not have been possible without the support and contributions of many individuals and organizations. I acknowledge the use of generative AI tools in my research and the preparation of this thesis. Specifically, I received valuable feedback on my writing and referencing from Studiosity and Copilot. This research was supported by an Australian Government Research Training Program (RTP) Scholarship.

Originality is a crucial criterion for any HDR thesis. My thesis aims to make a significant contribution to the accumulated knowledge within my discipline by offering new insights. I am deeply grateful to my supervisors, collaborators, colleagues, and family members for their unwavering support and guidance throughout this journey. Your encouragement and expertise have been invaluable.

Signature..... Date 27 02 2025

Patrice Kahone Nyembo

ABSTRACT

This thesis investigates the psychosocial support needs of African Australians from the Great Lakes Region War Survivors (AAGLRWS), who resettled in Australia after enduring prolonged suffering due to war, persecution and displacement. The study built upon the argument that delivering culturally sensitive support requires understanding and responding to the traumatic experiences that shaped AAGLRWS pre-migration, during their journeys and post-settlement. It identifies and analyses structural and operational gaps in the provision of culturally sensitive counselling and psychosocial support services, emphasising the importance of addressing trauma in this vulnerable group.

Using a qualitative inquiry approach, this study explores the psychological and social suffering experiences of fifty-five individuals who resettled in Australia as refugees fleeing violent conflicts in the African Great Lakes Region (AGLR) countries of the Democratic Republic of Congo, Burundi and Rwanda. These countries share an extensive legacy of colonialism, along with recent civil wars and serious human rights violations. Semi-structured interviews across four Australian states were conducted following approval from the University of Sydney Human Research Ethics Committees, with the objective of eliciting detailed narratives of participants' experiences. The interview data was analysed using grounded theory and narrative inquiry, underpinned by phenomenological principles.

Findings reveal that the resettlement process, influenced by push, pull and residual factors, has significantly impacted the mental health of AAGLRWS participants, leading to experiences of social abandonment, marginalisation, disempowerment and dehumanisation through racism and discrimination. These experiences highlight institutional challenges and obstacles hindering equitable access to support, affecting mental health and socio-emotional well-being. Many AAGLRWS participants expressed dissatisfaction with existing counselling and psychosocial support

models, which they perceived as inadequate for their needs in recovering from social suffering experiences in order to foster self-agency and integration enabling them to contribute to the prosperity of their families and Australia in general. Despite the range of challenging experiences, some AAGLRWS managed to create entrepreneurial opportunities, enhancing a sense of resilience by drawing on Ubuntu collective spirit as a source of mutual support and empowerment.

The research identifies issues related to assessment, diagnosis and service delivery within current psychosocial service models, revealing that cultural differences substantially impact communication and the effectiveness of Western therapeutic approaches. Specifically, the structural dichotomy between individualistic and collectivist cultures in cross-cultural psychosocial support (CCPSS) for AAGLRWS can lead to incompatibilities in attitudes, communication and therapeutic modalities, thus hindering effective support. The research proposes a holistic approach to psychosocial support, incorporating interventions from multiple sources such as Ubuntu approaches and a hybrid integrated psychosocial approach linked to AAGLRWS' background and culture to effectively address the needs of this population. It emphasises the reinvigoration of the role of care as a fundamental aspect of counselling and psychosocial support and stresses an organic definition of counselling as an alternative form of psychosocial support.

The study's findings have implications for the design of counselling and psychosocial support services for AAGLRWS, emphasising the need for cultural sensitivity and structural adjustments. It also has potential implications for providing such services to other groups in Australia from culturally and linguistically diverse (CALD) backgrounds.

DEDICATION

Echoes of Courage

Dear Mothers and Sisters, brave and strong,
In your honour, I pen this song.
I regret not standing by your side,
While you faced horrors, I could not abide.

Rape and murder, compassion lost,
Humanity's soul, at such a cost.
Shame on those who brought disgrace,
To womankind, to the human race.

You were made to nurture and care,
To build society with love so rare.
The light you gave from early days,
Guided my steps in countless ways.

Heroes you are, in every part,
Your courage lives within my heart.
Perpetrators must heed the land,
Work with honour, not with hand.

Collaborate, as in days of old,
Build together, strong and bold.
Security lies in unity's embrace,
Not in violence, but in a peaceful place.

Why do they fight? Let us converse,
So all may benefit, none be worse.
With sincerity, we shall achieve,
With honesty, we shall believe.

With love, we shall forever thrive,
Through dialogue, keep hope alive.
The oppressor falls, their time is done,
Return to peace, let unity be won.

Purify body, mind, and soul,
Find the peace that makes us whole.
Remember when Africa was serene,
Respect for rights, a common dream.

Yours faithfully, with love so deep,
Son and Brother, in memories keep

Nyembo, (2025a)

ACKNOWLEDGEMENTS

I would like to express my deepest appreciation and thanks to my multifaceted supervisory team, including the late Dr Gaynor MacDonald, Dr Wendy Lambourne, Dr Victor Igreja, Dr Lydia Gitau, and Dr Eyal Mayroz. This academic journey has been interdisciplinary and enriching, thanks to your insights and expertise as talented and dedicated academics.

Dr Wendy Lambourne, with her unique qualities in leadership, mentorship, and extensive knowledge of the Central Africa Great Lakes Region, as well as her specialisation in peace and conflict studies, psychology, counselling, and psychosocial support, has taught me how to maintain balance within a multidisciplinary academic environment. Her guidance has made me a proficient researcher in the field of counselling and psychosocial support.

The application of anthropology and trauma contexts by the late Dr Gaynor MacDonald and Dr Victor Igreja was eye-opening. The synchronisation and contextualisation of knowledge in cross-cultural counselling and trauma applications in modern times by Dr Lydia Gitau inspired me to bring my knowledge to life.

Dr Eyal Mayroz provided invaluable administrative, psychosocial, and technical support, supervising and reviewing my thesis to ensure the smooth achievement of this project. His support ensured a successful completion of this thesis.

I extend my sincere gratitude to Prof Salvatore Babones, Postgraduate Coordinator, Dr Minglu Chen, and Associate Dean of Research Education Dr Justine Humphry from the School of Social and Political Sciences for their diligent efforts and remarkable responsibilities in overseeing the school's development and advancing innovative knowledge within the School of Social and Political Sciences.

Special thanks are due to Emeritus Professor Jane Mears, who has been a guiding force since my undergraduate studies at the University of Western Sydney, Notre Dame University, and the

University of Sydney. She has been an inspirational and motivational architect of my academic pathway.

I am immensely thankful to my mentor, Therese Wachter, a senior social worker whose steadfast academic and psychosocial support has been invaluable throughout my studies. Her guidance and encouragement with the Blue Mountains Refugee Support Group, which has become like family to me, has been a cornerstone of my journey.

Lastly, I extend my heartfelt thanks to Dr Richard Bostwick, who has significantly enhanced my practical and theoretical knowledge in nursing and mental health at Notre Dame University Fremantle, Western Australia. His advice to pursue a PhD has been invaluable. I also thank Associate Professor Jake Lynch for his supportive and kind leadership of the Centre for Peace and Conflict Studies (CPACS), University of Sydney, where I laid the foundation of my research.

I cannot finish without thanking the people from the Burundian, Congolese, and Rwandan communities who contributed across the states, both in kind and financially, to make this research possible. I also extend my gratitude to Bega Gambirringu Aboriginal Corporation and Yaandina Integrated Services for allowing me to undertake two pilot projects related to this research. As a Senior Bilingual Clinical Consultant at Westmead, I thank Maria-Lujza Ghycsy for her managerial support and supervision, and for accompanying me in applying science to clinicians and service users. My special thanks to Dr Zoe Bedford and Dr James Tonny Dhizaala for their encouragement from the very beginning of my candidature, reassuring me through their experiences that I would reach the finish line.

My profound gratitude goes to my family, notably my wife, Maimuna Tiya Moto Bakata, for her enduring patience and support throughout my academic pursuits, culminating in my PhD. Special thanks to my younger brother, Mudimbi Kalindula Stanislas, my elder sister Mubela Hawa Kabibi, my children, and grandchildren, particularly those from our Mudimbi Kahone house, for their belief in

me and for upholding our legacy of high achievement from Pene Kahone under God's power. As I prepared to leave my homeland, my father, Mudimbi Kangakola Ferdina, spoke his parting words to my mother, Nkusu Feza Ephrazie, urging her to let me go. His words echoed in my ears. She clung to me, sobbing, "I will never see my son again," as we stood in the middle of the road. That place, now a large open pit mined by Western companies, was bathed in the golden light of the setting sun. The fading daylight mirrored the end of my ties to my parents, marking a poignant and everlasting farewell. In remembrance of my mother-in-law, Bahachana Mikalano Bernadette, whose unwavering blessings were the steady lighthouse guiding our marriage through the storms, with heartfelt wishes for enduring joy and prosperity, reflecting the essence of my character and illuminating my life's purpose.

I am profoundly thankful to the University of Sydney for providing a secure and stimulating environment that has fostered academic excellence. The support and resources offered by this esteemed institution have been pivotal in my academic journey. Above all, I humbly express my gratitude to God, manifested in **Jesus Christ**, for His continuous guidance and blessings, which have enabled me to reach this significant milestone in my PhD journey. This thesis stands as a testament to His unwavering support, pending a successful examination and the incorporation of any necessary corrections. I would like to conclude with a fable by Jean de La Fontaine, which I learned at Primary School in Lubumbashi, Katanga Province. This fable has greatly influenced my learning life, highlighting how those in power can often misuse their authority to justify wrongdoing.

According to La Fontaine (n.d), A Wolf was drinking at a spring on a hillside. On looking up he saw a Lamb just beginning to drink lower down. "There's my supper," thought he, "if only I can find some excuse to seize it." He called out to the Lamb, "How dare you muddle my drinking water?"

“No,” said the Lamb; “if the water is muddy up there, I cannot be the cause of it, for it runs
down from you to me.”

“Well, then,” said the Wolf, “why did you call me bad names this time last year?”

“That cannot be,” said the Lamb; “I am only six months old.”

“I don’t care,” snarled the Wolf; “if it was not you, it was your father;” and with that he rushed
upon the poor little Lamb and ate her all up.

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LIST OF ABBREVIATIONS AND ACRONYMS

AACC	Australian Guidance and Counselling Association
AAGLRWS	African Australian from the Great Lakes Region War Survivors
ACA	Australian Counselling Association: American Counselling Association
ADHRS	Australia's Department of Human Resources services
AGCA	Australian Guidance and Counselling Association
AGLR	African Great Lakes Region
AGS	Australian Government System
AHCS	Australian Health Care System
AIHW	Australian Institute of Health and Welfare
AMHS	Australian Mental Health System
APSS	Australian Psychosocial Support
BACP	British Association for Counselling and Psychotherapy
CALD	Culturally and Linguistically Diverse
CCC	Cross-cultural Counselling
CCCC	Cross-cultural Counselling Competency
CCPSS	Cross-cultural Psychosocial Support
DCPS	Department of Child Protection Services
DRC	Democratic Republic of Congo
DSM	Diagnostic and Statistical Manual
DSS	Department of Social Services
MHPSS	Mental Healthcare and Psychosocial Support
NYBMT	Nyembo Yarning Barbershop Mirroring Therapy
ONU	L'Organisation de Nations Unies: United Nations Organization
ONUC	United Nations Operation in the Congo
OPD	Ongoing Professional Development
PACFA	Psychotherapy and Counselling Federation of Australia
PTSD	Post-Traumatic Stress Disorder
SEWB	Social and Emotional Well-being
STARS	Safety, Trust, Attachment, Responsibility, and Skills,
TGT	Transgenerational Trauma
UN	United Nations
VAN	Violence Abuse and Neglect
VDC	Villawood Detention Centre
YREM	Yaandina Ripple Effect Movement

Chapter 1 Introduction

1.1 From Katanga to counselling: the genesis of this research project

My mother named me Patrice after Patrice Emery Lumumba, the first elected Prime Minister of the Democratic Republic of Congo (DRC). Lumumba was assassinated in January 1961 near the United Nations (UN) camp at Elizabethville, now known as Lubumbashi, where I was born. The country that was formerly known as the Belgian Congo had gained its independence on 30 June 1960 and the UN Operation in Congo (ONUC) was formed to support the new government in defeating the Katanga secessionist movement (United Nations, n.d.). My mother was in one of the UN camps located after the Kasenga Tunnel, near where the Irish and Swedish troops were stationed (Irish United Nations Veterans Association, 2024). My father went into hiding with two of his friends, because the UN troops were fighting with the Katanga secessionists to seize control of Elizabethville, the capital of Katanga province (Irish United Nations Veterans Association, 2024). After I was born in the camp in October 1961, my father and his friends decided to surrender, but as they arrived at the ONUC camp, they were suspected of being part of Katangese troops attacking the camp. They were shot at by the ONUC troops and they were wounded. They were subsequently treated by the UN but a few days later, my father's two friends died from their wounds leaving my father as the sole survivor. Because of my father's experiences with the UN camp, people in the camp had started to call me ONU (from L'Organisation des Nations Unies, the French translation for the UN). We left the camp after December 1962, when Tshombe Moise, the President of Katanga, agreed to be part of the independent Congo (Dorley, 2016).¹

¹ This is the story as my mother told me reflecting a cultural emphasis on important life events as an indicator of time, supplemented by historical details linked to the Gregorian calendar. See also later discussion of this practice.

In 1997, I came to Australia as a young adult from the DRC as an asylum seeker due to the civil war political and economic unrest that was affecting my life. I stayed at the Villawood Immigration Detention Centre (VIDC) in Sydney between 1997 and 2000. During this period of Prime Minister John Howard's conservative Coalition government, asylum seekers were uniformly penalised, and there was a tightening of the so-called immigration controls. During these years, Amnesty International had become more involved in efforts to protect the human rights of asylum seeker detainees in Australia, and I became involved with the organisation as they shared the ambitions, values and beliefs that I had inherited from my family, influenced by our experiences during the struggle for the DRC's independence. Like Amnesty International, I was looking for fairer treatment for asylum seekers, freedom for those incarcerated, a speedier processing of claims, access to good legal advice and better-informed social policies. We also wanted the Australian public to know the truth about asylum seekers in Australia to counter the unfair, stigmatising reports that were being circulated. In the short term, our aim was to improve conditions at the detention centre, for example, in the areas of health care, meals, facilities, legal assistance and better treatment from the guards. In the longer term, we were seeking justice, freedom and permanent asylum in Australia.

I became aware that many war survivors, including myself, from the DRC and other countries in the African Great Lakes Region (AGLR) who were seeking refuge in Australia were not receiving adequate psychosocial support, and it seemed like the Australian government was not paying enough attention to this important issue. I was involved in advocacy for the wellbeing of people in VIDC and took to developing psychosocial programs, some of which are detailed in paragraphs below. I was personally drawn to social learning theory and action research, which led me to counselling studies. That is, I did not necessarily choose to become a counsellor or a human rights advocate as a profession but found myself in an unexpected situation where there were obvious

injustices – the stress, trauma, suffering and fear among the detainees at Villawood was astonishing. As I had come from a country with no freedom of speech, I had expected Australia to be a country where people could express themselves freely; but in Villawood Detention Centre, what I found was quite different, no-one was really listening or doing anything about what they were saying; I could not tolerate the injustices I experienced and witnessed, and felt compelled to act. I felt that I had nothing to lose, or as we say in the Lingala language: *Eye koya eya*.

In my quest to gain freedom for asylum seekers and improve our collective social and emotional well-being, I started to provide individual and group psychosocial support to the detainees at Villawood while still in detention and continued to do so with the African Council of Australia at the conclusion of my detention. My first steps as an activist involved raising awareness among the detainees and visitors to the centre; for instance, I had discussions with many of the refugees when I was in detention and continued visits outside detention. I was concerned about their situations and helped them understand that their experiences were shared by many others in detention and outside, and that we should act collectively to bring about change. As described by Dalton et al. (2020), “individual experiences become collectively defined as social issues”. I increasingly started to take on a leadership role and liaised between the detainees, Amnesty International and the Minister for Immigration at that time, Hon. Philip Ruddock. I also acted as an interpreter and facilitated meetings, advocating for more hygienic living conditions, the building of a church and the provision of psychosocial support for those in need. My activism and provision of psychosocial support for detainees led to connections with other groups, such as churches, mosques, community groups and the media. This collective activism started to bring about feelings of solidarity and empathy among the asylum seekers. Hare’s description of this process seems apt:

The crisis which affected us brings forth incredible feelings of solidarity, camaraderie, empowerment and joy ... The conviction that arose from standing up against what is

plainly wrong was a tremendously positive and sustaining experience, and was undoubtedly the most effective remedy to feelings of hopelessness, despair and surrender.

(Hare, 1998, p. 22)

As Herman (2015, pp. 196-213) observes, taking social action can take the form of seeking justice, which can contribute to trauma recovery through empowerment and reconnection.

After my release from Villawood into the community in 2000, I continued to provide psychosocial support in the community and to those detained in VIDC. I provided trauma-informed psychosocial support to community members and detainees at VIDC, while continually enhancing my natural counselling instincts and professional competencies through targeted academic training. Beginning my career as a welfare worker, I gradually advanced into more senior roles, leveraging frontline experience to inform program development, clinical leadership, and culturally responsive service delivery in complex settings. . Through my academic studies, I engaged with both theoretical frameworks and applied methodologies in counselling. These programs deepened my understanding of biopsychosocial support models, culturally responsive social and emotional wellbeing approaches, and the importance of interdisciplinary collaboration. By fostering networks with specialised professionals and organisations, I developed the capacity to connect service users with appropriate and holistic support systems, thereby enhancing the effectiveness and inclusivity of counselling practice. I started to investigate more innovative approaches to supporting refugees who were suffering from trauma, for instance, by adjusting complex (often formal) environments and intervention methods and by tailoring these to suit the specific needs of individuals or groups. Increasingly, my motivation has been to explore how cross-cultural counselling can encourage alternative approaches to the mental health issues faced by those from different cultural backgrounds living in Australia.

My specific focus in this thesis is on AGLR war survivors like myself who have sought refuge in Australia. However, it has become evident on this research journey that the findings and insights from this work can also be used to better address the psychosocial needs of other culturally and linguistically diverse (CALD) communities in Australia. The next section provides a background to the historical and cultural experiences of connection between peoples of the AGLR, followed by the experiences of disconnection which contributed to the people of the region becoming refugees.

1.2 African Great Lakes region war survivors: From connection to disconnection

The AGLR is part of Central Africa and is commonly seen as comprising of the DRC, Uganda, Rwanda, Burundi and Tanzania (see Figure 1.1).

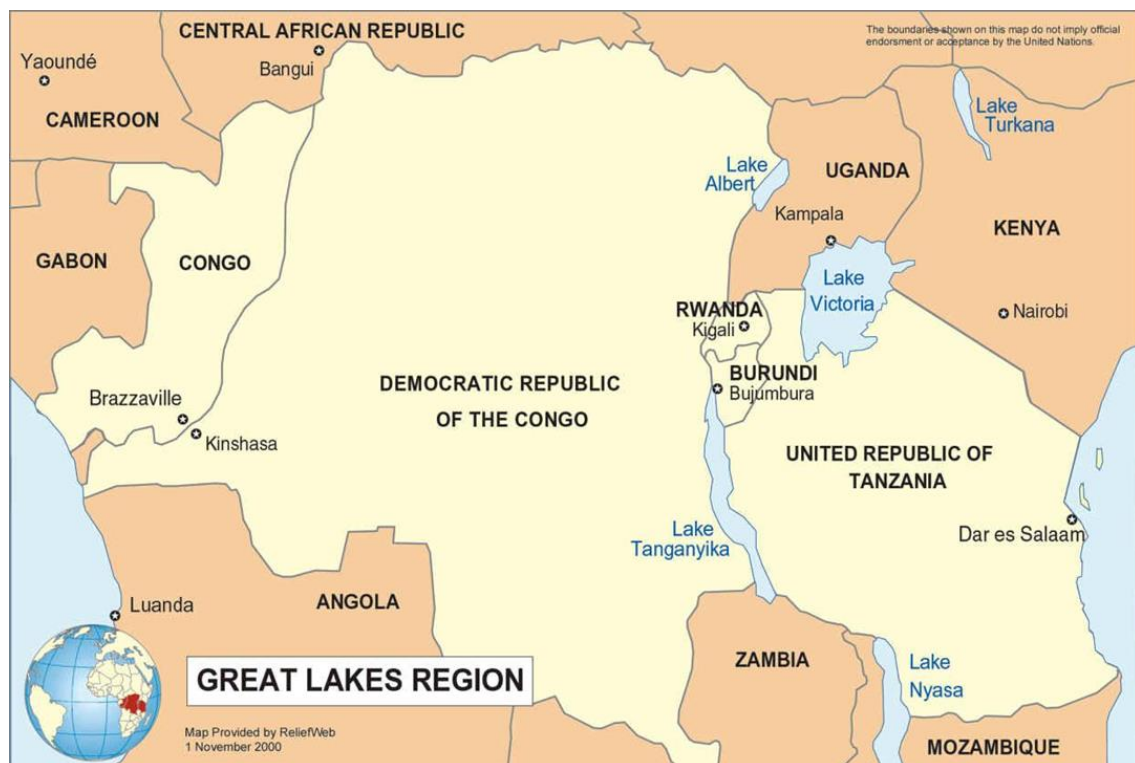


Figure 1.1 Map of the African Great Lakes Region

(Adapted from Reference map of the Great Lakes region by United Nations Office for the Coordination of Humanitarian Affairs, 2000).

The geopolitical boundaries between countries of the AGLR shown in Fig. 1.1 are not merely cartographic—they represent intersecting histories of displacement, resilience, and cultural negotiation that inform the lived experiences of participants in this study. These countries share an extensive legacy of geostrategic colonialism and imperialism, with accompanying violence and human rights violations (Stearns, 2012; Hochschild, 2006). This research focuses on people who have come to Australia from three of these countries which share a Belgian colonial heritage – Burundi, DRC and Rwanda – and who are survivors of war and genocide: African Australians from the Great Lakes Region War Survivors (AAGLRWS).

1.2.1 Pre-colonial connection and relative harmony

Before the sailor invaded the African continent, the state of independence meant that empires, clans and tribes were living in relative harmony in Africa, including in the AGLR. Despite the fighting over land, power and the extension of kingdoms and wealth, durable solutions were implemented for peace and development of the region. As a last resort for resolving conflicts among Africans, Bantu² and other groups contracted marriages between the opponents to create peace and unity. For example, Bacirongo and Nest, (2015, pp. 13-16) describe how these marriages' miracles were building rather than destroying in contrast to the Western practices in the AGLR. Colonisers were motivated by other agendas, imposing peace with weapons and wars to help them plunder resources and satisfy their profits (Rosenberg, 2019b; Hochschild, 2006). . For example, In the Katanga province of the Democratic Republic of Congo, a Portuguese-Angolan trader strategically invoked Bantu cultural principles—particularly those concerning inheritance and governance—to consolidate power and secure access to regional resources. This was

² The Bantu are an ethnolinguistic group whose languages and cultural traditions span across several African countries, predominantly in Central, Eastern, and Southern Africa—including the Democratic Republic of Congo, Angola, Zambia, Tanzania, Kenya, Mozambique, Zimbabwe, and South Africa—with many communities sharing core customs rooted in ancestral values and social organization.

evidenced by the 1891 marriage arrangement between his daughter, Maria de Fonseca, and King M’Siri of the Yeke Kingdom, reflecting how socio-political structures rooted in clan-based alliances and marital diplomacy shaped economic and authority networks in precolonial Central Africa (Kashoba, 2008). African ancestral customs placed marriage at the centre of communal continuity, not only as a means of procreation and alliance-building but also as a mechanism for conflict resolution and sustainable peace between families, tribes, and kingdoms. These practices reflect the depth of traditional African values and affirm the ontological force of collective being, as emphasised by Tempels (1949a, p. 36) and further elaborated in UNESCO’s *General History of Africa* (UNESCO, n.d.).

The growth of African kingdoms extended rapidly before the invasion of Africa by colonialists, spanning the continent from South to North and West to East. This expansion often occurred through intermarriage, which served as a legal and spiritual means of settling conflicts and accessing equitable inheritances of resources, responsibilities, and leadership (see Figure 1.2).

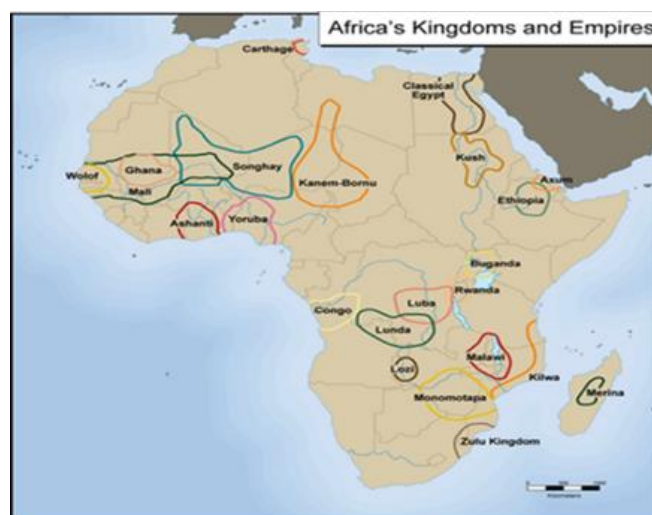


Figure 1.2 African kingdoms and empire connections by marriage
(*Diasporic Roots*, 2014)

Bacirongo and Nest (2015 pp. 13-16) discuss the example of how intermarriages between pygmies' race and Bantu race with Batembo tribes in the Eastern Congo were remedying issues between individuals and communities unlike the colonial legacy of confinement punishments (institutionalisation) or wars. Mugumbate and Nyanguru (2013 p. 96) have commented on African traditional jurisprudence management of conflicts that bears collective responsibility for remedial outcomes that espouse Ubuntu, an African philosophy of human connectedness. Because they believe human beings are linked collectively by bloodline, including in their ability to access rewards or suffer punishments they believe it "is an indication of the connection between the soul of a deceased person to their *dzinza* (bloodline) and *nhaka* (heritage)" (Mahoso, 2013, cited in Mungumbate & Nyanguru 2013, p. 96).

AAGLRWS share commonalities in their belief in a single God, the creator, and the ancestral traditions of veneration that follow their bloodlines. They also believe in maleficent forces that could negotiate with spiritual healers in ceremonial interventions. "Ubuntu" legacy is the cornerstone of African family cultural values which many AAGLRWS have embraced, despite criticisms of its over-generalisation and the absence of fundamental principles or rules which could be actioned (West, 2014, p. 53). The history of intermarriages and movements across borders, as well the Bantu language – Kiswahili – spoken in Rwanda, Burundi and the eastern DRC have created a shared experience among AGLR people, which binds them in togetherness. Today, for example, a woman born in Uganda or Rwanda may have one parent born in Rwanda or Burundi and be living in the DRC. Within DRC, the common language of Lingala links people from different tribal language groups. This interconnectedness meant that people from different countries, ethnic groups and tribes have lived and worked together, sharing common spaces and values, but this became a colonial laboratory impacting disheartenment and the spirit of peaceful coexistence. While some Ubuntu values were never recovered, the Ubuntu spirit of 'togetherness' did bounce

back despite the challenges posed by intermittent wars and conflicts in the wake of Western colonial interventions.

1.2.2 Colonisation, disconnection, and division

The AGLR's struggle for freedom and human rights against Western domination dates back to the Belgian King Leopold II and his reign of brutality in what is now the DRC. Between 1885 and 1908, an estimated 10 million Congolese (50% of the population) were killed in massacres or through disease, starvation, exhaustion and exposure, while many others had their hands cut off because they did not fulfil their quota of rubber collection (Hochschild 2006 pp. 118-147). Around the same time, the carving up of Africa by the colonial powers in 1885 led to the creation of German East Africa, including the combined territory of Ruanda-Urundi which came under Belgian rule following Germany's defeat in World War I. The historical interconnections and tragedies of the AGLR pre- and post-independence have been well documented by a number of scholars, including Nzungu-Ntalaja (2002), Bayart (2005), Hochschild (2006), Lemarchand (2009), Stearns (2012), Carney (2013), Burgis (2016), Lambourne (2019), Rever (2018), and the United Nations Security Council (2025). These analyses converge on the enduring entanglement of colonial legacies, resource-driven predation, regionalised violence, and international complicity dynamics that continue to structure governance, social trust, and civilian vulnerability in the DRC, Rwanda, and Burundi.

I bring them together here to situate the psychosocial experiences of African Great Lakes Region war survivors within a historical–structural context, linking individual trauma to the macro-processes that produce displacement, loss, and ongoing precarity.

After the conference of Berlin (1884-1885), Africa was divided into 52 countries by the Europeans who took little consideration of the local inhabitants in the drawing of their borders.

The Europeans instead shared Africa according to their narrow economic or political interests (Rosenberg 2019b).

The division of Africa (see Figure 1.3) was largely instigated because of the vast natural resources driving European interest in the continent, especially in the AGLR, and particularly in the DRC. Stearns (2012, pp. 6-10) and Hochschild (2006, pp. 1-5), highlighted how the conflict of interest between the Western powers in the AGLR collided with, and led to, human rights abuses and environmental devastation in the AGLR. After more than 138 years of struggling against imperialism, the local people continue to bear the burden of white supremacy. The findings of Stearns and Hochschild are consistent with many research studies and reports, all pointing to the outcomes of ongoing abuses of human rights, corruption, misery, killings and suffering, while the international community continues to look away (Stearns, 2012).

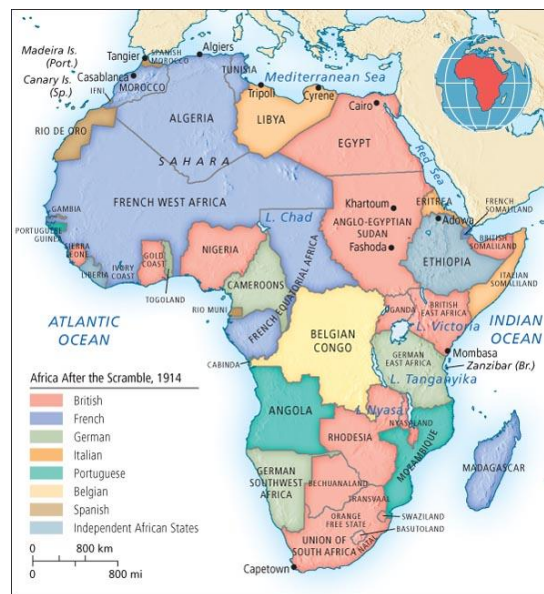


Figure 1.3 The division of Africa
A colonial map of Africa
(Map of the division of Africa, n.d.)

In their efforts to subjugate the continent, the colonisers had created illusory cultural, racial and ethnic identities and used them to implement systems of physical and psychological discrimination, segregation and divisions. According to Bayart (2005), these systems effectively

undermined the origins of the Hutu and Tutsi people in *the* AGLR and the shared heritage of Banyarwanda culture, referring to this as "operational acts of identification," which favoured one identity over another. Carney (2013) claimed that in Rwanda, this critical shift mainly manifested during the late 1950s in a socio-political context dominated by Roman Catholic Church actors, particularly through "the history of White Fathers missions" between the late nineteenth and early twentieth centuries.

The Berlin Conference of 1884–1885, which was tasked with regulating European colonisation and trade in Africa, prioritized the interests of major powers by implementing the "divide and rule" strategy, allowing the colonial powers to subjugate lands and plunder their resources (Rosenberg, 2019a). The psychological strategy of manipulation of AGLR people by the colonisers engineered divisions based on privileges, ranking, and ethnicity, as the most salient identity markers in Rwanda and Burundi which led to ethnic tensions, civil wars and eventually to genocide (Lambourne, 2019, pp. 1618-1623). The consequences of the colonial divide and rule between the Hutus and Tutsis has had lingering negative consequences for the peaceful coexistence in Rwanda and Burundi until today.

The struggle for freedom from colonisation to self-determination created several wars in all of those countries. Colonial-tainted complex peaceful coexistence has taken advantage of Ubuntu's values. The colonisers used the weak side of the concept, such as the lack of principles, to create division and discourage its practice among AGLR people. As highlighted by West (2014 p. 53), Ubuntu does not have clearly set rules and principles. Colonial powers progressively dismantled regional togetherness, resulting in civil wars of independence and secession, from the Congo in the early 1960s to the war and genocide in Rwanda in the early 1990s and the ongoing ethnic and political violence in Burundi. These continuing cycles of violence reveal the divisions encoded by the colonial powers through psychological manipulation of the people of the AGLR. As several

scholars have explained, ethnic tension, genocide and civil wars reflect the complex and volatile situation of Rwanda and Burundi (Lemarchand 2009; Lambourne and Nyonzima, 2016, p. 292), which continued after the genocide in Rwanda until now in the eastern DRC (United Nations Security Council, 2025). More than twelve million Congolese have lost their lives to the war, more than one million rapes took place, and three million people got displaced across the Great Lakes region. In addition, according to Lambourne and Nyonzima (2016), the genocide of Tutsis in Rwanda in 1994 took the lives of an estimated 800,000 people.

Both Rwandans and Burundians have sought refuge at different times in the Eastern DRC or other neighbouring countries; some have returned to their homes several times after the violence ended or resided where it suited them (Kabamba, 2010). Since July 1996, the wars in these countries were transferred to the eastern DRC, formerly Zaire (United Nations Security Council, 2025). A Rwandan-backed group called M23 dominated by Tutsis called Banyamulenge has claimed a part of the eastern DRC and is fighting an insurgency against the Congolese government. It has been responsible for mass killings of civilians as well as rape of women and children (UNSC 2025). According to Lemarchand (2009, p. 10) the Banyamulenge are descended from pastoral Tutsis who immigrated from Rwanda to this Congolese land around the 18th or 19th century, long before colonial rule, but this is contested by many Congolese. These are some examples of how conflicts in the region have become intertwined and driven by outsider interference, including through a premeditated colonial history of plundering the AGLR and the locally contested nature of this history.

1.3 Ubuntu-Centred Healing: Bridging Historical Harms and Personal Recovery for African Great Lakes Refugees

The trauma of these years of colonial domination and exploitation and the resulting instabilities, violence and genocide which continued in the post-colonial period have created the push factors for AGLRWS to seek refuge in other countries including Australia.

The psychosocial realities of AAGLRWS are shaped not only by the trauma of war and displacement but also by the structural inequities embedded within resettlement systems. Despite Australia's commitment to multicultural inclusion, many AAGLRWS individuals encounter systemic barriers that obscure their suffering and silence their voices. These barriers manifest in culturally incongruent counselling models, limited access to appropriate psychosocial support, and a broader institutional reluctance to engage with the complexity of cross-cultural trauma. Against this backdrop, institutional silence surrounding the psychosocial suffering of AAGLRWS communities perpetuates systemic exclusion and emotional despair, underscoring an urgent need for culturally responsive advocacy, targeted support mechanisms, and structural reform to restore dignity, agency, and equitable healing.

This thesis responds to that silence by foregrounding the lived experiences of AAGLRWS participants and focusing on how we can understand ways to provide more effective counselling and psychosocial support to meet the needs of these AAGLRWS who have come to Australia seeking refuge. Understanding the emotional attitudes of the AAGLRWS towards counselling and psychosocial support is crucial for providing effective individual and group therapeutic interventions in Australian primary care. This understanding will help to better address and serve their psychosocial needs. Counselling can help war survivors to understand their needs at a micro-level of trauma recovery or healing and growth towards sustainable peacebuilding and well-being (Herman, 2022). Crago and Gardner (2012), McLeod (2011), Yalom & Leszcz (2005) and other scholars have recognised that the emotional attitudes of the recipient and provider have to create

rapport in a 'safe place' for a conducive counselling process that will be informed by and tailored to the recipient's needs. This study explores the AAGLRWS's emotional attitudes towards the Australian counselling approach in order to find ways to improve their equitable access to a more effective counselling process.

The research considers how complex traumas, cultural differences and the Australian model of service provision have created difficulties for a number of the AAGLRWS to access equitable counselling and psychosocial support services during their resettlement process (Refugee Council of Australia, 2014a and Diamandi & Muncey, 2009). Kezelman and Stavropoulos (2012, pp. xxxiii-xxxiv) have argued that:

Clinical guidelines for the treatment of complex trauma have not previously existed in Australia. While national guidelines for the treatment of trauma relating to single-incident trauma (PTSD) exist, international research shows these to be inadequate in addressing the range of dimensions complex trauma involves.

Accurate diagnosis and proper assessment are vital for allowing efficient treatment for the range of dimensions of complex trauma, which many AAGLRWS have accumulated at different stages of traumatising. The first stage in their country of origin, the second stage with the abuses in the refugee camps, the third, for many, involves the difficulties of their resettlement processes. Trauma is often understood as an individual experience, involving overwhelming events that render a person helpless and powerless (Herman, 2015, p. 33; Suleiman, 2008, p. 276). However, in the context of AAGLRWS who have survived wars, abuse, displacement and dehumanisation, trauma can also manifest as a collective experience. This collective trauma arises from shared patterns of suffering and social abandonment, affecting entire communities. While trauma is fundamentally an individual phenomenon, the collective nature of these traumatic events highlights the interconnectedness of personal and communal experiences at both micro and macro

levels (Herman, 2015, p. 33; Suleiman, 2008, p. 276). The collective nature of traumatic events experienced by AAGLRWS underscores the need for a holistic understanding of these traumas. By advancing our understanding of both micro-level and macro-level trauma, we can develop more effective strategies to support the psychosocial well-being of those affected by such profound and pervasive adversities (Herman, 2015, p. 33; Suleiman, 2008, p. 276)

Farouque, Petrie and Miletic (2007), claim that Africans' resettlement in Australia has not reached the expectations of the Commonwealth government support, nor those of the African immigrants who include the AAGLRWS. Understanding AAGLRWS' attitudes towards counselling and psychosocial support in Australia could advance a new knowledge and way of thinking that will improve the resettlement for AAGLRWS through a more appropriate and effective individual and community counselling and psychosocial support process, thereby enhancing harmony, well-being and social effectiveness. I do not want to design research based solely on assumptions. This thesis is constructed on the argument that psychosocial interventions and counselling offer a unique opportunity to sustain individual and community peacebuilding. These interventions can enhance healing and well-being for those dealing with trauma in the aftermath of war, mass violence, post-colonial abuses, and institutional corruption (Lambourne & Gitau, 2013). Herman (2022), Woodside et al. (2014) and Hart (2008) have suggested that psychosocial interventions can restore peace and social cohesion by starting from a micro-level process to a gradual integrated macro-level program. Such theories behind the effectiveness of counselling are a form of psychosocial intervention that can be used to promote healing. It is explored in this thesis in the context of the AAGLRWS's healing process towards a trusted cross-cultural relationship between the host country (Australia) and the target group (AAGLRWS). Bearing in mind that counselling has to accommodate AAGLRWS' needs, the research aims to examine the AAGLRWS' attitudes towards Australia's counselling model. It will do this by seeking to advance understanding of the origins of AAGLRWS'

experiences of micro-level individual and macro-level collective trauma, as well as the trajectory to determine a suitable model or approach that will improve AAGLRWS's psychosocial wellbeing (Jeong, 2005, p. 45).

Jeong (2005) emphasises the importance of understanding both micro-level individual trauma and macro-level collective trauma for developing effective psychosocial interventions. By recognising the interconnectedness of personal and communal experiences, we can better address the complex needs of AAGLRWS. This approach not only acknowledges the individual psychological impacts of trauma but also considers the broader social and cultural contexts that shape these experiences. Therefore, a comprehensive model or approach to improving psychosocial wellbeing must integrate both individual and collective dimensions of trauma, ensuring that interventions are culturally sensitive and contextually relevant (Jeong, 2005, p. 45).

This research is a step on the path towards realising the wellbeing of the AAGLRWS. It is compiled together with other research materials from different disciplines, including psychology, psychiatry on individual healing, anthropology and the sociology of intercultural treatment of complex trauma, social psychology on the wider implications of collective healing and peacebuilding processes. The adaptation of related research in these different disciplines will provide new insights into how AAGLRWS counselling approach can be adapted to aid recovery through psychosocial methods within a cross-cultural context. It is anticipated the research will significantly contribute to the development of the concept of recovery in Australian's service delivery and practice reform to more effectively meet the needs of minority refugee communities, such as those from the AGLR.

The connections and disconnections within the AGLR, along with geographical and bio-psychological abuses, contribute to ideological divisions and diminish the ability to control the mindset and resources of the AGLR people. The AGLR's rich natural resources have been pillaged

to further the economic worth of Western powers, ultimately leading to the abuse of human rights and environmental degradation in AGLR. These abuses and the experiences of war and genocide have constituted the main push factors of the AAGLRWS movement to Australia, seeking refuge. From my professional observations as a counsellor, and personally as a member of AGLR diaspora community, a large number of AAGLRWS have experienced psychological trauma from conflict and post-conflict situations and residual resettlement issues that may challenge their daily life. Consequently, there is a need to tailor psychosocial support to improve their social and emotional well-being (SEWB) functioning.

According to the 2016 Australian Census, 10,459 people who were born in DRC, Burundi, Uganda and Rwanda are living in Australia (Australian Bureau of Statistics (ABS), 2018). This research study explores AAGLRWS attitudes, experiences, and psychosocial needs that can contribute to restoring individual and collective peace through healing processes, while fostering hope and a sense of belonging within Australian society for present and future generations of AAGLRWS. It also aims to assist service providers, policymakers, educators, and counsellors to better understand AAGLRWS' needs, backgrounds, and attitudes towards current service provision, thereby enabling the development of more tailored counselling and psychosocial support modalities that extend beyond the traditional counselling model and training.

1.4 Research questions, aims, and methods

The questions which this research seeks to answer are :

1. What are the psychosocial support needs identified by AAGLRWS based on their traumatic experiences in their home countries, on their journey, and since arriving in Australia?
2. What are the attitudes of AAGLRWS towards counselling and other forms of psychosocial support offered as part of the resettlement process in Australia?

3. Are there obstacles to AAGLRWS accessing these services and if so how can they be overcome?
4. What are the implications of the findings of this research for the design of counselling and other psychosocial support services for AAGLRWS, and for other minority refugee communities?

In order to answer the above research questions, this study aims to:

1. Identify the specific types of challenges faced by AAGLRWS and the coping mechanisms they employ to address them.
2. Understand the AAGLRWS' socio-cultural background and ethnic fabric, their experience and factors contributing to potential barriers towards counselling within these communities;
3. Advance the understanding of the AAGLRWS's attitudes towards counselling that could create a window of opportunity to develop a more appropriate and effective counselling and other psychosocial support services;
4. Identify the features of the model of counselling adopted in Australia and how they may need to be adapted to better meet the needs and expectations of AAGLRWS.

To achieve these aims, this study employs exploratory qualitative research methods described in Chapter 2 Methodology. These methods focus on collecting and analysing data from semi-structured interviews with 55 AAGLRWS, conducted during field research in four Australian states. To enhance the interpretation of the interviews data I draw on relevant literature, my cross-cultural counselling clinical experiences, and on relevant program applications, comparing research participants' needs and expectations with existing counselling practices.

The research focuses on understanding the counselling and psychosocial support needs of AAGLRWS and discusses the importance of addressing their traumatic experiences and resettlement challenges. This approach, explained in the methodology and further discussed in

later chapters, aligns with the concept of recovery as an antidote to coloniality. It emphasises the survivors' resilience, authenticity, purpose, creativity, empowerment, and generativity within their Ubuntu culture, in ways resonating with the frameworks of recovery proposed by Patton, Best, Pula, and Hollandy (2020).

1.5 Summary of chapters

Chapter 1 of this thesis provides an Introduction to the research, commencing with the personal journey that led to the selection of this topic, and continuing with a summary of the historical, cultural and violent contexts from which AAGLRWS refugees have fled to Australia. The chapter highlights the ongoing trauma these refugees continue to endure and links these challenges to the research's focus on their attitudes towards counselling and psychosocial support. It then outlines the research questions, aims and methodology, and concludes with a summary of the thesis chapters.

Chapter 2 provides a comprehensive overview of the research design and methodology, including participants' experiences, data collection processes, investigative tools used, the overall methodological framework, and the methods and procedures used in the empirical study. It first outlines the ethical considerations and safety protocols adhered to during the empirical research and the platform provided for AAGLRWS in four Australian States to share their narrative experiences, reflect on their origins and their efforts to find solace and help them rebuild their lives and social and emotional well Being (SEWB) in their new country. The chapter goes on to outline the data collection process and the theoretical framework guiding the data collection. The methodology for collecting grounded experiences of AAGLRWS is discussed, covering sample selection criteria and processes, including the use of semi-structured interviews and primary data

collection through field research experiences. Additionally, methods for secondary data collection are described.

The chapter proceeds to explore the theories and methods used for data analysis. This includes techniques for analysing the responses of AAGLRWS using grounded theory and phenomenology, contextualising phenomenology for AAGLRWS, and applying grounded theory in analysis supported by hermeneutical techniques. The use of narrative inquiry in the research is also discussed, along with analysis combining intercultural interpretation and narrative inquiry.

Finally, the chapter discusses the researcher's self-awareness, including the role of reflexivity in the research and addressing transference and counter-transference.

Chapter 3 delves into the multifaceted experiences of trauma and social suffering among AAGLRWS. It begins by expanding the exploration of the historical context from Chapter 1, particularly the legacy of colonialism which has fostered enduring ethnic tensions and political instability. The chapter then examines the immediate causes of trauma, including the cycles of genocidal violence and civil wars that have led to displacement and the subsequent challenges faced by many AAGLRWS during their resettlement in Australia.

Key themes covered include various resettlement issues, such as neglect, abuse and transgenerational trauma. The chapter also addresses the phenomenon of suffering in silence, the pervasive distrust and the impact of betrayal trauma, advocating for more tailored psychosocial support. Hermeneutical techniques are employed to interpret undiagnosed behaviours among these survivors, enhancing communication about trauma and identifying new manifestations of it.

Next, the chapter discusses the lack of acceptance, concerns regarding opportunities in Australia, integration difficulties, and educational stress experienced by AAGLRWS. It concludes by

considering the ongoing implications of trauma, which often result in feelings of social abandonment.

Chapter 4 examines the transition from disempowerment and dehumanisation to entrepreneurship, focusing on the daily experiences of AAGLRWS. It highlights the significance of these themes within the contexts of racism, discrimination, cultural differences, language barriers and the fear of deportation. The chapter addresses various facets of disempowerment and dehumanisation, such as isolation in educational settings and among the elderly, family separation, and the widespread impact of racism and discrimination. It also explores cultural differences, gender roles, and language barriers that contribute to the fear and uncertainty faced by many of these individuals in Australia.

A major emphasis is placed on the fear for children's future and the search for a safe environment, as well as the fear of deportation. The chapter contrasts the views on entrepreneurship with those on welfare dependency, illustrating how entrepreneurship acts as a form of resilience against social abandonment.

The chapter's conclusion discusses the pervasive sense of not belonging, experienced by many individuals, which is attributed among other things to perceived governmental betrayal and the enduring effects of colonial ideology that continue to undermine their freedom and SEWB.

Chapter 5 explores themes of counselling as identified through participants' experiences with counselling and psychosocial support received from their country of origin, during their journey, and in Australia. Integrating a literature review and evidence-based insights from participants' experiences and field research practices, the chapter provides a deeper understanding of the specific context of AAGLRWS. The research highlights significant gaps and differences in

communication, culture, and structural backgrounds between the parties involved, and their potential impacts on the understanding and application of core therapeutic modalities. It addresses the research question: how do identified counselling and psychosocial support needs, attitudes towards counselling and psychosocial support and barriers to accessing services among AAGLRWS inform the development of effective and culturally competent counselling and psychosocial support programs for this population and other minority refugee communities in Australia?

The chapter integrates key aspects of needs, attitudes, obstacles, and implications for service design, providing a comprehensive inquiry into the topic. Through a detailed analysis of interview findings, it contrasts and compares participants' perspectives to further substantiate the commentary. Key themes include the lack of understanding and trust between AAGLRWS and Australian counsellors; barriers such as access; equity, location, costs, and waiting times; language and communication issues; cultural differences and resulting culture shocks, and discomfort in discussing sensitive topics with culturally different counsellors.

The chapter proposes solutions for enhancing culturally informed practices and community agency to better serve AAGLRWS, aiming to reframe mental health and build community and dignity through practical solutions. It underscores the need for more tailored and effective support mechanisms to address the unique needs of individuals owing to cultural and structural differences.

Chapter 6 examines the impacts of cultural differences, particularly the structural dichotomy between individualistic and collectivist cultures, on cross-cultural psychosocial support (CCPSS) for AAGLRWS, and how these can lead to incompatibilities in attitudes, communication and therapeutic modalities, which can hinder effective support. The chapter proposes a more holistic

approach to psychosocial support, incorporating interventions from multiple sources. The approach is designed to integrate counselling principles, relevant policies and organisational strategies to effectively support the psychosocial recovery of AAGLRWS individuals. The chapter also critiques the unregulated structure of the psychosocial support system in Australia. Australian Psychosocial Support (APSS) has undermined the definition of counselling and the competency of cross-cultural service providers.

Despite the many challenges presented and discussed in the thesis, Chapter 6 showcases stories of resilience from AAGLRWS individuals who have leveraged opportunities in Australia to enhance their SEWB. Additionally, these stories demonstrate resilience by individuals and organisations aimed at creating more effective psychosocial support systems for future projects.

In Chapter 7, a thematic analysis was conducted to uncover the attitudes of AAGLRWS members towards counselling and psychosocial support in Australia. The analysis elucidated the lived experiences of participants through a multifaceted exploration of trauma, resilience, and social suffering encountered from their countries of origin to their resettlement in Australia. This encompassed experiences of the enduring legacies of colonialism, war, and displacement. The findings revealed a spectrum of participant experiences, ranging from feelings of marginalisation and dehumanisation to the empowerment and entrepreneurship that emerged for some within new societal contexts. The chapter discusses the findings of the research and addresses the challenges encountered and the importance of advocacy. It emphasises the role of financial responsibilities and cultural practices in supporting and enhancing AAGLRWS' social, emotional, and well-being (SEWB), as well as the contributions of survivors to the Australian development process. The chapter highlights also the ethical considerations involved in counselling and psychosocial support, emphasising their foundational role in addressing institutional crises and

promoting culturally sensitive practices. It also introduces action research as a periodical tool to monitor the efficacy of these interventions.

Additionally, the focus includes challenges and advocacy, financial responsibilities and cultural practices, and the provision of subsidies. It emphasises the importance of an academic development plan for AAGLRWS, the role of liaison officers in supporting the process as needed, and targeted corporate contributions for subsidies. It also covers cultural identity and practices related to gender, spiritual traditions, cultural heritage, and folkloric music. The conclusion of Chapter 7 addresses the systemic challenges and institutional crises that hinder access and equity for AAGLRWS. The discussion underscores the need for tailored adjustments to the APSS system for AAGLRWS, alongside a robust political commitment to regulating counselling and psychosocial services in Australia. Aligning policies and organisational structures with the needs of AAGLRWS recipients is crucial to ensure that service provision is ethically standardised and sufficient to meet its objectives.

Chapter 8 concludes the thesis by dedicating two poems to survivors and acknowledging the ongoing learning journey in cross-cultural counselling and psychosocial support. It highlights the importance of continuous education and adaptation, and the privilege of engaging with African epistemological resources. The chapter summarises the thesis findings, addressing research questions, limitations, and implications. It underscores the traumatic experiences and psychosocial needs of AAGLRWS, highlighting distrust and the impact of betrayal trauma, and the need for a better tailored support.

The research reveals a transition from disempowerment to entrepreneurship among AAGLRWS, emphasising their preference for entrepreneurship over welfare. The chapter digs into the multifaceted landscape of cross-cultural counselling complexities, addressing discrepancies in

definitions and practices, and the challenges in assessing counselling competencies. It critiques institutional and funding structures, proposing improvements, and highlighting the lack of mental health literacy and knowledge of psychosocial support among AAGLRWS and service providers. The study calls for a better regulated legal framework, financial responsibilities, and subsidies for AAGLRWS' counselling and psychosocial support services. It emphasises the importance of ethical and moral considerations in cross-cultural counselling and advocates for systemic changes to support the mental health and SEWB of AAGLRWS. Despite its qualitative approach, the research acknowledges limitations and suggests further AR and quantitative research to further validate and expand the findings.

The next chapter details the methodology used for this research.

Chapter 2 Methodology

2.1 Introduction

This chapter provides an overview of the research design and methodology, as well as the experiences of the participants in the empirical study. The qualitative methodology employed aims to increase our understanding of the needs of AAGLRWS during their displacement from the AGLR and subsequent resettlement in Australia.

The chapter begins with ethics approval and safety protocols granted by the University of Sydney's Human Research Ethics Committee, followed by an overview of the research design, data collection and analysis. The implications of each participant's background are then subject to narrative analysis, positioning the participant as an expert in their own story and identity, rather than subjects of the researcher's perceptions. This process aligns with Frank's (2010) concept of a 'movement of thought', where the researcher's interaction with participants allows their voices to be authentically heard. The participants' contextual accounts of culture, push factors, journey, and resettlement in Australia are paramount to understanding their personal narratives and experiences, thereby projecting their individual and collective needs from this research.

The choice of qualitative methods is grounded in the need to explore the complex and nuanced experiences of the AAGLRWS. These methods allow an in-depth understanding of the participants' lived experiences, cultural contexts, and personal narratives, which are essential to addressing the research questions. Additionally, a detailed methodological framework was designed to provide a comprehensive understanding of how the research was conducted and to ensure transparency and rigour in the investigation.

Data capturing the participants' lived experiences was collected through field research across four states. Challenges included cultural differences in time management, referred to as "African

time". Here, adequate funding and cultural sensitivity were crucial to gaining the trust and cooperation of the participants. The data collection section will detail the demographics of the participants, the fieldwork observations, and the challenges encountered during the research. Additionally, it will cover the programs initiated throughout the fieldwork.

The primary methods employed for data collection included semi-structured interviews, with subsequent data analysis drawing on grounded theory, phenomenology and narrative inquiry. These methods were selected to capture the complex and multifaceted experiences of the participants.

The secondary data collection involved a review of the literature from several disciplines woven throughout the thesis, incorporating academic, clinical, and socio-political sources to inform and compare the primary data analysis and data collection. The following section begins by discussing the ethical considerations of the research.

2.2 Ethics approval and safety protocols

After a lengthy process spanning eight months which considered the implications of research with vulnerable communities such as people from a refugee background, ethics approval for this project was granted by the University of Sydney's Human Research Ethics Committee (HREC) on 26 September 2017 (see Appendix I for a copy of the ethics approval letter). This approval included a safety protocol (see Appendix II) for conducting fieldwork including semi-structured interviews in the Australian states of New South Wales, Western Australia, Queensland, and Victoria.

Research at the University of Sydney is always conducted in accordance with the National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research* (2007) and the NHMRC's *Australian Code for the Responsible Conduct of Research* (2007). The primary aim of this rigorous ethics approval process is to ensure the safety and integrity of all

parties involved in the research. This is achieved by upholding human values, safeguarding human dignity, and preventing the abuse of research participants.

Ethical considerations are paramount in this study to ensure the integrity of the research and the protection of participants. An approved Participant Information Statement was provided (see Appendix IV) and informed consent was obtained from all participants (see Appendix V), ensuring they were fully aware of the research purpose, procedures, potential risks, and their right to withdraw at any time (Creswell, 2007). Confidentiality and anonymity were maintained by using pseudonyms and securely storing data consistent with HREC guidelines, with access limited to authorised personnel only (Israel & Hay, 2006). Efforts were made to minimise any potential harm, as explained later in this chapter, being sensitive to the traumatic experiences of AAGLRWS and providing support resources as needed (Homan, 1991). Participation was entirely voluntary, with clear communication that participants could withdraw without any negative consequences (Kimmel, 1988). Cultural sensitivity was upheld by respecting participants' backgrounds and using culturally appropriate research methods in relation to how interviews were conducted as detailed later in the chapter (Sandelowski, 1995).

2.3 Data collection

2.3.1 Methodological framework

The primary methodology employed in this research project is qualitative, with the analytical process grounded in grounded theory. As defined by Strauss (1976), grounded theory is a qualitative research methodology designed to extract data from the lived experiences of participants within their contextual realities. This theory cannot be fully interpreted without the application of hermeneutic techniques, which aid in the data collection process. Grounded theory, supported by hermeneutical techniques, helped me to interpret the AGLRWS' displacement phenomena, because it allows for a deep understanding of the participants' experiences.

Heidegger (1927/1996) describes the hermeneutic situation and the impact of assumptions on the interpretation of phenomena. He highlights the advantages that reflexivity gives qualitative research (Strauss, 1976; Heidegger, 1927/1996).

In conducting this research I followed a reflexive method in order to minimise the imposition of my own biases. This approach included periodically stepping back to ask clarifying questions during the interviews, maintaining an attitude of scepticism to minimise bias, and following the research procedures development model (Rhodes, Brown, & Madden, 2009; Denscombe, 2003; Strauss & Corbin, 1998). When participants presented contradictions in their interviews, I situated these contradictions within the phenomenology of the experience of being a war survivor and refugee. This background can often entail gaps in memory, fear of reliving certain past experiences, and a deep sense of uncertainty in relation to the host society (Igreja, 2010).

The sources of data included the experiences and observations of AAGLRWS participants as provided through fieldwork interviews, as well as information derived from service providers and feedback from workshops, presentations, and policy and procedure guidelines.

The use of grounded theory in this thesis is informed by a psychosocial framework influenced by the African philosophy of Ubuntu. This approach aims to address the journeys of AAGLRWS who have successfully resettled in Australia, as well as those who require trauma recovery support (Charmaz, 2014; Mbiti, 1990).

2.3.2 Theory framework data collection

Grounded theory was instrumental in exploring perspectives on the behaviours and attitudes of AAGLRWS within their displacement context. Engward (2013) highlight that grounded theory is also effective for collecting meaningful information that can lead to the formulation of a theory.

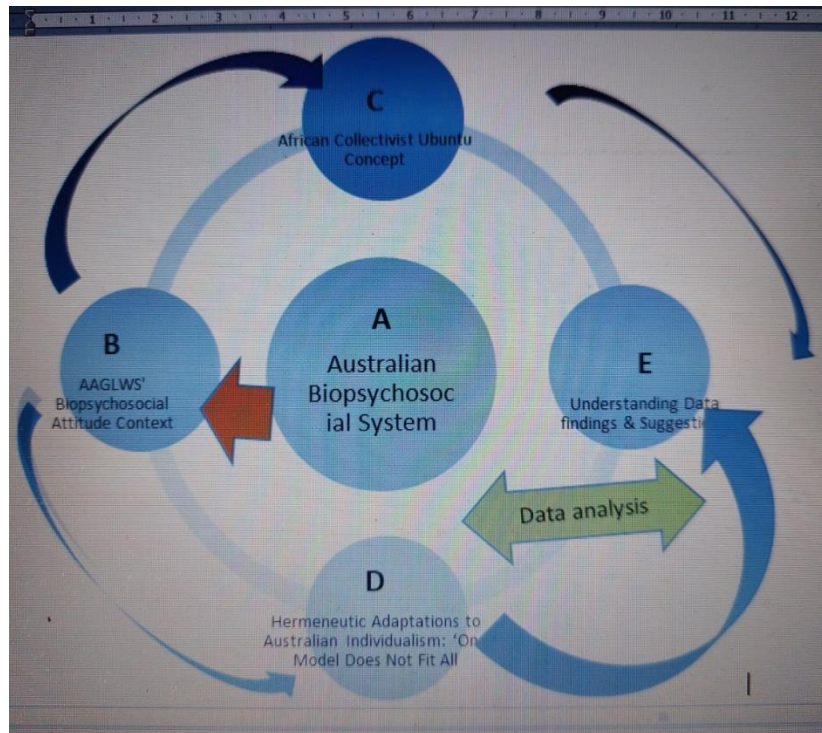


Figure 2.1: Hybrid conceptual framework for understanding AAGLRWS experiences

This figure is a conceptual hybrid model illustrating the relational process between traditional AAGLRWS practices and contemporary Australian bio-psychology systems, aimed at enhancing individual and collective healing through data collection and analysis.

Circle A in Figure 2.1 represents the current bio-psychosocial services delivery system in Australia, which is based on the individualistic Australian way of life. Circle B encompasses the biopsychological context of AAGLRWS, characterised by continuous suffering and resilience. The relationship between Circle A and Circle B, indicated by the red arrow, highlights the need for current treatments provided to AAGLRWS by the Australian system to be understood and re-evaluated in every cycle of action research (AR) to enhance efficacy. This system is informed by a better understanding of how to address the trauma experienced by the AAGLRWS (Kezelman & Stavropoulos, 2012).

Circle B, along with Circles C and D, capture how the research data in this study were collected by considering the values in both Circle C (AAGLRWS collectivist cultural perspective, including

Ubuntu) and Circle D (the individualistic service delivery approaches in the Australian system). The aim is for the AAGLRWS background to inform the therapeutic strategies and approaches throughout hermeneutic technique interpretation to clinicians who do not have an AAGLRWS background. Although AAGLRWS approaches do not necessarily exclude Western therapeutic approaches to care, they can be complemented by diverse alternatives and the identification of barriers to appropriate clinical interventions for AAGLRWS. Creswell (2007) argues that a research paradigm, whether positivism, critical theory, constructionism, or realism, always helps to determine an appropriate research methodology. Given the context of AAGLRWS, a social constructionist approach is the most suitable framework as it focuses on developing an understanding of the social reality of individuals in the AAGLRWS community (Burr, 2018).

Circles C and D include data collected from both contexts, which feed into point E for analysis. In turn, point E provides an understanding of the cultural ramifications of the findings. The main advantage of using constructionism here is the flexibility it offers in using different research methods to understand a specific social phenomenon – in this case that phenomenon being the traumatic experiences of the AAGLRWS community (Berg, 2001). Suggestions are fed back from E to A to inform innovative therapeutic applications for addressing AAGLRWS trauma (Kezelman & Stavropoulos, 2012).

Zina O’Leary (2014) argues that the exercise of research can often lead to unexpected directions, and therefore, one could compare the healing attitudes of the AAGLRWS to Western psychosocial interventions. AAGLRWS attitudes should be tailored through an informed bio-psychosocial therapy hybrid approach. *The Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5), published by the American Psychiatric Association, is a key tool for diagnosing and classifying mental disorders. It provides a common language and standard criteria for mental health professionals. It acknowledges the importance of cultural factors, such as the

concept of togetherness, in collective theory (Ubuntu) as well as in the diagnosis of traumatic events for AAGLRWS victims of violence. This approach has the power to revolutionise holistic diagnostic experiences for conditions such as PTSD, complex trauma, and other mental health issues in multicultural settings (American Psychiatric Association, 2013).

Future annual reviews can prioritise AR as a goal for both research and practice, as illustrated in Figure 2.1. The current research, which is based on field findings using grounded theory, aims to address the existing gaps in counselling and psychosocial support and enhance therapeutic interventions for the AAGLRWS during their integration into Australian multicultural society. These clinical gaps are identified in Circle E as are the needs for new consultation options for the AAGLRWS. That said, it is crucial to update knowledge through AR reviews to meet tailored service delivery needs in an evolving multicultural environment. Trauma-informed services require a holistic understanding and tailored delivery to meet the individual needs of those from an AAGLRWS heritage that is reflective of a multicultural society. Additionally, supporting mental health recovery requires proper diagnoses and managing the risks of potential future exposures that may re-traumatise those who have already endured significant trauma during their journey to settle in Australia (Levenson, 2017).

Both Bryman (2004) and Weinberg (2002) have suggested various qualitative methods for collecting data, such as making observations, holding focus groups, and conducting interviews. However, the most suitable method to use depends on the research paradigm and available resources, including time, money, and the skills of the researcher. In this study, I used several different data collection methods, each of which is described next.

2.3.3 Methodology for collecting grounded experiences of AAGLRWS

This section describes the procedure used for collecting data through the semi-structured interviews held with the AAGLRWS. It details the sampling and interview process, the participant demographics, and the challenges faced during the research.

2.3.3.1 Sample selection

The sample selection process is a crucial part of data collection, as noted by Berg (2001) and Creswell (2007). Creswell (2007) points out that there is no single method for sample selection; the most suitable method depends on the study type. In this research, the final sample comprised individuals from Burundi, the Democratic Republic of Congo (DRC), and Rwanda who have settled in Australia. These countries were chosen because they represent significant ethnic groups within the AGLR and have experienced severe trauma due to colonialism and war.

Although the AGLR includes numerous countries, Burundi, DRC, and Rwanda were selected to cover key ethnic groups and regions where violence and abuse are ongoing, as detailed in the chapter introduction (United Nations Security Council, 2025). The selection, which was based on purposive sampling, should provide deeper insights into the unique psychosocial experiences of the AAGLRWS by exploring their trauma, cultural contexts, and current Australian psychosocial support systems (Creswell & Poth, 2018). Purposive sampling is efficient in situations where the participant pool is limited because it allows the research to focus on those who can offer the most valuable insights (Palinkas et al., 2015). Cultural and conflict-related factors in the AGLR also influenced the sampling balance. For instance, some women could not participate because their husbands would not allow them to speak alone with a male researcher, especially if they did not share the same nationality or ethnic background. However, the AAGLRWS who were approached to participate in the study generally had two common objectives: first, the need to restore their social and emotional well-being and, second, the evident need for this research coupled with the

researcher's affiliation with a respected institution like the University of Sydney. Both meant many were willing to participate. Ultimately, 17 females and 38 males were purposively sampled (see the invitation letter in Appendix III). This participant selection method was particularly advantageous because it only selected participants with pertinent experiences, such as war-related trauma, increasing the likelihood of collecting relevant data during an interview (Patton, 2015).

Purposive sampling allows also for greater flexibility in the research design. This is because sampling strategies can be adapted to include diverse perspectives as more information is gathered (Etikan et al., 2016). Finally, by increasing the relevance of the participants' experiences, purposive sampling enhances the likely validity and applicability of the findings (Merriam & Tisdell, 2016). Overall, this method is well-suited for in-depth, context-specific research, such as this study on the AAGLRWS.

Appendix VI includes the interview questions, which were sent to them in advance. This choice was designed to allow participants to share detailed information according to the time they could commit and the importance of the topic to them. Thus, it was an approach aimed at maximising the value of the insights gained from the research.

2.3.3.2 Semi-structured interviews

The interview questions were designed to generate themes of exploration and guide the semi-structured interviews with open-ended and clarifying sub-questions. This is an approach that allows new ideas to emerge to enrich the data collection process while also satisfying the researcher's curiosity for meaningful information (Galletta, 2013).

Interviews were held in four Australian cities, each lasting between 45 minutes and two hours. The length of these interviews reflects both the participants' enthusiasm for addressing the issues raised and their cultural upbringing, which often disregards strict time constraints. Semi-structured interviews were chosen as the most suitable data collection technique because they provide the

researcher opportunities to draw detailed and comprehensive information from the conversation (Creswell, 2007). During the interview process, the researcher strived to remain unbiased and avoid judgmental responses by following methodological procedures (Bryman, 2004).

The interviews were able to capture organic information from the AAGLRWS experiences, including their mythology and narratives. This information was gathered during field research in four different states: New South Wales (13 participants), Queensland (13), Victoria (12), and Western Australia (17). Of the 55 participants, 30 were from the Democratic Republic of Congo (DRC), 14 from Burundi, and 11 from Rwanda. The participant demographics are summarised in Table 2.1, with further details provided in Appendix VII.

AAGLRWS informal and formal community leaders played a crucial role in announcing the project within their communities and mobilising potential participants. After obtaining consent from the individuals concerned, the researcher conducted the interviews discreetly. This was because some community members faced intimidation from others within their communities who disapproved of their participation without community leader approval. For instance, during one interview, a Tutsi woman from Rwanda was interrogated by two men who appeared in the restaurant and stood close to our table to listen. They questioned her about my identity, in response to which she felt she had to lie, claiming I was a cousin from Sydney. This incident highlights the cultural and conflict-related challenges faced during the research, particularly the tensions between Tutsis, Hutus and Bantus in the AGLR (Kabamba, 2010; Rever, 2018; United Nations Security Council, 2025).

Despite these challenges, the fieldwork and interviews were successfully completed in each state between 25 October 2017 and 8 February 2018, as shown in Table 2.1.

Table 2.1: Demographics of the participants

Country of origin	Burundi	DRC	Rwanda	Total
Female	6	8	3	17
Male	8	22	8	38
Total	14	30	11	55

Participants identified themselves as Bantu, Hutu, Tutsi, Pygmy, and Twa, all aged between 18 and 50. To avoid polemics and maintain credibility, the interview questions did not directly address these identities. Instead, the participants were referred to as “sister” or “brother” in line with Ubuntu deontological action objectivity. Despite this approach, some participants still implied their preferred group identities.

Each interview lasted more than 45 minutes due to cultural reverence and a relaxed approach to time³, often referred to as “African time”. Prior to the interviews, verbal and written consents were obtained from participants, with the option to withdraw from the research at any time – see the participant information statement (Appendix IV) and participant consent form (Appendix V).⁴

2.3.4 Primary data collection: Field research experience

The process of obtaining approval and conducting field research with the AAGLRWS community highlighted many challenges and necessitated strategic adaptations to ensure effective data collection and participant engagement.

For example, even once approval was received, the primary focus of the research shifted several times as it was implemented, highlighting the need for ongoing community discussions with the AAGLRWS. Informal conversations revealed the community’s need for help with conflict resolution, with several members seeking such assistance from the University of Sydney’s

³ Discrepancies in time management, attributed to cultural values commonly referred to as “African time,” were noted and analysed during the study.

⁴ No participants withdrew from this research; conversely, the number of potential participants continued to increase beyond a capacity that could be accommodated.

Department of Peace and Conflict Studies. The cultural expectations held by the AAGLRWS also influenced the confidence of potential participants, who were anticipating that the research might be able to address their concerns and help restore their well-being (Taylor, 2014).

Sydney/NSW field research

The research in Sydney encountered particular challenges related to participation, which demanded that strategic adaptations be put in place to overcome barriers and increase engagement. Sydney-siders were reluctant to participate due to delays in starting the interviews, interference by antagonists, prolonged suffering, and cultural incompatibility with Australian services. Some community leaders created obstacles, which meant some individuals who recognised the research's potential benefits had to participate secretly. These factors further slowed the interview process. A revised strategy, developed with my supervisors and the support of the Human Ethics Research Committee, involved moving the interviews to another city where information about the study could be distributed more effectively. My presence during church services, social media interactions, and community events helped to motivate participation. This strategy succeeded in Newcastle, where six participants from two national backgrounds were interviewed over three days.

Additionally, word-of-mouth and WhatsApp proved more effective than email. Despite the availability of new communication methods, cultural backgrounds and traumatic experiences fostered mistrust and division. Trusted leaders' words carried more weight than individual messages. Sydney was particularly affected by manipulation and gossip (Ubunge), which could impact the well-being of potential participants. For example, one female participant in Sydney later received threats from her Tutsi community, obstructing the interview process. Challenges included persecution of the Tutsis by the Congolese, refusal of the Congolese to cohabit with Tutsis, and

accusations of fabrications.⁵ Some AAGLRWS claimed to be too busy to be interviewed or that life in Sydney was faster than in other cities.

After two weeks, I had interviewed only two participants in Sydney, but in the following week, I interviewed seven in Newcastle. Upon returning from Western Australia to New South Wales, I resumed interviews with the very same ethnic leaders, who could no longer prevent their community members in Sydney and Wollongong from participating. When conducting my field research in Western Australia, I had implemented a more robust psychological strategy to emphasise my neutrality and status, representing my research as an official academic mission to build trust while continuing the interview processes.

Western Australia field research

The field research in Western Australia was significantly bolstered by the cooperation and support of several local contacts who proved to be crucial in both overcoming logistical challenges and enhancing the data collection process. For example, I stayed with an Emeritus Professor who lived near the University of Western Australia, and this provided me with a safe and trusting environment. Additionally, the suburb was centrally located so access to public transport was good.

The comparative analysis of collectivist and individualist lifestyles, along with the empathy encountered during data collection, significantly enriched the research. Data collection from the field research was particularly successful due to several strategies we implemented that leveraged counselling, psychosocial support attitudes, and cultural sensitivity. Effective time and status

⁵ Ubunge in Kinyarwanda refers to the art of manipulating information to distort the truth. Lemarchand (1970) described this behaviour as a “cultural environment in which concealing or distorting the truth are traditionally regarded as both a virtue and an art” (p. 9).

management were also crucial. For instance, the AAGLRWS often face difficulties with time management, but regard a luxurious environment as a symbol of status and trust. I was lucky to understand 'African time' and also have access to the Professor's house, both of which helped to enhance the credibility of the research project (O'Leary, 2014). In fact, upon arriving in Perth, the welcoming atmosphere of the accommodation was enhanced by the professor's courteous demeanour and the support of his African American wife.

Potential research participants were engaged through their community leaders, with a local student assisting with the dissemination of information and logistics. Additionally, the professor's wife occasionally helped with transportation. The positive response and high-quality interviews underscored the importance of a neutral and well-coordinated approach. The participants and the professor then suggested extending the trip to Kalgoorlie to explore the psychosocial attitudes of AAGLRWS who commute between Perth and Kalgoorlie for work, further enriching the data collection. As noted by O'Leary (2014), research can often take unexpected directions. Hence, the two-and-a-half-week period in Perth was productive, with the research team planning subsequent steps based on community feedback. The professor provided invaluable insights and logistical support, including financial assistance for the Kalgoorlie trip. The enthusiastic participation of the local AAGLRWS in Perth and the input of the professor highlighted the potential for effective community engagement when free from external influences. The well-planned and coordinated approach, emphasising neutrality, significantly contributed to the success of the data collection.

Kalgoorlie is a mining town situated approximately 593 kilometres (about 368 miles) by road from Perth. The drive typically takes around 6.5 hours along the Great Eastern Highway. The town has a strong historical community of white South Africans who have immigrated for work-related purposes (BBC News, 2014). The presence of Black Africans is visible in the Central Business

District (CBD) and various workplaces such as hospitals, mining, and social services sectors (Hope Community Services, 2024).

Field research in Kalgoorlie was challenging to plan, but the support from Perth helped overcome these difficulties. Kayenge, a student at Curtin University's Department of Mining in Kalgoorlie who lives in Perth with his family, was appointed as a contact person. He provided tips and contacts for AAGLRWS and communicated with them via email and WhatsApp to announce my arrival for those interested in participating in the study.

The research topic generated significant interest among the Africans in Kalgoorlie – a small town where word-of-mouth spreads quickly. I stayed at a backpackers' lodge located 50 meters from the CBD. Despite the limited resources, the socioeconomic and geographic location of the backpackers' lodge was convenient for the research. In hot weather, I shared a room with four to eight people, many of whom worked in mining. These workers used the lodge before and after their shifts, which typically lasted twelve hours for two to four weeks, followed by four days to one week off (ABC News, 2021). Some workers commuted daily from Kalgoorlie to work sites, while others lived there permanently due to broken relationships caused by the fly-in-fly-out work schedule. This schedule limited their social interactions and family contact, presenting challenges that the researcher had to navigate to better understand their attitudes to counselling and psychosocial support (MPI Recruitment, 2024).

The AAGLRWS constitute a small segment of the African community in Kalgoorlie. Despite their relocation, they maintain strong social connections with Perth, where most of their family members reside. Due to financial constraints, they had limited options and moved to Kalgoorlie, where they work under significant stress to support their families in Western Australia or other Australian states. Local organisations are aware of the stress they endure (Hope Community

Services, 2024; MPI Recruitment, 2024). Consequently, self-medication through alcohol, drugs, sex, and gambling is prevalent among those engaged in fly-in-fly-out (FIFO) work.

In conducting the field research in Kalgoorlie, I collaborated with various local organisations, including Hope Community Services, Centrecare, Red Cross, Crossroads, Salvation Army, Anglicare, Kalgoorlie Hospital, and BEGA Garnbirringu, to disseminate information and to secure interview spaces. During the field research, several of these organisations expressed interest in the research topic and recognised my expertise in psychosocial and wellbeing support within local communities. For example, BEGA Garnbirringu Health Services offered me a position as a Social and Emotional Wellbeing Counsellor, serving both Aboriginal and mainstream populations in the Goldfields region of WA.

Whilst field research in WA was conducted primarily with the intention of gathering grounded narratives from AAGLRWS, the opportunity also emerged for piloting culturally responsive psychosocial interventions as part of my work as a counsellor and psychotherapist at Bega Garnbirringu Health Service. The region's demographic diversity and history of migration offered a fertile context for exploring trauma recovery through Ubuntu-informed modalities. Two community-based initiatives—Nyembo Mirroring-Based Therapy (NYBMT) and the Yaandina Ripple Effect Movement (YREM)—were developed and trialled during my phase of employments. These initiatives were not merely adjuncts to data collection but integral components of the research praxis, embodying the fusion of theory and lived experience.⁶

- NYBMT, piloted in Kalgoorlie and Perth, operationalised Ubuntu principles through therapeutic mirroring, narrative restoration, and embodied empathy. It provided a culturally congruent framework for addressing Violence, Abuse, and Neglect (VAN) in the

⁶ Praxis, in this context, refers to the dynamic interplay between theory and practice, where conceptual frameworks such as Ubuntu are not only discussed but actively embodied through therapeutic interventions. It denotes a reflexive, ethically engaged process in which knowledge is co-constructed with participants and applied in real-world settings to foster healing and systemic change (Freire, 1970; Kemmis & Smith, 2008).

local community. Participants described NYBMT as “a mirror to our pain and dignity,” highlighting its resonance with ancestral healing traditions (see Appendix X).

- YREM, developed in partnership with Yaandina Integrated Services in the Pilbara region, focused on ripple-effect healing through community dialogue, intergenerational storytelling, and symbolic acts of restoration. It was particularly effective in engaging youth and elders in collective trauma processing, fostering dignity and agency across generations. The movement’s emphasis on relational accountability and communal resilience aligned with Ubuntu’s ethic of care and mutuality (see Appendix XI).

These initiatives allowed participants to reflect on their psychosocial journeys while actively shaping the therapeutic landscape. The WA field experience thus served a dual purpose: it generated rich qualitative data and validated the feasibility of Ubuntu-based interventions in cross-cultural counselling contexts. These pilot projects informed subsequent chapters and contributed to the development of a hybrid psychosocial model tailored to CALD and refugee communities.

Generally, the participants contacted me directly to arrange meeting locations. Despite their small numbers and significant challenges, the commitment of AAGLRWS in Kalgoorlie to participate in the research was challenging. Only two of the unplanned interviews were unsuccessful: one with a female Rwandan participant who was apprehensive about recording her statement and another with a male Congolese participant who could not find time due to his 12-hour work shifts. This highlights the difficulties experienced by many AAGLRWS in finding spare time for activities outside of work in remote areas like Kalgoorlie. Appendix VII illustrates a typical 24-hour period for the participants working in the Kalgoorlie mines.

Indeed, the combination of work and personal time leaves little opportunity for social activities or family connections, contributing to a sense of isolation. This isolation can lead to the

deterioration of mental health, adversely affecting physical well-being, as outlined in Chapters 3 and 4 of this thesis.

In conclusion, my field observations supported the interview process in terms of understanding the experiences of the AAGLRWS in Kalgoorlie. One interviewee, experiencing depression, sought help from a psychologist without finding a concrete solution. Informal conversations were also held with a Rwandese woman and a Congolese man during the Christmas season, providing additional opportunities for engagement. The Rwandese woman's husband was working outside Kalgoorlie, while the Congolese man was buying food for his work site. These interactions highlighted the psychosocial challenges faced by the participants, particularly regarding family relocation to Kalgoorlie. Based on these insights, the research team developed a strategy for the next phase of the study in Queensland (Hope Community Services, 2024; MPI Recruitment, 2024).

My experience highlights how field research plans can be arranged, but conditions in the field often remain unpredictable. Stiffman (2009) posits that, while 75% of a plan can be accomplished through researcher resources, 15% relies on the input of the local participants. Resilience and creativity in the field are therefore significant factors for achieving optimal outcomes.

Queensland field research

The field research in Queensland was planned with Pastor Biangwa Joseph as the primary contact. My initial contact with him took place in Sydney, where he preached at a local church in February 2017. He expressed enthusiasm about assisting with the research in Queensland. However, the plan was delayed due to the Human Research Ethics Committee approval process, which was not well understood by the AAGLRWS community leaders and members, leading to some reluctance to support and participate in the research (Stiffman, 2009).

The delay, coupled with cultural expectations, heightened the community's anticipation for some solutions from the University of Sydney. Three weeks before traveling to Queensland, I reiterated my commitment to the research, despite the financial constraints. Confirmation was received a week later, and I arrived in Queensland on December 23, 2017. Pastor Biangwa welcomed me at the airport, and we subsequently met with seven pastors and leaders from the Congolese, Rwandan, and Burundian communities to commence the interview campaign.

The research was supported as planned, with mobilisation facilitated by community leaders. Adhering to ethics protocols, including balancing gender and community representation, posed challenges due to logistical constraints. Pastor Biangwa's residence was on the outskirts of Brisbane in Redbank Plains, while many AAGLRWS members lived in different areas, such as Moorooka, Logan, Woodridge and Kingston, complicating coordination.

To address these challenges, I established another contact point at a barbershop owned by an AAGLRWS member and social worker in Moorooka, known as "Little Africa". This individual disseminated information via social media, and meetings were arranged at a nearby coffee shop. Despite cultural norms around punctuality, these interactions were crucial for data collection. The community's hospitality often extended to offering traditional food and accommodation, reflecting their perceptions about the cultural and spiritual significance of the research.

Pastor Biangwa, while preparing for Christmas, appreciated my presence as a guest minister and researcher from The University of Sydney. This presence helped alleviate some of the congregation's spiritual and well-being challenges and reinforced the importance of spiritual and cultural dynamics within the AAGLRWS communities in Queensland.

This engagement can be seen as a gift from God, who gave His only Son for the salvation of all humanity (New International Version, 2011, John 3:16). Moreover, the spiritual and cultural dynamics within these communities are crucial for their well-being. According to Stiffman (2009),

community development is deeply intertwined with spiritual values, which promote social justice, sustainability, and holistic well-being. The Bible also emphasises the importance of spiritual gifts and their role in building up the community. As stated in New International Version, (2011, 1 Peter 4:10) “Each of you should use whatever gift you have received to serve others, as faithful stewards of God’s grace in its various forms.”

During the festive season, the AAGLRWS communities experience a heightened sense of spiritual and cultural unity. This period serves as a reminder of God’s grace and the diverse gifts bestowed upon individuals to serve and uplift one another (New International Version, 2011, James 1:17). The role of ethics in genuine pastors as a way of maintaining moral and spiritual balance is vital, despite the challenges posed by unemployment and cultural shock.

Protective factors in terms of the creation of self-enterprises and community initiatives, such as soccer clubs, dance groups, and cultural events, reflect the resilience and creativity of the AAGLRWS communities. However, these efforts are sometimes undermined by mainstream organisations which exploit these initiatives for funding, leading to divisions within the community (AAGLRWS Leaders, personal communication, 2023).

The complexity of intermarriages and cultural integration among Tutsis, Hutus, Twa and Bantus in Brisbane highlighted some of the ongoing challenges faced by AAGLRWS families. Issues such as language barriers, generational conflicts, and the struggle to maintain cultural traditions were pronounced. My immersive approach, akin to ‘living within the community’, provided deep insights into these dynamics.

Staying with Pastor Biangwa, a former senior pastor and counsellor at the Kakuma refugee camp in Kenya, I experienced the harmony and joy within his household. Their daily routines, including morning worship, underscored the family’s resilience and spiritual devotion. Despite

logistical challenges, Pastor Biangwa's leadership and delegation fostered a supportive environment, contributing to the successful completion of the fieldwork.

The pursuit of education among the youth is seen as a key to future freedom, self-development, and decolonisation, contributing to both their country of origin and the receiving country. While many AAGLRWS' testimonies, supported by their declarations during interviews, highlighted these benefits, challenges such as acculturation, racism, and bullying indicated that there is still a long way to go. Many adults are not educated but they are using the social benefits of the Australian system to survive, and those who are trying to educate themselves are not easily finding employment due to their lack of "Australian experience", advanced age, foreign accents and other negative perceptions and barriers (as will be discussed further in Chapter 3).

Victoria field research

Field research in Melbourne began on 6 January 2018, marking a significant phase in engaging with the AAGLRWS community in Victoria. The primary contact in Victoria was Mr Kabuya, the President of the Congolese Community. But I went to a personal friend of mine. I informed my friend that my visit had a dual purpose: to mourn his mother-in-law, who had passed away in DRC, and also to conduct field research. In accordance with Congolese cultural norms, my friend provided lodging and food as a duty of care.

As is customary, I observed two days of mourning, refraining from work or leisure activities to honour the deceased. During this period, mourners shared stories about the circumstances of his mother's death and her life. On the second day, his stepdaughter and her brother-in-law visited. Notably, the brother-in-law asked to be interviewed after learning about my research.

However, my friend expressed concerns that the research conflicted with his religious beliefs and instructed me not to discuss it with any visitors. Despite this, I continued with the planned

fieldwork, coordinating with my primary contact, who was happy to disseminate information about it through social media, WhatsApp, and African Media in Australia (AMA).

Mr Ndadaye, the President of the Burundian Community of Victoria, also supported the research by providing accommodation and mobilising his community. His efforts included sending messages to the Congolese, Rwandese, and Burundian communities, urging them to support the research. This mobilisation significantly enhanced the research process. Logistical planning meetings were held to organise transport, appointments, and meals. So, despite some initial challenges, the fieldwork in Victoria was successful, thanks to the cooperation and support of the local communities.

2.3.5 Field research conclusion

The methodology for researching the AAGLRWS required significant adaptations and cultural considerations. The lengthy Human Research Ethics Committee approval process coupled with several cultural challenges necessitated ongoing discussions and strategic planning. Despite initial obstacles in Sydney, revised strategies helped to increase participation, underscoring the importance of trust and cultural compatibility.

In Western Australia, support from my supervisor and the local community enabled effective data collection, highlighting the value of a well-coordinated and neutral approach. The enthusiastic participation of the AAGLRWS community demonstrated the potential for successful engagement when free from external influences.

Field research in Kalgoorlie, though challenging, benefited from strong community interest and support from Perth. The small, interconnected African community in Kalgoorlie provided valuable insights, despite the isolation and stress experienced by the fly-in-fly-out workers.

In Queensland, the research faced delays and high community expectations. Establishing additional contact points, such as the barbershop in Moorooka, facilitated data collection and emphasised the crucial role of spiritual and cultural dynamics in community well-being. The creation of self-enterprises and community initiatives showcased the resilience and creativity of the AAGLRWS communities, although these efforts were sometimes undermined by external organisations.

In Victoria, logistical planning and community support were essential for successful fieldwork. The cooperation of local leaders and the mobilisation of community members significantly enhanced the research process.

Overall, adequate funding and cultural sensitivity were vital to gaining trust and cooperation, ensuring reliable results, and reducing stress throughout the field research process. These factors were critical in meeting the cultural and logistical needs of the research, thereby enhancing the overall quality and credibility of the findings.

2.3.6 Secondary data collection

One of the main means of secondary data collection was a literature review designed to incorporate the historical and contemporary contexts of the AAGLRW into the primary data analysis. This includes the myriad issues and challenges they encounter, and the various services and support mechanisms they employ to address these issues.

Secondary data was gathered from library resources at the University of Sydney, Western Sydney University, and the University of Notre Dame, including from studies conducted by other scholars and researchers within the same field of inquiry. This data was amalgamated and organised into distinct chapters to help clarify and support the contextual understanding of survivors' experiences in both the Western environment (Australia) and their cultural upbringing in the AGLR.

The primary objective of this research was to investigate culturally appropriate practices that could enhance our understanding of AAGLRWS attitudes towards counselling and psychosocial support. To date, there has been a paucity of studies that directly articulate the concerns of the AAGLRWS, as opposed to being interpreted through a Western lens. It is therefore anticipated that some of the findings from this research could also be applicable to other culturally and linguistically diverse populations.

2.4 Data analysis theory and methods

2.4.1 Analysing the psychosocial experiences of AAGLRWS using grounded theory and phenomenology

This section presents the theory and methods of data analysis, applying grounded theory, phenomenological and hermeneutic principles to support narrative inquiry to provide a more nuanced understanding of the contextual and perceptual experiences of the AAGLRWS. As described in the section on data collection, interviews were conducted with 55 participants across four Australian states where the target community has settled. Thus, a diverse range of resettlement narratives were captured during the interviews. The interviews explored themes such as the participants' attitudes towards psychosocial and counselling supports, resilience, maintaining life momentum, uncertainty, trauma from war and persecution, forced displacement, and social abandonment.

These methods allowed me to analyse detailed information about the participants (Yin, 2003). I critically examined both Western epistemologies and the potential of African knowledge systems for their suitability to assist in the contextual analysis. This included interpreting a range of beliefs, discourses, customary practices, myths, fables, and spiritual practices which shape the social realities and lived experiences of the AAGLRWS in contemporary Australia. I also aimed to ensure that my investigative curiosity did not distort the meaning or exclude African hermeneutical

analysis, thereby validating any intercultural communication characteristics essential for understanding the immediate needs of the AAGLRWS (Routio & Pentti, 2007; Tempels, 1949, p. 36; Kagame, 1976, pp. 120-123).

2.4.2 Let it be AAGLRWS' phenomenology context

The lens of phenomenology, as defined by Heidegger and expanded upon by subsequent scholars, provides a useful framework through which to explore and understand the lived experiences of the AAGLRWS. Heidegger (1962) defined phenomenology as a branch of research and a means “to let that which shows itself be seen in the very way it shows itself from itself” (p. 58). Gitau (2016, p. 65) explains how Heidegger’s (1927/1996, pp. 24-30; 1962, pp. 55-63) concept of phenomenology combines two parts: phenomenon and logos. The term ‘phenomenon’ means “to show itself”, implying that it reveals itself in the light of day. It means “to bring into daylight, to place in brightness”, and thus the meaning of ‘phenomenon’ is “what shows itself in itself, what is manifest”. The second part, ‘logos’ means “letting something be seen as something”. When combined, they form ‘phenomenology’, meaning “to let what shows itself be seen from itself, just as it shows itself from itself” (Heidegger, 1927/1996, p. 30). This description sensitises the researcher to take seriously what participants say about their feelings in the social world, particularly in the new social world of forced exile. Furthermore, this approach considers the potential that ambiguity at social and linguistic levels can offer to expand the knowledge of people living in zones of social abandonment (cf. Biehl, 2013).

A phenomenological study of the AAGLRWS thus allows for a detailed examination of their everyday lives, following Heidegger’s (1927/1996) concern with the problematics of ‘being’ to understand their ‘here and now’. However, Tempels’ (1948, p. 24) exploration of the African philosophical concept of “being”, deduced as the “force that is”, differs from the Western concept of “being” as “what is”. This awareness of the disparity between the individualistic Western

concept of “being” and the African concept of “being” as a vital collective force is embedded in the everyday lives of the AAGLRWS. This clarifies how I understood their internal accounts.

Everything we talk about, mean, and relate to is in being in one way or another. What and how we ourselves are also in being. Being is found in thatness and whatness, reality, the objective presence of things [Vorhandenheit], subsistence, validity, existence [Da-sein], and in the “there is” [es gibt] (Heidegger, p. 5, 1927).

Considering the differing philosophical interpretations of “being” from AAGLRWS and Western (Australian) perspectives, the concept of “Ubuntu” could reconcile the two. This understanding is based on how the metaphysical interpretation of ‘being’ appeared during interviews, and was used to determine when to apply “being” as “what is” or as a collective force, the “force that is”. It also aligns with the motto “I am because we are”, expressing the manifestation of the “force that is”, as explored by Tempels (1949, p. 36) in Bantu perspectives and the cultural upbringing of ‘Ubuntu’. This manifestation of force resonated from the different perspectives expressed in the interviews with participants from several time periods, generations, and upbringings since the onset of African amalgamations detailed in the Introduction.

For example, Ndadaye, one of the participants, melancholically expressed his grief over the traumatic loss of his parents, family structure, and homeland. Ndadaye felt his full existence (his being), the “force that is”, had innocently evaporated, and he missed them greatly. Tragedies are memorable in linear time, affecting most of his life and cultural values. It became his point of reference in terms of space and time in his daily life. For Ndadaye, time is a measurement of space from his dehumanisation process to a point of reference for his existence. His advocacy for youth peace talks, compared to his life experience, is not an illusion; he is attempting to advocate for peace and reconciliation for AAGLR youth in the coming time. This will create peace and solace from the time of self-remorse toward the next space-time where reconciliation and peace will

prevail in AGLR and the diaspora (Australia-wide). This analysis of Ndadaye's current sequence identifies his underlying phenomenon of unresolved loss, grief, dispossession, trauma, and victimisation, as recounted below:

But my time, I became an orphan not because of my own intention, not because my father was bad, or my mother was bad. At my time, I became a refugee in a country where I have no relatives, where, as a teenager, I was supposed to be looked after by my family, yet, instead, I could die, I could not have someone to bury me. That's why when I reflect today, it is something I feel we can advocate. We can ensure the government of any country to put this priority, to acknowledge youth and the next generation.

Ndadaye also narrated how his family, in a collective manner from his home country, can result in a synergetic force that completes and maintains his selfhood and social existence. This means "being of being", where metaphysical and family dynamic forces are components of his existence.

This experience of persecution and unfathomable loss, while still being hopeful and not expressing any desire for revenge or self-destruction, is identified as a protection mechanism, resilience strategy, and protective factors related to the "Ubuntu" collective concept within AAGLRWS' way of life. Family support mechanisms persist even when resources are scarce. Phenomenology encompasses the consciousness of intergenerational asset transfer, even under minimal conditions.

Another of my participants, Mobutu articulates this concept:

The family structure is something we hold in high regard, maintaining lineage and structure. I have my father, myself, my brother, and my sisters; everyone knows their place within the family. We ensure that if one has a job and another does not, we support each other so that even those without can still have the minimum.

These phenomena are evident in survivor interviews and conversations, highlighting the consciousness of intergenerational asset transfer as experienced, rather than as depicted by common sense or philosophical tradition (Heidegger, 1962, p. 342; Moran, 2000, p. 6).

It is essential to balance the use of Heidegger's concept of 'being' or 'being-in-the-world' with sensitivity to participants' expressions of their experiences. Notably, my analysis did not aim to discern the truthfulness of the interviewees or war survivors' accounts (Igreja, 2010). Instead, I sought to understand how each interviewee narrated the trajectories of their exile, their experiences in host societies, and their resilience in the face of adversity. Reflective narratives, as interpreted through the accounts of Ndadaye and others, offer insights into the hermeneutical understanding of "being" as it represents itself through personal narratives.

2.4.3 Applying grounded theory

Data collection, organisation, and analysis typically rely on microscopic strategies (O'Leary, 2014) – these being a continuous and iterative process (Creswell, 2007). I recorded and transcribed all interview data into Microsoft Word. This process involved intensive listening, interpreting, and reading 55 lengthy interviews until I was intimately familiar with my subjects. By linking their narratives to memorable stories, I know I was able to create pseudonyms for them. This method helped me recall their names and stories, embedding both in my memory.

By reading the collected information and selecting potentially important themes, I then grouped the data, narrowed it down, broke it apart, and condensed it into different emergent, relevant, and meaningful themes and sub-themes. All these themes were carefully coded in a way that meaningfully related to the primary inquiry (Miles & Huberman, 2005). The data reading and reduction process continued throughout the data analysis stage (Miles & Huberman, 2005). This method helps to validate the information through continuous (re)reading, interpretation, and matching of themes (Wellington & Marcin, 2007). A thematic analysis approach was employed to

generate codes within axial coding (Strauss & Corbin, 1998, p. 126). Each group was then categorised based on their traumatic experiences, in terms of their psychosocial needs and their experiences and attitudes towards counselling and psychosocial service delivery. This process resulted from the formulation of a primary inquiry list relying on analytic order (Dawson, Rhodes, & Touyz, 2014; Frank, 1995, 2010).

The analysis and presentation of results were next structured chronologically into two categories which became two separate chapters, one focusing on the participants' traumatic experiences and another focusing on their experiences of counselling. The emerging themes were then organised into these two chapters based on their significance to the groups studied. As the thematic analysis progressed, these two initial chapters were further divided to result in four distinct chapters. Chapters 3 and 4 focus on the traumatic experiences and psychosocial needs of the AAGLRWS, organised around themes such as push factors, challenges in Australia, and strategies for overcoming those challenges, while Chapters 5 and 6 address attitudes towards counselling and psychosocial services, followed by proposals for cross-cultural counselling.

Through this process, I was able to identify patterns within the data. Additionally, through this and the integration of existing literature, I was able to interpret the data and arrive at findings that reflect the personal experiences, cultural awareness, symposiums, field work, and observations made during the data collection phase (Strauss & Corbin, 1998, pp. 67-69). The literature review, which was woven throughout the research analysis, substantiates the theories and practices derived from these diverse contexts across several states, cities and suburbs. As an example, the AAGLRWS are dispersed across several suburbs in Brisbane, including Moorooka (known as "Little Africa"), Woodridge, Kingston, Redbank Plains, and Geebung (Queensland African Communities Council, 2021). The replication of these models in an Australian context can lead to difficulties in community integration and cohesion. The transition from refugee camps to suburban life in

Australia requires significant adaptation, and the lack of tailored support can exacerbate the challenges faced by these communities (Stiffman, 2009).

2.4.4 Narrative inquiry

In examining the temporal and existential experiences of AAGLRWS, narrative inquiry supported by hermeneutical considerations provided a robust framework for analysis. This approach was central to interpreting the phenomena affecting the AAGLRWS within each quest category. Dominant interviews from each group were identified based on narrative literature procedures, including temporality, causation, and human interest (Cortazzi, 1993, p. 85). These criteria allowed for a more comprehensive understanding of the participants' experiences and the factors influencing their narratives.

Gitau (2016, pp. 68-69) highlights the contrast between the Western notion of linear time, segmented into the past, present, and future, and the African concept of time as dyadic from point A to point B (Mbiti, 1969). This distinction further underscores the importance of selecting interviewees that best represent the diverse temporal and existential perspectives of the AAGLRWS. Gitau's (2016) comparison of these notions further illustrates these nuances of time. However, notably, they do not align well with many of my participants' experiences, as detailed in the chapters focusing on trauma and counselling experiences. Gitau (2016, pp. 68-69) argues that

The African concept of time is more cyclic than dyadic, as time revolves around events.

This perspective explains why the 'when' of an event is understood not in numerical terms or a chronological sequence, but in relation to significant happenings at that time. For example, traditionally, a person's birthday might be remembered in relation to the planting or harvesting season, or the year of migration to a particular area might be

recalled in relation to a famine that occurred then. The event, rather than the time, holds greater importance.

The objective is to identify events in time according to an AAGLRWS' trajectory and contextualised by the occurrence of each phenomenon. The concepts of time and being were discussed earlier in this chapter in relation to AAGLRWS' interpretation of time and being, which often appears fluid compared to more rigid Western epistemological considerations (Denzin, 2001; Gadamer, 1975; Heidegger, 1927/1996). AAGLRWS' understanding of time aligns with Mbiti's (1969) argument, which conceptualises time for Africans as dyadic, considering both the past and the present. This contrasts with Gitau's (2016) suggestion that African time is cyclic. During my interviews, past events were compared with the present as measures of time, primarily relying on motivational movements from point A to B, such as places, monuments, contexts, the start and end of wars ends, deaths, births, displacement periods, and arrival in Australia as the journey's end. All these events connected as push factors and timeline indicators of their lives.

Many participants described nights as awakeners and days as periods of watchfulness, despite lacking precise recollections of specific dates and times. This phenomenon can be attributed to psychological post-traumatic experiences and is further influenced by their cultural upbringing, where concepts of time and being differ significantly from the Gregorian calendar. For instance, I frequently had to question participants to reconstruct the chronological order of events, as they often mixed the Gregorian calendar with their historical and societal events.

The phenomenon described here suggests that the driving force behind participants' constructed realities stems from their past experiences and events in Africa and during their journey. In Africa, daylight is a significant factor in time management, observed through the peaceful progression of daylight and its associated changes. This contrasts with the Western focus

on clock-based time management. Such differences highlight time management as a cultural phenomenon, without implying that one method is superior to the other.

Therefore, the narrative inquiry of AAGLRWS, in connection with a minimal plot structure, has been adapted to meet research questions according to the chronological production of the narratives.

Cortazzi (1993) asserts that causation in narrative inquiry refers to the final stage of the story being caused by the middle section. This description aligns with the narrative inquiry process used in this analysis summary for the thesis on AAGLRWS, highlighting their experiences at the macro-narrative level. Individual stories and the overall outcome of the inquiry project highlight an innovative way of linking the project's quest to traumatic events for the AAGLRWS as well as to resilience by respecting the narrative inquiry concept of analysing individual stories and their outcomes. The beginning of the journey from the AGLR represent experiences from their country of origin, including colonisation, war, and genocide. The middle section of their journey covers traumatic displacements, social abandonment, resilience, success, and survivors' stories. These can be understood as AAGLRWS' direct causation evaluation, where each individual reported in their own voice during interviews, creating 55 individual story analyses. The final stage unfolds from their psychosocial state to report on their attitudes towards the types of counselling and other psychosocial support available to them in their new country.

The themes developed from AAGLRWS' voices are included in Chapters 3-5. The voices of the participants are also present in other chapters, helping to elucidate cultural meanings through hermeneutic techniques. These techniques play a critical role in managing and interpreting communication, as discussed by Strauss and Corbin (1998) and Miles and Huberman (2005).

Kirmayer's (2001, pp, 22-28) work on cultural variations in clinical settings argues that:

One implication of the broader perspective on culture advanced here is that "culture" is not simply a characteristic of patients. The perspective of clinicians is also a function of their ethno-cultural background, their professional training, and the context in which they work. Hence, it is best to frame issues of cultural difference not simply in terms of the characteristics of patients or communities but in terms of differences in the perspectives of patient and clinician in what is always, to some degree, an intercultural encounter. Much of what is known about the role of culture in psychopathology comes from qualitative ethnographic research both in clinical settings and in the community.

Feldman et al. (2004) suggest that events must fit together harmoniously to form a minimum plot structure in a story, providing meaning, and meeting human interest despite subjective interpretations, which often depend on the reader or listener (pp. 565-567).

I sought to meet the minimum plot structure in micro-narrative inquiry with the individual stories at the beginning of the journey, and also in the final macro-narrative picture in the overall analysis, bearing in mind that the middle stage of the story (the meso-narrative) gave significance to the end of the survivors' journey. Applying hermeneutical principles helped to understand the contents of this analysis, following Denzin (2019) and Joan and Gladstone (2020), who encourage not letting data remain unused because "everything is data." I ventured beyond the transcribed content of interview transcripts to generate new knowledge, discovering through curiosity things heretofore unknown, such as the relation between "Ubuntu" and "being" and the concept of multifaceted depression from a Western perspective in contrast with interrelational ontological care the AAGLRWS give to each other, which seems to mitigate its manifestation in the African milieu. As discussed earlier in this chapter, I applied a hermeneutic lens in this research to learn the relation of the Western perception of "being" viewed as "what is" in comparison to "the force that is". This transcends the African concept of "Ubuntu" or interdependent care, despite the

critiques mentioned in the introduction. Applying a hermeneutic lens also aligns with Heidegger's (1962) demonstration of how care comes 'earlier' than a phenomenon (i.e., than being). In fact, care is a prime subject in the findings from counselling and psychosocial support research. According to Heidegger (1962), Tempels' (1948) exploration of the African philosophy of "being", meaning "the force that is", comes primarily before the phenomena (i.e., the physical presence of being). Heidegger (1962, p. 238) states that:

"Care" is ontologically earlier than the phenomenon we have just mentioned, which admittedly can, within certain limits, always be 'described' appropriately without our needing to have the full ontological horizon visible or even to be familiar with it all. From the standpoint of our present investigation in fundamental ontology, which aspires neither to a thematically complete ontology of Dasein nor even to concrete anthropology, it must suffice to suggest how these phenomena are grounded existentially in care.

I argue that, in my research, "being" becomes a central point of convergence of care, concern, and attitude before the phenomena of "being." According to Heidegger (1962), "care" cannot stand for some special attitude towards the self; for the self has already been characterised ontologically by "being ahead-of-itself" -- a characteristic of the other two items in the structure of care, these being "being-already-in" and "being-alongside" (p. 237). In this context, care, concern, and attitude are fundamental components that substantiate Dasein (existence). These elements are crucial to this research, which examines the attitudes, concerns, and care of the AAGLRWS to determine the efficacy of counselling and bio-social support provided during their journey after traumatic events and throughout their resettlement in Australia.

2.4.5 Intercultural interpretation and narrative inquiry: A comprehensive analysis

The condition for effective communication lies in the intercultural interpretation between Western epistemology and AAGLRWS' ontology. This narrative approach can be subjective to readers or

listeners, influenced by their cultural backgrounds and personal experiences. As a researcher from the AGLR that was raised within a Western-influenced family and having spent 25 years in Australia, I occupy a liminal space between insider and outsider. My interpretation of participant narratives is informed by personal experiences of migration, institutional exclusion, and community advocacy. This dual perspective necessitates a conscious awareness of my own preconceptions and not compromising objectivity; rather, it enriches my capacity to engage empathetically and analytically with the data to adhere to systematic processes during the analysis.

O’Leary (2014) underscores the importance of systematic data management, balance, creativity, and focus in research. My lived experience as a trauma-informed counsellor and community leader allows me to recognise culturally embedded expressions of suffering—such as silence, metaphor, and communal grief—that may be overlooked in Western clinical models. When participants speak of betrayal, abandonment, or spiritual disconnection, I hear echoes of my own journey and the collective memory of my community. These resonances guide my analysis, not as assumptions, but as interpretive anchors grounded in Ubuntu philosophy and narrative ethics. These principles guided my analysis towards a comprehensive and culturally sensitive understanding of the AAGLRWS’ experiences, reflecting the complex interplay of cultural narratives and psychosocial needs.

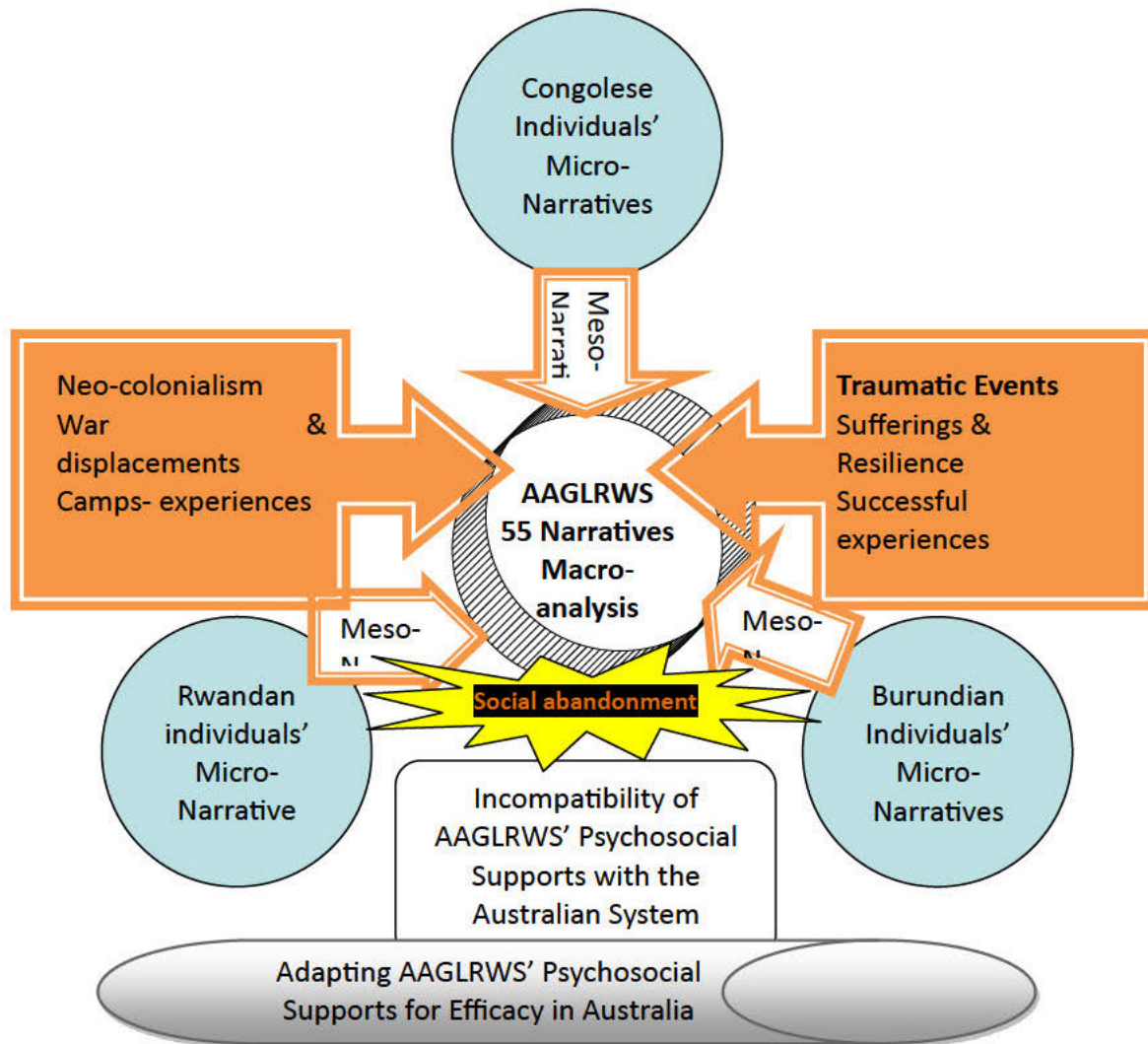


Figure 2.2: Analysis of AAGLRWS displacement to Australia:
Cultural narratives and psychosocial needs

Figure 2.2 outlines the analysis structure of the displacement journey of AAGLRWS from Congo, Burundi, and Rwanda to Australia. It highlights the narrative journey starting with individual and collective push factors and traumatic experiences that persist into the resettlement phase.

The micro-narrative: focuses on their psychosocial state as a result of colonisation and war, post-war experiences, and other push factors, such as witnessing the killing of family members and neighbours. This level identifies their psychosocial state before displacement and the factors that

initiated their journeys, providing a foundational understanding of their initial conditions and motivations (Ntakarutimana, 2018).

Meso-narrative: This sequence encompasses their traumatic psychosocial experiences during their journey to Australia. It includes dispossession of lands, dehumanisation in camps, disenfranchisement of personhood, challenging displacement, insufficient food and water, disease and death, and torture and betrayal by both institutions and individuals meant to protect them. These experiences are presented in various stages and manners, both collectively and individually.

Macro-narrative: The macro level represents the final narrative in Australia, shaped by the experiences during the meso level (Igreja, Kleijn, Schreuder, Van Dijk, & Verschuur, 2004).

This final stage of their journey narrative encompasses the period from the onset of displacement to various places of refuge, culminating in their resettlement in Australia (Igreja, Kleijn, Schreuder, Van Dijk, & Verschuur, 2004). It emphasises the challenges in accessing psychosocial services as well as examples of successful access to psychosocial support and informal mentorship from ordinary Australians. Some participants have employed resilience strategies, while others have practised “Ubuntu” by supporting each other within their families, communities, and church groups. This stage also marks the emergence of entrepreneurship as a survival strategy, detailing the transitional experiences and challenges encountered during displacement.

By combining the meso and macro narratives, a comprehensive picture emerges of the individual and group dynamics concerning the psychosocial support needs and gaps of the AAGLRWS (SafeGround, 2021). The progression of individual accounts and their holistic narrative analysis follows the conventions of story narrative (Feldman et al., 2004). This inquiry focuses on understanding their psychosocial needs and supports before traumatic events, during their journey, and throughout the resettlement process in Australia. Hermeneutic interpretation is useful for reconciling the nuances of the Gregorian calendar with African time, evolving around

events and embracing concepts from both perspectives. In narrative inquiry, the overarching logic flows from the beginning to the end of the story; however, the end is always influenced by the middle sequence of the narrative, forming a logical “plot.” The middle sequence that influences the final sequence is termed causation (Feldman et al., 2004).

In this research, the focus is on understanding the psychosocial support needs of the AAGLRWS. The individual narratives were analysed to illuminate potentially holistic and identifiable coping mechanisms for both individuals and groups. This analysis (see Chapter 5) aims to assess how effectively the current psychosocial support in Australia are aiding their resettlement and recovery process, identify what improvements are needed in these supports, and extract lessons from those who are achieving their potential (see Chapter 4). Additionally, this figure shows the place of the current Australian system’s delivery of psychosocial support to AAGLRWS in the narrative, identified by themes in Chapter 5, and the need for cross-cultural adaptation as discussed in Chapter 6.

2.4.6 Narrative Inquiry into the psychosocial needs of AAGLRWS

The experience of AAGLRWS is dominated by traumatic events, challenges, and resilience, resulting in either success or suffering, as evidenced by their macro-narrative analyses (Ntakarutimana, 2018). As noted, this analysis allows researchers and service providers to evaluate whether psychosocial service delivery is achieving its objectives and to use this information to drive best practices that could revolutionise service development (SafeGround, 2021).

Innovative methods in psychosocial support can emerge from approaches grounded in deeper, culturally attuned understanding of AAGLRWS’ lived realities. This includes understanding the socio-political contexts of their trauma, the communal and spiritual dimensions of healing, and the limitations of Western therapeutic models in addressing collective suffering. Such understanding fosters methodological flexibility, allowing researchers and practitioners to adapt interventions to

the evolving psychosocial needs of AAGLRWS and to respond ethically and effectively to their narratives of pain, hope, and recovery (Igreja, 2007).

Effective decisions in psychosocial support must rely on best practices derived from research, such as this thesis. We must begin to understand how the AAGLRWS are surviving, rather than offering “one solution fits all” approach, which is not appropriate for this population (FASSTT, 2023).

As argued in this thesis, delivering effective psychosocial support depends on service providers, policymakers, and participants becoming partners in the process. These best practices could be embedded by researchers, service providers, policymakers, politicians, media, and the public to monitor and help tailor day-to-day practices for the recovery of AAGLRWS individuals or groups. This transitional phase of recovery will help members of the AAGLRWS community reconnect with the mainstream and contribute to the development of Australia (SafeGround, 2021).

Narrative inquiry serves as a robust data analysis tool for understanding the psychosocial and phenomenological experiences of the AAGLRWS, both historically and in contemporary contexts (Lester, 1999). This method explains how individual experiences become manifest by examining their daily lives and the actions they take in the context of the environment (Heidegger, 2010). Narrative inquiry therefore provides extensive benefits for addressing the psychosocial needs of the AAGLRWS. It allows researchers to analyse these needs and monitor psychosocial changes based on evidence from their trajectories, spanning from their initial displacement to the current resettlement process (Feldman et al., 2004).

2.5 Researcher self-awareness

2.5.1 Reflexivity in this research

Denzin (2001), Mauthner and Doucet (2003), and Anderson (2008) suggest that researchers should be reflective at various stages of their research process. I am aware of the reciprocal subjective transference and counter-transference between the interviewee and myself in relation to the research conducted within the AGLR communities. Metaphorically, this relationship can be described as an interrelation of body, soul, and spirit that cannot be separated, allowing for what Mauthner and Doucet (2003) recommend that: researchers should be embodied, situated, and subjective. This approach requires an analysis that is critical of the “neutral, mechanical, and decontextualised procedures taking place in a social vacuum,” especially when hermeneutical consideration is paramount (Mauthner & Doucet, 2003, p. 414).

Throughout the research, I engaged in constant reflective cognitive exercises to create a hybrid reconciliation/interpretation process between the Australian and AAGLRWS cultures. As described by Grondin (1994), “In such contexts, hermeneutics is sometimes described as an ‘auxiliary’ study of the arts, methods, and foundations of research appropriate to a respective disciplinary subject matter” (p. 1). These cognitive exercises activated my reflexivity and subdued my presuppositions as I employed the hermeneutic method as an auxiliary tool to minimise bias. In this research, the concept of ‘Ubuntu’ continually reminded me to consider others and maintain fair reasoning by adhering to a rigorous research process. As a member of the AAGLRWS community, I had to be vigilant in applying systematic methods, encapsulated by the phrase, “I am what I am because of who we all are” (Oppenheim, 2017).

Heidegger (1927/1996) highlights reflexivity as an important practice in qualitative research, particularly in describing hermeneutical situations, which helps avoid presuppositions as one interprets phenomena. This subjective interconnection with cultural customs could also influence

the interpretation of phenomena within the AAGLRWS context. However, having lived in Australia for more than 25 years, my experience has helped shape my awareness of the risks of presuppositions. This awareness prompted me and my supervisor, the late Dr Gaynor MacDonald, to implement a one-hour reflexivity session every fortnight. These sessions focused on reflexivity regarding the progress of field research, interactions with interviewees, the environment, feelings, and interpretations. Sometimes, I would revisit different transcripts or interviews to clarify my understanding of issues, such as the hermeneutical circle. For example, Mukulumpe's introductory presentation during interview was particularly interesting. When I asked him to introduce himself, he replied:

Mukulumpe: *My name is, my full name is Mukulumpe Kakoko Vita but mostly everyone calls me Mukulumpe because it's short. I live in...*

Interviewer (INT): *It seems like your name is a Swahili sentence. Can you explain that, please?*

Mukulumpe: *Yeah.*

INT: *Mukulumpe, what does it mean in English?*

Mukulumpe: *Mukulumpe Kakoko, when you translate it into English, means 'for God.' And my last name actually means—it kind of means 'white,' like a white person. Because when I was born, I was lighter than other kids. So everyone started calling me 'white.'*

Following this introduction, I asked him clarifying and open-ended questions to allow him to explain his name and its interpreted meanings. According to Hochschild (2006, p. 15), the true interpretation of his name is “a white person, a gift from God,” reflecting the Bantu belief that white people are considered spiritual ancestors (Hochschild, 2006, p. 15).

Mukulumpe was one of the interviewees I met when I visited Newcastle. Given the issues we had in Sydney, I used new strategies to avoid bad influence, fake news, or ruses that concealed or

distorted the truth (Ubuange in Kinyarwanda) (Lemarchand, 1970, p. 9). Later, I returned to Sydney and resumed interviews with the community leaders as explained earlier. They might say yes, but it may not actually mean yes. For this reason, I contacted individual leaders separately so as to increase my options for methodically reaching the entire community. This constant alertness helped me prepare for any situation and take everything related to my fieldwork into account.

2.5.2 Transference and counter-transference

Transference refers to the unconscious shifting of emotions and attitudes from past important relationships onto the therapist, with clients projecting feelings such as love, anger, or dependency. On the other hand, countertransference happens when therapists project their own unconscious emotions and reactions onto the client, which can impact the therapeutic relationship if not properly managed (Herman, 2022).

During my interviews with members of AAGLRWS who have encountered post-traumatic stress disorder (PTSD), I experienced counter-transference. This phenomenon, where I began to react to the interviewees' transferred thoughts, attitudes, and feelings, led to varied emotional responses such as empathy or anger (Freeth, 2007; Racker, 2008; Lemma, 2003; Richards, 2000). Counter-transference, a complex and extensively discussed concept, involves the therapist's or researcher's response to the transference occurring in the rapport with interviewees (Andersen, 2004). It can manifest both negatively and positively, with varying intensities of thought and feeling (Hughes & Kerr, 2000; Jones, 2004). The crucial aspect was my ability to recognise when counter-transference was beginning and manage it effectively to maintain rapport and my curiosity as a researcher.

In my interviews, I encountered individuals with PTSD due to the war situations they faced in their home countries who appreciated moving to Australia but were also worried about family members still in war zones. They shared their longing for their extended or nuclear families, and I

found myself connecting personally with their stories. Since October 2017, I have often listened to and read transcripts, reminding myself to stay present by using the “here and now” method to perform my duty as a researcher, rather than thinking of my own extended family back home. This sometimes made me emotional and distracted me from my goals. Occasionally, I held back tears, and my feelings drove me to try to help them with their legal and social needs, seeing them in the same situation I had experienced when I first moved to Australia 25 years ago.

Throughout this process, I continually asked myself: How do I respond to the interviewees? Is this approach appropriate for their particular situation? Are there other motivations involved in my responses? Recognising feelings and understanding responses is crucial for achieving a successful, positive, and effective rapport process with the AAGLRWS who have experienced traumatic events (Jones, 2004; Racker, 2008; Andersen, 2004). Supervised fieldwork interventions were also very helpful in addressing issues related to transference and counter-transference (Fink, 2007).

This reflexivity holds that both transference and counter-transference are complex and personal but essential to consider as part of any mental health-related issue. It is not possible to limit the occurrence of such processes in interview situations, similar to any clinical encounter undertaken by researchers in this field. However, there are more chances of transference and counter-transference occurring during the interview process, as participants often become very emotional, and researchers naturally want to know more about the interviewees. Despite the negative impacts, both processes can be used to make the interview successful. However, utilising these processes requires strong professional skills and an awareness of ethical boundaries. Continuous supervision and training focusing on self-reflection and self-awareness are critical for achieving positive outcomes in interviewing AAGLRWS.

Daily, my confidence increased. For example, during my fieldwork in Western Australia, the Kalgoorlie Bega Garnbirringu Health Service offered me a job as a Social Emotional Wellbeing

Counsellor. This role was related to my research topic and eventually helped me financially support and practically enrich my research.

2.6 Conclusion

This chapter has outlined my research plan and journey, starting with ethical approval and safety protocols, and continuing on through data collection, data analysis theory, and several issues associated with researcher self-awareness. The theoretical framework behind the data collection phase is based on the experiences of the AAGLRWS. Here, I explained the sample selection and semi-structured interview process, and the demographics of research participants. This research design includes both primary and secondary data collection and my analysis of the psychosocial experiences of the AAGLRWS. The tools used to address these thematic queries are identified later in Chapters 3, 4, 5, and 6.

The chapter explains the application of qualitative research methods, such as semi-structured interviews, which were integral to collecting, analysing, and understanding the needs of the AAGLRWS. This approach provided in-depth insights into their lived experiences, positioning participants as experts of their own stories.

The sample selection process included individuals from Burundi, the DRC, and Rwanda, each of which represent significant ethnic groups within the AGLR that have experienced unrest due to wars. This purposive sampling considered gender, race, class, and context, in an effort to ensure a comprehensive representation of the AAGLRWS community. Ethical considerations were paramount, with confidentiality and anonymity preserved through the use of pseudonyms and secures data storage. Efforts were made to minimise harm by being sensitive also to participants' traumatic experiences and by providing support resources. Participation was voluntary, with clear communication about the right to withdraw from the study without consequences. Cultural sensitivity was maintained by adapting methods to be culturally appropriate, and ethical approval

from the University of Sydney's Human Research Ethics Committee ensured adherence to ethical standards.

The chapter also detailed the data collection process, including participant demographics, fieldwork observations, and challenges encountered. It discussed the programs initiated during the field research and the primary methods used for data collection, justifying their relevance for addressing the research questions. By detailing the methodological framework, this chapter aimed to ensure transparency and rigor in the investigation.

To summarise, this study enabled an analysis of the psychosocial experiences of AAGLRWS through the application of qualitative methods, grounded theory, and narrative inquiry. Grounded theory was employed to analyse the data collected from interviews, allowing for the development of theories based on participants' actual experiences and narratives. This chapter has detailed the methodology, highlighted the challenges, and described the data collection and analysis processes. It also emphasised the importance of hermeneutical interpretation in facilitating communication and harmonising cultural analyses during intercultural interpretation and narrative inquiry analysis. Narrative inquiry delved into the psychosocial needs of AAGLRWS, with researcher self-awareness, such as the phenomenon of transference and countertransference during interviews, being observed. Constant reflexivity throughout this research was maintained.

In conclusion, this methodological framework has established a solid foundation for understanding the complex psychosocial experiences of AAGLRWS. Any ethical considerations were addressed by the University of Sydney's Human Research Ethics Committee. Data were collected through field research in four states, followed by an analysis using grounded theory and phenomenology, supplemented by narrative inquiry. The researcher maintained self-awareness and adhered to rigorous methodology throughout the process.

This study, employing qualitative methods, grounded theory, and narrative inquiry, has illuminated the intricate interplay of trauma, resilience, and cultural adaptation, providing valuable insights for the fields of counselling and psychosocial support.

Chapter 3 The traumatic experiences of participants and their psychosocial needs

3.1 Introduction

This chapter identifies themes related to my research participants' experiences of trauma and social suffering, encompassing the legacies of colonialism, war and displacement through to issues of resettlement in Australia.

From the numerous definitions of trauma in the Western literature, there is a general agreement among researchers that trauma is an event that overwhelms ordinary human experience and adaptation to life, which can involve threats to life or bodily integrity, or close personal encounters with violence and near death (Herman 2015, p. 33). To this definition, I add a neurological description of trauma as events that produce an excess of external stimuli and excitation in the brain. During these events, the brain struggles to fully assimilate or 'process' the event, leading to mechanisms such as psychological numbing or the shutting down of normal emotional responses (Suleiman, 2008).

The presentation of participants' traumatic experiences in this chapter takes into consideration the AAGLRWS understanding of the concept of trauma, and especially the cultural connotations that underly this approach. For AAGLRWS, trauma is not solely a clinical or psychological phenomenon. It is a lived, relational, and spiritual disruption—one that reverberates across generations, kinship networks, and communal memory. This understanding challenges dominant Western paradigms that often isolate trauma within the individual psyche, divorced from its sociocultural and historical roots. As argued by Kleinman (1995), trauma must be understood within its cultural context, as cultural and religious beliefs shape its experience and expression (see

also Summerfield 1999)⁷ Kleinman explores the intricate relationship between violence, culture, and trauma, urging scholars to attend to the moral and symbolic dimensions of suffering. Similarly, Summerfield (1999) critiques the globalisation of Western trauma frameworks, warning that they risk erasing survivors' own meaning-making systems and communal healing practices. And several other authors advocate for ethnographic and sociological approaches to studying trauma, which involves understanding the lived experiences of individuals and their family and social groups within the evolving cultural contexts (Good & Hinton, 2015; Igreja & Baines, 2019; Malkki, 1995). Culture impacts trauma and vice versa.

Gitau's (2015, pp. 23-33) analysis of the evolution of trauma theory highlights the complexities involved in diagnosing trauma across different cultural contexts. She critiques the effort by 60 African psychiatrists and psychologists to 'Africanise' the diagnosis of trauma in 'The African Textbook of Clinical Psychiatry and Mental Health,' which closely follows the APA DSM-IV-TR criteria for Post-traumatic Stress Disorder (PTSD) (Ndetei et al., 2006, pp. 222-223). This approach assumes that the PTSD diagnosis is equally applicable in African contexts as it is in North America and other regions. PTSD is recognised as both a biopsychic disorder and a social construct, often used by individuals to seek asylum, financial compensation, recognition, and support (Kleinman, 1995).

In the case of AAGLRWS, trauma is often expressed through silence, spiritual disconnection, and disrupted social roles—idioms of distress that may elude conventional diagnostic categories.

⁷ Kleinman discusses the medicalisation of trauma, particularly political violence, which often frames it as a medical issue, potentially overlooking broader social and cultural dimensions (Kleinman, 1995). He introduces the concept of social suffering, emphasising that trauma extends beyond individuals to affect families and communities (Kleinman, 1995). Additionally, he explores the political aspects of trauma, highlighting how power dynamics and political agendas influence the recognition and treatment of trauma, affecting access to care and validation of experiences (Kleinman, 1995).

Healing, therefore, is not merely about symptom reduction but about restoring dignity, relational harmony, and cultural continuity. This is where Ubuntu philosophy becomes central. Rooted in the ethos of “I am because we are,” Ubuntu offers a collective framework for trauma recovery that prioritises empathy, interconnectedness, and mutual care. As Joan Samuels Dennis (2025) explains, Ubuntu shifts the focus from “healing in isolation” to “healing together,” making it particularly resonant for communities whose trauma is communal and historically embedded. This chapter, therefore, does not merely document traumatic events—it interprets them through the lens of AAGLRWS’ cultural worldview, foregrounding the relational ruptures and spiritual wounds that Western models often overlook. By doing so, it honours the participants’ lived realities and lays the groundwork for culturally congruent psychosocial support as will be evident in the experiences of AAGLRWS participants and their psychosocial needs outlined in this chapter.

3.2 Pre-push factors: The legacy of colonialism

One of the prevalent themes in the narratives of AAGLRWS participants is the identification of colonialism as a significant source of social suffering. This aligns with Frantz Fanon’s analysis, which highlights the profound psychological and social impacts of colonial oppression on African descendants (Fanon, 1967). Fanon argues that colonialism inflicted deep-seated trauma and perpetuated systemic inequalities, which continue to affect post-colonial societies (Fanon, 1967).

Many AAGLRWS believe that since their appearance on the African continent, white men (‘vumbi’, now ‘muzungu’) have been seen as a model of both superiority and inspiration, and this has had cognitive consequences for African cultural practices and mindset.⁸ According to

⁸ Thirty-six participants, including Malula, Bulaniati, Kakashi, Mamayemo, Mukulumpe, Zahabu, Buseuze, Mampala, Maubwenge, Ramazani, Kiti, Mobutu, Mithombero, Kalwira, Rungaba, Solo, Tshisekedi, Habiarimana, Lunda, M’siri, Moleka, Kabunda, Bali, Mukubwa, Sanda, Napata, Mafuta, Betu, Habimana, Bisengimana, Mukuna, Kibwe, Mama, Muzazi, Rungada, and Afriza, made comments consistent with the perception that since the arrival of Europeans on the African continent, they have been regarded as models of both superiority and inspiration.

AAGLRWS participants, their ways of knowing and being (epistemology and ontology) have not been recognised or taken into account in psychosocial interventions in Australia. Historically, the Kongo people from AGLR believed that a person's skin turned white, like chalk, when they passed into the land of the dead, symbolising sainthood. This ideology was transmitted from the older generations to the new generations, who believed that these menacing white 'vumbis' had come to restore peace and prosperity (Hochschild, 2006, p. 15). During the process of colonisation, AAGLRWS' ancestors adopted incorporation strategies as forms of resistance which consisted in mimicking a number of practices of the Western colonisers. They have continued to educate subsequent generations with the hope of one day restoring peace, recovering their dignity, and reclaiming their lands using the tools of Western formal education.

Interestingly, Malula, a young male (30-40 years old) currently living in WA, shares a narrative that parallels those from people that were directly exposed to the colonial experiences. Thus, when asked about the origin of his views about colonialism, Malula explained:

Well... My grandparents served the Belgians when Congo was still a Belgian colony. They served the Belgians, and definitely in a different capacity. I do not have proper knowledge of it, but I do know they served the Belgians. Their education system was not as developed as the one we have now. So, they saw the oppression of the Belgians over the owners of the land when Congo was still colonised. So somehow inside of them there was a burning desire for freedom, where they would want to one day to take full possession and responsibility of their land.

Malula's grandparents, who served under Belgian colonial rule in Congo, developed a strong desire for freedom and self-governance after witnessing the oppression of their people. Nevertheless, peace in this region remains elusive. Richmond (2012, pp. 36-38) describes peace as

both a goal and a process: a goal in the sense of being an aspiration, and a process in the sense of requiring the involvement of multiple actors and actions and over long periods of time.

Johan Galtung (1975) developed the concepts of positive peace and negative peace to capture its multifaceted nature. Positive peace is described as involving the absence of structural violence, such as suffering perpetrated by economic and political structures of exploitation and repression, as well as the absence of cultural violence that makes direct and structural violence seem justified. Negative peace, by way of contrast, is defined as the absence of direct violence including the absence of massive killing of humans (Galtung, 1975; 1976; 2012a).

Malula's narrative of AGLR community's pursuit of freedom and peace appears "in opposition to the meaning of peace" (Galtung, 1975, 1976, 2012b) highlighting a gap between peace theory and lived experience. As defined above, *positive peace* can be seen as the absence of structural and cultural violence, while *negative peace* is the absence of direct violence (Galtung, 1975, 1976). However, Malula's account shows that these forms of violence continue to affect the region, making such definitions feel distant and inadequate. For Malula and others, peace is not something they have experienced, but something they continue to hope for—an aspiration rather than a reality (Richmond, 2012). His view aligns with Webel's (2012) idea of peace as "both a means of personal and collective ethical transformation and inspiration to cleanse the planet of human-inflicted destruction" (p. 69). This framing suggests that peace must involve healing and justice, not just the absence of violence. Mukunzo Kioko, a twentieth-century oral historian of the Pende people, similarly rejected the idea of his people having experienced peace since the white people stepped onto their lands (Hochschild, 2006, p. 15). This aligns with Malula's notion that peace remains elusive. Through narrative inquiry, Malula's story challenges narrow definitions of peace and calls for a broader, culturally grounded understanding that reflects the realities of colonial trauma and the ongoing struggle for dignity. According to United Nations Security Council,

(2025), the instability and fragmentation persist despite numerous UN interventions aimed at supporting peace, beginning with ONUC in the 1960s, as mentioned in Chapter 1 (Introduction).

Gitau’s (2016) observations about the murkiness of the meaning of peace makes peace appear to have been on trial throughout history. This aligns with Cortright’s metaphor that peace stands “like a forlorn defendant before the court of established opinion, misunderstood and maligned on all sides” (2012, p. 118). In the case of Malula and the AGLR community, peace in the AGLR therefore does not mean much. As argued by Gitau (2016), “If peace cannot stand up for itself, why should others stand for it” (p. 41).

3.2.1 Ravenstein’s “migration logic” and the AAGLRWS experience: A narrative inquiry perspective

To deepen the analysis of displacement among AAGLRWS, this section draws upon Ravenstein’s “Laws of Migration” and Lee’s push-pull framework to interpret migration experiences through qualitative and narrative inquiry. Ravenstein (1885, 1889) proposed that migration is shaped by adverse conditions in the country of origin (*push factors*) and perceived opportunities in the destination (*pull factors*), often occurring in stages—a concept known as *step migration*. These principles, though developed in the context of 19th-century European internal migration, remain foundational in migration studies and have been adapted to forced migration contexts (Rees & Lomax, 2019).

The lived experiences of AAGLRWS participants reflect this stepwise migration logic. Their journeys from conflict zones to refugee camps and ultimately to Australia unfolded through multiple transitional phases, each marked by distinct psychosocial challenges and cultural dislocations.

Table 3.1: Migration Pathway Diagram: AAGLRWS Journey to Australia

Stage	Direction	Drivers / Conditions
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Conflict Zones (Rural Areas)	Push ↓	Insecurity, fear, loss of home, War, persecution, colonial trauma
Internal Displacement	Push ↓	Insecurity, fear, loss of home
Refugee Camps (Neighbouring Countries)	Transitional ↓	Basic needs, UNHCR registration
Urban Centres (Transit Countries)	↓ Pull	Relative safety, education, resettlement preparation
International Resettlement (Australia)	↓ Pull	Humanitarian protection, opportunity, peace

Source: Nyembo (2025), conceptual model

This pathway aligns with Ravenstein’s step migration model and is further illuminated through narrative inquiry, which privileges the voices and meaning-making processes of participants. The development of this model is elaborated in Chapter 4. For example, Mamayemo’s account of fleeing rebel violence and Malula’s reflections on colonial oppression reveal how historical and immediate push factors converge in shaping displacement. These stories are not merely data points but expressions of lived trauma, resilience, and agency.

Ravenstein’s notion of *absorption and counter-flows* also provides insight into the complexities of resettlement. While Australia represents a pull factor of safety and opportunity, many participants experience cultural dissonance, marginalisation, and epistemic exclusion—conditions that complicate integration and challenge the adequacy of existing psychosocial support systems. As one participant noted, “We came for peace, but found silence instead,” highlighting the emotional and structural gaps in post-migration care.

Narrative inquiry allows for a nuanced understanding of these experiences, revealing how migration is not a linear process but a dynamic interplay of memory, identity, and adaptation. By embedding Ravenstein’s migration logic within a qualitative framework, this chapter situates AAGLRWS narratives within a broader theoretical lineage while critically examining how colonial legacies, spiritual beliefs, and communal resilience complicate the binary logic of push and pull.

This approach supports the thesis's call for trauma-informed, culturally responsive psychosocial support that honours both the historical depth and lived complexity of refugee experiences. It also reinforces the importance of narrative as a methodological tool for capturing the richness of cross-cultural counselling contexts.

3.3 Push factors: War and displacement

In this section, *push factors* refer to the precarious conditions and protracted violent circumstances that compelled AAGLRWS to flee their countries of origin and seek refuge in Australia. These factors include armed conflict, political persecution, ethnic violence, and systemic instability—conditions that not only threatened physical survival but also eroded social cohesion and psychological well-being. Participants recounted harrowing experiences of war, including massacres, the destruction of homes, and the loss of loved ones—often under threat from rebel groups or state violence. These events were intensified by the collapse of protective institutions and prolonged stays in refugee camps, leaving lasting psychological scars.

For example, Mamayemo, a widow in her fifties, fled her village after rebels killed several relatives, illustrating how displacement was not a choice but a survival imperative. Upon reaching a Ugandan refugee camp, they began experiencing intrusive images and flashbacks. After a month of enduring these traumatic events, Mamayemo developed somatic symptoms akin to PTSD, including nightmares, hyperarousal, anger, isolation, avoidance, fatigue, anxiety, mood swings, unexplained pain, insomnia, and paranoia. AAGLRWS individuals who endure physical or psychological impacts from life-threatening events may develop trauma and potential PTSD. A PTSD diagnosis is understood here as being cognizant of the cultural context, as defined in the current DSM-5, in which PTSD is classified as a "Trauma and Stress-related Disorders" category rather than an anxiety disorder, which may help de-stigmatise the condition. It is no longer viewed as a mental illness

related to anxiety but rather as a disorder resulting from an external event including exposure to traumatic events (American Psychiatric Association, 2013).

While some AAGLRWS have strived – and succeeded – in improving their lives due to the opportunities offered in settlement countries such as Australia, many have not yet recovered from their traumatic experiences. As Malula explains, ‘It is a very unconscious – subconscious way of transferring hope and expectation from one generation to another,’ as families have lost peace, development, freedom, and dignity over the last three generations.

Several AAGLRWS participants identified wars and political instability as primary push factors for displacement, leading to significant traumatic events for refugees⁹. Mukulumpe (18-25 years) reflected on these factors, recounting how peers told him to return to his country despite being forcibly displaced: ‘Honestly, I was angry but also it was funny. How can I go back when I was chased out of my own country? And on top of that, when thieves kill us...’

Mukulumpe, in a passive way – yet with some sarcasm – rejected these words from his peers. This is because he believed them to be ignorant about the nature of war. The war continues to decimate the population in Mukulumpe’s homeland. From a narrative inquiry lens, such stories reflect not just geographic relocation but ruptures in identity and belonging. These involuntary migrations, consistent with Ravenstein’s push factor logic, underscore the need for culturally responsive counselling that addresses the historical and emotional weight of forced displacement.

According to Galtung’s (1975, 1976, 2012b) peace theory, the AGLR situation cannot be seen as either negative or positive peace. Scholars examining the AGLR have contended that the area has been marginalised in peacebuilding efforts by the international community, further exacerbated by national criminal-organised violence (Herman & Peterson, 2014; United Nations

⁹ Mukulumpe, Malula, Betu, Mamayemo, Mobutu, Maubwenge, Mampala, Masasi, Habiarimana, Mitshombero. Lunda and Tshisekedi identified wars and political instability as primary push factors for displacement, resulting in significant traumatic events for refugees.

Security Council, 2025). The violence inflicted on the AGLR extends beyond direct violence to include structural violence driven by Western multinationals' profit motives. According to Herman & Peterson, (2014) it is the Western multinationals that have been promoting the war for more than 30 years and plundering resources from the AGLR. This pursuit of profit undermines the peace process and conflicts with the AGLR's aspirations for stability and development. The systemic exploitation and economic pressures imposed by these multinationals exacerbate the region's challenges, hindering efforts to achieve sustainable peace and progress.

The development of somatic manifestations of trauma in AAGRWS has led to criticism from certain Australian government officials, media outlets and others in the community. These critics argue that AAGRWS fail to integrate into Australian society, without taking into account the trauma they are suffering as a result of war and displacement (Scarr, 2024). For example, AAGRWS participants frequently described episodes of fainting or collapse in response to overwhelming emotional distress, such as Kakashi's account of losing consciousness after receiving harsh criticism from peers and a teacher. This reaction may be conceptualised as vasovagal syncope, a neurocardiogenic response triggered by acute psychological stress. Although not explicitly referenced in trauma literature concerning AAGRWS, similar psychophysiological responses have been documented in other contexts of extreme trauma and dissociation. For instance, Yazidi women subjected to prolonged captivity and sexual violence under ISIS have exhibited high rates of complex PTSD and dissociative symptoms, which may include fainting episodes linked to autonomic dysregulation (Kizilhan & Noll-Hussong, 2017; Ekin, 2018; Mental Health Weekly Digest, 2018). Gracie, Freeman, and Newton (2021) further underscore the role of autonomic dysfunction in trauma-exposed populations, noting that vasovagal syncope may reflect a somatic manifestation of unresolved psychological distress. These findings suggest that fainting episodes among AAGRWS may not be incidental but rather indicative of deeper trauma-related

dysregulation, warranting culturally responsive therapeutic approaches that integrate both psychological and physiological dimensions of care. Herman (2022) posits that “in this state of hyperarousal, which is the first cardinal symptom of PTSD, the traumatised person startles easily, reacts irritably to small provocations, and sleeps poorly” (pp. 51-52). This aligns with the DSM-5, the standard tool for classifying mental disorders (American Psychiatric Association, 2000). PTSD can develop during the flight from danger for some individuals, while for others, it manifests after they have reached a place of transition.

For example, Mamayemo revealed the intrusive flashbacks she experienced in which she was communicating with her late husband. She reported that for many years after she had arrived in Australia, she did not tell anyone about these flashbacks. Just before my interview with her had formally started, she stated that it was an opportunity to talk to someone “*who would listen to my husband’s history*”, which was one of her motivations for taking part in this research. She fled her village and never returned to bury her husband. Since then, she has had ‘spiritual conversations’ with him, receiving guidance during times of need. Flashbacks cause traumatised individuals to relive past events as if they are occurring in the present (Herman, 2022; Laye, 1976, pp. 208-209). I allowed Mamayemo to continue discussing this to demonstrate cultural reverence and empathy. This interview was therapeutically significant for her, and she expressed gratitude for my listening. The interview extended beyond the allotted 45 minutes, causing a two-hour delay for the next scheduled interview.

3.3.1 Migration Logic and Transitional Pathways

Building on Ravenstein’s (1885, 1889) laws of migration and Lee’s (1966) push-pull theory, the migration journeys of AAGLRWS participants can be understood as a series of transitional stages shaped by both structural violence and survival agency. Ravenstein’s step migration model—where individuals move incrementally toward perceived safety—resonates with participant narratives of

fleeing rural conflict zones, navigating refugee camps, and ultimately resettling in Australia (Rees & Lomax, 2019).

Narrative inquiry reveals how these stages were not merely geographic transitions but deeply embodied experiences of trauma, hope, and cultural dislocation. For instance, Mamayemo's recollection of escaping rebel violence and Malula's reflection on colonial fragmentation illustrate how historical and immediate push factors converge. These stories underscore the inadequacy of linear migration models in capturing the complexity of forced displacement.

Moreover, Ravenstein's concept of *absorption and counter-flows* (1889) helps explain the ambivalence many participants feel post-resettlement. While Australia represents a pull factor of peace and opportunity, participants often encounter cultural marginalisation and epistemic exclusion, echoing Fanon's (1967) critique of postcolonial alienation. These tensions call for trauma-informed, culturally responsive psychosocial support that honours both historical depth and lived complexity, as will be discussed in the following chapters of this thesis.

3.4 Resettlement issues

The United Nations High Commissioner for Refugees (UNHCR) defines 'resettlement' as the transfer of refugees from an asylum country to another state that has agreed to admit them and ultimately grant them permanent residence. According to its statute and UN General Assembly resolutions, the UNHCR is mandated to pursue resettlement as one of three durable solutions for refugees, alongside voluntary repatriation and local integration. Resettlement is unique as it is the only durable solution involving the relocation of refugees from an asylum country to a third country (UNHCR – Resettlement, 2023). This process not only provides refugees with safety and protection but also offers them the opportunity to rebuild their lives in a new environment.

In providing resettlement for refugees, the UNHCR and the Australian Government are committed to facilitating the integration of resettled groups such as AAGLRWS. This includes cultural orientation, language and vocational training, as well as programs to promote access to education and employment, with the goal of self-sufficiency. It is important to highlight that language proficiency is considered to be important to integration.

Resettlement, however, is a complex psychological process that can itself be considered a 'crisis'. As Ritsner and Ponizovsky explain, "dislocation, identity confusion, disruption of the affection bonds with the country and mother tongue, grief, loss of social status and social network, loneliness, and rapid culture change can all cause a feeling of hopelessness" (1999, p. 376) and there can be a missing spiritual connection with the usual places of worship. It is also difficult to adjust from a collective way of life to an individualistic society. These factors are all ingredients for mental discomfort within AAGLRWS communities.

3.4.1 Neglect and abuse

Several participants in this study, who either sought refuge in neighbouring countries or remained in refugee camps for extended periods, have reported experiencing neglect and abuse prior to their arrival in Australia¹⁰. Then, on their arrival in Australia, they were re-traumatised by the Australian resettlement processes, including prolonged detention, bureaucratic delays, and culturally insensitive assessments. This pattern of re-traumatisation is consistent with Essex et al. (2022), who found that psychological distress among detainees in Australian immigration centres increased proportionally with the duration of detention. Liddell, Specker, and Nickerson (2024) further demonstrated that individuals previously detained offshore were up to 20 times more likely

¹⁰ Kakashi, Kwebe, Kabarebe, Mukuna, Mukulumpe, Sombe, Betu, Mitshombero, Mobutu, and others reported experiencing neglect, abuse and trauma during the resettlement processes.

to report symptoms of PTSD and suicidal ideation, underscoring the profound mental health consequences of Australia's detention policies.

Once resettled in the community, AAGLRWS interviewed for this study reported struggling with acculturation; language and communication difficulties (e.g., incompatible English language learning strategies and challenges in engaging with the relevant government departments); lack of psychosocial support; institutionalised racism; policies that do not specifically address AAGLRWS employment; and educational stresses; to name a few. For example, Moleka highlighted a short-term childcare policy that excludes individuals like them who do not work or cannot afford it due to lack of trust and financial capability, so she felt neglected by the system in Australia. She said:

In Congo, families often rely on each other for casual and short-term childcare, while in Australia, childcare is more formal and consistent. In Africa, if you need something small like salt or sugar urgently, you can ask a neighbour. If you don't have food, you can knock on a neighbour's door and get some. This sense of community support is very different from here, where you have to buy everything you need.

AAGLRWS report that they are abused, discriminated against on the street or neglected at school. As Zahabu explains, she herself was abused by her peers at school:

And sometimes they will come to you and give you a banana, and they will say you're a monkey, you eat this. And in my heart, I was like you look like a pig. But I just didn't say it out because I know if I say it out, that will bring – will like create a fact. And that was something like I didn't want to happen, because while we were at home – we were put in rooms for orientation ... We were told not to fight ... That was during break time. And they – friends who say don't go and call teachers, they will come talk to them, but when the teacher goes back, they will start the same thing. And maybe they used to make it worse.

In summary, the experiences of neglect and abuse faced by AAGLRWS both before and after their arrival in Australia, whilst in detention and after resettlement in the community, highlight the profound challenges they encounter. The re-traumatisation through the Australian resettlement processes, coupled with the lack of adequate support systems, exacerbates their struggles with acculturation, language barriers, and institutionalised racism. The testimonies of participants like Moleka and Zahabu underscore the systemic neglect and discrimination that persist, emphasising the urgent need for policies and practices that address the unique needs of AAGLRWS and foster a more inclusive and supportive environment. As noted by Greenbank (2019a), the cycle of trauma and violence among resettled refugees underscores the importance of trauma-informed care and the need for stronger guidelines to provide inclusive and equitable care for refugee patients.

3.4.2 Transgenerational trauma

Another observation related to the resettlement experience is where some children and young adults suffer from trauma that has been transmitted to them from the previous generations' experiences in their country of origin, during their journeys, and in the settlement country (in this case, Australia). A number of participants reported cases of passive-aggressive behaviours in response to being attacked¹¹. These behaviours were transmitted from parents who resisted racism and aggression with rational responses, aiming to maximize peace and reconciliation. This passive-aggression contrasts with those who learn violent behaviour from their environment. For example, Mama, a sixty-year-old woman, experienced abuse from her son, which can be seen as him reliving anxiety from accumulated traumatic events and social abandonment inherited from his parents' generation.

This concept aligns with Courtois and Ford's (2009) definition of transgenerational trauma, which describes the transmission of trauma from one generation to the next through attachment

¹¹ This can be seen in the reactions of Mukulumpe and Zahabu, and two of Kakashi's children.

styles linked to unresolved parental trauma. In the context of transgenerational trauma, there is a propensity to attribute blame to the victim for their behaviours, potentially guiding clinical assessments towards identifying diagnosing behaviours in the victim (Herman, 2022, p. 169). The cultural practices of AAGLRWS interpret such violence and abuse against parents as a generational curse on the victim. Conversely, rationalising these reactions is believed to lead to blessings, in accordance with the cultural legacy of the parents.

Some of the participants who have been in Australia for many years¹² say that the Australian government has either abandoned them or does not communicate with them appropriately. These participants require tailored support, do not have enough knowledge about Western mental health support systems, and have difficulties in accessing equitable mental health support in the current mental health care system. One of these is Masolo, a young woman (18-25 years) who reported that she has been under stress. She explained that it was difficult; to reconcile AAGLRWS education from her home country and the Australian Western education; she finds navigating both mental health and education systems simultaneously confusing and emotionally taxing. Attachment to parents' sufferings and the social legacy of survivors can be seen in the younger generation in the multiple ways in which trauma transfers between one generation and the next.

This type of conundrum can be seen as a form of social abandonment of many AAGLRWS families during their resettlement. What these families are experiencing is transgenerational trauma (TGT). The phenomenon of transgenerational trauma can alter culture, family history of descendance and consequently lead to a loss of identity (Franco, 2023).

¹² See the following list Malula, Mukulumpe, Zahabu, Napata, Kalulu, Betu, Mama, Maubwenge, Moleka, Karegeya, Kifwakiyo, Ndadaye, Mulombe, Lunda bululu, Mitshombero, Kalwira.

Malula's narrative reveals a deeply ingrained legacy of resistance to traumatic events spanning more than three generations. This legacy, born out of necessity rather than choice, involved adopting the behaviours and strategies of white oppressors. These strategies, initially adopted by his ancestors as a means of survival, were passed down through his parents and ultimately to his own generation. This was not a matter of pleasure, but a response to the relentless trauma inflicted by white oppression, a struggle that continues to this day. The transfer of freedom strategies involves significant traumatic stress and underscores the enduring influence of historical practices on contemporary motivations, highlighting actions that exacerbate transgenerational trauma.

Malula's example illustrates how the experiences and strategies of past generations influence current motivations, behaviours, and traumatic involvement. This legacy involves transgenerational trauma, where freedom has not yet been fully achieved. Malula explains:

What I see though, of course, that the generation of my father would transfer the hope into my generation so that my generation will finally take the destiny of DRC in their hands. That is why the projections on my generations were in big professions. Become a doctor, becoming an engineer, becoming a professor, because these are the jobs that the white man used to have.

Pursuing Western education became a tool for resistance, resilience, and emancipation, helping individuals like Malula regain dignity, peace, and national identity. Many young people raised in constant suffering show signs of depression, anxiety and transgenerational trauma through their interactions with their parents and other adult guardians (Igreja, Axelsen, and Brekelmans, 2024). For Malula, education is the key to freedom and a way to cope with these challenges.

AAGLRWS typically do not receive appropriate psychosocial support due to their lack of knowledge about mental health as well as the difficulties they face in achieving equity of access in the current Australian health care system discussed in Chapter 5. As a result, the legacies of trauma continue to be transferred from generation to generation, and AAGLRWS become susceptible to various mental health issues and unknown psychosomatic disorders. These transmitted traumas are related to incongruent structural backgrounds linked to the loss of culture, traditional spirituality and support; and grief and various adverse situations encountered during the resettlement process.

Not addressing mental health issues during the resettlement process can lead to mental health illnesses (Briere & Runtz, 1998). Ignorance of AAGLRWS trauma can lead to long-term psychological disorders, institutionalization and transgenerational trauma (TGT). Bowlby's attachment theory (1969, 1981, and 1988) is relevant here, suggesting that early attachment experiences shape emotional and social development, with disruptions causing lasting psychological effects (Lehrner & Yehuda, 2018). Lacaal and Ventura (2018) argue that parents' stressful experiences can be epigenetically transmitted to subsequent generations, affecting genes over the long term (Franco, 2023). This phenomenon is evident in the experiences of some AAGLRWS participants. For example, Ruganda reported frequent conflicts with her husband, which coincided with her daughter's onset of depression, from which she has not yet recovered.

I cannot tell you how until today, because I'm blaming myself ... I'm blaming myself. I take too long to take an action, and it has affected one of my kids. My first daughter, she is 21. She is still depressed from nine years ago ... And I'm blaming myself ... I'm blaming myself. My daughter, she is lost – she is depressed. And the depression, it's not something you can cure today or tomorrow. It is a process. That is why I'm blaming myself. I cannot help for her development, you know. And then she's 21, the first born ...

Kim-Appel and Appel (2015) argue that projection processes across multiple family generations can influence differentiation levels, which are then transferred to subsequent generations. These processes are present in all societies, as evidenced by genealogical data and multi-generational observations. Consequently, generations of AAGLRWS have inherited trauma originating from the period of Western colonisation of Africa, as noted by Malula and others, and exacerbated by their resettlement experiences in Australia.

According to De Antiss and Ziaian (2010), African refugees in Australia such as the AAGLRWS interviewed for this research are hesitant to venture beyond their networks for help due to the bio-psychological suffering caused by various individual, cultural and service-related barriers. As Brown (2009, p. 103) has acknowledged, traumatisation and the absence of safety can result from the targeting of individuals who are members of groups such as AAGLRWS.

3.4.3 Suffering in silence

The conditions in some of my participants' schools were problematic yet they felt they had to suffer in silence. Zahabu a young woman about 18-25 years old uses the expression, "just let it go", to explain how she used to endure her suffering in silence:

*To be honest I really didn't care about the teachers being racist to me. Because I thought that it's normal, it's normal life ... It's their life. They, like have the right to do it or they don't have right to do it, it doesn't matter to me. It didn't matter to me anymore because I **experienced it and I endured it**, yes [emphasis added]. And I just used to ignore. Yeah, when they acted like that, I just used to ignore because yeah, I think – while I was doing ESL, yes, ESL at Milperra – when we arrived, they took us to ESL school to learn English. That's where I started experiencing that. It was like for nine months, nine months at Milperra. And that experience, I created a different image within me. And I took it as – **let it just go, I let it go** [emphasis added]*

Participants such as Zahabu, Kakashi's sons, and many others reported that they were disappointed with the system, which they believed should play a more protective role¹³. They explained that some AAGLWS suffered in silence as they did not like to have anything to do with the Australian government or even with their own community, even when they required immediate psychosocial support. Participants exhibited somatic symptoms and mental health vulnerabilities. They reported facing resistance from the Australian government, ongoing vilification, neglect, and abuse, and being subjected to unsuitable "one size fits all" solutions. Mukulumpe explains the trauma reaction (flight response) as follows:

It means that when you are angry, you will never know what you can pretty much do. When anger takes over – because what anger – anger just tells you to do damage to the other person pretty much. So thank God I, you know, there was no violence. I didn't even comment, like I stayed quiet, and then the teacher told me to go outside. I went to the toilet, had some water. Calmed down, and then?

Yet, Mukulumpe's passive response to the other students who had triggered his trauma by harassing him was rational. That is, he used rationalisation to reduce his psychological discomfort by holding 'fight' responses from his thoughts ('cognitions' that encode vulnerability in the brain). He had learnt from the past generations' experiences of oppression that in states of 'fight', cognition targets reconciliation in the encoded subconscious. As explained by Miller-Karas' Trauma Resilient Model (TRM), he learned from past generations' experiences of oppression that during states of 'fight,' cognition targets reconciliation in the subconscious. According to Miller-Karas (2015), the Trauma Resilient Model (TRM) suggests that cognitive alternatives can reduce or

¹³ Ten participants, including Betu, Mobutu, Malula, Mukuna, Mitshombero, Mama, Bulaniati, Lunda, Buzeuze, and Nyamusevia, reported feelings of disappointment and betrayal. Consequently, they expressed reluctance to engage with the community or service providers.

eliminate brain vulnerabilities, promoting “resilient-informed” functions. These responses are automatic reactions to balanced thinking and feeling, which individuals like Mukulumpe can rationally control.

3.4.4 Distrust and the impact of betrayal trauma on AAGLRWS: A case for tailored psychosocial support

Participants’ resettlement experiences reveal the underlying relations of distrust between the government and many AAGLRWS with respect to their needs¹⁴. Kezelman (2019) argue that complex trauma involves a major violation of trust because it is perpetrated by caregivers, someone known to the victim, or those who would ordinarily be expected to serve in a protective capacity (p. 97). This may be considered as betrayal trauma because the government of Australia is supposed to protect AAGLRWS rather than ignore them, use them as tools to win political elections, or allow them to be subjected to vilification, neglect, racism and discrimination. Consequently, AAGLRWS develop a distrusting attitude towards the government system as they have not been provided with tailored psychosocial support.

For example, Zahabu, Mukulumpe, Betu and Kakashi’s sons and toddler all faced neglect and abuse at school by the school authorities who should have protected them. Zahabu was also abused, neglected and harassed by her Australian peers and her teacher as explained it earlier. The list is long and demonstrates the psychosocial violations that make many AAGLRWS feel unsafe and fearful, leading to sentiments of distrust towards the government and its institutions. Fear and uncertainty themes will be developed further in section 4.8.

¹⁴ Participants who revealed their resettlement experiences underlying relations of distrust with the government included Zahabu, Mukulumpe, Betu, Malula, Karegeya, Bulaniati, Mobutu, Mamayemo, Ruganda, Mukuna, Mitshombero, Mama, Lunda, Buzeuze, Nyamusevia, Maubwenge, Mulombe, Bitakwira, Mwavita, Kalulu, Bisengimana, Habiarimana, Kabarebe, Tshisekedi, Mukubwa, Bali, Baraka, Afriza, Kabuya and Kakashi.

Participants' experiences revealed that the Australian system can sometimes apply a diagnosis of PTSD and propose interventions that are not appropriate to AAGLRWS conditions, as Bisengimana and Bitakwira decried in their interviews. Kezelman (2019, p. 100) have warned against confusing PTSD and CPTSD (complex post-traumatic stress disorder). PTSD should not be seen as the correct diagnosis for AAGLRWS who have been through different layers of traumatic events, as it simply focuses on survivors' circumscribed traumatic events (Herman, 2022, p. 174). In the case of AAGLRWS, a diagnosis of PTSD focuses only on traumatic events linked to push factors but does not take into consideration the length of time after enduring the initial PTSD and the following chronic abuses and betrayal involved in social abandonment. Abuse and betrayal trauma lead AAGLRWS to be wary of the government and its service providers.

According to Kezelman (2019, p. 99), the effects of betrayal trauma disable trust and exacerbate paranoia in the brain (unconscious). This type of trauma gradually affects the safe adaptive function of the brain (conscious), which normalises the internal trauma over time (Herman, 2022). This then automatically reduces individual or group resilience and becomes complex—either individually or collectively—to treat psychosocially due to the complexity of a diagnosis that is not readily identifiable in most cross-cultural interventions.

The experiences of AAGLRWS highlight the need for tailored, trauma-informed psychosocial support to address the complex layers of trauma they endure. Misdiagnosis and inappropriate interventions only serve to deepen their distrust in government systems and exacerbate their trauma. A comprehensive understanding and appropriate response to their unique needs are crucial for fostering trust and resilience among AAGLRWS.

Moving to the pervasive impact of betrayal trauma, it is evident in the experiences of AAGLRWS, particularly in their interactions with their government of origin and the constant surveillance they endure.

Karegeya and I encountered a traumatic event in a coffee shop adjacent to the train station in Brisbane. This incident occurred at the commencement of his interview. Consequently, Karegeya proposed relocating the interview to another AAGLRWS member's car. During the interview, he disclosed how people in his community had been trying to sabotage this research since its beginning in Sydney. He mentioned the names of some of the community leaders who were stopping people from participating in this research project. He was watchful in the car, looking around nervously while he was talking. After the interview, his wife came to pick him up in their car. This event reaffirmed for me the importance of this research and how fear-inducing it may be for some of the participants. Bulaniati's voice resonates in my ears.

I don't have that fear to be honest because I'm not the person who had to fear. Because then, I did not understand why, but now, because I'm older, I understand that they were scared but – sometimes, myself, I get so scared because of what I see on the news ... Sometimes I don't even put on the news because there's always news about this person attacked this person, or this person shot this person or shot this area, don't go there, it's not safe.

Amy Greenbank (2019b) explains the ways in which spies from different countries operate in Australia and how they create fear. Professor Greg Barton from Deakin University explains: "There are plenty of countries that do this; Rwanda isn't even halfway up the list". He states that most Australians have no idea how foreign intelligence really works: "It's not the Hollywood version; it's the gritty stuff ... there is a whole world of intense activity" (Greenbank, 2019b). Barton notes that a 2015 US Congress hearing into Rwanda found that "In recent years, there have been credible reports that the RPF Government has commissioned assassins to kill dissidents living in exile who criticise the Government or attempt to form political associations or parties" (Wrong, 2021).

Some AAGLRWS have complained that secret agents (i.e., spies) loyal to oppressive government regimes in the AGLR are creating stress amongst them. These agents provide service to these oppressive regimes at the expense of their compatriots' suffering not only in the AGLR, but also in Australia. They cooperate with these oppressive regimes to promote unrest and trauma in their own people, including those AAGLRWS who are seeking to live a peaceful life in Australia or elsewhere in the world. This can lead to an AAGLRWS resettlement experience characterised by fear and continuous stress. The process involves the operations and monitoring by agents of oppressive regimes within the AGLR communities around the world, including in Australia.

As another example, two men approached the table where I was interviewing Nyamusevia, a Tutsi woman, and inquired about me and the nature of our discussion. They suggested that two alleged spies had come close to the table where I was interviewing Nyamusevia. The men approached her and asked about me and our conversation. It was unsettling to witness the authoritative demeanor of these men. After they left, I observed Nyamusevia's rapid breathing, sweating, and visible palpitations. She was clearly terrified and explained how AAGLRWS members and agents spied on them, both in Australia and in her home country.

She stated that if they found that she had engaged in any 'wrong-doing' against the regime back home, the regime would kill her family members. I was flabbergasted by this intrusion into our privacy in Australia, and I invited her to drink some water to calm her emotions before we continued the interview. She explained to me her motivations for participating in this research: she is a social worker, and she was also planning to research a similar topic.

As noted above, Greenbank (2019b) explains how spies are routinely used to create terror in Australia and other parts of the world to preserve authoritarian regimes. I have witnessed how they have the audacity to interrogate members of their own communities about their relationships with other community members who do not seem to belong or look like their ethnic affiliation.

They do this with impunity and a sense of arrogance. They infiltrate and influence Australian government organisations, non-government organisations, meetings, psychosocial programs, reconciliation meetings, parties, funeral ceremonies and so on. They do this to share with the governments who are seeking retribution from nationals who have relocated. The Human Rights Watch Central Africa director Lewis Mudge (ABC, 2019) and (CNBC Television, 2022) commented, “I’ve heard a lot about these spy networks in the United States, Canada and Europe. I haven’t heard of them in Australia, but I wouldn’t be surprised”.

This phenomenon of spies working in Australia on behalf of authoritarian regimes means that many AAGLRWS people live in a state of fear and are constantly on the alert, which only serves to exacerbate their paranoia not only within their community but with service providers or anyone else who attempts to help them in good faith. Herman (2022, pp. 50-51) noticed how traumatised can live in fear and constant state of vigilance, irritability without knowing why. This complex phenomenon complicates the process of providing culturally appropriate and accurate diagnoses and assessments. It makes it difficult to offer clinical support or to establish a proper therapeutic alliance for those who do seek assistance and psychosocial support. Moreover, it does not help the clinician who is honestly attempting to perform their duty of care.

3.4.5 Lack of acceptance

Many participants highlighted that they do not feel that they belong in Australia due to the rejection and racism they have experienced.¹⁵ As Zahabu commented, “home is not where we live; home is where we belong”.

Yes, the reason why I said in Africa we felt like we belong, we were considered as human beings, it’s about here in Australia ... And when we came, for six good months I used to go

¹⁵ Malula, Mukulumpe, Zahabu, Napata, Kalulu, Betu, Mama, Maubwenge, Moleka, Karegeya, Kifwakiyo, Ndadaye, Mulombe, Lunda bululu, Mitshombero, Kalwira.

*inside, lock the door of my room, start crying because I miss home, for six good months. – And when you go to school, the only thing, the only people you see, you'll see white people. And sometime they didn't want you to sit next to them or talk to them. When you want to talk to them, **you are trying to be friendly, they will just run away** [emphasis added]. And I used to be like; I used to cry at school. – how would you feel like when I come to you, I want to talk to you, I'm trying to be friendly, and like let's say, for example, you want to talk to me in a friendly way but when you come toward me, I ran away? How would you feel? – You will feel bad, of course, because it hurts, and you have those kinds of questions, why do I exist? Why do I exist? Have I done something wrong to this person? Is there anything wrong with me? So those kinds of questions were like a lot.*

AAGLRWS would like to be able to heal from the traumatic events that occurred in their countries of origin, as this would allow them to have more control over their lives and to live peacefully here in Australia. They are asking to be acknowledged as human beings, as full citizens of this country and to be safely connected to mainstream Australian society that would contribute to their trauma recovery (Herman, 2022).

AAGLRWS commonly experience challenges related to their SEWB. These challenges amplify their sense of alienation and feelings of not belonging to a group, much less to a culture. Consequently, more appropriate policies and strategies need to be implemented to ease the stresses of resettlement, for example, as related to diverse issues such as psychosocial support, racism, employment, housing and consultation.

3.5 Challenges in taking advantage of Australian opportunities

AAGLRWS participants have testified that Australia is a country of opportunity for many people who come from different places around the world in pursuit of a better life or safety. They either come here by choice or are forced to live in this land. They have the privilege of acquiring visas to

stay here permanently. AAGLRWS suggested that life in Australia has become more competitive among citizens, especially as the government changes its strategies in response to new world challenges. Nevertheless, many report that more support is required so that refugees and new citizens can more equitably enjoy the opportunities around them and to ensure fair integration during settlement. Meanwhile, back in their homeland, life is not going well and war and traumatic events still affect their compatriots and family members back in their countries of origin. Further, some people in the Australian mainstream do not like to interact with people who do not look like them or do not have the same accents. According to AAGLRWS, these people believe they are superior to AAGLRWS, and this ego makes it difficult to engage in communications. Other Australians do not have the time to learn or reflect on why AAGLRWS come to settle in Australia and why they feel rejected.

3.5.1 Ongoing war and trauma

Unfortunately, many AAGLRWS find it very difficult to enjoy Australia as the so-called land of “milk and honey” ¹⁶. Instead of milk and honey, a group of Congolese women living in Queensland made a statement on International Women’s Day in 2024 metaphorically comparing Australian opportunities to juice being poured into dirty glasses. The women compared themselves to these dirty glasses due to the continuous trauma they endure from what they have experienced in their country of origin and since being in Australia (Scarr, 2024, p. 83). A letter that shared these women’s cries was read by Senator Paul Scarr in the Australian parliament on 9 March 2024. In this letter, the women requested the Australian government to do something about the traumatic experiences inflicted on Congolese people in the AGLR and in Australia (Scarr, 2024, p. 83).

Since today is International Women’s Day, the women from the Democratic Republic of the Congo living in Australia are making a real effort to fit in and become inspired to be

part of the “progress”. But she wonders how this aim would be achieved. She thinks investing in her would be like pouring juice into a dirty glass; which makes no sense to her. Why? Because terrible news keep coming her way. Today her siblings were killed. Next day her parents were buried alive, following day her aunty was sexually abused in the sight of her children.

The eyes of a Congolese woman have become water taps that run tears on a daily basis. The stories of her loved ones being cut in the neck with knives and machetes; the scenarios of her relatives being forced to have sexual relationship with siblings or other family members in sight of their children or even in the public. Due to all the crimes and atrocities happening in the Congo, the Congolese women have lost the appetite for the milk and honey that they found in Australia.

No one is answering, but what she can hear is the sound of gunshots and bomb explosions.

They are demanding that the Australian government hear the concerns of the Australian Congolese women’s community and condemn the human rights abuses taking place in the DCR (Scarr, 2024, p. 83).

Since their arrival, AAGLRWS’ have shown themselves to be resilient and to be able to effectively manage adverse circumstances. However, their resilience has been stretched to capacity by the Australian system, and the government has ignored their cries for help to counter the vilification against them and their requests for psychosocial support to be tailored to their needs. Only some survivors have succeeded in grasping the opportunities available in Australia, and this has come at a greater cost than for mainstream Australians. Bitakwira a young man about 20-25 years old, for example, demonstrates how capable and resilient some AAGLRWS of them can be.

He was resettled from the Kakuma camp in Kenya to Australia, and has achieved his dream of becoming a social worker:

So I came in Australia in 2010 with no English. So the service that I had, they took me to TAFE in Loganlea, that's from Brisbane. So I learned English from zero. I completed my Certificate III in Spoken and Written English ... And then I met this incredible teacher who showed me the path ... It was one day I was passing by in "Ustawi wa Jamii" in the refugee camp ... I heard people telling stories but the story was full of sorrow and traumatic times in this life, and I was like I can do something to help those people. So I just want to be a counsellor or anyone who can just help people. She laughed and said that's what I saw in you and that's the reason why I called you in my office. And she told me that I'm about to finish my Certificate III, but she would like to see me progressing in the path that I had, the one she saw in me. And she told me, you want to become a social worker? I said, yes ... I want you to go in Community Services ... So from Certificate IV, I went to the Diploma ... The finance was a little bit difficult, and that's when I opened my barbershop. So thanks to God that He gave me this talent ... I implement this little business that I'm doing here. That helped me to get myself enrolled in those courses ... I was working for access before. I was involved in a case management. And manage youth program with access as a volunteer, and the same time I was doing my placement, like my last placement for my diploma ... I was there for five, six month with access. I just finished recently, and I got a job. I'm working with Safe Places for Children as a Youth Support ... So it's like the dream that I was dreaming just came true. Now I'm helping those young people in traumatised, had been in trauma situation. That's my area of work.

3.5.2 Educational stress

Educational stress is related to cultural upbringing; for AAGLRWS, education is used as a meaningful tool of peaceful emancipation and for working towards AAGLRWS' legacy of freedom. Educational stress in Australia is due in part to the Australian government's resistance to addressing institutionalised racism and discrimination. It is also due to the challenges for AAGLRWS in achieving an equitable education and employment opportunities in Australian society. This educational stress further disadvantages AAGLRWS and impacts their SEWB. There is a well-cited African proverb that states 'It takes a whole village to raise a child' (Reupert, Straussner, Weimand, & Maybery, 2022), but this is often not the case for AAGLRWS' children in Australia. Many of these children face disempowerment and discrimination on multiple layers: in the neighbourhood, school, hospitals, shopping centres and sometimes even in churches. The police stop and search them more often than the mainstream population. This can hamper their educational performance and discourage them from pursuing further academic development. The neglect and abuse of African children by their teachers, school principals and counsellors have been reported. Some AAGLRWS as reported previously report that their children frequently face neglect in schools, particularly when dealing with issues such as bullying or peer attacks. Complaints from parents and children regarding academic results and monitoring are often overlooked. Additionally, some toddlers are neglected, not being prompted to eat lunch or drink water, unlike their peers. Consequently, these identified AAGLRWS children in this research suffer internally and become traumatised, with the result that some may start absconding from school. As mentioned, many participants felt that this represents a betrayal by the school authorities.

According to Masolo, as well as several youth and young adults (aged 18-35) participating in the AAGLRWS study, educational stress often originates within the home environment. This stress is particularly influenced by the nature of communication between parents and children, which is

frequently strained in the context of post-conflict societal reconstruction. The generational clash over divergent educational structures, a consequence of the prolonged AGLR war, exacerbates this stress. Herman & Peterson (2014) 20-years later of study on atrocities committed during the AGLR underscore the enduring impact of such conflicts on educational dynamics.

Outside of the family, the children are exposed to Western culture and inside the family, they navigate AAGLRWS cultural expectations. As Masolo (18-20) commented:

Parents have to transfer legacy from their fathers and grandfathers to their children. Children have to be educated on both culture and at the same time working on their differences to make sure freedom's legacy is achieved. It is stressful to add to this the discrimination, disempowerment, displacement, traumatic events from war. We have to work together as family to achieve our goal.

Masolo and Malula underscore the role of family dynamics and historical experiences in building resilience. They highlight how the previous generation, represented by their father, and inspire the current generation to take charge of the Democratic Republic of Congo's (DRC) future. This led to high expectations for the current generation to enter prestigious professions, such as doctors, engineers, and professors, which were traditionally held by white individuals. In a reflective discussion, Malula delved into the deeper implications of societal and familial expectations. He explained:

So that's why I think the expectation, directly or indirectly, the expectation of me becoming a doctor or my generation becoming some sort of – turning up in some sort of profession, is not just a family matter. It is a very unconscious – subconscious way of transferring hope and expectation from one generation to another.

Not all AAGLRWS can achieve this kind of momentum, however, and some do not make it. Educational stress, therefore, is another significant challenge to their mental and physical health.

Kakashi talked about how she once fainted in the classroom when she was under tremendous pressure from her teacher and peers. She affirms that many Africans (including AAGLRWS) work more and harder than their mainstream peers to the point that some just give up. She points to those who have to give 300% (by overworking) to achieve what she identifies as the 100% required for mainstream Australians. Bulaniati estimated that she had to work ten times harder than mainstream students. She said the teachers did not believe that she could succeed due to the enormous challenges she was facing; however, she relied on the expectations of her parents' legacy and overcame the various challenges and made her parents proud. These analogies demonstrate how AAGLRWS undergo systematic educational stress. It also demonstrates their resilience although this can lead them to having physical and emotional breakdowns, which may qualify as pathology. The issue of resilience is aptly illustrated through the metaphor of the tree that "bends or breaks," as discussed in Chapter 5.7 of the counselling participants' experiences. This metaphor encapsulates the varying responses to stress and adversity, highlighting the critical role of flexibility and adaptability in overcoming challenges.

This study has also highlighted the violence, abuse and neglect perpetrated on AAGLWS children by the Australian education department system and educators. Instances of neglect and abuse within educational settings highlight significant concerns regarding the welfare and protection of children. For example, Zahabu experienced neglect in the classroom by the teacher, Kakashi's four-year-old child was left at school all day without being provided lunch and Mukulumpe faced abuse in the playground without appropriate intervention from the teacher and school authorities.

Violence abuse and neglect are experienced at school, and this comes from teachers, educators, counsellors, principals and classmates. Participants reported the majority of the staff and students are white Australians and when Australian students of African descent are subjected

to abuse and vilification, the teachers and other school staff tend to side with members of their own racial group to the detriment of students belonging to minority groups. This predicament leads to anxiety among AAGLRWS' children at school. Kakashi told me the following:

Okay, I'll use my situation when it happened to my son, one of my children. He was being called racial names, and then he went to inform the teacher. The teacher told him to sit down. And then the other students continued to bully him. And just imagine, first, you know you don't look like the rest of the class. The teacher looks like them. You are the only who looks different. The teacher tells you to sit down. And then he had to wait until it was recess time to go back to the teacher again and say what was happening. Then the teacher sent him to the counsellor. And then when he went to the school counsellor, the school counsellor told him that it's just part of being kids. Go and play. It's nothing. And yet they don't understand that kind of bullying, especially racial bullying on a child, it destroys the child mentally, physically. They won't perform well. They wouldn't want to go to school. But you still have to bring them there. They make them to know that they're not on the same standard with these other children. And I mentioned you're a minority, and they're majority. And imagine this person, which is supposed to help you, help your child, they're telling your child that it's okay, you know. It's okay not to know.

The Queensland government , (Queensland Audit Office, 2024), recognises that bullying can damage the physical, social and psychological functioning of the individuals in the short and longer term, and it has many destructive implications for society. Many AAGLRWS' children are a minority who are especially vulnerable due to their traumatic journeys, and bullying can trigger their past traumatic experiences. According to Herman (2022), "Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory" (p. 50).

Below are several narratives from participants living in different states in Australia and their allegations about abuse within the school system and from authorities. One parent described her four-year-old child's crippling affliction due to the abuses he suffered from his teacher; this type of problem was corroborated by many accounts from younger people in different states.

The first narrative comes from Kakashi, who lives in Western Australia (WA):

So there was one thing that happened also to my child, who by that time he was four going to turn five. So that's a baby, a toddler. So I left him at school. The child was so – I wouldn't call it scared. He felt isolated. That the child didn't eat any lunch from 8 to 2.45 when the bell ring. Didn't drink. Didn't eat. And the teachers didn't bother ... Yes. It happened three times. The first time, I asked the teacher. The teacher's like, oh, eating. Oh, well, he didn't want to eat. I said, wow. I felt gutted because for me that's my baby. If they don't acknowledge that this is a baby, to me that's my baby. I really felt hurt. I really felt betrayed because they say early learning is the key. We are trying to follow the Australian way, but it becomes hard. When you send your child to school, you're not even sure if they'll eat, if they'll be treated well. So it's really hard. And I'm talking from my experience. And I've had spoken to other African parents. They're facing the same thing. And most of African parents, what they do is they try to not go and complain because sometimes when you complain they mistreat your child worse.

Zahabu from Queensland said the following:

*Some people who have had that experience before, when you're on the bus, they will come to you like to fight even sometimes, or maybe stab you with a knife **because they don't want you in their country.** [Emphasis added] So most of the time we saw this happening, kind of racism, they are happening – in schools, it was happening a lot. And when we were kind of progressing, like we're improving in our studying, the **award that***

was supposed to be given were given to some other [emphasis added] – some people of their colour.

These stories were corroborated by other participants, including peers and school authorities. Mukulumpe from New South Wales (NSW) (18-25 years) experienced stress for a long time; he felt passive (powerless) and had to learn and apply intellectualisation and rationalisation strategies to deal with it. Mukulumpe recounted:

*When it comes to soccer, I've always played soccer from a young age. So I know how to play soccer. So when we started playing soccer a lot of the white kids complained. They complained that I keep scoring goals. I keep going here, like I keep dribbling through them and they didn't like it. So one of them pushed me and I was mad. And the kid was like, you know ... **go back where you came from** [emphasis added].*

In this case, the teacher and the school authorities did not seem overly concerned about this; even when Mukulumpe's parents went to enquire about the clash and report the constant harassments to the school office. In fact, the teacher did not even go to the office to meet Mukulumpe's parents.

3.6 Conclusion

In summary, this chapter has explored the themes related to participants' experiences of trauma, aiming to understand the psychosocial attitudes and needs of AAGLRWS, and ensuring their social and emotional well-being (SEWB). Compared to other minority groups in Australia, the AAGLRWS community is relatively small. This chapter defines trauma and its implications from personal perspectives to treatment and perception. Participants' narratives highlight their traumatic journey, from the reasons for leaving their home countries to their resettlement in Australia, illustrating the challenges, suffering, resilience and successes of AAGLRWS.

The chapter examines how AAGLRWS understand trauma in comparison to Australian service delivery, particularly focusing on the cultural meanings behind it. Scholars argue that trauma must be understood within its cultural context, as social, political and religious beliefs shape its experience and expression. Trauma can affect not only individuals but also their families and communities. A prevalent theme in AAGLRWS participants' narratives is the impact of colonialism, which has caused suffering through generations of abuse and deprivation. Furthermore, many participants reported feelings of not belonging in Australia due to a lack of integration, rejection and racism experienced in their daily lives as well as coming from government institutions.

Educational stress is another significant challenge for AAGLRWS, affecting their ability to achieve equitable education and employment opportunities in Australia. This stress further disadvantages them and impacts their social and emotional well-being (SEWB). Participants' resettlement experiences reveal a lack of trust between the government and many AAGLRWS regarding their needs.

Overall, the themes from participants' narratives provide a holistic understanding of the complex nature of trauma and its profound impact on AAGLRWS. The following chapter delves deeper into the analysis of participants' experiences with trauma, and explores how these experiences have catalysed entrepreneurial ventures as a means of survival and resilience.

Chapter 4 From disempowerment and dehumanisation to entrepreneurship

4.1 Introduction

This chapter continues to investigate and analyse the everyday experiences of AAGLRWS in Australia, focusing on how their traumatic experiences and conditions in the host communities have contributed to the repetition of experiences of discrimination, disempowerment and dehumanisation. Based on their everyday experiences, participants reported feeling marginalised by employment services, suspecting that public services often relegated them to the bottom of their lists, thereby diminishing their professional status and opportunities.

The chapter also explores various forms of isolation experienced by AAGLRWS, including isolation in schools, the isolation of older family members, and the pervasive impacts of racism and discrimination. These experiences are compounded by cultural differences, particularly language barriers, which further alienate AAGLRWS from broader Australian society.

Fear and uncertainty are pervasive among AAGLRWS and their families, manifesting in concerns about their children's future safety and the constant threat of deportation. These anxieties underscore the precariousness of their existence in Australia. Yet, AAGLRWS have also shown resilience in the face of adversity and some of them have expressed their entrepreneurial spirit. These insights into disempowerment and dehumanisation have driven AAGLRWS to create entrepreneurial opportunities as a form of resilience, highlighting the critical need for tailored interventions to support this community in overcoming their unique challenges.

4.2 Disempowerment and dehumanisation

Besides discrimination in schools, as discussed in the previous chapter, other participants reported that they had been discriminated against by employment services.¹⁷ They suspected that the public services would put them at the bottom of their lists and usually lower their professional status to a level not reflected in their qualifications. Once employed, they had to distinguish themselves by working harder than other people. As a result, many became more passive or developed mental or physical injuries. This led them to be placed on workers' compensation, which was accompanied by complex and lengthy administration processes and legal justice disputes. This resulted in additional stress and isolation.

Others mentioned that African children have to work more than mainstream children to achieve the same marks at school. Teachers would demand they make an extra academic effort to be graded the same as the other children. Some would not receive certificates of acknowledgment for good achievement during ceremonial events (in some cases, the teacher or the principal would be apologetic after the ceremony). The result was not only that these children's motivation would get decrease but children from African heritage as a whole (including AAGLRWS) would not be made aware of their own peers' achievements and successes. This disempowerment makes African children, and their parents upset, especially when they are not recognised for their academic merits as in the case of Kakashi's son and Zahabu.

According to Kakashi, Zahabu and other participants, during the academic year teachers would neglect the African children by not regularly following up on the progress of their schoolwork or by not often giving feedback to their parents¹⁸. The teachers would assume that the children's parents

¹⁷ Twelve participants including four children for Kakashi, Kakashi, Kakashi children, Mukulumpe, Mulombe, Mobutu, Napata, Masasi, Abirimana, Bali, Zahabu, Lunda, Bulaniati, Kalwira.

¹⁸ This paragraph highlights the experiences of twenty-seven participants, including Kabarebe, Bulaniati, Kalwira, Kalulu, Kifwakiyo, Zahabu, Lunda, Buyakero, Tshisekedi, Betu, Habirimana, Nyamusevia, Mulombe, Napata, Masasi, Mukubwa, Buzeuze, Ntare, Mukuna, Maubwenge, Bali, Mama, Moleka, Napata, Bisengimana, Mitshombero, and

or other adult guardians are not educated and do not speak English. African children's English proficiency would often be marked as second language even though they were born in Australia and spoke mostly English, even at home with their parents. According to Zahabu, *"Sometimes when they hear you're from Africa, they kind of like think animals or like dirty people, they are stupid, they are just – I don't know what they think in their minds, but they are acting, it just shows that, us, African, to them, it's like we are animals"*.

This theme of disempowerment and dehumanisation reveals how some children become disconnected after being abused and present with mixed delusions and acculturation issues that are detrimental to their relational life (Herman, 2022, p. 754).

4.3 Isolation

AAGLRWS participants reported that psychosocial support here in Australia is different from in their country of origin and some end up feeling confused and isolated. Isolation is defined as an experience of not having physical or emotional contact with other human beings either in the family or in the community. Isolation can be either real or perceived.

According to Lim, Holt-Lunstad, and Badcock (2020), social isolation means having very few social relationships or roles and not having much social interaction. Kwebe (50-60 years), for instance, experienced social isolation, as reported during his interview:

But other than that, there were some incidents of isolation obviously because you don't have your family around and you only meet friends in the community mostly on weekends because everybody else is working during the week. So you go to work, but you don't quite connect much with people at work on anything other than just doing the work ... Because,

Ndadaye. They observed that, during the academic year, teachers tended to neglect African children. They have reported a consistent pattern of neglect towards African children by teachers. This neglect manifested in various forms, including lack of attention, lower expectations, and insufficient support compared to their peers.

I have changed many employers. I mean I went from one workplace to another quite a lot for the first year or two.

According to Tshisekedi, Bulaniati, Betu, Mama, Mobutu, Kalwira, and Buzeuze, displacement significantly affects many members of the AAGLRWS. They argue that Australia's individualistic lifestyle and government policies result in the neglect of AAGLRWS's appeals for multicultural services, thereby fostering isolation. This isolation exacerbates trauma for some individuals, complicating their access to tailored psychosocial support. Herman (2022) aptly describes this situation: "if at all they complain at all, their complaints are not well understood. They may collect virtual pharmacopeia of remedies, one for headaches, another for insomnia, another for anxiety, another for depression. None of these tends to work very well since the underlying issues of trauma are not addressed" (p. 173).

4.3.1 Isolation in school

Some participants¹⁹ reported that AAGLWS children experience isolation at school, and this is due to the Australian education department system. Several instances were discussed earlier: Zahabu, Kakashi's toddler was left isolated all day at school without eating his lunch and Mukulumpe was abused and isolated in the playground while he was playing with his peers, and neither the teacher nor the school authorities assisted him appropriately. Another case of abuse and neglect based on isolation was narrated by Kakashi:

That you'll find there's only one black child, one black child, one black child. I believe their teacher, they should be trained enough to see, you know, that out of all these there's one who's not comfortable to make them feel welcome. – I had to be the voice for my children. And I have noticed most Africans, they can't do that. They don't have the strength to do that. They don't speak out.

¹⁹ The twenty-seven participants reported these concerns, as noted in this paragraph.

Some AAGLRWS said that their children feel isolated at school, but the Department of Education ignores their pleas. They believe that many mainstream children adopt their parents' racist attitudes and therefore reject their AAGLRWS peers. According to many AAGLRWS accounts, the perception of superiority held by some mainstream Australian children and their parents exacerbates the isolation experienced by AAGLRWS children in educational environments. This shared sense of superiority between parents and children not only contributes to the suffering of AAGLRWS children but also hinders effective communication and integration within the school community²⁰. According to Zahabu:

The kind of image I had in my mind was like we don't belong here, we are not wanted here. We're just – we are trying so hard to fit in but it's not working. Yup! It is that rejection of colour.

Many Australians either do not have the time or desire to learn or reflect on the impacts on AAGLRWS, how AAGLRWS feel rejected, or why they have come to settle in Australia. This psychologically disempowers AAGLRWS from restoring their psychosocial wellbeing and keeps them isolated from the mainstream.

Charles Taylor (1992), in his analysis of the politics of recognition, suggested that our identities are formed dialogically. This means that because human beings depend on the recognition of others, the absence of that recognition – or in some cases, misrecognition – can cause serious injury. Empirical studies of this phenomenon have shown that alienation or feelings that result from not belonging to a group – much less to a culture – leads to stress, anger, depression and loneliness (Narchal, 2006). Stress in turn often heightens a person's vulnerability to mental health issues. Cozolino (2002) emphasizes that social experiences play a crucial role in shaping the self.

²⁰ Twelve participants, including Kalwira, Mamayemo, Mama, Malula, Bulaniati, Betu, Bisengimana, Mitshombero, Lunda, Mukulumpe, Afriza, and Mwavita reported that many mainstream children adopt their parents' behaviours and therefore reject their AAGLRWS peers.

For AAGLRWS, their social brains are influenced by preoccupations that can interfere with the process of acculturation which is the process of adapting to a new culture. This can lead to various self-defence mechanisms, such as self-development, resilience, self-medication, rebellion, and, in some cases, extremism.

Many of the participants²¹ said that their experiences of dehumanisation started at a very young age. It aligns with the findings of the Ubuntu project (Lloyd, 2022). Ubuntu's research asked 100 African Australian students about their experiences regarding discrimination. Eighty-seven percent felt they had been discriminated against at school; 91% reported that they had seen students being subjected to racism at school; 77% reported that teachers were responsible for racism and 21% reported that principals had been racist (ABC, 2022). This means that sequential trauma stemming from participants' migration journeys is compounded by ongoing adaptation challenges within the host country context, namely Australia. These practices have the effect of transmitting trauma onto future generations and disempowering AAGLRWS and damaging their psychosocial well-being. Herman (2022) has argued that "traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory" (p. 50). Therefore, it is argued in this thesis that the Department of Education could contribute to stopping this psychosocial haemorrhage which is profoundly damaging AAGLRWS' SEWB during their youth. Mukuna and Mama both noted that many AAGLRWS who arrive when they are very young need more cultural references to where they come from and they need to be more enlightened about who they are, especially if they have to find work to survive and live alone.

²¹ Twenty-five participants, including Bulaniati, Kalwira, Kakashi, Muzazi, Kifwakiyo, Mwavita, Masolo, Mukulumpe, Afriza, Baraka, Buyakero, Ndadaye, Tshisekedi, Betu, Maubwenge, Nyamusevia, Napata, Mulombe, Ndadaye, Mukuna, Bisengimana, Zahabu, Mama, Mitshombero, and Kabarebe, reported their experiences of dehumanisation.

4.3.2 The isolation of older people

Habiarimana, Sombe, Bisengimana and others have all noticed that, compared to young AAGLRWS, the elderly who have migrated with their families to Australia face more significant difficulties settling into the new environment. They experience increased loneliness and are inundated by the system's enculturation and acculturation tasks. Many AAGLRWS prefer to go back home when they get older. They wish to be repatriated back to the AGLR to avoid being isolated or put them into incompatible Australian aged care facilities. As Habiarimana commented:

It's really not society. We're also told it's not supposed to be like that. Human beings are not supposed to live like that I guess. That's why I love, maybe when I grow old, I'm no longer able to work, I would retire back home. Yeah. Sit with my elderly people back home and then, yeah, die there ... Not in an aged care where people don't care about you. I love being around my older people back home.

This reality is also reiterated by Sombe (30-40 years), a social worker who highlights how old AAGLRWS members struggle with their SEWB. He said:

Here we have few people who are older, very old, who came here after 60 years old or 70 years old. They don't have any engagement in our communities. And you know how that imply? And like they feel they can't relate to anyone. Things that I saw lately, they are stressed.

Macdonald and Mears (2019) discuss the situation of elderly women who have spent their lives caring for other family members or the public, and who, similar to AAGLRWS women, require psychosocial services. However, when elderly women do need care, they do not receive sufficient attention, despite the physical and mental difficulties associated with caring duties. In addition, most of the AAGLRWS women have also endured harmful mental and physical experiences.

This research suggests that many of those who have not developed connections with the mainstream have difficulties in maintaining their SEWB. Malula, Ndadaye and Kakashi all report that they have exhorted these older people in general to be more proactive despite the barriers they face. They have people with whom they can share their experiences (and wisdom), for example, in the case of conflict resolution in the family or community back in their home countries, older people are called on as the wise elders, yet in Australia they do not get involved, even in their own families' affairs. As a result, they feel useless, and this affects their well-being and self-esteem. They then become more vulnerable in their isolation to mental and health problems, such as diabetes, anxiety, high blood pressure, heart problems, and so on.

4.3.3 Socioemotional isolation and family separation

Kwebe and many other AAGLRWS²² not only discussed isolation on how family separation places stress on them and leads to isolation, but also exemplifies the broader structural challenges faced by AAGLRWS in their efforts to integrate socially and economically. His narrative reflects the compounded stress of navigating immigration bureaucracy while simultaneously adapting to unfamiliar labour conditions and social environments.

Kwebe recounted his experience:

It took almost two and a half years to bring my wife here; from the time I applied to when she arrived. The whole process was quite stressful ... Initially I did a lot of factory work like most Africans who are here; like pick and pack or just manual sort of labour at that time, because it was hard to find any other type of work for the first year or two. I did also a little bit of delivery work, driving around a delivery truck, delivering white goods now and then. So, it was good exercise. And I was just getting used to life in Australia.

²² Nine participants, including Mukuna, Betu, Mulombe, Kalulu, Kabuya, Afriza, Masasi, Kifwakiyo, and Buyakero, reported experiencing isolation due to family separation.

Numerous AAGLRWS complain that service providers do not have good strategies to help them find jobs. Work is the main ingredient for self-motivation and self-sufficiency and ensures proper integration. As reported by Kwebe, it is not easy for AAGLRWS to find sustainable jobs or to maintain their employment despite working very hard and often harder than their mainstream peers. Making friends is also not easy as everyone is just trying to survive on a day-to-day basis. This lack of work and difficulty making friends contribute to social isolation.

It has been observed that many AAGLRWS working in remote areas, particularly in Kalgoorlie and the surrounding countryside, experience significant stress due to social and emotional isolation attributable to family separation. The demanding nature of their work schedules exacerbates this stress, potentially harming their well-being by neglecting their family units, whether back in Perth or even in Kalgoorlie. The work schedules do not allow sufficient time for socialising with their families. Appendix VIII illustrates a typical 24-hour period for participants working in the Kalgoorlie mines. Kamira's testimony, for example, offers a critique of the structural demands placed on migrant labourers, particularly those navigating translocal family arrangements. He states:

The schedule of those who come to work here does not give people enough time to care for their families. Including myself—having my family in Perth and working here gives me a lot of stress. I don't have time for family.

This isolation threatens their social and emotional well-being (SEWB) and contributes to family breakdowns. Kawira's voice underscores the psychosocial toll of geographic separation and inflexible labour routines and foregrounds the urgent need for culturally responsive support mechanisms that respond to familial obligations and emotional well-being.

4.3.4 Racism and discrimination

According to many participants' narratives, Africans, including AAGLRWS, are trapped within a cycle of Australian institutionalised racism that does not recognise black people as fellow Australian citizens with the same rights and opportunities as everyone else.²³ AAGLRWS' psychosocial well-being is undermined by many issues, such as racism and discrimination, which can create isolation for them in their new country to the point that it affects their wellbeing and compromises their psychosocial rehabilitation. Zahabu (18-25 years) explains the daily abuses and neglect she experiences:

Like, you know, we are African, we have our own colour – And they have their own colour. So, if I raise my hand first for help and the next person raise it after me, the teacher will go to him or her first to help, and I was the first one. And that made us felt like, what is this? What is happening? Most of the time, at school it been happened. And even in the streets, you'll be – even on the buses, people will be looking at you like, what are you doing in our country, go back. And sometimes they would speak, they'll talk to you like, go back to your country, we don't need you in here. I'm like, well, I don't need to talk to you, but sometime just we ignore them ... they used to talk back.

Many participants²⁴ in this study have suggested that racism creates uncertainty about their future in Australia; fear of racism is amplified by school authorities, the media and some government members, and this triggers AAGLRWS' memories of traumatic events see e.g., (ABC,

²³ Twenty-one participants, including Zahabu, Kakashi, Bulaniati, Tshisekedi, Kabuya, Baraka, Muzazi, Masolo, Maubwenge, Betu, Mobutu, Malula, Nyamusevia, Buuzeuze, Kwebe, Mukuna, Bisengimana, Mukulumpe, Mulombe, Mamayemo, and Kalwira, reported feeling trapped in a cycle of institutionalised racism within Australia.

²⁴ Nineteen participants, including Bulaniati, Mukuna, Betu, Mama, Ubani, Ntare, Karegeya, Moleka, Kalulu, Tshisekedi, Maubwenge, Ndadaye, Lunda, Kabarebe, Malula, Bisengimana, Mobutu, Mamayemo, and Ruganda, have indicated that racism and fear contribute to uncertainty about their future in Australia.

2007; Caldwell, 2007a; Caldwell, 2007b; Stephens, 2017; Hirst & Badcock, 2018; Stayner & Mason, 2020).

Habiarimana, Mama, Runganda and Ndadaye declared that Kakuma camp in Kenya was better compared to Australian resettlement. This perception is linked to how they felt more connected and had a sense of belonging despite the poor housing, sanitation and nutrition in the Kakuma camp. They were also developing their own programs there and had small businesses. As many have mentioned, they feel rejected and abandoned in Australia due to racism and discrimination. Zahabu recounted how she was abandoned and had no support at school: *“And I’m a monkey, because a monkey and a pig can’t talk. They can’t talk, I think ... So, I used just to walk away, because we were told to walk away ... That was during break time”*.

These accounts reveal that material hardship in Kakuma was outweighed by a sense of belonging and agency, while resettlement in Australia often brought isolation and racialised exclusion. Zahabu’s experience illustrates how systemic discrimination erodes dignity, underscoring the need for culturally responsive support that prioritises connection, care, and community.

4.4 Cultural differences

4.4.1 Gender roles

According to participants²⁵, the Australian system gives children – both girls and boys – and women the power to lead the family, and they said that this reversal of roles leads to conflict, and therefore misdiagnosis of problems, contributes to the underlying mental health issues fueling VAN and family dislocations. According to the participants, VAN and family breakdowns create intergenerational conflicts. Moreover, AAGLRWS do not trust the system. Runganda’s experience

²⁵ Seven participants, including Mama, Bulaniati, Mobutu, Betu, Tshisekedi, Mukuna, and Kabarebe, have reported significant impacts resulting from the role reversal orchestrated by the Australian government.

below illustrates how she believes that the Australian gender role reversal contributed to her divorce, and she blames herself for not acting in time:

The man is crazy, or the wife is crazy. But in this country, I'm so sorry; it doesn't mean I don't like the women. I love the women, but some of the women here are crazy. Especially from where we come from, we used to see the man is a provider for the family and the wives stay home for the kids, house, and farm ... But here, both of you can work. What they cannot agree on is how they can budget, put together whatever they have to raise the family. So in that part you're going to find man and the woman, they always fight. And then who is blamed? It's the man.

Yeah, you cannot buy makeup, you don't know my makeup. But the man, still have their power as a man. And then that's where the fight, the conflict start. And their counselling is one-sided ... Yeah, they go to one side. They have to listen on both sides, and then they will know that there are some women also who are like lions. We are lions.

When they do counselling when there is domestic violence, and the man is already banned to go inside the house. There is an AVO, that's where they listen to the wife. And they start blaming the man because, you know, I can tell you whatever ... But I have done a lot of mistakes too ... I cannot tell you how until today, because I'm blaming myself.

There is evidence that many AAGLRWS families who do not apply Ubuntu concepts in their family or religious way of life face more issues.²⁶ This tension between traditional patriarchal expectations and Australian egalitarian norms is not unique to AAGLRWS. Freeman et al. (2025) similarly argue that gender role reconfigurations in resettlement contexts often lead to “role

²⁶ An example of the consequences faced by families who do not adhere to the principles of Ubuntu can be seen in the experiences of Runganda's family and Mama's family. Both families encountered significant difficulties with violence abuse and neglect due to their failure to apply Ubuntu.

displacement,” where men experience a loss of perceived authority and women navigate new forms of autonomy without adequate support structures. Their research highlights how such transitions, when unmediated by culturally responsive counselling, can exacerbate familial stress and contribute to breakdowns in communication and trust. Ngulube (2018) reinforces this view, noting that patriarchal systems often resist adaptation, particularly when men attempt to retain authority in contexts that valorise shared decision-making and gender equity. This resistance can manifest in conflict, emotional withdrawal, or misinterpretation of mental health symptoms.

Moreover, most AAGLRWS women do not feel confident about asking for assistance for themselves or their families if they have been subjected to violence, abuse and neglect from their husbands or children. This reluctance is compounded by cultural expectations of silence, endurance, and loyalty, which often conflict with Australian norms of disclosure and intervention. Furthermore, Freeman et al. (2025) note, “the intersection of migration, trauma, and gender role disruption creates a psychosocial terrain that is often misunderstood by mainstream service providers” (p. 142). Mama (60-70 years) laments the gender role reversal and power-sharing in her family in her current environment, and sees it as a form of social abandonment:

The children, they cannot listen to me, they drink, drugs, everything. But the more they drink, the more I am suffering ... We fight, they beat me, and then sometimes I run away, sometimes I sleep in my car. Sometimes I get support from my friend, I sleep there. It's my children. It's not my husband. And I can't tell the police. What can I do about this problem...? It's hard for me because I can get mental, I can get many things ... you sleep on the road because of your children.

The belief expressed by many participants²⁷ that the Australian legal system has disenfranchised AAGLWS men from their traditional family duty of care role and power is a critical issue that demands attention. This argument can be understood within the broader context of how masculinity and femininity are constructed and perceived. According to Dery et al. (2023b), the definitions and understandings of masculinity and femininity in Africa are heavily influenced by a complex interplay of historical colonialism, ongoing postcolonial developments, the dominance of heterosexual male power, and capitalist economic structures. These intricate factors collectively shape gender roles and identities within African families, and by extension, affect AAGLWS men in the Australian context.

The disenfranchisement of AAGLWS men can be linked to the historical and socio-political dynamics that have shaped gender identities in their countries of origin. Colonial legacies have imposed rigid gender norms and hierarchies that persist in postcolonial societies (Dery et al., 2023a). These norms often prioritise heterosexual male authority and marginalise non-conforming gender identities. When AAGLWS men migrate to Australia, they encounter a legal system that may not recognise or respect their traditional roles and familial responsibilities. This legal disempowerment can be seen as an extension of the colonial and capitalist configurations that have historically oppressed and marginalised African identities.

Moreover, the traumatic experiences of AAGLWS men due to push factors from their countries of origin further compound their disenfranchisement. These push factors include violence, discrimination, and persecution based on their sexual orientation and gender identity. Mama, Runganda, and Zahabu argue that such traumatic experiences provide the emotional fuel that shapes their current familial relationships and power dynamics. The Australian legal system, by failing to adequately address these unique challenges, inadvertently perpetuates their

²⁷ Napata and many families who have been impacted by VAN, or who prefer to apply Ubuntu, believe that the Australian legal system disenfranchises AAGLRWS men from their duty of care for their families.

marginalisation. While there is a lack of empirical evidence specifically focused on AAGLWS men, the broader theoretical framework provided by Dery et al. (2023a) offers valuable insights into the intersection of gender, colonialism, and capitalism. Understanding these intersections is crucial for developing legal and social policies that recognise and empower AAGLWS men in their familial roles. The argument that the Australian legal system disenfranchises these men underscores the need for a more inclusive and equitable legal framework that acknowledges the diverse cultural and historical contexts of gender and family roles.

In conclusion, the disenfranchisement of AAGLWS men from their traditional family duty of care role and power by the Australian legal system is a complex issue rooted in historical and socio-political dynamics. The intersection of colonial legacies, capitalist structures, and traumatic experiences shapes the gender identities and familial roles of AAGLWS men. Addressing this issue requires a nuanced understanding of these factors and a commitment to developing inclusive legal and social policies. Many participants²⁸ mentioned that the dominant family power structure in Australia is imposed by the Australian system, and that in some AAGLRWS families, this has conflicted with their traditional gender roles. This in turn has led to family dislocation, isolation, gambling, drug abuse, domestic violence, job absenteeism, homelessness and mental disconnection; it affects their psychological state and cultural traditions. These present barriers to them seeking proper interventions.

Another example comes from Zahabu (18-25 years) who was advised to move out of her parents' house and to start living by herself because she is now a grown-up.. The following reflection offers a contrast between Australian ideals of individual autonomy and the deeply rooted familial care structures that shape gendered expectations within AAGLRWS communities.

²⁸ Kakashi, Malula, Mama, Mukuna, Tshisekedi, Mobutu, Betu.

I'm like you are you, and I am me. The way you were taught by your parents is not the way I was taught with my parents. So, if I am old enough, I can still live with my parents even for hundred years. In Africa, that is accepted.

Zahabu resisted the influence of her peers in not following Australian 'girl culture'. She preferred to keep the family unit strong and to enjoy their Ubuntu togetherness. Unfortunately, many others who do not respect the unity of their families end up dislocated. The above points regarding family disintegration due to dysfunctional power structures have been noted in the work of Comas-Dias and Greene (1994) and Diamandi, S., & Muncey, P. (2009). These authors highlighted how African family gender roles (including AAGLRWS) have been changing for those who have embraced the Australian way of life. Parents are now experiencing trepidation for not advising their children. Their children have become equal participants in the family's decision-making even though they do not have enough judgmental maturity. The parents acquiesce out of fear of the family unit being lost.

In Australia, AAGLRWS many women have become more active than the men in completing studies and taking jobs in child-care, home-care, aged-care and disability support; they even accept unskilled and manual jobs and often become the main breadwinners for the family. Babatunde-Sowole et al. (2016) have observed how, for women from areas of war and conflict, care work has become essential for sustaining their families in times of need. Blomqvist et al. (2021), in their study of care and silence in women's everyday peacebuilding in Myanmar, demonstrate how women are capable of ensuring the survival of the entire family with their capacity for multi-tasking.

This current research study reveals that traditional AGLR culture is flexible and women are placed at the centre of the family (and society) as a structural pillar; that is, they can play the role of provider and mediator for the family as long as it benefits the family. The role of men is also

versatile although their main role is to be the provider and to ensure cultural discipline, safety, security, and development within the family. As described by Camara Laye (1976, pp. 7-8) in his poem “A ma mere”, African women are breadwinners and social catalysers who shape traditional African life as equally in their villages in Africa as in Western towns and cities (as in Australia). Paradoxically, Diamandi and Muncey (2009), as well as many other Australian scholars, have highlighted that the VAN that occurs in emerging communities such as African, including AAGLRWS is often associated with women having more power than they did in their home country. Yet, these views can be misleading as they do not represent African realities. In this research, both AAGLRWS women and men were found to be able to hold any position in traditional African society according to their merit, and without discrimination due to gender. It is not power – but respect, love and complementarity in the family unit – that brings harmony.

In African societies, heavy domestic tasks are generally given to the men in the family, while physically less demanding work is given to the women. This is in opposition to Australian society in which more domestic work is given to women (Diamandi & Muncey, 2009) and many men are not active in this sphere, which creates a psychosocial imbalance in the family unit. Men therefore rely on their wives and children and feel disenfranchised from their family duty of care.

Gitau (2022) has revealed how women are disproportionately impacted by conflict, and how their resistance is a form of resilience. Furthermore, Blomqvist et al. (2021) have argued that:

Women’s everyday care practices as a means to sustain life and build everyday peace often co-exist with practices of silence. Women’s silence should not necessarily be read as an absence of choice, but as an active and strategic response to insecure circumstances. Through silence, women enable functioning social relationships, protect themselves and others, and ensure survival. However, silence may also give rise to gendered peace gaps

that prevent women from benefitting from opportunities present at the end of war, and that reinforce their subordinated position. (p. 224)

I reiterate that it is not solely due to their subordinated position, but also their empathy and ability to multitask in caregiving roles within society, such as in the AGLR and Australia that have placed women in jeopardy. They are facing silent rampant homelessness as victims, who is profoundly stigmatising and can lead significantly impact their mental and physical health. Unrecognized somatic symptoms and lack of support by the Australian psychosocial support services (APSS) lead to amplified and accumulative suffering, which has a negative connotation among AAGLRWS. In ARGL's culture, women are seen as the 'pillar of the family,' embodying resilience like a tree. However, the Australian system and society often fail to recognise their exhaustion and do not provide the necessary tailored psychosocial support.

Some of the female AAGLRWS participants in this study have provided unpaid informal care in supportive roles and have dedicated their entire lives to caring for their families, communities and society. In their interviews, they voiced the mental and physical degradations they have faced and the lack of acknowledgement or practical support. Their resettlement experience has been characterised by burnout, compassion fatigue and exhaustion. Ruganda (50+ years) observed that familial issues significantly impacted her ability to concentrate, ultimately preventing her from attending university. Her distress escalated to the extent that she could no longer focus on domestic responsibilities or her studies.

After I finished my English in children services, I continued, I did my diploma. I was planning to go to university ... It was the moment I had problems in the family. I stopped because I want to raise my kids. I have to be close to the kids. I was one hand. Yeah, our family problems, but I end up doing work ... I was working in a childcare ... Because, that time of the family problems, I stopped to go to university. I couldn't concentrate.

Traditionally, many AAGLRWS have been recognised as hard working and compassionate (Laye, 1976, pp. 7-8). However, there are conflicts between AAGLRWS women's culture, as detailed in this chapter, and the Australian psychosocial support system whereby cultural barriers restrict these women from asking for information about who, how and where they can seek support when they are in need (Diamandi & Muncey, 2009; Cooper & Morris, 2005). VAN, and exhaustion from family management, put them under serious psychological stress to the point that they can just give up, isolate themselves or even become homeless (Bloom, 2011). This is similar to what Bloom (2011) describes as burnout, that is, a collection of symptoms associated with emotional exhaustion and generally attributed to increased workload and institutional stress.

The situation for AAGLRWS women is amplified by the Australian practice of women having to spend their life caring for other family members or others. The difference is that AAGLRWS women are not adequately looked after when they need support, despite their accrued physical and mental exhaustion (Macdonald & Mears, 2019). Some AAGLRWS women who experience social abandonment may develop negative thoughts, leading to psychologically predictable but culturally unpredictable consequences. These consequences are often related to their familial and community experiences and the "cost of caring" for and being close to suffering individuals. Bloom (2011) describes this phenomenon as 'compassion fatigue,' previously known as secondary traumatic stress disorder (STSD), which is intertwined with burnout (Figley, 1995).

Furthermore, the link between AAGLRWS women's culture and unpredictable symptoms has not been sufficiently researched. Kirmayer (2001) argues that culture-specific symptoms may lead to under-recognition or misidentification of psychological distress. Contrary to the claim that non-Westerners are prone to somatise their distress, recent research confirms that somatisation is ubiquitous. Somatic symptoms serve as cultural idioms of distress in many ethnocultural groups and may lead to unnecessary diagnostic procedures or inappropriate treatment if misinterpreted

by clinicians. Clinicians must learn to decode the meaning of somatic and dissociative symptoms, which are not simply indices of disease or disorder but part of a language of distress with interpersonal and broader social meanings (Kirmayer, 2001, pp. 22-23).

I acknowledge my own bias in not labelling these resettlement experiences based on their somatic symptoms. However, these symptoms are descriptive layers of trauma accumulated from AAGLRWS women's experiences of social abandonment. Recognising this bias invites a broader interpretive lens—one that moves beyond symptom categorisation to consider the sociocultural and historical dimensions that shape these embodied expressions of trauma. While victims may be treated according to Western diagnostic categories, with an open mind we can extend our cultural knowledge to include sociocultural context and different types of exposures from their countries of origin, during their journeys and in resettlement process to better tailor our diagnoses. Factors that may influence clinical expression include: the length of time during which the trauma has been endured, as well as triggers such as vilification, racism, rejection, emancipation legacy, culture, and resettlement processes in an individualistic environment (American Psychiatric Association, 2022). The goal is to meet tailored response to prolong somatic symptoms because misdiagnosing the underlying trauma can lead to incongruous treatments (Kezelman 2019), as Kalwira and many of AAGLRWS members²⁹ fear to get wrong diagnosis. That is, the lack of effective treatment. Hybrid alternatives are therefore required, where the therapeutic model meets a holistic assessment that tackles AAGLRWS' issues through tailored psychosocial support.

²⁹ Twelve participants, including Kalwira, Mamayemo, Mama, Malula, Bulaniati, Betu, Bisengimana, Mitshombero, Lunda, Mukulumpe, Afriza, and Mwavita, expressed concerns about the potential for misdiagnosis. This fear underscores the critical need for culturally sensitive diagnostic practices to ensure accurate and effective healthcare delivery.

4.4.2 Language

Most AAGLRWS come from Francophone countries, namely the Democratic Republic of Congo (DRC), Burundi and Rwanda. In 2023, the Australian government removed the 510-hour cap on English classes, allowing more time for learning (Department of Home Affairs, 2024). However, traumatised and older individuals often struggle with language acquisition. The relationship between trauma and language is complex, with trauma affecting language acquisition and communication (Betten, 2010; Busch, 2020; Busch, 2016a).

Psychological readiness is crucial, and many AAGLRWS are not prepared for this type of learning due to their traumatic backgrounds. Upon arrival in Australia, where English is the official language, the government offers unlimited hours of English classes to facilitate integration (Department of Home Affairs, 2024). These lessons are provided by non-government service providers. Many AAGLRWS have basic education or limited literacy and are required to attend English classes soon after arrival. At home, AAGLRWS speak their native languages to manage stress and family responsibilities. However, learning English can be overwhelming during their initial settlement period, especially when they are not psychologically and physically ready. Trauma from recent severe events further complicates their ability to learn a new language.

Mukuna explained how one of his congregants was distressed about her English class, saying, “You know I don’t know what is going on when that woman starts talking, you know.” The woman was the teacher in her English class. The interconnection between trauma and language is multi-layered (Busch and McNamara, 2020). While language can be implicated in traumatic experiences, trauma can also impact language and communication because refugees have to learn new languages or abandon their own languages, and some seek refuge in silence (Busch, 2016a).

Mukuna commented:

What I would say, with my experience, when people first come to Australia, don't send them to school straightaway to learn English. It's not going to help them. Let them live in Australia, let them begin to hear English, let them begin to pick English here and there and then take them to school, because at least they have some vocabulary. And then teach them the structure how to speak English. Because you take them to class, you teach them grammar, then some have never been to school, they will not understand what it is. It will be a headache. It's a nightmare for them.

Some researchers have argued that trauma can influence an individual's approach to learning languages, for example, how they use, retain, or abandon certain languages or even choose to remain silent (Busch 2020). Newer forms of psychosocial support, poetic expressions, or language for work purposes can be beneficial for those struggling to learn English. It is vital that AAGLRWS learn English in Australia as it allows them to navigate various social situations and networks, helping them lead a flourishing life, as reflected in the comment made by Minister Tony Burke (Caldwell, 2007b).

4.5 Fear and uncertainty among AAGLRWS in Australia

The experiences of AAGLRWS and their families in Australia are marked by significant fear and uncertainty. This fear manifests in various forms, deeply affecting their daily lives and future prospects. The following sections explore two primary concerns: the fear for their children's future and the fear of deportation.

4.5.1 Fear for the children's future – safe places

Many AAGLRWS live with daily fear, particularly for their children's future. Bulaninati's concerns echo this sentiment: "All those things scare me because I also have a little girl and I'm – and I'm worried about her future here."

Participants feel unsafe in Australia, as highlighted in section 4.4.4. Mobutu, who has been married to an Anglo-Saxon Australian woman for over eleven years and has five Australian-born children, fears for his family's future. He contemplates reapplying for Congolese citizenship due to his concerns about safety and respect in Australia.

Reapplying for Congolese citizenship rather than staying in Australia. – And it's really scary for my children because maybe they may not see it, but what about my kids in the future? Should I leave this country, go back home and reapply for another citizenship or go back somewhere else, when I should be in this country? It's my home, it's my country. I should be respected for being a good citizen in this country, but I don't feel that.

A 'safe place' is defined as an environment where individuals can express themselves freely without fear of prejudice or negative judgment (Crago & Gardner, 2012). Despite efforts, integration of African migrants into Australian society remains a challenge (Caldwell, 2007b).

4.5.2 Fear of deportation

The fear of deportation is a persistent psychosocial burden for AAGLRWS, intensified by political rhetoric and media portrayals that frame refugees as liabilities rather than contributors.. Nadaye, a young intellectual participant, critiques this punitive framing: "Deportation is not a key to resolve the issue... I think someone who is very bad, you can transform, motivate that person." This sentiment reflects Ubuntu's ethos of restorative transformation over exclusion—emphasising communal healing and the belief that "a person is a person through other persons" (Tutu, 1999). Deportation, as Makela (2022) explains, requires a ministerial order under section 206 of the *Migration Act 1958*, while removal is automatic, creating a climate of uncertainty and fear. This legal status aligns with Ravenstein's migration theory, particularly the residual effects of push-pull dynamics, where forced displacement and limited integration pathways compound vulnerability (Lee, 1966; Ravenstein, 1885). The Migration Pathway Diagram developed in this thesis (see Figure

3.1), along with the illustration below, demonstrates how deportability disrupts the final stages of psychosocial settlement for AAGLRWS, often reversing progress toward integration. For AAGLRWS, deportation is not merely a legal outcome but a psychosocial rupture with long-term implications.— It is a rupture of Ubuntu-based belonging, severing familial ties and undermining the collective resilience cultivated through shared suffering and entrepreneurial recovery. The fear of deportation thus becomes a barrier to help-seeking, trust-building, and community cohesion, reinforcing cycles of trauma and marginalisation (De Genova, 2002).

To clarify the implications of deportation within the Ubuntu–Ravenstein framework introduced in Figure 3.1, I propose incorporating the following diagrammatic elements. These elements reflect key stages and thematic anchors developed throughout the thesis.

- **Push factors:** War, persecution, loss of land, colonial trauma
- **Pull factors:** Safety, education, community
- **Residual factors:** Fear of deportation, role reversal, cultural dislocation
- **Ubuntu overlay:** Collective resilience, restorative belonging, mutual care
- **Narrative anchors:** Quotes from participants like Nadaye and Makela as migration practitioner
- **Pathway stages:** Pre-migration → Transit → Settlement → Psychosocial integration → Threat of reversal (e.g., deportation)

As illustrated through participant narratives and migration pathway analysis in Figure 3.1, deportability reverses progress toward integration, reinforcing cycles of mistrust and marginalisation. Addressing this fear requires culturally responsive counselling that honours collective resilience and personal agency.

4.5.3 Entrepreneurship over welfare: The perspectives of AAGLRWS

This last section explores the perspectives of AAGLRWS on social welfare and entrepreneurship. Many participants prefer government support through entrepreneurship and business opportunities rather than weekly financial aid without clear job strategies. They view social welfare as a temporary measure for job seekers and advocate for programs that encourage business creation. This sentiment is echoed by Malula and Bulaniati, who highlight the entrepreneurial spirit among migrants. Participants also voice concerns about the sustainability of current welfare support and its psychological impact, drawing parallels to their experiences of dispossession and instability in their home countries. The study examines the UNHCR agreement with the Australian government, emphasising the need for effective integration and the socioeconomic benefits of resettlement for both refugees and the host country. UNHCR has consistently advocated for durable solutions that promote refugee self-reliance and community cohesion, recognising Australia's role in supporting global resettlement efforts through structured integration programs (UNHCR, 2012). However, many AAGLRWS feel that Australia is not meeting these integration requirements, leading to feelings of alienation and unfulfilled potential.

Interestingly, most AAGLRWS say that they do not like receiving Centrelink payments. Instead, they believe that the government should provide support by creating entrepreneurship and business opportunities instead of giving them financial support every week with no proper strategies in place about how to secure jobs. They believe that social welfare support is supposed to be temporary and only for people who are looking for jobs. Many participants³⁰ suggested that there should be programs to encourage them to start their own businesses. As Malula argued:

That's a big thing. So many migrants are not even interested in getting jobs. They are interested in creating jobs. They want to start their own businesses because they come

³⁰ Bulaniati, Mukuna, Betu, Mama, Ubani, Ntare, Karegeya, Moleka, Kalulu, Tshisekedi, Maubwenge, Ndadaye, Lunda, Kabarebe, Malula, Bisengimana, Mobutu, Mamayemo, Ruganda.

from the entrepreneurial background, where you used to sell tomatoes by the side of the street and onions and cabbage, and all these things. So when you come here you have that mind set. If only we could – the tax system could have some sort of incentive and things like that to allow that creativity and entrepreneurial spirit to kick in, I think there'll be more migrant creating businesses every single weekend, you know! ... I think that, as I said, the key there lies in the proper understanding of all those people who came from and live, and their expectations. Most of the times, many people don't ask migrants what do you think is needed for you, they assume what we need and they give it to us.

Those participants³¹ who do receive Centrelink support said they are not sure how long this current social welfare support payment (Centrelink) structure will last due to their past experiences in their countries of origin and the current dynamic changes in the global order (Hutchens, 2024). These uncertainties usually trigger memories of back home. They think about where they have come from, including their dispossessed lands, farming sequestrations, government shakedowns of their funds, and the loss of their small businesses and professional skills. What this has translated into is a breakdown in self-entrepreneurship, which is equivalent to them to the legacies of colonialism. Those incommensurable losses could be compensated by seeing replicable employment structures in Australia, their current environment, which would ease their psychosocial suffering and their dependence on social welfare benefits.

According to the juridical UNHCR (2012) agreement with the Australian government regarding AAGLRWS' resettlement exchanges, there are many socioeconomic benefits of migrants and refugees, especially AAGLRWS, coming to this country. It is stipulated that provisions for effective reception and integration should be beneficial for both the resettled refugees (AAGLRWS) and the receiving country (Australia) (UNHCR - Resettlement, 2023). However, many AAGLRWS report that,

³¹ The list of the people is mentioned above number 17. ??

due to their alienation, Australia is not fulfilling the requirements of the agreement signed with the Australian authorities and UNHCR. Politicians and media are expected to inform the public about the presence of AAGLRWS, rather than emphasising negative aspects that undermine their resilience (ABC, 2022). In the agreement, resettlement is described as a win-win situation for both sides, and it states that with good integration to support AAGLRWS, the ripple effects will be seen in multicultural benefits for Australia. As the Congolese women of Queensland stated in their letter read in the Australian Senate.

Let's live by example and support every woman on the planet. Let's leave no one behind.

Let's make our world a better place. Fortunes can still be made even without guns, violence and abuse! (Scarr, 2024)

4.6 Conclusion

This chapter has presented and analysed themes related to the everyday experiences of AAGLRWS in Australia, ranging from disempowerment and dehumanisation to entrepreneurship. Many AAGLRWS have migrated due to prolonged histories of human rights abuses and political instability in their countries of origin, with some families arriving as refugees or asylum seekers in search of safety and improved living conditions. Excerpts from participant interviews provide substantial evidence of the traumatic experiences endured by AAGLRWS, which have fostered resilience against disempowerment and dehumanisation. Participants have demonstrated remarkable resilience in their pursuit of freedom from generational legacies of oppression and have called for the recognition of their dignity, which has been undermined by colonialism and reinforced by ideological attacks from other Australians, including the media and certain government representatives. This has pushed them into isolation in various environments such as schools, workplaces, and even among older individuals who lack positive activities to focus on, according to this research.

The challenges faced in everyday life, such as racism, discrimination, cultural differences, reversed gender roles, and incompatible language, have created family separation for those in Australia. For those without family in Australia, they continue to endure separation caused by the resettlement process to a new country. This research identifies that fear and uncertainties obscure the future of their stay and their children's future, making Australia feel unsafe and exacerbating their trauma.

Furthermore, the interconnectedness of issues such as isolation, racism, trauma, gambling, alcohol and drug abuse, sexual misconduct, and family violence, compounded by cultural differences, exacerbates the situation and underscores the urgent need for appropriate service interventions. Governmental systems continue to neglect these individuals or fail to adapt psychosocial support services to adequately address their distress, a topic that will be further explored in subsequent sections. These insights into disempowerment and dehumanisation have compelled AAGLRWS to create entrepreneurial opportunities as a form of resilience. This highlights the critical need for tailored interventions to support the AAGLRWS community in overcoming their unique challenges.

In essence, the experiences of AAGLRWS in Australia reveal a stark reality of ongoing disempowerment and dehumanisation, yet also a profound resilience and determination to reclaim their dignity. The urgent need for tailored interventions and equitable policies is undeniable, as the current systems continue to fail in addressing the unique challenges faced by this community. The resilience demonstrated by AAGLRWS in the face of systemic neglect and discrimination underscores the critical importance of recognising and supporting their efforts to overcome these adversities and build a more inclusive future.

Chapter 5 Participant experiences and attitudes towards counselling and psychosocial services

5.1 Introduction

This chapter delves into the lived experiences and perceptions of AAGLRWS regarding counselling and psychosocial services in Australia. It seeks to illuminate not only their attitudes toward available support but also the nuanced barriers that hinder access, equity, cultural resonance, and therapeutic efficacy. By foregrounding participant narratives, this chapter aims to deepen understanding of the psychosocial needs of AAGLRWS and to critically examine the structural and relational dynamics shaping their engagement with mental health services.

Counselling, as defined by the British Association for Counselling and Psychotherapy (2024), is “the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth, and the optimal development of personal resources.” This definition underscores counselling’s transformative potential—an opportunity to live more satisfyingly and resourcefully. Crago and Gardner (2012) extend this view by framing counselling as an experiential process, one that cannot be fully grasped through cognitive means alone. They argue that true learning in counselling emerges through direct, relational engagement, where emotional safety and practical support foster meaningful change.

In the context of AAGLRWS, counselling must go beyond conventional modalities. It must respond to the profound trauma, displacement, and cultural dislocation that shape their psychosocial realities. Effective support requires not only clinical skill but also cultural humility, accessibility, and a commitment to restoring dignity and agency. Psychiatry, with its focus on diagnosis and medical intervention (GIZ, 2020), plays a complementary role. Yet it is through the

integration of counselling, psychosocial support, and psychiatry—each addressing distinct layers of psychological, social, and physical well-being—that holistic care becomes possible. Psychosocial support, encompassing both formal and informal systems of support, recognises that healing is deeply embedded in relationships, community, and cultural values (Better Care Network, 2015; Igreja, Rodrigues, & Cristino, 2025). Culture is not a backdrop—it is a central force shaping how mental health is understood, experienced, and addressed. In many AGLR communities, mental health remains stigmatised, and help-seeking is often mediated through traditional or communal practices (Insight Counselling, 2023; Psychology Today, 2021). For mental health professionals, this demands a culturally competent approach—one that honours the client’s worldview and integrates therapeutic practices with cultural meaning (MHM Group, 2023).

Ultimately, this chapter argues for a synergistic model of care—where counselling, psychosocial support, and psychiatry converge to offer comprehensive, culturally attuned support. Such integration not only enhances therapeutic outcomes but also fosters inclusion, resilience, and belonging for AAGLRWS navigating the complexities of resettlement and recovery. Building on this conceptual foundation, the following sections present the lived experiences and attitudes of AAGLRWS participants toward counselling and psychosocial services in Australia. These thematic analyses are grounded in narrative inquiry and phenomenological interpretation, revealing how cultural dissonance, systemic barriers, and relational dynamics shape help-seeking behaviours and therapeutic engagement. Each theme—ranging from distrust and shame to the tension between individualistic and collectivist practices—offers insight into the psychosocial realities of resettlement and the urgent need for culturally responsive care. By foregrounding participant voices, the chapter moves beyond abstract theory to illuminate the practical and emotional contours of cross-cultural counselling, setting the stage for deeper discussion in Chapters 6 and 7.

Counselling and psychosocial support are open to the adaptation of alternative therapeutic knowledge. The methodology of tailoring therapy involves taking steps in a recurrent cycle of action research (AC) to inform the design of effective counselling and psychosocial support services for AAGLRWS, as described in the methodology chapter Figure 2.1. This process ensures that counselling and psychosocial support services for AAGLRWS are continuously improved and effectively tailored to their evolving needs. This chapter explores the psychosocial support challenges encountered by AAGLRWS in Australia. It addresses the research question: How do the identified counselling and psychosocial support needs, attitudes towards counselling, and barriers to accessing services among AAGLRWS inform the development of effective and culturally competent counselling and psychosocial support programs for this population and other minority refugee communities in Australia?

Through a detailed analysis of interview findings, the chapter contrasts and compares participants' perspectives to substantiate the commentary. Key themes include the lack of understanding and trust between AAGLRWS and Australian counsellors, leading to reluctance in seeking help, and confusion about available counselling types. Barriers such as access, equity, location, costs, and waiting times are highlighted. Language and communication issues, compounded by inadequate interpreting services, further complicate psychosocial support delivery. Cultural differences and the resulting culture shock, alongside the clash between the Ubuntu approach and Australia's structured psychosocial support framework, create additional challenges. The chapter also addresses the discomfort in discussing sensitive topics with culturally different counsellors, disparities in psychosocial support delivery, and the need for trust and confidentiality. It proposes solutions for enhancing culturally informed practices and community agency to better serve AAGLRWS, aiming to reframe mental health and build community and

dignity through practical solutions. The following section explores the complexities surrounding the perception and accessibility of psychosocial support among AAGLRWS individuals.

5.2 Lack of understanding and trust

Many AAGLRWS are often reluctant to seek assistance from mainstream Australian counsellors due to a lack of trust. They perceive the Australian system as promoting divorce and family dislocation rather than mediation. According to Mukulumpe, a young resident of rural New South Wales, the effectiveness of counselling is significantly influenced by the attitudes of both the service user and the service provider. This includes the cultural competence and understanding of the counsellor regarding the upbringing and background of AAGLRWS.

I mean this might sound rude, but that's like taking an Indian kid and taking an Asian kid – to an Indian person and an Asian person, and then put them there, and a white man stands in front and then he's like, I'm going to fix everything from pretty much your whole life with everything that's wrong with you. I'm seeing kids who are pretty much rude, who are disturbing the class from like year 7 up to 10. And they would always do it every single day, and they would always send them to those counsellors. I didn't see change through those kids. So I just asked myself like if there's no change to those kids then what are they going to help me?

Right now, at this moment, me, honestly, I still cannot go to see a counsellor or anything like that. Because, like I said earlier, I have some of the best – who can listen and help me in and like I don't – I don't even know how, it's just like not even an hour like the problem would be done, and that's it. And I'm like, thank you. But I can go to those counsellors who won't even really understand properly.

Mukulumpe identified several reasons based on his experiences for avoiding Australian counsellors: a lack of cultural sensitivity, insufficient background knowledge about the origins of AAGLRWS, and a perceived lack of empathy and efficacy in their interventions, which are often seen as being based on double standards (Hunter-Adams & Rother, 2017). This confusion arises because, in their countries of origin, only known and trusted community members are permitted to provide psychosocial support (Mkhize, 2004b). In Australia, AAGLRWS encounter professionals who are neither related to them nor familiar with their backgrounds and cultures. As Mitshombero, originally from Burundi, noted:

So, it's very hard to trust people you don't know. But back home, you tend to know pretty much everyone. We live like, my suburb, we were like hundreds of people, but I knew everyone. So when there is an issue, even the fourth or fifth street, everyone in the community knows, and everyone wants to help. But here, like, it's not like that.

Seventeen participants indicated that they faced misunderstandings and confusion regarding the various counselling and psychosocial support services available to them³². The limited mutual understanding and knowledge of Australian counselling and psychosocial support services among AAGLRWS, coupled with their mental health literacy, can hinder their healing and exacerbate their SEWB (Hunter-Adams & Rother, 2017). The incompatibility between the psychosocial support approaches in their home countries and those in Australia further adds to this confusion (Mkhize, 2004a). As community worker Malula observes, “I don't think it's one being better than the other. I just think they are different—learning a culture in an eight-hour workshop is akin to trying to capture the essence of a 2000-year-old forest in a single photograph”

³² Malula, Mukulumpe, Bulaniati, Mulombe, Betu, Mama, Mamayemo, Kakashi, Runganda, Habiarimana, Mitshombero, Mabele, Zahabu, Bali, Kalulu, Buyakero, Nyota.

AAGLRWS conceptualise social and emotional well-being (SEWB) as a collective force encompassing physical, spiritual, and mental health, deeply intertwined with their land, ancestral worship, cultural respect, traditional authorities, and the Supreme Creator. Conversely, in Australia, SEWB is often viewed through an individualistic lens within societal contexts. These fundamentally different perspectives present challenges in reconciling AAGLRWS' SEWB with the Australian framework, necessitating changes to harmonise these divergent approaches (Hunter-Adams & Rother, 2017). The significant differences between these two approaches to SEWB can create confusion for both service providers and service users. Kalwira, Bulaniati, Kakashi, and Zahabu articulated their experiences, noting that they often feel more vulnerable due to difficulties in navigating the Australian service delivery system, which can result in re-traumatisation. They emphasised that a lack of understanding and trust in the available psychosocial support services renders these services ineffective and irrelevant to their needs. For instance, Kakashi, a Congolese woman residing in Perth, stated: "Australian counsellors do not understand us. They treat us similarly to how they treated Aboriginal people in rural areas, assuming they know best and disregarding our perspectives" (Mkhize, 2004a).

Moreover, AAGLRWS often experience confusion regarding the roles of various health workers. For instance, during their interviews, they frequently inquired about the differences between welfare workers, social workers, nurses, psychologists, psychiatrists, counsellors, and psychotherapists, and the criteria that permit each of these professionals to address AAGLRWS' psychosocial issues. Understanding the challenges faced by AAGLRWS necessitates proper interpretation from the individuals themselves and their community leaders. This approach is crucial for accurately identifying their specific needs and ensuring their compliance with accessing psychosocial support services (Diamandi & Muncey, 2009).

5.2.1 Language, communication and interpreters/interpreting

Eight participants observed that utilising interpreters might undermine the precision of the information provided by individuals seeking assistance and could potentially violate their confidentiality³³. AAGLRWS suspect that not being able to communicate appropriately and accurately can lead to misinterpretations. For example, Kalwira said:

When a migrant is speaking through an interpreter, he can't tell you that you got anxiety because sometimes anxiety is not in our language. And how will you pick up on that? Say, forgive that person, for the bad service. Or if you have a problem that a person can't really explain to a man, that service is ready to provide a woman counsellor.

Service providers might use terms such as 'anxiety,' but individuals from AAGLRWS often have no reference point for these terms, as they do not exist in many African languages or cultures and have therefore never been encountered before. Mamayemo also highlighted the socio-cultural issue of gender, arguing that it affects communication because certain topics are not culturally appropriate to discuss between different genders. Furthermore, Africans frequently use metaphors, totems, and parables in their communication, which is not typical in mainstream Australian counselling.

Inappropriate communication and language can compromise the effectiveness of the services provided. Therefore, an understanding of both the Australian system and AAGLRWS cultures and concepts is essential for identifying a common ground of understanding. Decoding languages ensures that psychosocial support is mutually understood and delivered in an attitude of trust and collaboration.

³³ Kalwira, Mulombe, Bulaniati, Mamayemo, Malula, Tshisekedi, Buzeuze and Ndadaye all had concerns about interpreters' translations.

5.3 Shame

Several interviewees reported experiencing discomfort when discussing certain topics with white individuals, often accompanied by a sense of shame. Mamayemo one of the participants, observed that certain subjects are considered appropriate only for discussion within specific family circles. This observation underscores the role of shame as a motivational factor, contrasting with trust as an aspirational goal within the cultural upbringing of AAGLRWS. This upbringing aims to discourage antisocial behaviours through the internalisation of shame. The concepts of shame, trust, and respect are fundamental to the preservation of Ubuntu values, which emphasise interconnectedness, communal responsibility, and mutual respect. These values frequently emerge in participants' narratives as catalysts for positive change in cultural therapeutic interventions, as exemplified by Ruganda's family resolution practices in the next chapter.

Trust, respect, and shame are concepts that extend beyond the individual to encompass the family unit. Shame can serve as a protective factor, as illustrated by Mamayemo's experience when interacting with white individuals, or as a psychotherapeutic tool, as seen in the Rungada family's use of shame to restore peace and harmony within the family. This approach can enhance self-esteem, self-respect, and conflict resolution. Participants indicated that shame can positively encourage adherence to cultural values or, conversely, negatively disempower and stigmatise individuals regarding mental health issues, as demonstrated by Afriza's statement. The following participant experiences illustrate the dual nature of shame. Afriza (aged 30-40) discussed how shame can benefit individuals and communities by fostering 'togetherness' (Ubuntu):

In Africa, we live in community. We depend on each other. It is a shame to eat a whole chicken within your own family while a neighbour is starving. It is a shame to finish a whole meal while the neighbour has not cooked anything. This is how we live in a community. This is how we live in Africa.

Griffin (2010, p. 13) describes human beings as inherently social creatures. The AGLR communities utilise shame to enhance social connections, for instance, by activating empathy, which in turn reinforces the duty of care within their communities, as emphasised in Afriza's statement. Thus, shame helps maintain social cohesion in AGLR culture. Zahabu also articulated how the traditions and culture of AAGLRWS women in Australian society are being challenged by the Australian way of life, which she perceives as a threat to her self-esteem, assertiveness, and the survival of her culture

The only thing that the Australian society seems to care about, I think, is to disrupt families. Traditions and cultures that aim to bring cultural elements together so that children know their ancestral origins are being undermined. There is no longer an emphasis on teaching history to children or sitting down with them to explain their heritage. Instead, they want to keep you occupied with other activities.

Mamayemo, Masolo, and Kalwira echoed similar concerns about the stigmatisation of mental health, which contributes to their feelings of shame when speaking to white people. They noted that there are certain topics they feel paranoid about discussing openly. For instance, within the AAGLRWS community, seeking help from a counsellor or psychologist can lead to stigmatisation, with individuals being labelled as "crazy." Mamayemo suggests that enhanced training is essential for culturally sensitive counselling to be conducted safely: "It's better they can train African people to become counsellors and social workers. Yes! Because there are some things, sometimes you feel shame – ashamed to talk to white."

For AAGLRWS shame extends beyond mere stigma; it can encompass stress, embarrassment, or the violation of a taboo, which brings dishonour to individuals or their families. This dishonour can result in the individual being ostracised from the AAGLRWS community or family. Kalwira commented on this issue, highlighting the profound impact of shame within the community.

*If you got so many worries, and they'll start questioning your fitness in a community ...
How can you have those mood swings and whatever? ... And that may lead to another
problem because you'll be considered as crazy and you'll be outcast in a community.
That's the problem of a small worry, can be interpreted as a big worry, and that can make
you in a big trouble in the community because you'll be outcast in a community.*

Some AAGLRWS feel too ashamed to associate with anyone who develops excessive worries.

While the interpretation and application of shame within AGLRWS communities is circumstantial, it is also – paradoxically – culturally motivated. Chavez et al. (1992) argue that migrants often feel shy about discussing their reasons for migrating to Australia. This reluctance can stem from the complex legacy of decolonisation and a sense of shame when talking to people they don't trust or who lack empathy.

5.4 Individual versus collectivist cultural practices

As discussed in Section 5.2.1, psychosocial support for AAGLRWS has often been taken for granted, leading to confusion about existing official supports. In their social contexts, support is typically provided by community members and at the family level, following the Ubuntu concept of 'I am because you are' (Nussbaum, 2003). In their countries of origin, many AAGLRWS have not experienced psychosocial support through government structures or professional help but rather through organic social structures and as a duty of care (Mkhize, 2004a). Consequently, some individuals are unable to identify the psychosocial support they received in their home countries and are unfamiliar with psychosocial support in Australia. The following testimonies illustrate how participants described the psychosocial support they received in their home countries. For instance, Bisengimana commented that:

I assumed significant responsibilities at a very young age, often prioritising the needs of others over my own. This journey has been about supporting those who look up to me, whether they are older or younger. Consequently, I have not received formal psychosocial support.

Upon arriving in Australia, I had a good network of people. However, adapting to a new culture and environment while studying without sponsorship presented challenges. As a university student on a student visa, I faced personal struggles for the first time, allowing me to focus on myself rather than others.

Reflecting on psychosocial support, I initially stated that I did not receive any. However, I now recognise that the support I experienced was non-structured, cultural, and environmental, often imperceptible. At around 19 years old, I took on significant family responsibilities. With eight to ten people relying on me, it felt both like a support and a burden. Nonetheless, bringing back something valuable to them was rewarding. It felt like I was supporting a group, and they, in turn, encouraged me to keep moving forward. If this can be considered support, it was indeed beneficial.

The informal psychosocial support that AAGLRWS receive in Africa is preventive and accessible during times of need. This support varies among community members and the wider AGLR society depending on circumstances, but it consistently employs the concept of togetherness, aiming to unify rather than separate people (Ebersöhn et al., 2018; Moyo-Kupeta et al., 2023). As noted above, psychosocial support sits within their collective social structure, which contrasts with the individualistic Australian formal (professional) psychosocial support which is, according to many participants, neither friendly nor especially accessible to immigrants.

Collectivist cultural practices, such as those rooted in the Ubuntu philosophy, often act as preventive measures against psychosocial deterioration. For instance, Karegeya explained that parental involvement in a girl's choice of husband serves as a preventive strategy, promoting the unification of family members and the couple, thereby ensuring long-lasting marriages with respect and reduced stress (Nussbaum, 2003). This involvement also psychologically prepares the couple and influential members of both families to intervene during marital difficulties. This approach contrasts with individualistic practices, where girls are often allowed the freedom to choose their partners, starting with boyfriends and girlfriends, and navigating life's challenges independently (Triandis, 1995). Karegeya stated:

When you are a girl, in our culture, African culture doesn't allow a girlfriend or boyfriend, especially Congo, Burundi, Rwanda. If you are a girl, your family are happy if someone comes to the house, represents himself ... I want to marry this girl. That's how the girl should be free because you know the person who comes to your house and presents himself ... That is how African, we are proud of ... But someone came to present, to introduce himself to you. As the father, that is a respect. And when the person comes to you, to your house like that, this person is going to respect you and respect your daughter. But when he gets your daughter in the street, he will never respect your daughter. He will just reject her. Your daughter is somebody from the street. That's why you see our community are in danger, are in separation.

However, the host country, Australia, has often overlooked these cultural differences, resulting in ontological disparities and communication barriers between service providers and AAGLRWS. The lack of cultural awareness and respect has impeded equitable access to Australian psychosocial support services, as the unique life experiences of AAGLRWS have been neglected or undervalued (Hunter-Adams & Rother, 2017; Ochieng, 2012). Some participants highlighted that

the disenfranchisement of AAGLRWS togetherness culture, rooted in Ubuntu, is exacerbated by the Australian Health Care System's (AHCS) individualistic approach³⁴. This cultural mismatch impacts the effectiveness of consultations for AAGLRWS in need. It also disregards the foundational principles of AAGLRWS' psychosocial support, which emphasise respect for culture, dignity, and the values of every human being. Kirmayer (2001) argues that:

Discussions of culture in psychiatry tend to focus on the minority patient who is presumed to be culturally distinctive in some way. However, psychiatry itself is a cultural institution. Medical anthropology has shown how many aspects of psychiatric theory and practice are based on specific cultural concepts of the person. (p. 22)

Therefore, Malula argues that culture should complement the foundation of a re-envisioned psychosocial recovery model for African Australian AAGLRWS. This model should be based on integrating cultural values, beliefs, and practices into mental health care recovery process, as further discussed in Chapter 6.8.1.

5.4.1 The Importance of Cultural Integration in Psychosocial Recovery Models

This section presents a coherent argument on the importance of cultural integration in psychosocial recovery models, supported by relevant sources as argued by Malula.

Malula's argument that culture should be the foundation of a re-envisioned counselling and psychosocial support recovery model underscores the necessity of integrating cultural values, beliefs, and practices into mental health care. This perspective aligns with the critique that learning about a culture with deep historical roots cannot be achieved in a short period. Effective system reform must prioritise cultural perspectives and involve individuals from those cultural

³⁴ Participants Bulaniati, Mitshombero, Betu, Mamayemo, Moleka and Malula expressed concerns about disenfranchised AAGLRWS togetherness culture.

backgrounds, such as AAGLRWS, in providing services. This approach not only ensures culturally relevant care but also facilitates the transfer of cultural knowledge to mainstream practitioners. Just as a person from a different cultural background would struggle to receive appropriate counselling or psychosocial support in an unfamiliar setting, some Congolese or AAGLRWS individuals may find it challenging to adapt to counselling services in Australia without adjustments that respect and incorporate their cultural context (Mkhize, 2004a).

This perspective suggests that effective psychosocial support recovery does not solely rely on universal or Western approaches but also considers the unique cultural contexts of individuals and communities. By grounding psychosocial support recovery in culture, mental health professionals can create more relevant and effective support systems that resonate with the lived experiences and cultural identities of those they serve, such as AAGLRWS. This approach acknowledges that cultural norms and values significantly influence how individuals perceive mental health, seek help, and respond to treatment (Insight Counseling, 2023). For example, incorporating traditional healing practices, community support networks, and culturally specific coping strategies can enhance the overall effectiveness of psychosocial interventions (Patton et al., 2020).

In essence, Malula advocates for a culturally competent model of counselling and psychosocial support recovery that respects and integrates the cultural backgrounds of individuals, thereby promoting more holistic and sustainable mental health outcomes. This aligns with broader trends in mental health care that recognise the critical role of culture in shaping mental health and recovery processes (Psychology Today, 2021). The integration of cultural competence into mental health care ensures that services are not only accessible but also effective for individuals from diverse cultural backgrounds, fostering better mental health outcomes and a more inclusive healthcare environment (MHM Group, 2023).

In conclusion, the integration of cultural values, beliefs, and practices into psychosocial support recovery models is essential for providing holistic and effective mental health care. By prioritising cultural competence, mental health professionals can offer support that is both relevant and respectful of the diverse cultural identities of their service users, ultimately leading to more sustainable and positive mental health outcomes.

5.5 Ubuntu approach and resilience: Do you bend or break?

As described in Chapter 1 and 2, Ubuntu is an African phenomenon that provides protection, strengthens resilience, and creates synergy based on trusted collaboration, access, equity, and hospitality. Its aim is the survival of human beings, as well as fairness and empathy towards others (Nussbaum, 2003). Although Ubuntu originates from the heart of Africa, it has travelled globally, serving as the cultural backbone that unites humanity in togetherness for the purpose of survival. Ubuntu views individuals as survivors who are interdependent on one another (Ogude, 2019).

The concept of togetherness inherent in Ubuntu was the most common African cultural narrative mentioned by the AAGLRWS participants in this study. According to many participants, success is measured by the family's health and the number of children one can raise in an environment of harmony and love. In other words, success relies on cooperation, which encourages mutual support and contributes to the extended family's collective strength. This concept values communal wealth over materialism or money. As Bisengimana commented:

Coming here, you lose that absolutely. That sense of community is gone, that sense of belongingness is gone, it just goes away, and there is a very strong sense of individualism here. Everyone is individual. Everyone is struggling their own ways. There's a culture shock – Because we can't value it in terms of material.

Mobutu explained that having a healthy family constitutes a measure of success that encapsulates the values of Ubuntu, emphasising togetherness and communal support (Nussbaum, 2003). This perspective highlights the importance of collective well-being and interdependence within the community.

And for me, I don't see a reason for having hundreds of thousands of dollars in the bank account without a family. For me, I even see four kids is not much, it's not enough. But the thing is, it's only because, you know, we can't – the family, you know, we just have to look after these. God has given us the five kids, so we have to look after them ... But if God gives me another kid, I wouldn't say no. Because these ones, I'm looking after them. They never sleep hungry. There's always food in the house. They always have a car. There's always a little bit of money saved for them for their future life. You know that's, I think, for me, that's what I call success.

As described in Chapter 4, in the AGLR – which lies at the heart of Africa – humility is intertwined with the characteristics of Ubuntu togetherness, despite occasional misuse. As a researcher and an African from the AGLR, I recognise Ubuntu as a prevalent concept in the region. Mobutu, Bulaniati, Bisengimana, and Buzeuze also perceive this concept in the togetherness and support they experienced in their homelands. This togetherness is encapsulated in the Swahili saying, “Fimbo nyingi zinaweza kuhimili kuvunjika vizuri zaidi kuliko fimbo moja.” Translated in English as “Many sticks can better resist breaking than one stick,” this illustrates the resilience of AAGLRWS’ families in the face of trauma and social abandonment (Nussbaum, 2003). Bisengimana invoked this metaphor when discussing his past experiences, which reminded me of my own childhood, playing soccer in the street with friends for long hours during the holidays. As Bisengimana noted:

A neighbour may have some food and they will call every child on the street, come and eat, it's lunch time. So that, I think, in its own, it's a very strong support we tend to forget.

You can't help someone if you don't understand them. That's it. It's as simple as that. It doesn't matter how much research you have done, how many tools you have, or how specialised you are; you cannot treat something you're not able to recognize. Yes, there's also a responsibility on my part to help the counsellors by actually opening up and talking.

African people emphasise reciprocal respect and seek to be included as equal human beings. However, they do not easily disclose their issues and tend to analyse and observe before opening up to others. When they are dissatisfied or do not trust others, they may cease participating in conversations or redirect the dialogue using sarcasm, metaphors, or fables. Additionally, they may identify with totems to remind the other party of their values and cultural identity (Nussbaum, 2003; Asante, 2024).

Several members of African descent emigrated with their extended families from one Australian city to another, illustrating the togetherness, or Ubuntu, of their family. These families often include numerous children, sometimes more than 40 grandchildren, and grandparents. Some family members have married white Australian Anglo-Saxon women, resulting in biracial children. They moved to a new suburb in a different state, leaving behind a previous suburb marked by discrimination, racism, and a lack of access and equity. Like many others, they chose to relocate to a new suburb where their children could attend the same school and live together, observing to the Ubuntu concept of resilience. Those moves were intended to consolidate their strength and counter the negative aspects of resettlement³⁵. This collective migration also reflects Martha Nussbaum's capabilities approach, which foregrounds the importance of enabling individuals to

³⁵ I can't share specific participant stories due to confidentiality. This adapted story illustrates how some AAGLRWS members use the Ubuntu concept to build resilience.

live lives they have reason to value (Nussbaum, 2011). In this context, the relocation was not merely geographic—it was a strategic act of reclaiming core capabilities such as affiliation, bodily integrity, emotional well-being, and control over one’s environment. Nussbaum’s framework helps illuminate how these families resisted structural marginalisation by nurturing interdependence and dignity through collective agency. Their actions exemplify the pursuit of justice through capability restoration, aligning with *Ubuntu’s* emphasis on mutual care and human flourishing.

Ubuntu serves as a protective factor as demonstrated above to enhances resilience. Resilience can be defined in various ways. For instance, Masten (2019) defines resilience as “the capacity of a dynamic system to adapt successfully to challenges that threaten the function, survival, or future development of the system”. This definition underscores the dynamic and adaptive nature of resilience, which is crucial for individuals or community facing adversity such as those from AAGLRWS.

When viewed through both Ubuntu and Nussbaum’s lens, resilience becomes not only a psychological trait but a socio-ethical commitment to sustaining life with dignity. This perspective aligns with the capabilities approach, which emphasises the importance of fostering a supportive environment that helps individuals and communities to adapt and thrive despite challenges (Nussbaum, 2003; van Breda, 2019).



Figure 5.1: Resilience - Do you bend or break?
(Rayhiltz.com, n.d.)

The tree metaphor shown in Figure 5.1 – “Do you bend or break?” – It captures the forces working against AAGLWS individuals in need in Australia. My research demonstrates the remarkable resilience of these individuals, who have been continuously subjected to traumatic events. They have been pushed to their limits, starting in their countries of origin, and continue to face challenges in Australia, as discussed in Chapter 3 and 4. Service providers, including government agencies, require better cultural and social resources to address the multiple challenges that AAGLRWS face in Australia and to reassess strategies to redress inequalities (Hunter-Adams & Rother, 2017). This is urgently needed because some AAGLRWS have declared that they are close to giving up due to the overwhelming pressure, as discussed in Chapter 4, “Traumatic Experiences of Participants and their Psychosocial Needs.”

As previously discussed, Bantu cultural resilience and the Ubuntu philosophy are central to African culture. Ubuntu, which emphasises interconnectedness, mutual support, and communal harmony, has historically provided a strong foundation for social cohesion and resilience (Nussbaum, 2003; Ogude, 2019). The Ubuntu approach, as expressed by participants, reflects a legacy of collective resilience and leadership deeply rooted in African history. Figures such as Ellen Johnson Sirleaf and Yaa Asantewaa exemplify this ethos, demonstrating how African women have historically mobilised communal strength to overcome adversity. These historical exemplars reinforce the psychosocial narratives of AAGLRWS, whose resilience is not only personal but also cultural — drawing from a lineage of women who led with vision, courage, and collective purpose (African Library Project, 2019). However, since the era of slavery and colonisation, the governance structures based on Ubuntu have been largely discontinued, subordinated to Western models of governance and individualism (Mbiti, 1970). This shift has significantly impacted the traditional social fabric and the application of Ubuntu principles in contemporary African societies. Despite this, some African groups still remember the principles of Ubuntu and strive to apply these in their

everyday lives to resist inhumane treatment (Mbiti, 1970). Ubuntu, which emphasises community, interconnectedness, and mutual support, remains a vital source of strength and resilience for AAGLRWS (Nussbaum, 2003). Cultural disparities in psychosocial support for AAGLRWS

Many AAGLRWS face challenges in accessing appropriate counselling or psychosocial support to safeguard their SEWB. These difficulties often stem from cultural differences between their own informal, preventive psychosocial support approaches and the formal, reactive or curative approaches of Australian service providers. The culture shock experienced by both parties exacerbates communication barriers, leading to miscommunication and a lack of understanding and trust. This dysfunction is highlighted through the experiences of Mitshombero and other participants, who express their disappointment and provide examples of these cultural clashes.

5.5.1 Formal versus informal support

Many AAGLRWS face difficulties in identifying appropriate counselling or psychosocial support to safeguard their SEWB, which can deteriorate due to differences between their own cultures and Australian service providers' approaches³⁶. Most AAGLRWS are used to informal psychosocial support approaches in their countries of origin. The most common approach in AGLR is *preventive* and involves interventions that provide a protection mechanism. This contrasts with formal Australian psychosocial support service deliveries which are based on a *reactive* or *curative* approach whereby professionals are well-timed on their therapeutic duties within some guidelines. Moreover, it can take many months before someone is able to meet with a therapist. Misthombero is a social worker (30-40 years) who explained in his interview that people cannot be

¹⁰ Mukulampe, Mamayemo, Mama, Bulaniati, Kakashi, Betu, Kabarebe, Ntare, Maubwenge, Karegeya, Mukuna, Habirimana, Buzeuze, Lunda, and Mulombe have encountered challenges in identifying suitable counselling or psychosocial support (PSS) to safeguard their social and emotional well-being (SEWB).

provided with advice or another intervention quickly enough when something goes wrong in Australian society³⁷. He said:

If your neighbour can come and advise your child. If they saw your child, even on the street, they can go and tell your child like, this is not the way you do things. This is the way you do things. But here, like in Australia, I don't even know my neighbours. You can live in the same street for ten years; you won't even know who your next-door neighbour is.

Misthombero raises a critical question: how can effective intervention be achieved under these circumstances? In AGLR societies, informal and unpaid psychosocial support is provided with love and care. It is expected that individuals in positions of authority will act when psychosocial issues arise, based on cultural and structural measures designed to prevent the deterioration of social and emotional well-being (SEWB). In contrast, Australian law can impede individuals in need from receiving timely advice and appropriate intervention. Formal psychosocial support in Australia typically involves paid roles within non-governmental organisations, government agencies, or community-based settings. These services primarily assist individuals with existing social and emotional well-being (SEWB) issues. Platt and Pelling (2021) argue that “counselling in Australia is not regulated” (p. 1). Besides the Australian Counselling Association (ACA) and the Psychotherapy and Counselling Federation of Australia (PACFA), several specialised national groups, such as the Australian Guidance and Counselling Association (AGCA) and the Australian Association of Career Counsellors (AACC), operate voluntarily to regulate the profession. However, their conflicts of interest hinder effective standardisation and leadership.

³⁷ This reminds me the spontaneous social intervention by two migrants, who helped stop the killer in the Bondi Junction shopping centre incident in Sydney in April, 2024. Their intervention saved the lives of many people before the police officers were able to intervene (i.e., the legal intervention). This reinforces Mitshombero's comments about social structures in which the duty of care is shared by all citizens in the country.

The lack of regulation weakens the legal framework defining who qualifies as a counsellor and what constitutes standard practice, allowing opportunists to exploit the system. Minority groups, such as AAGLRWS, are underrepresented, resulting in suboptimal counselling experiences.

Many AAGLRWS individuals report confusion about counselling due to the lack of regulation and cultural differences in psychosocial support approaches. For example, Bulaniati, a young social worker, expressed confusion about the distinction between counselling and advice from an Australian perspective. For AAGLRWS, psychosocial support is primarily seen as a duty of care, requiring significant explanation to align with the Australian context.

I think each person should have access to such services because they help them in their well-being, overall well-being. I think such services they are actually needed, but because of the togetherness that was at home, like it was not needed, like because you're free to go to a brother who was right there, a sister who was right there. But as soon as you leave that environment where you've got support, you come here, there's not that support here.

Kabarebe, a participant, articulated confusion regarding the disparities in psychosocial support. In the AGLR, psychosocial support interventions are continuous and spontaneously provided by empathetic family members or any capable individual. Conversely, in Australia, psychosocial support is predominantly administered by paid professionals and is scheduled at specific, segmented times.

Kabarebe So the difference I want to say, for example, in Rwanda – I was in Rwanda, all those kinds of services, either psychosocial support toward well-being, it's for free. So people, they really heartily want to help you by heart. And they use the – there's a mind, there's a heart, there's hands, you know. So they – and you can see that people there, someone is there not for money, they just want to help you.

Many AAGLRWS have expressed difficulty understanding the concept of paying professionals for psychosocial support services. They noted that many professionals seem more concerned with remuneration than with providing genuine care, as articulated by Mulombe. This sentiment aligns with findings in the literature, which highlight that the effectiveness and perception of paid psychosocial support can be influenced by the perceived empathy and commitment of the professionals involved (Cooper et al., 2024; Abramson, 2021).

In Kenya, professionals work for money, just like here. They do a great job, but there's a difference between professionals and non-professionals. For example, if you have an appointment from four to five, they can't stay past five. They will leave and say, "Sorry, next time." But back home, you can negotiate. If you're booked for one hour, it might extend to three hours, which helps the healing process. So, someone back home is there for you, but here, they might be more focused on the money.

In the Australian (i.e., Western) approach to counselling, conflicts may arise due to roles and practices driven by professional interests and agendas rather than genuine care or empathy. The unregulated structural and legal systems allow anyone to practice counselling, leading to concerns that organisations, policymakers, and funding bodies may overlook the quality of care, thereby endangering vulnerable individuals who are most in need of protection (Hansard, 2020; BACP, 2020).

The confusion among AAGLRWS regarding informal and formal psychosocial support stems from the current structure of Australian counselling practices and the ambiguous definitions of what constitutes counselling and who qualifies as a counsellor. This ambiguity extends to the purpose of counselling itself. In this context, counselling is intended as an essential intervention to establish a tailored therapeutic rapport and alliance aimed at achieving healing goals for AAGLRWS (Cooper et al., 2024; Abramson, 2021). Malula argued that:

So here, the social support is different because you are expected to fly solo. It's you and you. You're going to fly it on your own. If you need any help. If you have a mental breakdown, then call a counselling service and book an appointment. But in Africa, before the mental breakdown becomes mental breakdown, there would have been some support, some friends around who would have noticed it and kicked in with support right away. This guy is not going well, let's help. Do you need some help? And they do it naturally.

So that's one. So it means that the definition of professional -- the definition of counselling is different here and in Africa. – We do have counselling professionally but it is not of strong emphasis because we live as a community. So any matter is resolved as a community. But professionally, you have churches that provide counselling. You have career counselling and counsellors. You have other types of counselling. But I don't think a counsellor, as a profession, will make money, – because who would pay money to just come and get the advice that I can get home?

5.5.2 Culture shock

Culture shock, a concept with deep anthropological roots, refers to the psychological and emotional disorientation experienced when individuals encounter unfamiliar cultural environments (Oberg, 1960; Furnham, 2019). Originally introduced by Kalervo Oberg, the model outlines four stages: honeymoon, crisis, recovery, and adjustment. These phases have since been expanded and applied across disciplines including psychology, education, and migration studies (Daruwalla, 2024). For AAGLRWS, culture shock is not a transient discomfort—it is a persistent barrier to communication, belonging, and psychosocial recovery. Culture shock experienced by both parties creates significant communication barriers. Mitshombero's expressions and tone underscore his disappointment, providing examples to support his cultural analysis of Australian

behaviour. During interviews, Mitshombero and sixteen other participants highlighted the miscommunication between AAGLRWS and Australians, as discussed in section 5.2.1. The lack of understanding and trust further emphasises the dysfunction in communication between AAGLRWS and the Australian system and mainstream society³⁸.

For example, Mamayemo, one of the participants, said:

My feeling is that counselling is good, but it depends on the person who is giving you the counselling... There is a dysfunction in communication between them and us... If you are receiving counselling from a person who is not from your background, who doesn't know you, your culture, your background, or your behaviour, they will just talk about what they studied at school, but not about real counselling.

As a result, AAGLRWS end up feeling isolated and rejected by the Australian system and way of life. Mills (1977) argues that:

When people cherish some set of values and do not feel any threat to them, they experience well-being. When they cherish values but do feel them to be threatened, they experience a crisis – either as a personal trouble or as public issue. And if all their values seem involved, they feel the total threat of panic. (pp. 17-18)

Mitshombero, along with many other participants, has experienced numerous traumatic events and continues to face daily cultural shock as some Australians' perceptions clash with the collective way of life of AAGLRWS³⁹. Thirty-four participants believe that home is where they

³⁸ Tshisekedi, Muzazi, Rungaba, Buzeuze, Kwebe, Mulombe, Sombe, Habiarimana, Mitshombero, Kabarebe, Malula, Bisengimana, Mobutu, Bulaniati, Mamayemo, and Mafuta highlighted the significant miscommunication between AAGLRWS and Australians. This miscommunication underscores the broader cultural and linguistic challenges faced by AAGLRWS in navigating the Australian social and support systems.

³⁹ Many participants, including Tshisekedi, Muzazi, Rungaba, Buzeuze, Kwebe, Kakashi, Betu, Mukuna, Masolo, Afriza, Baraka, Mwavita, Abimana, Masasi, Mukubwa, and Mamayemo, have experienced significant traumatic events. These experiences underscore the profound impact of conflict and displacement on individuals from the AGLR, highlighting the need for culturally sensitive and empathetic PSS interventions.

belong; however, they do not feel this way in Australia. The African Christian philosopher J. S. Mbiti stated, “We find our humanity in belonging” and “I am, because we are; and since we are therefore I am” (Mbiti, 1990). Mitshombero and many others described how they miss the togetherness in their home countries and the daily greetings of “Are you okay?” This customary practice expresses the individual duty of care inherent in Ubuntu cultural values (Nkosi & Daniels, 2007).⁴⁰

Despite these challenges, seven participants suggested that counselling might still provide a window of opportunity if utilised effectively.⁴¹ For instance, 27 participants reported that counselling could encourage and optimise the healing process for those still suffering from the consequences of displacement. However, this is not yet the case for many AAGLRWS in need. Participants noted that AAGLRWS tend to be unresponsive to the individualistic system in Australia because the psychosocial support system is incompatible with their values and needs. They emphasised that changes or adjustments to the Australian psychosocial support approach could alter their attitude towards seeking help and revolutionise the therapeutic model for those who, like them, hold collectivist values (Oyserman et al., 2002).

⁴⁰ Thirty-four participants, including Zahabu, Kalwira, Karegeya, Kakashi, Betu, Mukuna, Masolo, Afriza, Baraka, Mwavita, Abimana, Masasi, Mukubwa, Kalulu, Moleka, Kifwakiyo, Mama, Maubwenge, Tshisekedi, Muzazi, Rungaba, Buzeuze, Kwebe, Mulombe, Sombe, Habiarimana, Mitshombero, Kabarebe, Malula, Bisengimana, Mobutu, Bulaniati, Mamayemo, and Mafuta, believe that home is where they belong. However, they do not feel this way in Australia.

⁴¹ Six participants espoused these views: Mamayemo, Bulaniaty, Masolo, Kalulu, Nyamusevia, Tshisekedi, Mama, Maubwenge, Bitakwira, and Sombe.



Figure 5.2: African kids share fruit⁴²
so that all of them are happy instead of just one of them
That Happened (reddit.com, n.d.)

In AGLR's Ubuntu culture (see Fig. 5.2), asking the question "are you okay? or "R U OK?" is a preventative measure that is used to monitor, on a daily basis, other people's SEWB. Mitshombero said that:

That is very much different from back home. You can't spend the day without seeing your neighbour ... You are going to knock to them, and you'll ask, are you ok (R U OK)? But here, if you are going to knock they'll call police." Meanwhile, Karegeya, originally from Rwanda now resident in Queensland, stated: "In our culture there is a quote that say that a neighbour is more than a brother or a sister who stay far from you. Because the neighbour, he can save you from the trouble.

⁴² Text from Fig. 5.2: "An anthropologist proposed a game to the kids in an African tribe. He put a basket of fruit near a tree and told the kids that the first one to find the fruits would win them all. When he told them to run they all took each others' hands and ran together, then sat together, enjoying their fruits. When he asked them why they ran like that as one could have taken all the fruits for oneself, they said: "Ubuntu, how can one of us be happy if all the other ones are sad?"

In recent years, Australians have been encouraged by health authorities to adopt practices that promote mental health awareness through regular check-ins with fellow citizens. This initiative has been significantly driven by the non-profit charity campaign “R U OK?” which aims to prevent self-harms by encouraging people to engage in mental health conversations (Ross & Bassilios, 2020). The campaign, which designates one day each year to remind Australians to ask “R U OK?”, has been effective in raising awareness and promoting mental health support (R U OK?, 2023). However, AAGLRWS participants believe that such practices should be integrated into daily life, as is customary in many African cultures, to better prevent mental health issues (Amuyunzu-Nyamongo, 2013). This perspective highlights a positive change that many AAGLRWS would like to see. For instance, Mitshombero expressed his shock that his neighbour did not greet him for seven years, underscoring the cultural differences in social interactions and the importance of daily check-ins for mental well-being (Nkosi & Daniels, 2007).

Because, we never said hi to each other for seven years. Can you imagine? For example, when your house is burning up, who's going to defend you first? It's your neighbour. So that is how we grown up. That is how we know in our culture. So neighbour is special than my brother or my relative living in thousand kilometres.

The gist of Mitshombero’s comments is that Australian society needs to be more collective and there should be more communication and collaboration between neighbours and children. However, he overlooks the fact that Australia, in many respects, is an individualistic society, which contrasts with his own collective way of life. This highlights the reality that AAGLRWS and the host country (Australia) have fundamentally different ways of life (Harrison, 2007). Mitshombero expressed his disappointment, highlighting the need for more coherent communication, mutual understanding, and trust-building between AAGLRWS and Australians. He emphasised that the cultural disparity necessitates finding effective ways to bridge these gaps. The differences between

the Australian way of life and AAGLRWS values may influence the acceptability of various practices within a multicultural environment, provided these do not negatively impact other individuals or communities. If AAGLRWS' psychosocial support needs are not being met, especially during the adjustment period, the Australian health system (AHS) could be making them more susceptible to mental health issues. Disregarding or not tailoring AAGLRWS' cultural psychosocial support can be compared to what Mills (1977) described as an "experience of uneasiness, of anxiety, which, if it is total enough, becomes a deadly unspecified malaise" (Mills, 1977, pp. 17-18). This underscores the critical need for culturally sensitive approaches to psychosocial support that can bridge the gap between differing cultural expectations and practices (Nkosi & Daniels, 2007; Oyserman et al., 2002).

5.6 Confidentiality and privacy versus trust

Participants raised concerns about trust in the absence of national standards that would allow counsellors to be more prepared to work with culturally and linguistically diverse (CALD) communities, in particular AAGLRWS⁴³.

Kalwira, an intellectual in his 30s, sought counselling to address his workplace-related paranoia. As a social worker himself, he was confused about confidentiality issues. Kalwira felt that his role resembled that of an investigator rather than a social worker for a government agency. He noted that the job description did not align with many social work competencies, particularly regarding the application of confidentiality and privacy declarations in contracts with service users (AASW, 2023; NASW, 2021; Social Work England, 2023; AIHW, 2024). In Australia, confidentiality and privacy involve maintaining the content of discussions with service users within moral and

⁴³ Participants Betu, Kalwira, Mulombe, Bisengimana, Mama, Bulaniati, Mamayemo, Malula, Tshisekedi, Buzeuze, and Ndadaye expressed concerns about the lack of national standards, which affects counsellors' preparedness to work with culturally and linguistically diverse (CALD) communities, especially AAGLRWS.

professional boundaries, designed to promote trust and safety between service users, providers, and agencies (Australian Institute of Health and Welfare, 2024). However, the need for confidentiality can conflict with mandatory reporting, which obligates individuals, including workers, service users, or family members, to report violence, abuse, and neglect (VAN) to a government body to ensure safety and protection (Safe Space Legal, 2023). In contrast, in AGLR communities, safety and protection are structured within the community itself to prevent VAN and ensure the duty of care for everyone (Nkosi & Daniels, 2007).

The opposition between these two cultural systems has made privacy a controversial topic, leading to paranoia rather than trust within the AAGLRWS community. This highlights the importance of implementing culturally sensitive psychosocial support strategies to reconcile the differences in cultural expectations and practices (Oyserman et al., 2002). Privacy is an area where AAGLRWS have questioned the integrity of the Australian system. According to many of the participants in this study, the Australian health system does not communicate or collaborate appropriately with AAGLRWS, and therefore does not promote trust⁴⁴. Many AAGLRWS share the same view as Malula who believes there needs to be more accountability from both sides.⁴⁵

We need to facilitate knowledge exchange through conferences or study programs. For example, Australian counsellors could go to Africa to learn their counselling methods and then apply that knowledge back in Australia. This exchange of information would help us deliver counselling and psychosocial services in ways that are more aligned with what people actually need, rather than just what we think is best.

In Australia, confidentiality and privacy are not easily defined and lack clear boundaries, particularly concerning mandatory reporting. This ambiguity leads most organisations to develop

⁴⁴ Thirteen participants including; Malula, Kabarebe, Mitshombero, Habiarimana, Nyamusevia, Buzeuze, Ntare, Tshisekedi, Lunda, Sombe, Karegeya, Bulaniati, Betu.

⁴⁵ The list in point 6 is still valid in point 16.

internal policies and procedures to interpret relevant legislation within their governing state or territory (Hungerford et al., 2015). While the Australian approach to confidentiality and privacy aims to protect individuals and the public interest, it often creates confusion, especially for those exhibiting paranoia such as Kalwira case. This confusion affects both service providers and users. AAGLRWS who are unfamiliar with the system may struggle to comply with existing service delivery protocols. This can lead to re-traumatisation and isolation, rendering service delivery ineffective. Understanding the specific issues and needs of AAGLRWS is crucial for making systemic changes that encourage them to access psychosocial support services during settlement (Fauk et al., 2021; Chavez et al., 1992).

5.7 Conclusion

In conclusion, this study has evaluated counselling as a primary component of psychosocial support for AAGLRWS. The evaluation focused on the natural and holistic delivery of counselling services by the Australian government, service providers, and peak bodies, as well as the reception and experiences of AAGLRWS service users. AAGLRWS possess unique psychosocial support needs arising from their traumatic experiences in their home countries, during their journey, and since their arrival in Australia. These needs encompass addressing mental health issues such as complex trauma, PTSD, depression, and anxiety, alongside physical health concerns and social integration challenges. The attitudes of AAGLRWS towards counselling and other forms of psychosocial support offered during the resettlement process in Australia are generally positive. However, there is often a lack of trust and understanding of these services. Building trust through culturally sensitive and genuine empathetic approaches is crucial.

The findings of this research have significant implications for the design of counselling and other psychosocial support services for AAGLRWS and other minority refugee communities. Services must be designed to be culturally healing, respecting individual and community choices,

and ensuring safety and health recovery. Integrating Ubuntu values, which emphasise community and mutual care, into therapeutic interventions can enhance the effectiveness of these services.

This chapter has elucidated the complex interplay between the psychosocial support systems experienced by AAGLRWS in their countries of origin and those available in Australia. The findings highlight significant disparities rooted in cultural differences, particularly the collectivist values of AAGLRWS' home countries versus the individualistic approach prevalent in Australia. Several obstacles impede AAGLRWS from accessing psychosocial support services, including language barriers, cultural differences, and stigma associated with mental health, and logistical challenges such as transportation and service availability. To add to the lack of acknowledgement from Australian service providers as AAGLRWS equal human being allies has impacted good collaboration and proper resettlement planning process by the Australian government and the mainstream providers. Overcoming these obstacles necessitates targeted interventions, such as providing qualified interpreters, culturally competent training for counsellors, and community outreach programs.

The chapter identifies critical challenges faced by AAGLRWS, including their lack of knowledge about the Australian system, discomfort in discussing sensitive matters with white individuals, and unfamiliarity with the roles of counsellors. Additionally, the perception that Australian service providers lack genuine understanding of AAGLRWS' needs, often feigning knowledge to secure funding, further exacerbates these challenges. This pretence undermines the efficacy of the healing process, creates barriers to resettlement, and compromises ethical standards in health and counselling. The communication shortcomings within the Australian system contribute to distress and dehumanisation among AAGLRWS. Participants emphasise the need for psychosocial support that is tailored to their specific needs to achieve optimal treatment outcomes. The significant distrust of Australian service providers and the system underscores the necessity for AAGLRWS to

receive training in this field and to have their own agency, as will be discussed in the subsequent chapter.

In summary, addressing these challenges requires a nuanced understanding of the cultural and systemic factors at play, and a commitment to fostering open, collaborative communication that genuinely addresses the needs of AAGLRWS. In light of these findings, the next chapter will delve into the complexities of cross-cultural counselling for AAGLRWS in Australia, offering both metaphorical and practical analyses to navigate these challenges effectively.

Chapter 6 Navigating the complexities of cross-cultural counselling for AAGLRWS in Australia: A metaphorical and practical analysis

6.1 Introduction

The provision of cross-cultural counselling for AAGLRWS can be metaphorically compared to handling an egg with care, reflecting its inherent fragility. This analogy emphasises the critical importance of care, trust, genuine empathy, and the delicate balance required in such counselling practices. Participants' experiences highlight the intricate challenge of integrating these counselling skills to effectively address the psychosocial support needs of AAGLRWS within a framework predominantly shaped by Western epistemology. This chapter digs into the multifaceted landscape of cross-cultural counselling for AAGLRWS. It explores the integration challenges faced by these individuals coming from a different cultural context and the essential needs that must be addressed through counselling and psychosocial services. The chapter conceptualises cross-cultural counselling for AAGLRWS, emphasising the critical role of care and the discrepancies in definitions and practices that need to be reconciled.

The discussion extends to various therapeutic interventions, including talk therapy models based on Ubuntu, pharmacological approaches, and the integration of complementary and alternative medicine (CAM). It also examines the complexities of assessing counselling competencies, highlighting the importance of cultural competency and professional training. Furthermore, the chapter critiques the institutional and funding structures, proposing necessary

reforms. It underscores the importance of integrating AAGLRWS cultural values into Australian psychosocial counselling practices, addressing barriers to mental health services, and advocating for enhanced visibility and accessibility. Finally, it offers practical solutions for building community and dignity through culturally informed practices and community agency.

Interviews with AAGLRWS participants metaphorically reveal ‘the elephant in the room,’ addressing numerous issues related to communication, terminology, definitions, etymology, counselling conceptualisation implications and the application of cross-cultural counselling. This chapter explores counselling and its definition as a form of psychological support, the primary tool for assessment, diagnosis and support to inform AAGLRWS’ social and physical needs. It emphasises the necessity of understanding psychosocial support within its original context to comprehend the experiences of survivors from the troubled geopolitical AGLR.

Chapters 3 and 4 detailed the trauma and suffering experienced by AAGLRWS, focusing on their encounters with social abandonment. Understanding AAGLRWS’ trauma necessitates appropriate assessment, diagnosis and tailored psychosocial support to address their psychosomatic experiences. Scholars such as John McLeod (2011), Judith Lewis Herman (1992; 2022), Cathy Kezelman and Pam Stavropoulos (2012) have argued that counselling can support the restoration of social and emotional well-being (SEWB). However, it must be aligned with cultural adaptation processes to enhance understanding of individuals and target groups such as AAGLRWS. Kirmayer (2001) also emphasises the need for a tailored approach—from diagnosis to psychosocial therapy—where culture plays a significant role in addressing the complex needs of minority groups or individuals like AAGLRWS.

The experiences of the participants in the current study suggest that structural and cultural adjustments are necessary in the delivery of current counselling services to adequately cater to the needs of AAGLRWS. Providing cross-cultural counselling and psychosocial support for AAGLRWS in

Australia requires a delicate dance of care, trust and empathy. This chapter embarks on an exploration of the intricate tapestry of cross-cultural counselling for AAGLRWS. It navigates the multifaceted integration challenges faced by this resilient community, illuminating their profound needs which have been identified in the field research interviews. The discourse traverses diverse conceptualisations of cross-cultural counselling, unravelling their implications for the definition and standardisation of service delivery.

A central theme of this chapter is the pivotal role of care in the intricate art of conceptualising, defining and delivering counselling and psychosocial support. It delves into the nuanced discrepancies in the definitions of counselling, and their impact on the comprehension and shaping of service delivery. This chapter elucidates the therapeutic modalities practiced in Australia, intertwining them with the healing journeys of AAGLRWS. It highlights the synergistic relationships that foster their path to recovery and well-being.

The competencies of Australian counsellors are examined through an investigation of the Australian Counselling Association (ACA), a prominent body overseeing a substantial number of practitioners in the field. This inquiry addresses the concerns voiced by AAGLRWS regarding the proficiency of counsellors, concerns that arise from inefficiencies in service delivery, access and equity. These challenges are exacerbated by an unregulated counselling framework, leading to institutional shortcomings and a lack of transparency in funding mechanisms. The chapter juxtaposes two distinct approaches to therapeutic interventions: one rooted in preventive strategies and the other in reactive measures. It culminates in proposing practical solutions, as suggested by numerous AAGLRWS, aimed at bolstering their resilience and fostering community agency.

6.2 Enhancing cross-cultural counselling for AAGLRWS in Australia: addressing integration challenges

Evidence from interviews with participants across four Australian states, where AAGLRWS have been resettled, has highlighted the challenges of integration, as discussed in previous chapters. For Bulaniati explained that due to their sense of togetherness in their countries, they did not perceive the concept of counselling and psychosocial support. However, in this context of Australia, it is crucial for everyone to receive such help, but the current counselling and psychosocial support do not meet the needs of AGLRWS. This research indicates that both Australian service providers and AAGLRWS encounter significant integration obstacles. Counselling and psychosocial support for AAGLRWS within the APSS framework is a critical component of service interventions. This encompasses various layers of service, including psychological, social and general health services. This thesis argues that effective counselling could provide a safe environment for health assessments, addressing mental, physical and social needs to improve the SEWB of AAGLRWS (Crago & Gardner, 2012). However, cultural misinterpretations and structurally embedded miscommunications persist between AAGLRWS and the Australian system.

Participants including Malula, Bulaniati, Karegeya, Mamayemo and Kakashi suggested that adaptations to current counselling interventions could substantially enhance the healing in resettlement process. Bulaniati, drawing from her lived experience, underscored the necessity of structured guidance tailored to the sociocultural realities of AAGLRWS, asserting that “such support must extend beyond clinical settings to include orientation to Australian societal norms, educational pathways, and vocational opportunities” The goal of integration and networking is to empower individuals and the community, improving their ability to navigate health-related choices, thereby enabling refugees like AAGLRWS to flourish and achieve SEWB in their host country (UNHCR, 2023).

6.3 Counselling and psychosocial services for AAGLRWS: Addressing essential needs

Participants, including Malula, Betu, Kalwira and Bulaniati asserted that the primary aim of counselling and psychosocial support for AAGLRWS is to provide healing services that respect individual and community choices, ensuring safety and health recovery. They emphasised the necessity for service providers to address the specific needs of AAGLRWS to enhance their social and emotional well-being (SEWB). SEWB extends beyond basic needs to the higher level psychosocial and relational needs as outlined in Maslow's Hierarchy of Needs (McLeod, 2023). It includes social and personal relationships, such as feeling accepted and respected within their families and communities, linked to the need for belonging identified by Maslow. This involves fostering autonomy, avoiding triggers of guilt and shame, and restoring self-worth, which naturally supports the development of self-esteem (Herman, 2022, pp. 91-92).

Kakashi and many other participants⁴⁶ have stated that they feel overwhelmed because they have not found relative peace. Participants use terms from their countries of origin—'Ina lamuka' (Swahili) and 'Iha hamuka' (Kirundi)—to convey their feelings of being overwhelmed by continuous suffering⁴⁷. They perceive an uncertain future for their families' well-being in Australia. Despite this, they feel that the Australian system resists making necessary adjustments to counselling and other services that could address their psychosocial needs.

The experience of SEWB differs among individuals due to the influence of the environment, needs and cultural expectations within society and context. It is linked to how individuals in a society can feel healthy, safe, free and flourishing. Hart et al. (2016) argue that health is not merely the absence of illness but includes the physical, social, emotional, spiritual and cultural health of

⁴⁶ Kakashi and 15 other participants, including Bulaniati, Malula, Kalwira, Tshisekedi, Betu, Zahabu, Ruganda, Nyamusevia, Habiarimana, Mukulumpe, Bisengimana, Karegeya, Mukuna, Kabarebe, and Mithombero, expressed concerns about feeling overwhelmed due to the lack of relative peace.

⁴⁷ The term 'Iha hamuka' encapsulates the feeling of being overwhelmed by the traumatic experiences resulting from ongoing cycles of violence associated with war or genocidal acts (Lambourne & Nyonzima, 2016, p. 296).

individuals within their environment. Therefore, AAGLRWS' SEWB involves a struggle for caring to support physical, mental, social, cultural, spiritual and environmental stability within the context of collective identities. Tempels (1948, p. 36) explains the implicit contextual connections to the spiritual and physical beliefs of the Bantu (who are part of the AAGLRWS group) as a force. If one of the dimensions is not attuned to the AAGLRWS collective system, the person is unlikely to experience recovery or fulfil their personhood, reflecting the belief that for the Bantu people, humans are an indivisible force (Kagame, 1976, pp. 120-123). In other words, personhood is the invisible force that produces the equilibrium important for AAGLRWS' SEWB.

SEWB is the cornerstone for AAGLRWS healing and restoration of their personhood and at the heart of SEWB is culture. The concerns mentioned above in relation to the inability to find peace are indicative of continuous suffering due to their experiences of violence and war in the AGLR, as well as their experiences in Australia and their inability to receive sufficient or appropriate care. As noted above, Hart et al. (2016) argue that health encompasses holistic aspects that ensure individuals and communities autonomously to flourish and achieve self-actualisation (Maslow's highest level need). Many AAGLRWS in this research have voiced their concerns, which include issues related to mental health, employment challenges, daily discrimination and other adversities, as discussed in Chapters 3 and 4.

Similarly, Khatri and Assefa (2022a) have observed in their research the barriers and challenges faced by culturally and linguistically diverse (CALD) populations in accessing health services in Australia. Systemic challenges impede SEWB for new arrivals and immigrants such as AAGLRWS, despite the promises and strategies implemented by successive governments.

6.4 Conceptualising AAGLRWS cross-cultural counselling

This section examines how the practice of counselling collides with contextual conflicts of interest coming from diverse organisations rather than reflecting its fundamental core definition and values.

Malula, Bitakwira, Bulaniati, Kakashi and Bisengimana have critiqued certain mainstream practices as mere box-ticking exercises that fail to genuinely address the counselling and psychosocial support needs of AAGLRWS. These practices often do not adapt services to meet the specific needs of survivors, resulting in a lack of tailored support. Bisengimana shares his experience with the box-ticking approach.

I strongly believe in the importance of culture. In the Western world, I'm not a fan of the box-ticking approach because what works for one client may not work for another. Services should be personalised. The best counselling sessions I've experienced were with a counsellor who genuinely wanted to know and understand me as a person. That made all the difference. Even after 10 years, we remain best friends. He's an older gentleman with a PhD and over 34 years of experience in the industry.

Fleuridas and Krafcik (2019a) acknowledge that the evolution and adaptation of counselling are imperative for its broad development in the field to “confirm the importance of moving toward more comprehensive and integrative approaches that address systemic and individual well-being across the lifespan” (p. 45). This method focuses on the essence of counselling by providing personalised care that supports social and SEWB.

As discussed in Chapter 5, counselling offers a crucial opportunity for the recovery of AAGLRWS. Effective communication between the Australian system and AAGLRWS is essential to support these survivors in rebuilding their lives. Counselling is fundamental for enhancing AAGLRWS's SEWB.

Counselling covers a vast area of work and has existed from ancient times until today. As a report from UNESCO Zambia (1999a) points out: “Counselling is a concept that has existed for a long time. We have sought through the ages to understand ourselves, offer counsel and develop our potential, become aware of opportunities and, in general, help ourselves in ways associated with formal guidance practice” (p. 2).

UNESCO Zambia (2000) states that counselling does not have a simple and fundamental definition; instead, its diversity is based on the contextual ramifications of the alliance and the needs linked to the proposed counselling support (pp. 2-15). These include spiritual guidance, cultural initiation, training, bio-psychosocial support, group counselling, social work support, behaviour modification, gender sensitivity, work environment adaptation, work pathways, cultural awareness, community development, emotional support and education. All of these need to be considered to restore sustainable SEWB to individuals in any given target group.

While UNESCO Zambia (1997) and Stow (2021) attempted to define counselling according to categories of the nature and purposes of the intended counselling orientation mentioned above, they have not evaluated the consequences of devaluation in the core definition of counselling—particularly its ethical grounding in empathy and its role in promoting systemic and individual well-being. This conceptual erosion is evident in the rise of orientation practice, which redefines counselling by aligning it with institutional ideologies rather than client needs. This shift prioritises standardised therapeutic models and organisational interests, often marginalising culturally responsive approaches essential for AAGLRWS. As a result, counselling risks becoming a tool of epistemic control, privileging diagnostic clarity over relational depth and undermining Ubuntu-informed care. Addressing this requires a reorientation toward ethical, culturally grounded practice that restores counselling’s original purpose (Nussbaum, 2011; Ravenstein, 1885).

One of the participants in this study, Ruganda (a housewife aged over 55 years), described her experience of counselling in Australia as being like a business and commented that counsellors take advantage of their power over vulnerable service users with respect to decision-making, which she sees as contrary to AGLR psychosocial support and counselling. She defines counselling as an empathic action of reconciliation as an act of acknowledgment of wrongdoing and moving toward peace. She commented: “But for me, I’m sorry to say some people use counselling like business or power, or yeah, like it”.

The ambiguity in the conceptualisation of AAGLRWS cross-cultural counselling in Australia frequently clashes with contextual conflicts of interest from various organizations, rather than embodying its essential core principles and values. Kabarebe's comparison between the counselling services in Australia and Rwanda highlights a significant disparity: the paid counselling services in Australia lack the love and empathy inherent in the free counselling services available in Rwanda. Kabarebe, a participant, articulated confusion regarding the disparities in counselling and psychosocial support. In the AGLR, psychosocial support interventions are continuous and spontaneously provided by empathetic family members or any capable individual. Conversely, in Australia, psychosocial support is predominantly administered by paid professionals and is scheduled at specific, segmented times. Kabarebe said:

So the difference I want to say, for example, in Rwanda – I was in Rwanda, all those kinds of services, either psychosocial support toward well-being, it's for free. So people, they really heartily want to help you by heart. And they use the – there's a mind, there's a heart, there's hands, you know. So they – and you can see that people there, someone is there not for money, they just want to help you.

This observation underscores a critical issue in cross-cultural counselling—while Western scholars like Crago and Gardner (2012) describe counselling as a “practical art” that is largely

experiential, they fail to emphasise the fundamental concepts of genuine 'caring' in their practices. Consequently, the core values of compassion and empathy, which are essential in counselling, are often overshadowed by organisational interests and the commodification of counselling services. This misalignment leads to disconnection between the intended purpose of counselling and its actual practice, ultimately affecting the quality of support provided to AAGLRWS individuals.

Recent attachment research in neuroscience supports the view that care fosters generative consilience during the interconnectivity between the mind and body, thereby producing genuine empathy (Smith, 2019b). These mind-body relationships are crucial for effective mental and physical well-being for both interlocutors (Jones, 2018b). As discussed in Chapter 5, caring should play a pivotal role in the conceptualisation of counselling, particularly in delivering better services for survivors such as AAGLRWS in need.

The British Association for Counselling and Psychotherapy (BACP) (2001) posits that counselling is a problem-oriented interaction and process, whose attributes extend beyond mere wisdom, experience, technique or academic modality. The inherent ambiguity in the diverse definitions of counselling stems from its contextual orientations, leading to considerable confusion. Various private and governmental organisations have capitalised on this ambiguity to interpret and practice counselling according to their own interests. This contextual divergence in counselling practices in Australia has particularly perplexed AAGLRWS, given the stark differences between the structural and cultural practices in Australia and their countries of origin (BACP, 2001).

Mobutu, Afriza, Bulaniati and Bisengimana conceptualised counselling through the Ubuntu collective approach to psychosocial support, which integrates background, culture, spiritual matters, environment, and mental and social factors (Mkhize, 2004b; Nwoye, 2015). This holistic approach contrasts sharply with the Australian system, which is predominantly individualistic and fragmented into distinct types of support: counselling, social and physical support. Observations

indicate that Australian approach more often relies upon a pharmaceutical treatment model than talk therapy, where psychiatrists and medical doctors prioritise reactive interventions over preventive measures, focusing on behaviour and somatisation within societal structures (Patel & Prince, 2010; Swartz, 1998).

In the AGLR, as highlighted by Bulaniati and others, preventive structures and early detection, often taken for granted, are rooted in the Ubuntu philosophy of togetherness and lifestyle monitoring. These structures facilitate the early diagnosis of mental and physical issues, enabling more spontaneous psychosocial support and counselling interventions before situations deteriorate (Mkhize, 2004a; Nwoye, 2015). This contextual situation often leads to confusion among AAGLRWS in defining counselling or identifying psychosocial support within collective structures, such as those prevalent in the AGLR way of life. They are confused by the Australian healthcare system (AHCS) approach to counselling, given their experiences with a collective, preventive approach, where some did not recognise it as counselling or psychosocial support. This aligns with Bulaniati's statement on how their view of counselling and psychosocial support as a duty of care was taken for granted.

As discussed in Chapter 5, this divergence in counselling definitions and terminology between AAGLRWS and the AHCS presents significant challenges in interpretation and understanding. AAGLRWS perceive counselling through a framework of love and duty of care, rooted in the Ubuntu philosophy, which emphasises communal support and empathetic engagement. Conversely, the AHCS often approaches counselling with a focus on business interests, employing a more mechanical form of empathy (Sue & Sue, 2012; Pedersen, 2003). This fundamental difference in perception can lead to misinterpretations and impede effective communication, thereby obscuring the essence of counselling and psychosocial support. To bridge this gap, this thesis argues for techniques that involve interpreting and understanding the meanings and contexts of

counselling practices from both cultural frameworks, thereby fostering a more integrated and effective approach to cross-cultural counselling (Sue & Sue, 2012; Pedersen, 2003).

In summary, counselling for AAGLRWS must go beyond procedural formalities to truly address their unique psychosocial support needs. Critiques by participants in this research indicate that current practices often prioritise organisational interests over effective counselling, leading to inadequately tailored services. Effective counselling is essential for the SEWB of AAGLRWS and requires improved communication and adapted services within the Australian system. Genuine empathy and care are fundamental to the conceptualisation of counselling, as emphasised by UNESCO Zambia (1997) and Stow (2021). Instead of focusing on organisational interests, counselling should prioritise individual well-being through empathetic care practices. Neuroscience research supports the role of care in fostering mind-body connectivity, crucial for effective counselling meanings. In the AGLR, preventive structures rooted in the Ubuntu philosophy aid early diagnosis and intervention, though their collective nature can confuse AAGLRWS in conceptualising or defining Western counselling and identifying their psychosocial support services. Interpreting counselling practices from both cultural perspectives is essential for providing effective and meaningful counselling and psychosocial support service identification.

6.5 The role of care in AAGLRWS community and counselling

Building on understanding of the role of care as a communal and ethical imperative, this section deepens the analysis by foregrounding the idea that empathy is the basis of care and counselling. This idea developed through both theoretical reflection and participant testimony, captures the essence of culturally responsive counselling as experienced by AAGLRWS individuals. It reframes empathy not as a passive sentiment, but as an active, relational force that restores dignity, fosters agency, and challenges systemic neglect.

Many participants, including Afriza quoted in Chapter 5, emphasise the importance of care and interdependency in African communities, which are essential for mutual support and communal living. Afriza illustrated this by noting that it is considered shameful to consume an entire chicken or finish a meal while a neighbour is hungry. This deep-rooted sense of care and responsibility towards others is a cornerstone of the AGLR Ubuntu culture, where the well-being of each individual is intertwined with that of the community. This collective approach to care fosters a strong sense of belonging and emotional security among community members.

This framing emerged as a critical analytic lens through which participants distinguished between therapeutic encounters that fostered healing and those that perpetuated harm. Many described their interactions with Western counselling models as emotionally distant, overly clinical, or culturally misaligned—often failing to acknowledge the depth of their trauma or the communal dimensions of their healing. Mukulumpe’s experience at school, for example, illustrated how institutional responses lacked relational sensitivity, reinforcing feelings of isolation and invisibility.

In contrast, participants consistently responded positively to counsellors and support workers who demonstrated empathic attunement. Bisengimana’s account of his older clinician exemplified this: the clinician’s willingness to listen without judgement, honour cultural values, and validate lived experiences of displacement and resilience created a space of trust and dignity. One Congolese participant, Mamayemo, shared how the simple act of sitting together in silence listening to her for over an hour—without pressure to speak—made her feel “seen as a person, not just a case.” Another participant, Afriza, described how a counsellor’s understanding of Ubuntu values helped him reconnect with his fractured sense of communal identity, stating, “He reminded me that healing is not just about me—it’s about my people, my story, my place in the world.” These moments of empathic care were not defined by modality, but by relational depth and cultural

humility. They exemplify what it means for care to be *engraved into empathy*—a phrase that signals the inseparability of ethical presence and culturally responsive practice.

Conversely, participants often contrasted these affirming encounters with more common experiences of procedural or transactional counselling. For example, Kakasi, Mukulumpe and Mama recounted being asked to disclose traumatic events without emotional scaffolding or cultural sensitivity, resulting in retraumatisation rather than healing. In these instances, the absence of empathy—particularly empathy informed by historical and cultural awareness—was experienced as a form of systemic violence.

Further to discussions in Chapter 5, Bowlby (1969) posits that care is fundamental to infants' survival responses to their primary caregivers, laying the groundwork for guidance and counselling. His attachment theory emphasises that emotional bonds formed through consistent caregiving are crucial for a child's development, shaping their ability to form secure attachments and influencing their emotional regulation and social relationships. In African communities, communal caregiving practices align with Bowlby's emphasis on reliable and nurturing care. This broader network of supportive relationships, which includes counselling and psychosocial support, enhances emotional perception by fostering a supportive environment where individuals can better register and respond to emotional stimuli in themselves and others. Emotional perception, as defined by Kafetsios (2003), has evolutionary roots and is closely linked to empathic and emotional communication processes. Counselling and psychosocial support practices in African communities leverage these innate abilities to enhance emotional understanding and management, which is crucial for effective social interactions. Buck's (1984) research highlights the role of emotional perception in managing emotions during social interactions. Counselling and psychosocial support help individuals develop these skills, improving their ability to navigate complex social dynamics and fostering healthier relationships within their communities. In the context of counselling and

psychosocial support, the perception of care is a collaborative exchange between the service user and the service provider. This exchange is facilitated by genuine care and empathy, which are paramount to the effective facilitation of emotional well-being. Neuroscience research supports the view that care is a generative consilience during the interconnectivity between the mind and body, reproducing genuine empathy and contributing to both mental and physical well-being (Smith, 2019a; Jones, 2018b).

Bowlby's attachment theory, which focuses on the importance of early relationships in emotional development, can be complemented by Ubuntu's emphasis on community and interconnectedness. Ubuntu, an African philosophy, underscores the idea that a person's humanity is shaped by their relationships with others, encapsulated in the phrase "I am because we are." This communal approach aligns with Bowlby's theory by extending the importance of relationships beyond the primary caregiver to the broader community. It suggests that emotional well-being is not only fostered through individual attachments but also through a network of supportive relationships within the community. Therefore, integrating Bowlby's attachment theory with Ubuntu's communal perspective can provide a more holistic approach to counselling. This integration emphasises the role of both individual and collective care in fostering emotional intelligence and well-being. Caring should play a key role in counselling definition and practices, as it fosters a supportive environment where emotional intelligence can be utilised effectively. This approach not only enhances the therapeutic relationship but also promotes overall well-being for both the service provider and the receiver. Metaphorically, care acts as a pylon of strength, supporting family development through a cooperative combination of empathy and intelligence that builds individual and family attachment towards safety and SEWB (Bowlby, 1969). Care serves as an 'emotional facilitator,' where the intensity of caring can either bring people closer together or create distance during the process of re-establishing self-connection and community to achieve

better SEWB outcomes (Herman, 2022, p. 92). As Mayer (2001) writes, “Emotional facilitation refers to processes by which affect facilitates thought by prioritising problems, operating unique memory stores, mood shifting, and implicit information processes” (p. 14).

Participants Ruganda, Masolo, Mukulumpe and Kalwira conceptualised empathy and care in counselling as a social duty of care, viewed through the lens of hot intelligence (HI). HI refers to the ability to process emotionally charged and personally significant information, such as emotions, personality and social relations (Mayer, 2001). It encompasses skills like empathy, social intelligence and emotional intelligence, which are crucial for understanding and managing interpersonal relationships effectively. This perspective is helpful for understanding the attitude of AAGLRWS, emphasising the importance of care in their counselling and social support systems. Supported by the Ubuntu philosophy discussed throughout this thesis. Encapsulated in the phrase “I am because we are” (Tutu, 1999). Ubuntu emphasises collective existence, highlighting that individual identity and well-being are intrinsically linked to the community’s health and harmony.

The AAGLRWS understanding of what I call “hot intelligence” as a social duty of care aligns with Ubuntu’s principles. Hot intelligence also prioritises the well-being of others as a collective responsibility, resonating with the Ubuntu ethos of interconnectedness and mutual support. This perspective underscores the necessity of care in counselling, beyond professional specialisations or policy adherence. This thesis introduces the concept of “hot intelligence” as a culturally grounded framework developed through AAGLRWS narratives. The AAGLRWS’s conceptualisation of care through “hot intelligence” enhances the understanding of care within both individualistic and collective paradigms, emphasising its role in promoting resilience and coping mechanisms among survivors, thereby improving their overall well-being. Creating a balanced care and empathic environment is essential. If professionals harness the natural functions of the limbic system to master empathic synergy, utilising tools such as silence, active listening, body language and facial

expressions, then they will foster empathy and synergy in human interactions, enhancing the ability to recognise service users' signs and symptoms (Kezelman & Stavropoulos, 2012).

Voss et al. (2017) argue that neuroplasticity enables the brain to adapt based on environmental and sensory inputs, shaping the social brain and self-information. Counselling facilitates positive change by engaging the brain through various senses (Kezelman & Stavropoulos, 2012). Care acts as a catalyst for social cohesion, rooted from the family unit and practised within the Bantu culture's "Ubuntu" concept.

In conclusion the role of care in AAGLRWS counselling and psychosocial support is multifaceted and essential. It involves understanding and integrating the cultural context of AAGLRWS. Respecting and valuing their cultural background in this context, care refers to the cultivation of a supportive environment characterised by genuine empathy and interdependence, ensuring that individuals feel understood and connected to the service providers and others who are involved in the therapeutic process. It also advocates for the development and the implementation of culturally adapted therapeutic models, tailoring intervention to meet the unique needs of AAGLRWS rather than applying generic Western models where many AAGLRWS do not feel they belong.⁴⁸ Furthermore, care emphasises the needs of holistic support that addresses not only psychological but also social and emotional needs, considering all aspects of an individual's well-being.

6.6 Cross-cultural counselling: Addressing discrepancies in definitions and practices for AAGLRWS

This section explores the complex and often confusing definitions, approaches and practices of counselling across different contexts, particularly focusing on the needs of AAGLRWS. Cross-

⁴⁸ As discussed in Chapters 3 and 4, individuals such as Mobutu, Zahabu, Habiarimana, Kakashi, Kalwira, Bisengimana, Malula, Buzeuze, Afriza, Mampala, Mamayemo, Maubwenge, Mukulumpe, Masolo, Tshisekedi, Masasi, and Bulaniati report a sense of disconnection and lack of belonging within the Australian context.

cultural Counselling is practised in various social, historical, economic, political and psychological contexts, which can create confusion when service providers attempt to define or emphasise it within specific orientations.

Habiarimana, a leader within the AAGLRS community, understands counselling to be a comprehensive package that includes advice and information from trusted and caring individuals. It also encompasses family advice and group counselling, which are prevalent practices in Africa, as well as professional one-on-one sessions. According to Habiarimana, the term “counselling” may not always be commonly used or understood uniformly across different cultures. This understanding of counselling underscores the diverse forms of counselling views, encompassing both individual and collective approaches, and acknowledges the interpretative cultural variations in how cross-cultural counselling challenges are perceived and practised. It highlights the perspectives of many African AAGLRWS who have attempted to describe counselling.

As mentioned in Chapter 5.1, UNESCO Zambia (1997b) broadly defines counselling from an African perspective, emphasising care and community involvement. This approach, previously discussed, is crucial for addressing the needs of AAGLRWS within Australian psychosocial support reforms. It distinguishes between guidance and counselling, and their sources, whether from non-professionals or professional counsellors, thus clarifying the roles and mission statements of counsellors. Conversely, Kaplan et al. (2014), in their work on developing a new consensus definition of counselling, note that the American Counselling Association (ACA) and the Psychotherapy and Counselling Federation of Australia (PACFA) adopt definitions that omit care, guidance, and the role of non-professionals, focusing instead on professional orientation. This omission creates a conflict of interest with their duty of care, as it neglects the core elements of counselling that provide individual and collective safety and SEWB. Many participants in this

research have reported a lack of care from formal service providers⁴⁹. The exclusion of care, guidance, and the acknowledgment of informal providers, such as family and community members, conveys a confusing message to AAGLRWS, who are accustomed to non-professional, unpaid counsellors, in contrast to Australian paid counsellors. This oversight neglects a significant aspect of AAGLRWS's customary practices and counselling concepts, particularly in the establishment of cross-cultural counselling contracts between AAGLRWS as service users and Australian service providers with differing ideologies. This ideological discrepancy impacts acceptance, trust, and rapport, which are essential for establishing any therapeutic rapport or relationship.

McLeod (2011a, pp. 395-398) explains that counselling is relationally based on trust and can influence the dynamics of counselling by elucidating the power balance between two entities at a micro level. However, in this context, trust is used at a macro level to illustrate the systemic impact on groups such as AAGLRWS. Cross-Cultural Counselling encompassing bio-psychosocial support fosters a reciprocal, authentic sharing process, shifting the focus from containment to genuine empathetic collaboration. This approach aligns allies toward a common goal of restoring SEWB (McLeod, 2011, pp. 394-400). In such environments, counselling produces mutuality arising from boundary containment rather than open collaboration from the start of AAGLRWS's settlement experiences (McLeod, 2011b). Ambiguous counselling concepts hinder acceptance and integration. Counselling relies on acceptance, trust, rapport, empathy, care, and therapeutic alliance to improve SEWB. However, AAGLRWS struggle to embrace Western cross-cultural counselling practices due to cultural differences. The lack of clear definitions and contracts from counselling peak bodies exacerbates this issue. AAGLRWS's culture values trust within a collective duty of care,

⁴⁹ . Individuals such as Mobutu, Zahabu, Kakashi, Kalwira, Bisengimana, Malula, Buzeuze, Afriza, Mampala, Mamayemo, Maubwenge, Mukulumpe, Masolo, Tshisekedi, Masasi, and Bulaniati, as referenced in endnote 4, report a profound sense of disconnection, exclusion of care and lack of belonging within the Australian context.

contrasting with the individualistic, paid professional model in Australia. This discrepancy creates ethical dilemmas and barriers to access and equity in psychosocial support.

In short, this section highlights the complexities and ambiguities in counselling definitions, approaches and practices across different contexts, focusing on the needs of AAGLRWS. Cross-cultural counselling varies significantly, leading to confusion when service providers define it within specific orientations. Key insights include the cultural variations in counselling practices, the differing definitions and practices between African and Western perspectives, the importance of a focus on care and relational trust, and the barriers to integration caused by ambiguous counselling concepts. Addressing these cultural and definitional discrepancies is essential for improving the accessibility and effectiveness of psychosocial support for AAGLRWS.

6.7 AAGLRWS Counselling and Psychosocial Therapeutic Interventions

This section will elucidate the counselling and psychosocial support models received by AAGLRWS across different stages: from the push factors in their country of origin, during their journey, and in their adoptive country. The psychosocial support models will be categorised into three groups: talk therapy, pharmacology, and complementary and alternative medicine (CAM). The discussion will commence with an integrated counselling and psychosocial support intervention grounded in Ubuntu values, as exemplified by one of the participants.

6.7.1 Talk therapy models: The role of Ubuntu in psychosocial support - A case study from the AGLR and psychological, social, and physical approaches

The replication of the “Ubuntu” counselling and psychosocial intervention concept among AGLR participants is consistently evident. Ruganda, a mature woman from the AGLR, provides an illustrative account of this process in cases of Violence, Abuse, and Neglect (VAN), emphasising the cultural value of togetherness:

Back home, if a man and his wife have a problem, the woman can return to her parents. The parents then bring her back or call the husband's parents to sit together and listen to both sides of the issue. The families should solve the problem. If it escalates, they call the community leaders. I remember my older brother fought with his wife because she did not respect him. My parents called the girl's family, and all members sat down to discuss the problem. I prepared and served the food while they talked. My aunt, her aunt, her uncle, her grandpa, and my grandpa were all present. They listened to everyone, sometimes even shouting. They would say, 'You came here without knowing you were mature enough to be a wife. It is shameful for us to have this conversation.' They resolved the issue by emphasizing mutual respect to prevent future conflicts.

The Ubuntu concept is deeply rooted in ancestral African Bantu culture which values collective responsibility and togetherness (Mbiti, 1969). The principle that a mature woman's individual responsibility upholds the collective honour of the family unit is consistent with Ubuntu, where individual actions contribute to the community's well-being and honour (Gade, 2012). The notion that collective and individual self-esteem foster self-control and the restoration of personal and collective worth aligns with Ubuntu's values, which emphasise the dignity and worth of each person within the community (Louw, 2001). Chapter 5 contextualises these themes within the framework of shame as an alternative practice in conflict resolution.

However, the Western hybrid psychosocial approach advocated by a number of AAGLRWS participants aligns partially with UNESCO's definition of counselling (UNESCO, 1997b). This approach supports holistic psychodynamic treatment by integrating traumatic experiences and understanding the conscious and unconscious meanings of symptoms and somatisation mechanisms linked to their background and culture (Panter-Brick and Eggerman, 2011; Ungar, 2008).

6.7.2 The pharmacological model and its implications for AAGLRWS

The pharmacological model, utilised by psychiatrists and medical doctors, involves the administration of medication and brain stimulation. Psychiatrists have developed the Diagnostic and Statistical Manual of Mental Disorders (DSM), referenced earlier in this thesis, while medical doctors have created the International Classification of Diseases (ICD) to standardise the identification of mental disorders. This discussion focuses on the DSM, which undergoes continual review by a task force of eminent psychiatrists trained in Western epistemology. Although intended to meet societal needs, the DSM is influenced by pharmaceutical companies (Citizens Commission on Human Rights, 2011a).

According to Citizens Commission on Human Rights (2011b), the DSM has evolved significantly: DSM-I listed 112 mental disorders, DSM-II included 178, DSM-III had 289, and DSM-IV listed 374. The current DSM-5-TR lists 157 disorders and has revised 70 diagnostic criteria (Cherry, 2023). Notably, DSM-5-TR incorporates some cultural considerations and includes the Cultural Formulation Interview (CFI) to enhance the accuracy of clinical assessments and diagnoses (American Psychiatric Association, 2022). However, it still lacks comprehensive understanding and acknowledgment of African epistemological perspectives due to insufficient research and communication.

Participants such as Ruganda, Betu, Malula and Mukuna have underscored these issues in their interviews. For instance, Mamayemo's spiritual communication during her journey with her late husband could be misinterpreted as hallucinations or delusions indicative of schizophrenia from a Western perspective. AAGLRWS typically consider pharmacological interventions only when a definitive diagnosis is established, thereby supporting the use of medication. However, as a last resort, some may accept any treatment, even if it could potentially induce further complications. Additionally, adherence to treatment may vary among individuals.

6.7.3 Integrating complementary and alternative medicine in the care of AAGLRWS

The concept of Complementary and Alternative Medicine (CAM) encompasses a wide range of holistic and traditional medical practices. According to O'Brien (2009), the prevalence of CAM in Australia is significant, with over 50% of the population utilising some form of complementary medicine and nearly 25% consulting CAM practitioners (p.1). This widespread adoption highlights the cultural integration and acceptance of CAM within the Australian healthcare landscape (O'Brien, 2009).

For AAGLRWS, CAM practices are particularly pertinent. Many AAGLRWS have a cultural predisposition towards alternative and traditional medicine, which aligns with their historical and cultural practices. CAM services are often seen as more accessible and culturally appropriate than the Western medical model. Many AAGLRWS believe that integrating CAM into the Western medical framework enhances its therapeutic efficacy, although this integration remains a contentious issue. The Western medical model necessitates rigorous evaluations of safety and efficacy, which CAM practices must undergo to gain broader acceptance (MSD Manual, 2023). Despite this, individuals utilising CAM are encouraged to inform their general practitioners (GPs) to ensure that their use of alternative therapies is monitored and safe (NCCIH, 2023). In the context of AAGLRWS, there is a strong reliance on alternative therapies. Integrating traditional healing practices, mind-body techniques, culturally sensitive therapies such as Ubuntu, holistic health approaches, and community-based interventions into counselling and psychosocial support systems can provide familiarity and comfort. However, current support systems are not adequately tailored to these practices. This gap highlights the need for a more inclusive approach that recognises and integrates the cultural and therapeutic preferences of AAGLRWS, enabling healthcare providers to offer more effective and culturally sensitive support.

6.8 The complexity of assessing counselling competencies in Australia: Implications for vulnerable populations

6.8.1 Why is it of value?

Competencies in Australian counselling are difficult and complex to gauge due to the ramifications of defining counselling, identifying counsellors, and determining the purposes of counselling, compounded by the proliferation of counselling peak bodies. Divergences in their interests have stalled the assessment process of counsellors' competency. The primary difficulty lies in the fact that counselling in Australia is not yet regulated by the government. These issues are acknowledged by many scholars (Armstrong, 2006; Pelling, 2006; Pelling, Bear, & Lau, 2006; Schofield et al., 2006; Sullivan, 2003) as the "elephant in the room." In Swahili, it is said: "Ndovu wawili wakisongana, ziumiazo ni nyika" (When elephants jostle, what gets hurt is the grass) (Simpson & Speake, 2009). This metaphor aptly describes the situation in Australian counselling, where the lack of consensus between the government and peak counselling bodies leaves vulnerable populations, such as AAGLRWS, without tailored treatment.

6.8.2 Professionalisation and training

Mukulumpe, Malula, and many other participants argued that Australian psychosocial support significantly differs from psychosocial support in their home countries. They expressed concerns about evaluating the success of the counselling profession in Australia, where current training and delivery services do not meet their needs. This study has prompted reflections on cultural competency, highlighting that service providers' ontological reductionism fails to address the needs of AAGLRWS, who are victims of traumatic events. Additionally, methodical reductionism in the current environment is also inadequate (Hungerford et al., 2015).

To address these issues, a hybrid model of psychosocial support may be necessary, at least temporarily, to resolve cultural competency challenges as the world evolves and new methods of

knowledge adaptation are developed. As Malula commented, “Service providers are there to add knowledge to life, not just tick boxes.” The theory of cross-cultural competency is supported by practical evidence, demonstrating its effectiveness when applied to service users, resulting in positive outcomes. This is illustrated in Figures 6.1.a and 6.1.b: Cross-Cultural Competency: Practical Evidence and Results (Australian Institute of Health and Welfare, 2024; Hungerford et al., 2015).

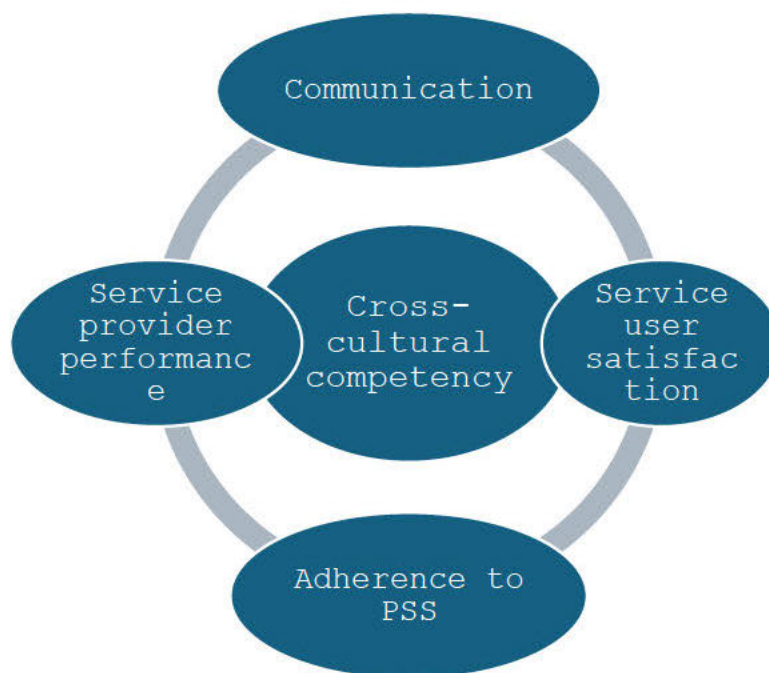


Figure 6.1.a Cross-cultural competence

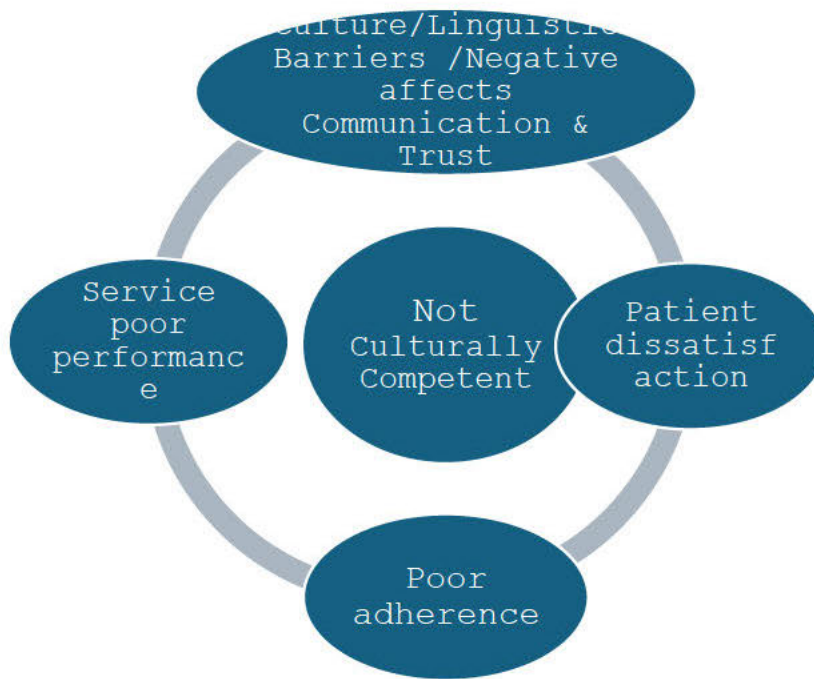


Figure 6.1.b Not culturally competent

Figure 6.1: Cross-cultural competency: practical evidence and results

Figure 6.1.b illustrates the daily experiences of the AAGLRWS community and explains their reluctance to seek counselling and psychosocial support from the Australian system which is identified as not culturally competent. This outcome does not imply that they do not need support; rather, it highlights that the doors to culturally appropriate psychosocial support have been systematically closed to them. This underscores the missing link: the lack of effective communication, as discussed in the access and equity theme in Malula’s narrative. This situation raises further questions about the coherence of state policies.

The training programs for counsellors in Australia reflect rational values aimed at positive outcomes, which contrasts with Malula’s argument during his interview about what is needed. This professionalisation and training raise further questions about the coherence of counselling and psychosocial support delivery, as counselling and psychosocial support are not yet regulated. Willis (2018) states that in Australia, counsellors have no mandated minimum training or qualification

framework. However, the ACA and PACFA have established a list of qualified counsellors (Australian Counselling Association [ACA], 2025; Psychotherapy and Counselling Federation of Australia [PACFA], n.d.).

In his interview, Malula expressed the following about culturally and Linguistically Diverse (CALD) communities and cultural competency:

*I do not think mainstream services do actually cater to the needs of people from – from *CALD background (CALD) or even from the Great Lakes Region, because there are certain cultural things that they do not know. Now, it's fair enough to go in a six hours, eight hours workshop on cultural competency, cross-cultural communication and all that, but that doesn't cater it. It doesn't really teach you the culture. Because how can you learn about a culture that was 2000 years in the making in eight hours? So – so the – the way that I see the system reforming is, number one, taking into account cultural perspectives. That's number one. And number two, having people from those background, providing those services. And by the way of providing those services they can also be passing the knowledge to others who could be – that part of that class of the mainstream.*

It would be the same way if I take a white person here, throw them in the village in the Congo, and whether we'll expect counselling they will not get it according to their needs. So how on earth do they expect a Congolese person to actually get used to the counselling services here? It's not that the counselling services are poorly designed; it's just that they are different. So for us to take benefit of it, we need to do some adjustment.

A targeted review and evaluative analysis of research advertisements, flyers, and posters published on the Australian Counselling Association (ACA) website between March 26, 2022, and October 6, 2023—conducted prior to the renewal of ACA memberships—identified twenty distinct research topics. However, none of these promotional materials explicitly addressed the

psychosocial or counselling needs of culturally and linguistically diverse (CALD) populations, such as AAGLRWS whose lived experiences necessitate culturally responsive and trauma-informed engagement (Nyembo, 2025a; see Appendix VIII). This finding is supported by requests from AAGLRWS participants for adjustments in the delivery of counselling services, such as Malula quoted above. Implementing adjustments based on cultural competency necessitates significant investment in human resources, project planning and management, adequate training time, and high-quality cultural trainers. Ideally, these trainers should come from cultures similar to those of the service users to ensure a nuanced understanding of cultural competency as perceived by AAGLRWS.

One potential solution is for the government to empower AAGLRWS professionals with relevant experience or knowledge to provide services to their communities. Alternatively, as a temporary measure, service providers could employ more African staff and/or train existing providers to build rapport, offer alternative approaches, and strengthen therapeutic alliances. This would help attract more Africans and AAGLRWS who feel disconnected and disenfranchised by the current Australian system (Keane & Friedman, 2006).

6.9 Institutional and funding structures: failures and proposals

This section addresses concerns raised by participants in relation to the position of professionals and working with AAGLRWS in regarding the allocation of government funds for counselling and psychosocial support. They argue that these funds have been misallocated, with a lack of transparency and an over-reliance on mainstream organisations, compounded by ineffective government regulations, jeopardising psychosocial support for this small community of AAGLRWS. Current initiatives by the government, the ACA, the PACFA, and independent bodies aim to integrate the regulation of counselling and psychosocial support into the healthcare department, addressing the challenges posed by the marketization of counselling services. Malula argued that:

Yeah! It is my belief that the Government is trying to do as much as they can, but it is also my belief that they are probably not investing money where it should be invested. The Government talks a lot about building capacity of communities, migrant communities, in this context but they do not put the money where the mouth is.

A critical aspect to consider is the funding mechanisms for psychosocial support service delivery in Australia. There is a pressing need for greater transparency regarding the allocation, timing, and direction of resources and funding for AAGLRWS. Malula, who possesses over six years of managerial expertise in this domain, provided the following insights:

If you want to build the capacity of migrant communities and you do not invest in them, then you will create a whole generation of beggars and generation of people who are always dependent. But on the other side, if you'll look at the Congolese community for example, or you take a Sudanese community, or Burmese community, and you say, hey, what's your need here? And they say, well, our need is to look at violence within the Congolese community, or violence within the Ethiopian community. And they'll say, well, what's that going to take? It's going to take resources A, B, C, D, and you'll invest those resources. ...

These people are probably, and with some external support of course, these people are probably the best positions people to deliver great educational program within their communities because they understand the people, they understand the language, they understand the culture, they know where cultural barriers are, and they get it all with external support of course. But what we see at the moment is funding are not invested – are not put into those communities, but funding are put into what we'd call mainstream organisations or service providers, which then are expected to deliver services to these small communities.

The reliance on mainstream organisations and the lack of effective government regulations can place psychosocial support in jeopardy (Platt & Pelling, 2021). This is because many individuals and organisations seem to be more concerned with protecting their own interests and ensuring the survival of their businesses rather than helping people in need. The competition for funding is one of the reasons for the proliferation of private, non-government, as well as government organisation peak bodies and mega-resource centres (e.g., Australian Counselling Association [ACA], Psychotherapy and Counselling Federation of Australia [PACFA], Migrant Resource Centre, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors [NSW STARTTS]).

Armstrong (2023) clarifies the project undertaken by ACA and PACFA to explore the regulation of counselling and psychotherapy in Australia. He states that: “the project, as outlined previously, is slated to commence in the coming months, expected to take up a 2-year period, with implementation occurring post-2026”. ACA, PACFA, and other independent bodies in Australia will undertake these discussions. Unlike other allied health professions, psychosocial support services, such as counselling, have not been adequately subsidised by the Australian government, despite being essential for individuals in need of a recovery pathway. While psychosocial support typically runs parallel to the medical model, which recommends medication for temporary relief, counselling and psychosocial support aim to offer a more sustainable approach to healing by addressing core issues over the long term rather than merely providing a quick fix to alleviate symptoms.

In terms of employment, there is a preference for hiring social workers, psychologists and psychiatrists, all of whom operate under the umbrella of the Australian Health Practitioner Regulation Agency (AHPRA), even though these professions require counselling training similar to that of professional counsellors. For years, ACA and PACFA have been advocating for the regulation

of counselling, although substantial progress has yet to be achieved from the government side. Recently, ACA, PACFA, and the government health department met to discuss resolving issues around accreditations and regulations (Armstrong, 2023). They commenced a project to 'define national standards across the sector' covering areas including education, accreditation and ongoing professional development for counsellors.

Malula, Mamayemo and Bulaniati have all highlighted the institutionalised inequality in the allocation of funding for those in need of counselling and psychosocial support services. For instance, Bulaniati, a social worker, did not understand why funding had been removed from some psychosocial support programs despite evidence of their effectiveness. She explained:

They were getting funding from the Department of Health. So when the Department of Health cut the funding, I mean, they did not cut it. It's kind of – because it was a five-year funding period, it was finished. So when we applied for more – because we did write it in there to get more funding and it was not successful. So, yeah, that's what happened.

Malula also pointed out that government funding is often misdirected, with funds allocated to those who already have financial resources rather than those in need. Galtung (1996, 2012) has described structural and cultural violence, where social structures, institutions, and cultural ideologies perpetuate and reproduce marginalisation and systematic exclusion of specific groups.

In closing this section of the concerns raised by AAGLRWS in professional positions, they highlight significant issues in the allocation of government funds for counselling and psychosocial support as stated in this section. The misallocation of these funds, indicative of a lack of control of the funding management by an over-reliance on mainstream organisations and ineffective government regulations, has jeopardised psychosocial support for these marginalised communities. The current initiatives by the government, the ACA, the PACFA, and independent bodies aim to integrate the regulation of counselling and psychosocial support into the healthcare

department is important. However, these initiatives have predominantly aided individuals with financial resources, leaving those in need underserved. This scenario illustrates structural and cultural violence, where social structures, institutions, and cultural ideologies perpetuate the marginalisation and systematic exclusion of specific groups. To address this crisis in counselling and psychosocial support for AAGLRWS, it is crucial for healthcare, socio-economic and political institutions including AAGLRWS to collaborate effectively.

6.10 From prevention to cure: Understanding and integrating AAGLRWS cultural values into Australian cross-cultural psychosocial counselling

In these sections, I examine the ACA governing model, training, research, and posters available on their website to compare as a primary inquiry into the competency of counselling in Australia, as claimed by many AAGLRWS based on their experiences with cross-cultural competence in Australian counselling delivery.

Wilson, Rosenthal, and Battle (2011) argue that the nature of counselling allows individuals to discover the power of reflection and unspoken feelings, demonstrating that acceptance, self-awareness, collaboration and care are foundational to competency in the counselling journey, which aids in observing ethics. This is also paraphrased by Crago and Gardner (2012, p. 107). Similarly, McLeod (1992, p. 360) emphasises the values and philosophy of the counsellor in establishing a good relationship as the beginning of counselling competency, noting that this aspect is not easily identifiable.

Many AAGLRWS have reported experiencing confusion regarding counselling competency due to the intersection of two distinct cultural knowledge systems⁵⁰. This confusion is particularly pronounced among AAGLRWS educated in Australia, who struggle to interpret terms such as duty

⁵⁰ Participants including Mitshombero, Kalwira, Betu, Malula, Mukulumpe, Bulaniati, Mulombe, Mama, Mamayemo, Kakashi, Runganda, Habiarimana, Mabele, Zahabu, Bali, Kalulu, Buyakero, and Nyota have expressed significant confusion regarding the competency of counselling services available to them.

of care, advice, psychosocial support, psychotherapy and counselling in alignment with their cultural upbringing. This struggle arises because the preventive measures ingrained in their cultural background are not recognised as valid knowledge within the Western epistemological framework, which predominantly focuses on curative interventions.

For instance, Bisengimana contrasted the curative approaches prevalent in Australia with the preventive strategies from his homeland. He described feeling safe in his homeland but now experiences confusion and solitude in Australia. He metaphorically used a boat to symbolise the safety and togetherness of the AGLR, while the forest represented his confusion within the individualistic Australian system. This metaphor reflects the broader ambiguities surrounding counselling definitions and the competency of counsellors in providing counselling or social supports.

As discussed in Chapter 5 regarding Ubuntu approach and resilience, the original community's practice of sharing food among neighbours fostered a strong, albeit intangible, sense of support and belonging. Upon relocating, this communal support system is lost, replaced by pronounced individualism. This transition results in significant culture shock as individuals navigate the stark contrast between their expectations and the reality of their new environment. Bisengimana further elaborated on the cultural aspect of support back home, where everyone shared the same responsibilities and struggles, fostering a sense of unity. In contrast, the Australian context emphasises individualism, where AAGLRWS seem to be left to navigate their challenges almost alone. This cultural shift underscores the need for a more inclusive approach to counselling that integrates the cultural and communal values of AAGLRWS, thereby enhancing the effectiveness of psychosocial support.

The pragmatic social structure of AAGLRWS prevents stress or mental degeneration, but this was taken for granted until Bisengimana and others missed it. This confusion is something that

many educated AAGLRWS, both elders and young service providers, need to identify and understand when delivering psychosocial support services to AAGLRWS in Australia. For example, training, research and posters available on the ACA website do not sufficiently demonstrate competencies in addressing the cultural backgrounds of AAGLRWS or the challenges faced by CALD communities (see Appendix VIII).

Pelling and Armstrong (2017) acknowledge that the topic of counselling competence has increased in importance in recent years, along with the growing demand for quality counselling, an increase in credentialing efforts, and the focus on the professionalisation of counselling. They discuss some of the main issues relating to the definition and assessment of counselling competence, including who is assessing competence and for what purpose. There are many ways to define and assess counsellors' competence. This research has assessed counsellors' competence on the ACA website, reflecting on AAGLRWS cross-cultural counselling experiences and queries regarding counselling professionals' competencies. It is attached in the Appendices VIII tables as evidence based on ACA's policy of ongoing professional development (OPD). OPD events are tools for development used to gauge participation in mandatory training and supervision of each ACA member. Every year, ACA members are required to meet a mandatory policy. The list includes conferences, online learning, and online events as cited earlier.

There is no specific training addressing cross-cultural counselling support for those who do not speak English as their first language, classified under the ethno-cultural diversity of the Australian population (CALD) which includes AAGLRWS (ACA, 2025a). Rahim et al. (2020) define CALD as referring to Australians who are not part of the mainstream English-speaking Anglo-Celtic group and are not Aboriginal or Torres Strait Islander. Although Aboriginal and Torres Strait Islander people are diverse in language and customs, they occupy a unique position as First Australians and should be considered distinct from the CALD population (p. 1). Rahim acknowledges that several

Australian government and non-government organisations recognise the challenges in addressing discrepancies between the Anglo-Saxon mainstream and CALD populations, including AAGLRWS. For example, the Australian Institute of Health and Welfare (AIHW, 2023) provides reports on data and holistic presentations of the health status of CALD populations in Australia and its challenges (p. 1). However, these challenges do not seem to be reflected in ACA's training, including conferences, online learning, and online events, to address cross-cultural competency and fill ethno-cultural diversity gaps, such as the counselling and psychosocial support needs of AAGLRWS.

In these sections, I conclude that the ACA's governance, training, research and promotional materials have failed to demonstrate sufficient focus on competence in cross-cultural counselling and psychosocial support. This aligns with the confusion among AAGLRWS regarding Australian counselling competency, stemming from the intersection of different cultural knowledge systems and their negative experiences with service providers. There is a need for the ACA to provide counsellors with more training and exposure to practices needed to meet the standards for competent cross-cultural therapeutic service delivery to AAGLRWS participants.

6.11 Building community and dignity: Practical solutions for AAGLRWS

The AAGLRWS face unique psychosocial support needs that require tailored and gradual adaptations to existing services. Participants like Bulaniati and Mukuna emphasise the importance of developing strategies to secure employment for AAGLRWS through social enterprises, small businesses, and engaging social activities. These initiatives not only aim to dignify individuals but also foster a sense of community agency and well-being.

Bulaniati, Mukuna and others have all highlighted the urgent need for a better understanding of AAGLRWS' psychosocial support needs, and have argued for gradual adaptations to be made to the provision of psychosocial support services. Strategies need to be developed to help secure AAGLRWS' employment, for example, through the implementation of social enterprises, small

business and social activities. Some and other participants were also concerned about the future of their elders and younger members of their community in Australia. Practical needs are intended to dignify the AAGLRWS individuals and their community, including young people. For example, simple activities could be designed for African young girls to alleviate their stress and bring them together, as Bulaniati has done in the past:

Yeah! Activities would be things that interest them. It could be hair braiding; it could be make up, nails, fashions and all the things to do with beauty. It could be juice making. You know, juice about healthy eating ... We would make juices as an activity, and then at the same time, we'll talk about healthy eating or – each week was different. Each week we had different topic, because we were funded by the Department of Health to do health sessions to young people. So I was focused on the young girls ... I was doing it every Wednesday after school. So kids would come from school and come there straight away. Because, yeah! They were bored at home. At least they had something to do, something educational ... Yeah. Like, you know, hair braiding, it's something that they all wanted to know and to be part of ... And cooking and drama. All those things, we did ... And there was always food because we know they were coming from school. They are hungry.

Despite significant contributions to educational programs, cultural integration, and social and SEWB, the low-cost program was discontinued due to non-renewal of funding by the Department of Health in WA. Hart et al. (2016) emphasise that health encompasses physical, social, emotional, spiritual, and cultural well-being (pp. 34-43). This aligns with the advocacy of Bulaniati and other participants for the government to develop programs that address health issues and periodically review innovative, evidence-based policies. Such an approach would facilitate the evaluation of

program efficiency and inform the sustainable funding and management of low-cost programs (Australian Institute of Health and Welfare, 2023; Fredericks et al., 2017).

Mukuna (50 years+) is among those who emphasized the importance of learning practical English. He proposed that instead of 500 hours of traditional English classes, it would be more beneficial and less traumatising for AAGLRWS to learn English through practical activities. For instance, engaging in jobs where the focus is on learning a few English words through practical activities, such as pick and pack, cleaning, home care, and other manual jobs related to their professions, would be more effective. As Mukuna noted:

Instead of 500 hours of English classes, it would be more useful and less traumatizing for AAGLRWS to learn English through practical activities, such as jobs where they can learn a few English words through practical tasks like pick and pack, cleaning, home care, and other manual jobs related to their professions.

What I would say, with my experience, when people first come to Australia, don't send them to school straightaway to learn English. It's not going to help them. Let them live in Australia, let them begin to hear English, let them begin to pick English here and there and then take them to school, because at least they have some vocabulary. And then teach them the structure how to speak English. Because you take them to class, you teach them grammar, then some have never been to school, they will not understand what it is. It will be a headache. It's a nightmare for them.

Research indicates that trauma can significantly impact an individual's language learning process, influencing their use, retention, or abandonment of certain languages, and sometimes leading to silence (Betten, 2010; Thüne, 2013; Busch, 2016). However, innovative strategies such as psychosocial support have shown promise in aiding those struggling to learn English. Creative

approaches, including poetic expressions and language training tailored to specific professional interests, can be particularly effective.

For AAGLRWS, mastering English in Australia is crucial as it facilitates navigation through various social networks, thereby enhancing their quality of life. This necessity is underscored by Minister Tony Burke's comments, highlighting the importance of English proficiency for social integration and personal development (Caldwell, 2007b). Sombe, Kakashi and others have also exhorted elders within the African community, and in particular AAGLRWS, to be more proactive with respect to innovative self-care programs to improve their SEWB. Sombe commented:

I think it's only to encourage those people to engage in any social group and encourage them to have any activity that can keep them busy. We have city council libraries here.

They always have activities for older, young. Those are like the things to attend to.

6.12 Conclusion

Navigating the complexities of cross-cultural counselling for AAGLRWS in Australia requires a multifaceted approach that balances care, trust, and empathy. This study has metaphorically compared the provision of cross-cultural counselling to handling an egg with care, reflecting its inherent fragility. This analogy underscores the critical importance of care, trust, genuine empathy, and the delicate balance needed in this context. The challenges of integration faced by AAGLRWS across four Australian states highlight the necessity for tailored counselling and psychosocial support that respect individual and community choices, ensuring safety and health recovery. The practice of cross-cultural counselling often collides with contextual conflicts of interest from diverse organisations, which can detract from its fundamental core definition and values. The role of care and interdependency in African communities, particularly the deep-rooted sense of care and responsibility towards others, is a cornerstone of the AGLR Ubuntu culture. This cultural value

is essential for mutual support and communal living, and it is crucial to integrate it into counselling practices to be effective.

Addressing discrepancies in definitions and practices of counselling across different contexts is vital, especially for the needs of AAGLRWS. The counselling and psychosocial support models received by AAGLRWS across different stages need to be elucidated to ensure they are culturally competent and effective. Talk therapy models, such as the role of Ubuntu in psychosocial support, and psychological, social, and physical (psychotherapy) approaches, must be adapted to the cultural context of AAGLRWS. The pharmacological model, utilised by psychiatrists and medical doctors, involves the administration of medication and brain stimulation. Integrating complementary and alternative medicine (CAM) in the care of AAGLRWS, which encompasses a wide range of holistic and traditional medical practices, can provide a more comprehensive approach to healing.

Assessing counselling competencies in Australia is complex, particularly for vulnerable populations like AAGLRWS. The professionalisation and training of counsellors, along with the institutional and funding structures, need to be addressed to ensure effective and culturally competent counselling services. Understanding and integrating AAGLRWS cultural values in Australian cross-cultural psychosocial counselling is essential for building community and dignity.

In conclusion, a balanced approach that incorporates care, trust, and empathy, while addressing the unique cultural needs of AAGLRWS, is vital for effective cross-cultural counselling in Australia. This approach not only enhances the well-being of AAGLRWS but also fosters a more inclusive and supportive community.

Chapter 7 Discussion

7.1 Introduction

This chapter presents a critical discussion of the study's findings, which explored the attitudes of AAGLRWS towards counselling and psychosocial support services in Australia. Drawing on narrative inquiry (Frank, 1995, 2010) and phenomenological engagement, the analysis foregrounds participants' lived experiences, tracing their psychosocial trajectories from contexts of war and displacement to resettlement within Australian society. Rather than treating trauma as a discrete clinical category, participants' narratives revealed layered expressions of relational dislocation, resilience, and cultural continuity. Coding techniques adapted for thematic clarity enabled the preservation of narrative integrity, while Ubuntu philosophy illuminated the communal dimensions of healing and resistance. This interpretive framework facilitated a culturally responsive understanding of psychosocial suffering, revealing how AAGLRWS participants navigated systemic exclusion through relational agency, storytelling, and collective memory.

The findings challenge reductive diagnostic models and advocate for counselling and psychosocial support approaches that honour narrative complexity and cultural embeddedness. Participant accounts reflected the enduring legacies of colonialism, war, and forced migration, revealing a spectrum of experiences ranging from marginalisation and dehumanisation to empowerment and entrepreneurship within new societal contexts.

This chapter also discusses the intergenerational transmission of trauma among AAGLRWS families, highlighting its implications for mental health and social and SEWB. Participants identified significant barriers to accessing mental health services, including cultural misunderstandings, institutional invisibility, and systemic inequities. Their reflections on counselling and psychosocial

support services revealed a dissonance between their psychosocial needs and the structure of available support systems.

The metaphor of “handling an egg with care” emerged as a powerful representation of cross-cultural counselling for AAGLRWS, symbolising the fragility, trust, and empathy required in therapeutic engagement. These findings align with prior scholarship on culturally sensitive counselling (Herman, 1992, 2022; Kirmayer, 2001; McLeod, 2011; Kezelman & Stavropoulos, 2012), while extending the discourse by foregrounding the unique challenges faced by AAGLRWS in navigating the Australian counselling and psychosocial support landscape.

This approach aimed to provide a realistic understanding of the thematic discussions based on three distinct levels. Additionally, the literature review was interwoven to support the thematic findings in each chapter, providing an understanding of the unique challenges and systemic barriers faced by AAGLRWS members in the Australian context. To facilitate a meaningful interpretation of the results, the discussion was oriented around the narratives of 55 AAGLRWS members and structured into three levels. This structure was designed to ensure engagement and comprehension, following a minimum plot structure of beginning, middle and end to captivate the reader's interest (Feldman et al., 2004, pp. 565-567). Additionally, it examined the multifaceted presentations of trauma, targeted support programs through advocacy, and the ethical and moral considerations in cross-cultural counselling and psychosocial support for AAGLRWS. These complex ethical issues underscored the need for culturally sensitive counselling practices.

The first level of discussions addressed the challenges faced by individuals and families related to counselling and psychosocial support. It reviewed and discussed the resilience and mental health navigation of AAGLRWS in Australia, examining the impact of acculturation stress and emphasising the importance of supportive networks and culturally sensitive health services. This level critically discussed the integration challenges regarding counselling and psychosocial support

for AAGLRWS, critiquing the APSS system for its lack of cross-cultural competency. It suggested improvements through training, education, and integrating diverse perspectives into mental health care, including the interdependencies of African individuals and groups within the context of systemic integration in an individualistic society like Australia with possible self-agency.

As presented in Chapters 3, 4, 5, and 6, the African family dynamic had been weakened by various resettlement causes and the legal and psychosocial structures imposed by the Australian Government System (AGS). The research identified that many AAGLRWS families placed women at the centre of the family structure, serving as both providers and mediators. Additionally, challenges in mental health literacy and support highlighted the urgent need for the Australian health system to address the concerns of AAGLRWS and develop collaborative solutions for integrating cross-cultural counselling and psychosocial support.

The second level examined the issues within Australian institutions and community organisations mandated to provide APSS within the AAGLRWS socio-political and economic environment. Organisational reflections on service delivery within an individualistic system were discussed, aiming to tailor hybrid therapeutic delivery models that addressed both individual and collective responses. This level focused on the cultural gaps and the multifaceted impact of trauma and health challenges faced by AAGLRWS members in Australia.

The cross-cultural disparities between AAGLRWS and the Australian healthcare system presented significant challenges in expressing past traumatic experiences. The chapter emphasised the importance of restoring togetherness through cultural competence and support for AAGLRWS in Australia. The Australian psychosocial support system faced significant challenges in achieving cross-cultural competency, particularly in addressing significant barriers AAGLRWS members faced in accessing mental health services, including low mental health literacy, stigma, language barriers, and a lack of culturally competent professionals. The in-depth analysis placed the findings in

context to provide understanding. These efforts aimed to advance their SEWB, and economic and political development, ensuring that they could lead flourishing lives as ordinary Australian citizens.

The third level explored the problems linked to policy, institutionalised legislative frameworks, and policy coordination affecting AAGLRWS recipients. It emphasised the integration of implications from the first and second levels, aligning them with a proposed policy governance framework to facilitate institutional implementation from planning to service delivery. This stage integrated data and recommendations from the preceding levels, providing insights to develop effective policies and governance strategies.

The discussion highlighted institutional failures in providing counselling and psychosocial support to AAGLRWS in Australia, as discussed in Chapters 5 and 6. The challenges faced by AAGLRWS members in accessing counselling and psychosocial support services were linked to the lack of regulation in the system. Other critical issues included regulatory gaps, marketisation of counselling, structural and cultural violence, and advocacy. The discussion emphasised the importance of recognising and supporting cultural practices and integrating spiritual practices into mental health care to strengthen community bonds and improve mental health outcomes for AAGLRWS in Australia.

The systemic challenges obstructing access and equity for AAGLRWS were highlighted as an institutional crisis, underscoring the importance of regulating counselling services to ensure accessibility for all, particularly marginalised groups such as AAGLRWS. Additionally, it discussed the issue of transgenerational trauma (TGT) within AAGLRWS communities, highlighting the need for understanding and addressing the mechanisms of trauma transmission across generations.

In conclusion, chapter 7 provides a platform for discussing the multifaceted thematic findings, focusing on the challenges and potential reforms for more effective mental health support for

AAGLRWS. The trauma experienced by members of the AAGLRWS has far-reaching consequences, affecting their SEWB. The research insights highlighted a critical need for tailored counselling and psychosocial support, but it seems the response from institutions has been lacking, as corroborated by Caldwell (2007b). This institutional silence can have profound impacts, leaving communities feeling unsupported and hopeless. It is crucial to advocate for increased awareness, targeted support programs, and policy changes to ensure that the AAGLRWS community receives the help they need. By fostering dialogue and taking meaningful actions, we can work towards a more inclusive and supportive environment for all.

Following this introduction, I argue that while Australia purports to embrace multiculturalism, it often fails to reflect this ideal in practice. Understanding the concept of cultural difference requires delving beyond superficial celebrations like multicultural festivals. As Lewis-Fernández and Díaz (2002) highlight, cultural factors profoundly affect clinical encounters. Living with these cultural differences presents unique challenges, particularly for AAGLRWS, whose experiences are often not fully appreciated by those supporting them. The discussion focusing on the core aspects of counselling and psychosocial support care, and the delivery of genuine empathetic services tailored to the needs of AAGLRWS is fundamental in addressing the critical issues at hand. This discussion includes the AAGLRWS' suggestions for establishing their own agency to better meet their needs of care. The aim is to demonstrate how access and equity for AAGLRWS should be understood and coordinated to achieve these positive goals. This is exemplified in this study, *'Counselling in a Cross-Cultural Context: The Case of Refugees from the Great Lakes Region of Africa Who Now Live in Australia.'*

7.2 Level I insights: Resilience and mental health in AAGLRWS Australia

Level I of the research, reviewed and discussed in this section, examined the resilience and mental health navigation of AAGLRWS members in Australia. This stage addressed several critical areas. It

considered how AAGLRWS members leveraged their strengths, social support networks, cultural practices, and individual psychological traits to navigate adverse situations. The study examined how AAGLRWS members strived to integrate into the AHPSS system, highlighting the challenges and barriers posed by cultural differences.

This Level investigated the knowledge and beliefs about mental health among both service providers and AAGLRWS members, and how this literacy influenced help-seeking behaviours and mental health outcomes. It analysed the impact of cultural differences on the therapeutic process and underscored the importance of cultural competence among mental health professionals. Additionally, it examined the effects of transgenerational trauma on AAGLRWS members, shaped by the disenfranchisement of Ubuntu culture, historical and ongoing conflicts in the AGLR, within their current family units, and their perceptions of Australian mental health services.

Overall, the first level aimed to provide a nuanced understanding of the resilience and mental health challenges faced by AAGLRWS members in Australia. It offered insights into how they navigated social abandonment, complex systems, and cultural landscapes to maintain their mental well-being.

7.2.1 AAGLRWS' resilience from adverse psychosocial situations

The study underscores the resilience of AAGLRWS following traumatic events. This research highlights that AAGLRWS exhibit strong resilience, having endured numerous difficulties that qualify as social abandonment. According to the American Psychological Association (2014), “Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands” (para. 1).

According to the American Psychological Association (2014), resilience is influenced by how individuals perceive and interact with the world, the availability and quality of social resources,

and specific coping strategies. Many AAGLRWS exhibit resilience by enduring numerous adversities affecting their psychosocial development. However, many report feeling stretched to their limits. Notably, some AAGLRWS who understand and apply the concept of “Ubuntu” have demonstrated collective resilience strategies to maintain their SEWB. For instance, the case of Mobutu (see Chapter 5.5), who relocated with his family from New South Wales (NSW) to Western Australia (WA) to better manage their SEWB, illustrates the practical application of “Ubuntu.”

Many AAGLRWS did not migrate primarily for a better life but for safety after experiencing traumatic events. They had little choice and believed that peace and justice could be found in Western countries. Westerners initially arrived in the AGLR as peacemakers and investors in development. Some AAGLRWS continue to use “Ubuntu” as a resilience factor, driven by cultural, moral, and duty of care, risking their lives in the sea, forest, and desert to support families back home who lacked the means to escape traumatic events. “Ubuntu,” central to African culture, emphasises good cohabitation. Unfortunately, since the era of slavery and colonisation, the governance of “Ubuntu” has been nearly discontinued due to the imposition of Western individualistic models, despite African people remaining rooted in their “Ubuntu” upbringing. Critics argue that African leaders and the impacts of colonialism have misused the “Ubuntu” concept for their advantage (Herman & Peterson, 2014; United Nations Security Council, 2025). As Mugumbate and Nyanguru (2013, p. 98) explain, “Ubuntu” has its weaknesses in terms of value.

In chapters 3, 4, 5, and 6, the notion of ‘Ubuntu’ was identified by some of my research participants among AAGLRWS), including Mobutu, Bulaniati, Afriza, Zahabu, Kabarebe, Kakashi, and Mukulumpe. These narratives illustrate how some AAGLRWS families continue to apply “Ubuntu” and cope with adversities by continuously adapting their strategies, in contrast to those who relinquish collective support. The situation raised a pressing question: How long did AAGLRWS have to endure their suffering? Those who strove to balance both cultural paradigms

often struggled to maintain their SEWB despite the opportunities provided by the Australian socio-economic environment. Their struggle was compounded by the need to navigate and reconcile divergent cultural frameworks, leading to continuous tension in their daily lives. As Funk and Barry (2020b) asserted, trauma could not be effectively addressed without specific and culturally appropriate treatment. Therefore, it was imperative that AAGLRWS received tailored interventions to restore their SEWB, acknowledging the unique challenges they faced at the intersection of these cultures.

By directly incorporating Funk and Barry's assertion about the necessity of specific treatment for trauma, the argument underscored the importance of culturally sensitive approaches for AAGLRWS. This not only tied the argument more cohesively but also emphasised the urgency for appropriate support systems.

Additionally, considering the complexities of balancing multiple cultural paradigms, it was worth highlighting how generalised treatments often fell short. The unique experiences of AAGLRWS required interventions that were attuned to their specific cultural contexts. This reinforced the idea that without such targeted support, their struggle might have persisted indefinitely.

To further enrich the argument, one might consider exploring how culturally inappropriate treatments could perpetuate trauma, as suggested by Funk and Barry. For instance, mental health services that didn't account for cultural differences might have inadvertently alienated those they aimed to help, exacerbating feelings of isolation and distress. In essence, advocating for culturally specific treatment was not just beneficial—it was essential for truly addressing the root causes of their suffering and enabling AAGLRWS to achieve genuine SEWB.

On another note, emphasising the role of community support and culturally informed policies could also have strengthened the argument. By showcasing how (Ubuntu) collective efforts and

understanding could lead to more effective healing processes, a pathway toward lasting well-being for AAGLRWS was highlighted. According to them, understanding the benefits of the “Ubuntu” concept amplifies resilience for both service users and Australian service providers. Participants noted that “Ubuntu” fosters a sense of humility, which is crucial during initial contact and any clinical intervention with individuals of African heritage, such as AAGLRWS. This aligns with Crago and Gardner’s (2012) emphasis on the importance of humility and subtlety in counselling, to empower service users to take charge of their participation in conversations or sessions (Crago & Gardner, 2012, pp. 28-29).

The concept of “Ubuntu,” deeply rooted in African philosophy, emphasises communal interdependence, compassion, and mutual support (Mbiti, 1990). Detailed discussions in the previous two chapters highlight how this cultural framework can significantly enhance the therapeutic process by fostering a supportive environment that acknowledges and respects the cultural background of AAGLRWS. As highlighted by War Resisters’ International (2013), addressing trauma in post-conflict regions like the AGLR requires a culturally relevant approach that considers the complex interplay of experiences, memories, and socio-economic factors (War Resisters’ International, 2013).

It is crucial to highlight that the African participants in my research have demonstrated significant resilience. The dynamics of transference and countertransference play a pivotal role in their interactions with clinicians. Through their experiences and cultural education, they have learned about the Western individualist way of life, which contrasts with their collectivist epistemology. While individualism prioritises the needs of the individual over the community, African collectivism places the community’s interests above individual needs. These differing structures must be well-adjusted to facilitate effective communication between health practitioners and patients.

In conclusion, integrating the concept of “Ubuntu” into clinical practice with AAGLRWS can enhance resilience and support the healing process. It is essential for service providers to understand and practice “Ubuntu” at every stage of interaction, from initial contact to ongoing clinical progression.

7.2.2 AAGLRWS individuals and groups (interdependencies) in the context of systemic integration in an individualistic society (Australia)

As presented in Chapters 3 and 4, the African family dynamic has been weakened by various resettlement causes and the legal and psychosocial structures imposed by the Australian government system (AGS). These factors challenge traditional gender roles and parental responsibilities within some AAGLRWS families. Many men feel disenfranchised from their traditional role as family representatives (ambassadors), while many women’s agency and resilience are insufficient to sustain the family unit (catalysts). This situation leads to family rebellion, dislocation, isolation, gambling, drug abuse, domestic violence, job absenteeism, homelessness, and mental disconnection. These issues adversely affect psychological states and cultural upbringing.

The barriers to seeking proper interventions are often due to incompatible cultural frameworks, legal processes, and differing purposes. These challenges are consistent with the findings of Díaz and Greene (1994b), who discuss family disintegration when power structures become dysfunctional. Parents are experiencing significant stress due to their inability to effectively guide their children. Children are becoming equal participants in family decision-making processes, despite lacking the necessary maturity, as parents fear disrupting the family unit. This research indicates that African Australian Great Lakes Region War Survivors (AAGLRWS) women are more active than men in pursuing education, child care, home care, aged care, and disability

services. They often accept unskilled and manual jobs, quickly becoming the primary breadwinners (Babatunde-Sowole et al., 2016).

AAGLRWS women are more likely to experience homelessness due to violence, abuse, and neglect (VAN). These women often distrust the current Australian system and seek assistance within their communities. VAN and family breakdown lead to intergenerational conflicts, particularly in families that do not employ “Ubuntu” resilience strategies. In these families, children or women often assume leadership roles but lack confidence in seeking help when subjected to violence. The strong cultural attachment to family sometimes prevents AAGLRWS women from seeking appropriate solutions, rendering them vulnerable (Diamandi & Muncey, 2009).

This research identified that many AAGLRWS families place women at the centre of the family structure, serving as both providers and mediators. In many African contexts, men are traditionally tasked with maintaining cultural discipline, ensuring safety, and fostering development within the family unit. However, the role of women extends far beyond domestic boundaries, encompassing economic contribution and cultural preservation. Camara Laye’s poem *A ma mère* poignantly illustrates this dynamic, portraying African women as foundational pillars of society—breadwinners, nurturers, and catalysts for communal resilience. His tribute elevates the maternal figure as a symbol of strength and continuity, reinforcing the argument that women shape traditional African life not only in rural villages but also across diasporic urban landscapes such as Sydney, Goma, Bujumbura, and Kigali (Laye, 1956). By referencing *A ma mère*, this section affirms the centrality of women in sustaining cultural identity and social cohesion, particularly within refugee communities navigating cross-cultural transitions.

The assertion by Diamandi and Muncey (2009) and other Australian scholars that domestic violence in emerging communities is linked to women gaining more power than they had in their

home countries oversimplifies the issue and fails to capture the nuanced realities of African societies. This perspective overlooks the fact that traditional African societies often operate on principles of meritocracy, where both men and women can hold significant positions based on their abilities and contributions, rather than their gender. In these communities, the family unit is not structured around power dynamics but rather around mutual respect, love, and complementarity.

Historically, African women have held significant power and influence, as evidenced by figures such as Hatshepsut, the fifth Pharaoh of the Eighteenth Dynasty of Egypt, who ruled her kingdom without objection (Tyldesley, 1996). Similarly, the Queen of Sheba from Ethiopia was a prominent figure during biblical times (Pankhurst, 1998). From the 17th to the late 19th century, the Dahomey Mino, an army of African women, dominated West Africa (Benin) (Law, 2000). This legacy of leadership and resilience continues to echo in the triumphs of AAGLRWS in Australia, whose courage and vision reflect the enduring influence of these historical figures. The African Library Project (2019) underscores how such women continue to inspire resilience and agency across generations and geographies.

This research highlights that AAGLRWS families thrive on values of cooperation and mutual support, which foster harmony and resilience. Attributing domestic violence to shifts in power dynamics without considering the broader cultural context is reductive and fails to address the root causes of such violence. The strength of African families lies in their ability to balance roles and responsibilities through a framework of cooperation and mutual support, rather than rigid power structures.

Arguably the role of women as providers in the family is not the cause of domestic violence or abuse and neglect in the AAGLRWS community. Instead, the residual effects of traumatic migration and the resettlement process into an individualistic Australian society are likely to have created

difficulties for many. These factors are the underlying causes of violence, abuses and neglect (VAN) or domestic violence (DV).

In conclusion, understanding the complexities of AAGLRWS families requires a nuanced approach that considers cultural values and the impact of migration. Addressing VAN or DV effectively involves recognising the importance of cooperation and mutual support within the family unit, rather than attributing it to changes in power dynamics. By focusing on the broader socio-cultural and psychological factors, we can better support AAGLRWS families in overcoming these challenges and fostering resilience.

7.2.3 AAGLRWS and AMHS: Challenges in mental health literacy and support

The previous chapters have highlighted the urgent need for the Australian health system to address the concerns of AAGLRWS and develop collaborative solutions for integrating cross-cultural counselling and psychosocial support. This study underscores this necessity. The acculturation, resilience, and suffering of AAGLRWS have been extensively documented by scholars (Nzongola-Ntalaja, 2002; Hochschild, 2006; Middleton & Calder, 2008; Edgerton, 2013; Herman & Peterson, 2014). Participants in this research reported facing numerous challenges in their settlement within Australian society, often described as social abandonment. Additionally, the concept of “Ubuntu” can become burdensome as they worry about their families in their countries of origin or scattered globally as refugees or asylum seekers phenomenon.

The primary issues affecting AAGLRWS settlement stem from inappropriate counselling and psychosocial support policy in unregulated structures and a lack of understanding of their specific needs. Diamandi and Muncey (2009) emphasised the importance of better understanding these needs to improve communication and knowledge between the Australian health care system (AHCS) and AAGLRWS. The Refugee Council of Australia (2014) also highlighted the necessity of tailored support services.

AAGLRWS's lack of mental health literacy and stigmatisation of mental health is linked to their cultural upbringing and the fragmented communication between AAGLRWS and AHCS. The current English acquisition strategies by the Department of Social Services (DSS) are inadequate for facilitating their language integration. This research identifies the need for assistance in identifying service providers and AHS fragmented structure of service delivery. Furthermore, the literacy of Australian practitioners regarding African (AAGLRWS) issues is predominantly limited to mainstream and Anglo-Saxon contexts, as discussed in Chapter 3. This research also identifies a significant gap in accurate diagnosis, statistics, and research on African, particularly AAGLRWS, groups.

In conclusion, these challenges undermine Australia's clinical competency in providing effective cross-cultural counselling and psychosocial support. It also hinders the advocacy and dissemination of AAGLRWS's tailored psychosocial needs among service users, providers, AHCS, DSS, and policymakers. Coordinating clinical practices and policies to enhance practitioners' competency is crucial for addressing these issues.

7.2.4 Psychosocial support and counselling in cross-cultural contexts: The need for adaptations

In light of the findings presented in previous chapters, it is evident that the Australian health system needs to urgently adapt its counselling and psychosocial support approaches to effectively address the unique needs of AAGLRWS in cross-cultural contexts.

In the Western (Australian) perspective, counselling and psychosocial support often emphasises individual autonomy and self-actualisation, aligning with Maslow's Hierarchy of Needs (MHN). This approach views a person as "what is," focusing on the individual's current state and personal development (McLeod, 2023) Health is seen as more than the absence of disease, encompassing physical, social, emotional, spiritual, and cultural dimensions (Hart et al., 2016).

Conversely, the AAGLRWS perspective adopts a collective approach, perceiving a person as a “force that is,” emphasising the interconnectedness of individuals within their community. This view aligns with the Ubuntu philosophy, where humans are seen as indivisible forces within a collective system (Tempels, 1949a). SEWB for AAGLRWS is a holistic concept that includes physical, mental, social, cultural, spiritual, and environmental stability. It is not merely about fulfilling basic needs but achieving equilibrium within the collective identity (Kagame, 1976).

The divergence in perspectives influences how counselling and psychosocial support are interpreted and delivered. Western counselling is often problem-oriented and focused on individual solutions. It may not fully address the collective needs and cultural contexts of AAGLRWS, potentially leading to a mismatch in expectations and outcomes. In contrast, AAGLRWS counselling requires adaptation to include collective healing practices, recognising the importance of community and cultural identity in the healing process.

The ramifications for cross-cultural service delivery highlight the need for adaptations. Counsellors need to be culturally sensitive and aware of the collective nature of AAGLRWS’ SEWB. This involves understanding the cultural context and integrating community-based approaches into counselling practices (Hart et al., 2016). Incorporating elements that address not only the individual’s needs but also their role and identity within the community is essential. This may include group therapy, community support systems, and culturally relevant practices such as engaging with spiritual traditional healers, fortune tellers, or religious practices.

However, challenges remain in balancing individualistic and collective approaches. Counsellors must navigate these differences carefully to provide effective support. Ensuring that AAGLRWS have access to culturally appropriate mental health services is crucial. This includes training counsellors in cross-cultural competencies and developing services that are inclusive and respectful of cultural differences.

Participants have identified significant issues related to the competence of trainers and the knowledge imparted during training. They also noted that the time frame of these trainings does not meet the expectations of cultural knowledge of more than 2000 years back in the AGLR being taught in a one-day course. According to many this “elephant in the room” arises because the theoretical presentations of competence training in APSS are symbolic rather than realistic in the field of counselling and psychosocial support. Furthermore, they said, one primary reason for this is the lack of regulation in counselling, which creates ambiguity regarding the quality of trainers, the training provided, the responsibilities of those involved and their accountability. Many participants highlighted this discrepancy, including Malula, who illustrated the issue by describing the impracticality of expecting a Western man to receive effective counselling and psychosocial support from forest people in the Congo.

Despite the clear need for culturally adapted psychosocial support, the Australian system has resisted necessary adjustments (Stephens, 2017a). Systemic challenges, as highlighted by Khatri and Assefa (2022), hinder the SEWB of new arrivals and immigrants, including AAGLRWS. Cultural adaptations are essential to address these issues. Griffin (2010) notes the Western dismissive attitude towards other cultural needs, despite psychologists’ recognising the importance of culture in shaping individuals. Furthermore, the data reveal a pressing need for counselling and psychosocial support models that acknowledge and integrate the lived experiences of trauma and forced migration. Such models must move beyond superficial cultural sensitivity to embrace the structural and emotional complexities that shape AAGLRWS’ engagement with psychosocial support systems.

In conclusion, addressing the psychosocial support needs of AAGLRWS requires a concerted effort to overcome systemic resistance and implement culturally sensitive approaches. Only

through such adaptations can the SEWB of AAGLRWS be effectively supported, ensuring their successful integration and wellbeing in Australia.

7.3 Second level: Hybrid therapeutic approaches—Balancing individual and collective responses in AAGLRWS care

The second level discusses organisational reflections on service delivery within an individualistic system, with the goal of tailoring hybrid therapeutic delivery models that address both individual and collective responses. This second level of the chapter discussion has reviewed and discussed the cultural gaps and multifaceted impact of trauma and health challenges faced by AAGLRWS in Australia. Key themes include cross-cultural disparities, cultural competence, acculturation, the restoration of togetherness, and the cross-cultural challenges within the APSS system. The discussion highlights significant differences in trauma expression and experience between AAGLRWS and the broader Australian population, often leading to misunderstandings and misdiagnoses. This underscores the need for culturally sensitive mental health care.

Cultural competence is emphasised as crucial, advocating for mental health professionals to be equipped with the necessary skills and knowledge to support AAGLRWS effectively. This includes understanding cultural contexts of trauma, recognising unique stressors, and developing culturally appropriate interventions. The impact of acculturation, or adapting to a new cultural environment, is also critical, as it can lead to isolation, identity conflict, and increased vulnerability to mental health issues.

The restoration of togetherness is identified as vital for individual and collective healing and resilience, involving community-based support groups, culturally relevant counselling practices, and traditional healing methods. Finally, the cross-cultural challenges faced by the APSS are examined, including systemic barriers such as regulatory gaps, marketisation of counselling services, and structural and cultural violence. Addressing these challenges requires policy reforms,

advocacy for cultural competence, and advanced monitoring tools to ensure effective and sustainable service delivery.

Through this detailed exploration, the second level prepared the groundwork for discussing the complex interplay of cultural factors in the mental health and well-being of AAGLRWS members, setting the stage for the next discussion on the integrational phases of institutional requirements in the third level.

7.3.1 Traumatic impact of colonialism and forced displacement

The research underscored that the traumatic impact on the AGLR stemmed from factors such as the legacy of colonialism, political conflict, disputes over land and resources, cultural identity and war. Rosenberg (2019a) suggested that the partitions of Africa were intended to re-establish imperial control over the region through a divide-and-conquer strategy originating from the Berlin Conference (1884-1885) that fractured precolonial sociocultural cohesion.

This fragmentation was exacerbated by the complicity of political leaders and driven by greed, corruption and geopolitical manipulation from Western powers that intensified structural violence and social dislocation (Bacirongo & Nest, 2015; Herman & Peterson, 2014; Burgis, 2016; Mbeko & Ngbanda-Nzambo, 2014; Wrong, 2021). The sociocultural fabric of the region, historically composed of Bantu-speaking communities with shared cultural and linguistic ties, was destabilised by the strategic elevation of a minority Tutsi elite, supported by Western powers to facilitate resource extraction and maintain imperial interests (Burgis, 2016, pp. 40–45; Herman & Peterson, 2014; United Nations Security Council, 2025). Situated within this historically entrenched matrix of fragmentation and externally imposed violence, Malula's narrative arising from this research has invited a critical re-examination of peace in the AGLR—not as a static outcome, but as a contested and aspirational construct shaped by lived trauma, displacement, and sociopolitical rupture.

Malula's reflection—that peace remains aspirational rather than experiential—reveals how trauma and structural violence have shaped AAGLRWS participants' perceptions of healing and justice. His account foregrounds the dissonance between imposed political settlements and the lived realities of displaced communities, where peace is not merely the absence of conflict but the presence of dignity, safety, and relational restoration. This view resonates with Ubuntu's emphasis on communal harmony and interdependence, challenging Western models of peace and counselling that prioritise individual recovery over collective transformation. Within Ubuntu, healing is relational and justice is restorative, underscoring the need to reframe psychosocial support in ways that honour cultural continuity and shared suffering.

Malula's narrative also aligns with migration theory, particularly Ravenstein's (1885, 1889) laws of migration and Lee's (1966) push-pull framework, which help to explain the forced displacement of AAGLR populations. These models illuminate how systemic violence, political instability, and ethnic targeting function as powerful push factors, while the conditional promise of safety, opportunity and dignity in host countries serves as a complex pull, often complicated by residual trauma, exclusion, and the erosion of cultural identity. When viewed through this dual lens, Malula's experience becomes more than anecdotal; it becomes emblematic of broader migratory patterns shaped by historical injustice and contemporary neglect.

7.3.2 Cross-cultural disparities in trauma expression

The cross-cultural disparities between AAGLRWS and the Australian healthcare system present significant challenges in how these individuals express their past traumatic experiences and current manifestations of depression and anxiety. This research identifies that the terms "depression" and "anxiety," commonly used in Australian mental health contexts, do not have direct equivalents in AAGLRWS languages. This linguistic gap leads to confusion and

miscommunication, as these terms do not align with the cultural and structural frameworks of AAGLRWS (Khatri & Assefa, 2022).

Consequently, the expression of trauma among AAGLRWS often manifests as somatic or dissociative symptoms, which may be misinterpreted when assessed through a Western diagnostic lens. For instance, some AAGLRWS cultures hold the belief that individuals are part of an invisible collective force, which extends the representation of trauma, somatisation, and dissociation to a collective level. These cultures also recognise a hierarchical structure in the manifestation of being, which contrasts with Western views that consider the body and soul (mind) as representations of the physical and social self (Tempels, 1949; Kagame, 1976).

The linguistic and emotional expressions of distress among AAGLRWS are deeply rooted in these cultural disparities, highlighting distinct ways of understanding and communicating trauma within their social and cultural contexts (Griffin, 2010). It is essential to consider that AAGLRWS cultural backgrounds significantly influence their neural system functions, which in turn affect the behavioural manifestations of their traumatic symptoms. These symptoms are often normalised within their cultural context but may be deemed acceptable or unacceptable in Australian society.

Kirmayer (2001) emphasises the profound impact of culture on cross-cultural diagnosis, arguing that:

Culture provides categories and a lexicon for emotional experience, making some feelings salient and others more difficult to articulate. Culture sets limits of tolerance for specific emotions and strong effects; it also provides lay theories and strategies for managing dysphoria. Culture influences the sources of distress, the form of illness experience, symptomatology, the interpretation of symptoms, modes of coping with distress, help-seeking, and the social response to distress and disability” (p. 23).

Each of these cultural influences has significant implications for the expression and clinical interpretation of dysphoric affect.

7.3.2.1 Spiritual flashbacks and unspoken grief: A case of culturally embedded trauma expression

The case of Mamayemo offers a compelling illustration of culturally embedded trauma expression among AAGLRWS participants, particularly through spiritual flashbacks and prolonged silence. Her experience of communicating with her late husband—whom she was unable to bury due to forced displacement—reflects a profound entanglement of unresolved grief, disrupted mourning rituals and spiritual continuity. This phenomenon challenges dominant Western trauma frameworks, which often interpret such expressions as pathological (e.g., hallucinations or dissociation), rather than as culturally sanctioned modes of resilience and relational healing.

Mamayemo's prolonged silence and eventual disclosure during the interview suggest a complex interplay between cultural norms of emotional restraint, fear of pathologisation, and the absence of culturally responsive therapeutic spaces. Her statement that the interview offered an opportunity to speak to someone "who would listen to my husband's history" reveals a dual motivation: the need to narrate her trauma and the desire to honour her husband's memory. This aligns with Herman's (2022) assertion that flashbacks compel traumatised individuals to relive past events as if they are occurring in the present, often accompanied by intense emotional and somatic responses. Laye (1976) similarly describes the spiritual and ancestral dimensions of memory in African contexts, where the dead remain active participants in the moral and emotional lives of the living (pp. 208–209).

The therapeutic significance of the interview—evidenced by Mamayemo's gratitude and the extended duration—underscores the importance of culturally reverent listening. In this context, the researcher's decision to allow the conversation to unfold beyond the scheduled time was not

merely logistical but ethically and therapeutically responsive. It demonstrated an understanding that healing in cross-cultural trauma work often requires flexibility, reverence, and relational depth. This approach resonates with Ubuntu-informed care, which prioritises relational ethics and collective healing over rigid proceduralism.

Ultimately, Mamayemo's case exemplifies the limitations of Western diagnostic frameworks in capturing culturally embedded trauma expressions. Her spiritual conversations, while potentially misinterpreted in clinical settings, represent continuity, guidance, and resilience within her cultural worldview. Such narratives call for a reconfiguration of psychosocial support models to accommodate spiritual grief and culturally sanctioned healing practices. They also reinforce the broader argument of this chapter: that cross-cultural trauma work must move beyond symptom-based categorisation and toward ethically attuned, culturally congruent engagement.

7.3.2.2 Embodied collapse and psychosomatic expression: Vasovagal syncope as trauma narrative in AAGLRWS

The Kakasi episode, in which the participant fainted during a classroom session, offers a compelling lens through which to examine psychosomatic trauma expression among AAGLRWS. Clinically, this event may be interpreted as vasovagal syncope—a neurocardiogenic response triggered by emotional or physiological stress (Gracie et al., 2020). However, within cross-cultural counselling contexts, such episodes demand a more nuanced interpretation that transcends biomedical reductionism.

For AAGLRWS, fainting may represent an embodied collapse under the weight of unresolved trauma, cultural dissonance, and institutional invisibility. The classroom, symbolising Western authority and epistemic dominance, becomes a site of psychosocial rupture. Kakasi's collapse is not merely a physiological event but a narrative interruption—a moment where the body articulates what language cannot (Van der Kolk, 2014).

This phenomenon may be conceptualised as Trauma-Induced Neurocardiogenic Collapse (TINC), a culturally embedded psychosomatic signal reflecting:

- Transgenerational trauma: inherited suffering manifesting somatically across generations (Danieli, 1998).
- Narrative silencing: the inability to articulate trauma within dominant therapeutic discourses (Summerfield, 2001).
- Cultural suppression: the internal conflict between Ubuntu-based communal identity and Western individualism (Mbiti, 1990; Metz, 2011).

Ubuntu philosophy reframes Kakasi's collapse not as weakness but as a communal cry for reconnection. The fainting episode becomes a call to restore relational dignity and cultural resonance in therapeutic spaces. Ravenstein's migration theory contextualises the collapse as a residual effect of migratory stress (Ravenstein, 1885), while Nussbaum's capabilities approach highlights the deprivation of emotional expression and agency (Nussbaum, 2000).

Integrating this interpretation into cross-cultural counselling models requires:

- Recognising psychosomatic episodes as trauma narratives.
- Training clinicians to decode embodied expressions within CALD populations.
- Incorporating somatic therapies alongside narrative inquiry and Ubuntu ethics.

Kakasi's episode thus serves as both a diagnostic and symbolic entry point into the lived realities of AAGLRWS. It challenges practitioners to listen not only to verbal accounts but to the body's language of collapse, and to respond with culturally attuned care.

The psychosomatic collapse experienced by Kakasi, interpreted through the lens of Trauma-Induced Neurocardiogenic Collapse (TINC), exemplifies how trauma expression among AAGLRWS transcends conventional diagnostic categories. This episode underscores the urgency of culturally responsive frameworks that recognise embodied trauma as a legitimate narrative form. As the

discussion shifts toward transgenerational trauma, it becomes evident that such psychosomatic expressions are not isolated incidents but part of a broader continuum of inherited suffering. The following section explores how trauma is transmitted across generations, often through silence, displacement, and cultural fragmentation—further complicating the therapeutic landscape for AAGLRWS in Australia.

7.3.3 Transgenerational trauma – a process of dehumanisation

Transgenerational trauma (TGT) laid the groundwork for understanding how trauma was transmitted across AAGLRWS generations and its implications for mental health. Kezelman (2019) described transgenerational trauma as “the process by which trauma is transmitted to the next generation via the attachment style associated with unresolved parental trauma” (p. 111).

The current chapter highlights that TGT was a significant issue affecting AAGLRWS members. These individuals endured continuous suffering in their home countries and during their journeys to Australia. Upon arrival, they did not receive appropriate psychosocial support due to a lack of mental health knowledge and difficulties in accessing and equitably utilising the AHS. Consequently, they transmitted trauma to the next generation, making them susceptible to various under-researched mental health issues, including somatic symptom disorders.

This trauma was compounded by incongruent structural backgrounds, such as the loss of culture, traditional spirituality, grief, and adverse resettlement experiences. Briere and Runtz (1998) argued that ignoring mental health issues could lead to severe mental illnesses. Similarly, the persistent neglect of AAGLRWS trauma resulted in psychological disorders, institutionalised trauma, and potential transgenerational trauma.

Research indicated that attachment to parental suffering or the legacy of survival significantly impacted the developmental trajectories of young AAGLRWS members. This phenomenon aligned with Bowlby’s (1982, 1988) attachment theory, which posited that attachment was a fundamental

behaviour with internal motivation, distinct from feeding and sex, and crucial for survival and emancipation. An illustrative example was provided by Malula, a participant who described the motivation derived from more than three generations of legacy and behavioural transference from his parents' survival mode. This legacy, rooted in TGT trauma, had not yet achieved freedom. Malula used this legacy as a motivational tool to pursue Western education, aiming to recover his dignity, peace, and national autonomy. Consequently, AAGLRWS children and young people raised in continuous suffering often exhibited long-standing trauma, transmitted intergenerationally through parental interactions. Malula's coping mechanism, rooted in the legacy of freedom identified during the invasion of the AGL, exemplified this process.

Hall (1981) posited that "repeated projection processes through several generations in a family create an extended powerful emotional force, which eventually raises or lowers levels of differentiation in members of succeeding generations" (p. 45). This repetition and powerful influence existed between different generations of families in all societies. Genealogical data and observations of families over several generations provided evidence of various repeated patterns of dependent behaviour.

Most AAGLRWS individuals hesitate to seek help beyond their networks due to the biopsychological sufferings inflicted on them by various individual, cultural, and service-related barriers (Antiss & Ziain, 2010). The intergenerational transmission of trauma was evident among young AAGLRWS members who were continuously abused, discriminated against, or neglected at school and on the street. They were often the first to be targeted by police from a young age. Brown (2009) acknowledged that traumatisation and the absence of safety were attributed to targeting individuals who were members of marginalised groups, such as AAGLRWS.

This research identified that many participants did not detect the causes of the war but seemed trapped by genuine criminal tactics, leading them to mourn the war and the lost state

without fully understanding the real causes. Findings indicated that some even reconnected with the same chains of persecution from their country of origin, influencing their settlement in other countries, including Australia. They continued to support leaders from their country of origin, which destroyed peace and created animosity among AAGLRWS members. This aligned with the alleged spies reported by Michela Wrong (2021) in her book *Do Not Disturb: The Story of a Political Murder and an African Regime Gone Bad*.

An African proverb stated, “If you see a witch, you have to shout to him/her and he or she will run far from you.” This wisdom urged the AGLR people to confront their oppressors, diminishing their power and easing the fears of those seeking safety. Another proverb stated, “If you see a person drowning in the water, the one who is in a safe position must rescue the one who is trapped in the water.” This proverb highlights the diaspora’s duty to support those still facing adversity, illuminating the complex social dynamics within the community. Such solidarity is essential for overcoming the dehumanisation inflicted by oppressive systems and for fostering resilience (Freire, 1970; Fanon, 2004). By actively aiding those still suffering, the diaspora not only provides practical assistance but also affirms the humanity of individuals who have been marginalised and devalued (Biko, 2002).

Moreover, the pervasive impact of transgenerational trauma—the transmission of historical oppression and its negative consequences across generations—serves as a tool of dehumanisation that perpetuates suffering (Atkinson, 2002; Brave Heart, 1998). The AAGLRWS community experiences this trauma, which manifests as psychological distress and social dislocation, undermining their SEWB. This manifestation of trauma effectively integrates the proverbs to underscore the dual necessity of confronting oppression and providing support within the AAGLRWS community. By emphasising how solidarity combats dehumanisation and addresses transgenerational trauma, the concept becomes clearer. The act of rescuing those who are

"drowning" extends beyond physical assistance—it involves restoring dignity, healing historical wounds, and recognising the inherent worth of each person (Tutu, 1999). Oppressive forces often aim to strip individuals of their humanity; thus, communal support becomes a powerful tool to counteract that dehumanisation and interrupt the cycle of transgenerational trauma (Danieli, 1998).

Indeed, the diaspora's efforts symbolise a collective refusal to accept the diminished status imposed upon them. By standing together and aiding one another, they reinforce their shared identity and resilience against systemic oppression (Smith, 2012a). Integrating this deeper understanding of dehumanisation and transgenerational trauma strengthens the argument, demonstrating how the AAGLRWS community not only acknowledged the suffering caused by oppression but actively worked to reverse its damaging effects through solidarity and mutual support grounded in Ubuntu principles (Mbiti, 1990; Broodryk, 2006).

This conclusion emphasises resilience, responsibility, agency, and unity, which are crucial for addressing transgenerational trauma and advocating for well-being. Through understanding and collective action, peace can be built, revealing the true beneficiaries of war and challenging the systems that perpetuate oppression.

7.3.4 Restoring togetherness: Cultural competence and support for AAGLRWS in Australia

The isolation experienced by African children, particularly those from the AGLR, in predominantly non-African educational settings is often deepened by some mainstream Australians' attitudes of superiority and reluctance to engage with the AAGLRWS children. This situation underscores the urgent need for teachers to be trained in cultural competence to recognise and address the discomfort of minority students, aligning with the broader theme of advocacy and empowerment for AAGLRWS. Discrimination and lack of recognition of newly arrived migrants, such as survivors from the AGLR, can be perceived as condescending and harmful, disenfranchising AAGLRWS

individuals' personhood (Khatri & Assefa, 2022b). AAGLRWS are accustomed to collective forms of support and recognition, which are often lacking in their new environment.

To bridge this gap, according to some of the survivors, AAGLRWS may need to be proactive in introducing themselves to the Australian mainstream, as it is customary to show humility by initiating contact. This can be achieved through inviting mainstream Australians to cultural exchanges at national events, marriage celebrations, commemoration days, funerals, initiation ceremonies, spiritual events, gastronomy, folkloric dance, dress parades, African proverbs, and storytelling. These social gatherings provide opportunities for AAGLRWS to informally reveal their psychological needs, fostering better communication and understanding. This initiative requires financial support and proper coordination from the AAGLRWS community and relevant departments. The goal is to demonstrate the need for psychological support and to advocate for the restoration of togetherness (Ubuntu spirit), which can enhance the well-being of AAGLRWS in Australia. However, it is also crucial for government departments, such as community services, healthcare, and justice, to take responsibility for supporting those in need, ensuring that AAGLRWS receive the necessary care and recognition (Li, 2017).

7.3.5 From isolation to illness: The impact of acculturation on AAGLRWS health in Australia

This research finds that continuous social isolation and loneliness are prevalent among AAGLRWS. Their social abandonment results from the cumulative pressure of past and present traumatic events, exacerbated by the dehumanisation process within contemporary society under the guise of globalisation. Globalisation, while often touted for its potential to promote interconnectedness and cultural exchange, can paradoxically facilitate the spread of hegemonic cultural norms that marginalise minority groups (Bauman, 1998; Sassen, 2014). For AAGLRWS, globalisation has not only meant voluntary physical relocation but also exposure to new forms of systemic oppression that continue to undermine their identity and agency.

This dehumanisation begins in their countries of origin, where conflicts and wars have stripped them of basic human rights and dignity (Fanon, 2004; Herman & Peterson, 2014; United Nations Security Council, 2025). It persists through their journeys as refugees, where they often face inadequate support and discrimination, and continues into their country of settlement—Australia—where they encounter incongruent care for their counselling and psychosocial support needs (Bhugra & Becker, 2005). Globalisation contributes to this dehumanisation by promoting homogenisation of cultures and imposing Western-centric values that can render the unique experiences and needs of AAGLRWS invisible within mainstream health and social systems (Hall, 1992).

The globalised individualistic framework prevalent in Australian society often overlooks the collective and community-oriented values central to AAGLRWS cultures (Keddie, 2012). This cultural dissonance leads to social isolation, as AAGLRWS struggle to find their place within an environment that does not acknowledge or respect their cultural identity. Pastor Mukuna, one of the participants, highlights that such isolation can lead to diabetes, heart disease, high blood pressure, and premature death among AAGLRWS. These health outcomes are not merely medical issues but are deeply intertwined with the social determinants of health influenced by dehumanisation and globalisation (Marmot, 2005).

Holt-Lunstad et al. (2015) argue that prolonged loneliness and social isolation can increase a person's risk of mortality by 30%. For AAGLRWS, the dehumanising effects of globalisation exacerbate social isolation, compounding the impact of past traumas and contributing to a decline in both mental and physical health. Therefore, understanding the role of globalisation in perpetuating dehumanisation is crucial for addressing the health disparities faced by AAGLRWS.

The Australian Institute of Health and Welfare (AIHW) reported that the mainstream population experienced significant isolation effects during the COVID-19 pandemic, with a rise in

mental health issues and over 15 million MBS-subsidised mental health services provided between March 2020 and April 2021. This period of isolation offers a glimpse into the prolonged isolation endured by AAGLRWS since their arrival in Australia, a plight often ignored by Australian institutions. Instead of addressing their psychosocial needs, the government frequently blames them for not integrating into Australian society. Former Minister of Immigration, Mr. Andrews, suggested that the African intake had been cut due to concerns about their integration speed, while the current Minister for Employment and Workplace Relations and Minister for the Arts Honourable Tony Burke emphasised the need for real support for integration (Caldwell, 2007b).

The findings indicate that some segments of Australian society and government services do little to foster AAGLRWS' integration. AAGLRWS must leverage their resilience and address their issues to foster their own integration. It is crucial to recognise that their personal issues, such as seeking counselling and psychosocial support, are shared by many and have become social issues (Dalton et al., 2020). Therefore, individual and collective actions are necessary to achieve proper integration, ensuring access and equity for a balanced Australian society for all.

7.3.6 Cross-cultural competency: a challenge for Australian psychosocial support systems

The Australian psychosocial support system faces significant challenges in achieving cross-cultural competency, particularly in addressing the needs of AAGLRWS members. Educated AAGLRWS service providers, both elders and youth, were tasked with identifying and understanding cultural differences when delivering psychosocial support services in Australia. Their training, research, and evaluations with the ACA often failed to demonstrate competencies in addressing the cultural backgrounds of AAGLRWS members or the challenges faced by CALD communities. Competency, as detailed in chapter 3, 6 and 7, reflected the lived experiences of AAGLRWS members.

Wilson, Rosenthal, and Battle (2011) argued that counselling enabled individuals to explore the power of reflection and unspoken feelings, fostering acceptance, self-awareness, collaboration,

and care, which were essential for ethical competency in the counselling process (Crago & Gardner, 2012, p. 107). African individuals, particularly those educated in Western academic traditions, often faced confusion between two cultural paradigms of knowledge in counselling. The AAGLRWS approach emphasised preventive measures ingrained in cultural upbringing, which were often unrecognised as valid knowledge in contrast to Western curative methods. This cultural dissonance posed challenges in addressing preventive measures like the AAGLRWS social structure's pragmatic approach to preventing mental degeneration, which they might not have experienced.

Pelling and Armstrong (2017) noted that different counselling associations in Australia defined competence or readiness for counselling in varied ways, reflecting the difficulty in defining and measuring counsellor competence (p. 306). Given these ambiguities, defining cross-cultural counselling competency (CCCC) for AAGLRWS within the APSS was even more challenging. Counselling itself lacked a clear definition in Australia, and this ambiguity extended to the competence of those genuinely trying to assist AAGLRWS. Despite the challenges in defining counselling, adding a cross-cultural competency definition was akin to defining a mirage. AMHS could benefit from listening to AAGLRWS members and their professionals in the field of psychosocial support to overcome these challenges and work collaboratively, respecting AAGLRWS culture, hermeneutic interpretation, and mutual knowledge exchange.

Emma Kowal's work, "Trapped in the Gap: Doing Good in Indigenous Australia" (2015), this illustrated the distress experienced by well-meaning practitioners who were not adequately trained in cultural differences (pp. 8–10). Counselling competency had been a contentious issue since the 1990s in the United States, as highlighted by MacLeod (1992), Corey, Corey and Callanan (1992), and Anderson (1992), who discussed the main challenges of that era (p. 22). Similarly, Australia faces analogous challenges in providing culturally competent counselling and psychosocial support to AAGLRWS, revealing that the therapeutic interventions are incompatible

with the cultural needs of this group. This mirrored the earlier scenario in the U.S., where the lack of multicultural competence among practitioners led to ineffective support for diverse populations (Sue et al., 1992). The current therapeutic interventions rendered culturally competent counselling, and care (CCCC) towards AAGLRWS redundant. Urgent action is needed to address this speculative state.

Addressing misinterpretations of African culture, etymology, language, experience, and way of life was essential to meet the cultural competency requirements for the Australian mainstream to effectively care for AAGLRWS members. According to Malula and other participants, the commonalities among AAGLRWS members outweighed their disparities; intermarriages among AAGLRWS members were one example. They shared languages such as French, Swahili, and Lingala, and a common Ubuntu culture, despite minor local diversities influenced by colonial cultural impositions.

African wisdom and the Bible (Ephesians 4:4-6, *Bible Gateway*) advised on the importance of focusing on commonalities rather than divisive elements to create peace, making AAGLRWS people the best choice to be culturally competent in examining their community members. In conclusion, enhancing cultural competence and support for AAGLRWS members in Australia was not just a necessity but an urgent imperative to ensure their SEWB and integration into Australian society.

7.4 Third level: Integration of first level and second level within a policy governance framework

*For the souls from the AAGLRWS, let **care** be profound,
In **counselling**, let **empathy** and true support be found.
In **psychosocial** aid, let their solace grow,
With **cultural competence**, let services flow.
In governance frameworks, let **healing** extend,*

*Bringing **peace** through every counselling end.*

(Nyembo, 2025a)

The third level emphasised the integration of implications from level I and II, aligning them with a proposed comprehensive policy governance framework to facilitate institutional implementation from planning to service delivery. This level involved synthesising data and recommendations from the initial levels to inform and shape effective policies and governance strategies. The goal was to ensure that the proposed interventions and support mechanisms are systematically incorporated into existing Australian policy structures as legislated law, thereby enhancing their efficacy and sustainability. This integration is crucial for addressing the complex needs of AAGLRWS and ensuring that their psychosocial support and cultural competence requirements are met within a robust Australian governance framework (WA Country Health Service, 2021; Murray PHN, 2024).

Drawing on the findings presented in previous chapters, this section critically discusses the institutional failures and challenges faced by AAGLRWS in Australia, emphasising the need for robust advocacy. Key points include developing a comprehensive policy governance framework, incorporating ethical considerations, and allocating financial responsibilities. The section also addresses broader systemic issues impeding effective counselling and psychosocial support services, such as regulatory gaps, marketisation of counselling and psychosocial support, and structural and cultural violence. To overcome these barriers, this current chapter advocates for advanced monitoring tools like Action Research (AR) to ensure sustainable service delivery.

Additionally, a coordinated, bottom-up approach was proposed to enhance the mental health and well-being of AAGLRWS. This included establishing legal frameworks, addressing the marketisation of counselling and psychosocial support, promoting cultural competence, and ensuring professional training and national standards. Financial responsibilities were also highlighted, encompassing academic development, liaison officers, corporate contributions, and

vocational training to support the holistic needs of AAGLRWS. Through this discussion, third level aimed to offer practical and sustainable solutions to improve access to and quality of mental health services for AAGLRWS in Australia.

7.4.1 Institutional failures in providing counselling and psychosocial support to AAGLRWS in Australia

Chapter 5 discussed the challenges faced by AAGLRWS in accessing counselling and psychosocial support services, and how this related to the lack of regulation in the Australian system. Despite the efforts of peak bodies like the ACA and the PACFA, and specialised groups such as the Australian Guidance and Counselling Association (AGCA) and The Australian Association of Career Counsellors (AACC), the field has been affected by a lack of standardisation and leadership due to internal conflicts and divergent interests and government unresponsiveness (Armstrong, 2023). These challenges and proposals for change are summarised in this section.

7.4.1.1 Challenges:

- a) **Regulatory Gaps:** The absence of regulation weakens the legal framework needed to define who qualifies as a counsellor and what standards are acceptable. This ambiguity allows opportunists to exploit counselling practices for personal gain, often sidelining the needs of vulnerable groups like AAGLRWS (Pelling, 2007).
- b) **Marketisation of Counselling:** The professionalisation of counselling in the Western context has led to marketisation, which often prioritises financial gain over genuine therapeutic care. MacDonald and Mears (2019) highlight similar issues in aged care, where policies fail due to institutionalised discrimination and inadequate support for those in need. This mirrors the struggles of AAGLRWS, who often receive suboptimal psychosocial support due to the non-regulated structure of Australian counselling.

c) Structural and Cultural Violence: Galtung (1969; 1990) describes how social structures and cultural ideologies can marginalise and exclude specific groups. In Australia, the lack of regulation in counselling, coupled with persistent discrimination, dehumanisation, racism, and unfair employment practices, not only perpetuates structural violence but also reinforces cultural violence against AAGLRWS.

The absence of regulatory frameworks in counselling and psychosocial support allows for culturally insensitive and inappropriate therapeutic practices to persist unchecked. This systemic neglect marginalises AAGLRWS by failing to address their specific cultural and psychological needs, effectively silencing their voices and experiences (Dudgeon & Walker, 2015). Discrimination and racism in society further alienate these individuals, embedding prejudice within social norms and institutions (Paradies, 2016). These actions contribute to cultural violence by normalising and legitimising the marginalisation and oppression of AAGLRWS through cultural expressions and ideologies.

Unfair employability in the job market exacerbates this issue by limiting economic opportunities and reinforcing social hierarchies that disadvantage AAGLRWS (Colic-Peisker & Tilbury, 2007). The systemic barriers to employment are not only structural but are perpetuated culturally through narratives that undervalue the skills and potentials of individuals from marginalised backgrounds. By intertwining these factors, a cycle of cultural violence is sustained wherein the cultural norms, values, and symbols of the dominant society are used to justify and maintain unequal power relations (Galtung, 1990). This perpetuation of cultural violence makes it more challenging to address structural violence, as the cultural justifications obscure the need for systemic change.

7.4.1.2 Advocacy points

- a) **Need for Legal Framework:** There is an urgent need for specific counselling legislation to ensure accountability and standardisation. This framework should prioritise the needs of vulnerable groups, ensuring they receive consistent and high-quality care (Pelling, 2007).
- b) **Addressing Marketisation:** Policies need to be re-evaluated to prevent the marketisation of counselling from overshadowing its primary function of providing psychosocial support therapeutic care. Counselling should focus on reconnecting individuals with their social networks, not merely generating income (MacDonald & Mears, 2019).
- c) **Promoting Cultural Competence:** Counselling services need to integrate cultural competence to effectively support AAGLRWS. This includes understanding their unique experiences and providing tailored interventions that respect their cultural backgrounds (Galtung, 1969; 1990).
- d) **Professional Training and Standards:** Establishing mandated minimum training and qualification frameworks for counsellors is crucial. While ACA and PACFA have lists of qualified counsellors, a unified approach to regulation will enhance the profession's credibility and effectiveness (Willis, 2018).

7.4.1.3 Financial responsibilities and subsidies

Government departments are encouraged to subsidise initiatives that support the development and cultural preservation of AAGLRWS. This includes:

- a) **Academic Development:** Promoting meritocracy through excellence and sponsorships with local universities and those in the AGLR. This includes research on knowledge exchanges in the field of counselling and psychosocial support, and initiatives aligning academic purposes with the needs of Australia and the AGLR.

- b) AAGLRWS' Liaison Officer: A liaison officer plays a vital role in bridging the gap between AAGLRWS and service providers, advocating for their needs and facilitating access to essential counselling and psychosocial support services.
- c) Corporate Contributions: Institutionalising mentorships and funding activities, especially from companies operating in the AGLR, such as BHP and Anvil Mining.
- d) Employment Relations Coordination: Effective coordination is crucial for integrating AAGLRWS into the Australian workforce, ensuring fair treatment, and addressing workplace challenges.
- e) Entrepreneurship and Vocational Training: Providing resources for economic empowerment and skill development.
- f) Gender Initiation Ceremonies: Recognising and supporting traditional rites of passage.
- g) History Tellers and Proverbs: Preserving oral traditions and cultural wisdom.
- h) Languages: Promoting the use and teaching of native languages.
- i) Leader Commemorations: Honouring significant leaders and their contributions.
- j) Spiritual Practices: Facilitating spaces and resources for spiritual and religious observances.
- k) Traditional Dresses, Food, and Folkloric Music: Supporting events that feature traditional attire, cuisine, and music.
- l) Ubuntu Revitalisation: Promoting the African philosophy of community and mutual care.

7.4.2 Inadequate Integration of AAGLRWS psychosocial support: An institutional crisis

The experiences, theories, and practices of psychosocial service delivery models employed by counsellors and social workers in Australia aimed to address the complex trauma endured by AAGLRWS members. These models presented numerous challenges related to assessment,

diagnosis, application, definition, etymology, and terminology interpretations. Counselling, as a form of psychosocial support and the primary tool for assessment and support, requires definition within its organic context to effectively understand victims from the troubled geopolitics of AGLR. Unfortunately, it remained less open than necessary (Herman & Peterson, 2014; Burgis, 2016; Mbeko & Ngbanda-Nzambo, 2014; Wrong, 2021).

The diagnostic repertoire in the DSM was progressive but did not yet meet the standard criteria for AAGLRWS. Consequently, treatments were often inaccurate, with many participants reporting the inefficacy and side effects of medications. The issue of medication without proper diagnosis was critical. Laurence Kirmayer (2001) emphasised the need for a tailored approach from diagnosis to psychosocial therapy, where culture significantly addressed the complex needs of minority groups or individuals such as AAGLRWS. According to many scholars in the field of counselling, psychosocial support was a tool for restoring SEWB that benefitted from cultural adaptation, enhancing the understanding of individuals and target groups such as AAGLRWS. Culture was often discussed in this field by focusing on minority cultures as distinctive, but psychiatry itself was a culture, according to Kirmayer (2001). Furthermore, clinicians or service providers on the front line for service delivery engaged in cultural continuity symbiotically. As Kirmayer (2001) stated:

One implication of the broader perspective on culture advanced here is that 'culture' is not simply a characteristic of patients. The perspective of clinicians is also a function of their own ethnocultural background, their professional training, and the context in which they work. Hence, it is best to frame issues of cultural difference not simply in terms of the characteristics of patients or communities, but in terms of differences in the perspectives of patient and clinician in what is always, to some degree, an intercultural encounter (p. 22).

Understanding the intercultural background of African AAGLRWS, including the complex trauma endured before, during, and after their migration to Australia, is essential. I contend that this intercultural phenomenon should also be extended to encompass political will and legislative action to enhance the effectiveness of the symbiotic effects on AAGLRWS' psychosocial support. These insights will aid government official, policymakers, social workers, public officer, Australian society and counsellors in Australia in better understanding and rethinking AAGLRWS' cultural participation to cater to their needs sustainably. The integration of micro and macro care plans envisions a coordinated and tailored approach to the cultural and complex needs of AAGLRWS from post-war conflict environments, which is paramount for their future well-being and their economic participation within Australia's multicultural society.

7.4.2.1 Culture shapes illness, symptomatic diagnoses, and treatment projection.

I argue that the culture of AAGLRWS shapes their experience of illness and trauma. Consequently, cultural considerations are essential in the recovery process for this minority group. This deduction is based on my field research, particularly focusing on the voices of AAGLRWS women and their culturally specific roles which predict the pathway of psychosocial support for AAGLRWS. These findings resonate with Ballenger's (2001) argument that cultural frameworks shape not only the expression of distress but also the interpretation and treatment of illness. Ballenger emphasises that culturally embedded roles and expectations influence how symptoms are communicated and understood, forming what he terms the "idiom of distress." In this study, AAGLRWS women's narratives reflect these culturally specific idioms, revealing that Western psychosocial support systems—rooted in individualistic assumptions—often misinterpret or overlook the communal and relational dimensions of suffering. This misalignment reinforces the need for culturally responsive models that recognise the sociocultural determinants of trauma and recovery.

The experiences and coping mechanisms shared by these women indicate that the individualistic system fails to cater to their psychosocial needs due to cultural omissions in Western psychosocial support approaches similar to Griffin's (2010) observations on the dismissive behaviour towards non-Western cultures. This contrasts with the conceptualised individualism privileged in Western treatment approaches.

Furthermore, individualism poses challenges in addressing holistic social dynamic approaches, which are crucial for understanding the social context where AAGLRWS are rooted, as per the declarations of these women. The holistic social context, including extended family and community, revealed pathways for symptomatic diagnoses and tailored counselling and psychosocial support treatments for AAGLRWS' cultural idiom expressions. Therefore, it is arguable that individualism, a central belief of Western liberal societies, influences current counselling and psychosocial support treatments, despite our inherently relational nature as human beings.

Neuroscientific findings from Cozolino (2002) and Doidge (2007) highlight the limbic system's crucial role in producing empathy. The limbic system, a complex network of brain structures including the amygdala, hippocampus, and cingulate cortex, is central to emotional processing and the formation of social bonds. It facilitates the ability to perceive, interpret, and respond to the emotional states of others, which is fundamental to empathetic engagement (LeDoux, 2000). This empathy produced by the limbic system is intrinsically relational, as it enables individuals to connect and resonate with one another on an emotional level.

This relational aspect of empathy is akin to the interactive concept of "Ubuntu", a philosophy that emphasises communal relationships and the interconnectedness of all people, as discussed in this thesis. Ubuntu espouses the idea that one's humanity is affirmed through recognition of and compassion towards others (Mbiti, 1990). In this context, empathy directed towards individuals ensures equitable counselling and psychosocial support for all members of the community. By

understanding the neurobiological underpinnings of empathy through the limbic system, practitioners can appreciate the natural inclination towards Ubuntu, reinforcing the importance of culturally sensitive approaches in delivering counselling and psychosocial support. This reciprocal relationship is essential for maintaining societal balance and fairness for all citizens.

These findings are crucial tools for extending our understanding that individuals are part of social, environmental, and political contexts. This perspective can assist policymakers in Australia in constructing policies that allocate funding to minority groups such as AAGLRWS for tailored psychosocial support programs and research, thereby addressing the needs of traumatised victims more effectively, rather than adhering to political correctness (Wahlquist, 2018; Caldwell, 2007b; Stephens, 2017a; Stayner & Mason, 2020).

7.4.3 Systemic challenges that obstruct access and equity to "the have-nots" (AAGLRWS): An institutional crisis

The regulation of counselling services is crucial to ensure accessibility for all, particularly marginalised groups such as AAGLRWS. Confidentiality, privacy, mandatory reporting, and boundaries constitute the fundamental triadic contract among service providers, service users, and the overarching goal of therapeutic healing (Australian Counselling Association [ACA], 2024). These elements critically influence the therapeutic relationship between service users (AAGLRWS) and service providers. However, these regulations often do not align with the AAGLRWS' process of trust, which is deeply embedded in their collectivist cultural structure where trust is placed in community members who play different roles.

To follow on from the discussion of this literature in Chapters 3 and 4, it is important to note that much of it assumes a straightforward transition from displacement to integration. Ravenstein's (1885, 1889) step migration logic and Lee's (1966) push-pull framework reveal a more fragmented and recursive reality. AAGLRWS narratives demonstrate that resettlement is not a final destination

but a continuation of psychosocial struggle, requiring culturally embedded support systems such as Ubuntu-informed counselling (Gitau, 2016; Richmond, 2012). This nonlinear trajectory challenges the foundational assumptions of Western psychosocial models, which tend to privilege individual autonomy, linear recovery, and immediate contractual engagement. In contrast, AAGLRWS participants often require extended periods of relational trust-building, facilitated through communal networks and culturally resonant practices.

The current regulations mandate that therapeutic contracts be established at the first contact, which may not always be suitable for AAGLRWS (ACA, 2023b). Trust, from the perspective of AAGLRWS, is cultivated through community and collective engagement—a process that stands in stark contrast to the individualistic approach embedded in Australian counselling regulations. Consequently, the rigid application of confidentiality, privacy, and mandatory reporting protocols may inadvertently obstruct access and equity for AAGLRWS, reinforcing institutional exclusion and undermining therapeutic efficacy.

It is therefore imperative for the Australian government and regulatory bodies to critically review and tailor these frameworks to accommodate the nonlinear, culturally situated experiences of war survivors. Reimagining psychosocial support through a culturally responsive lens—one that integrates Ubuntu principles and acknowledges the recursive nature of migration—offers a pathway toward more equitable and effective service provision for AAGLRWS and other CALD populations.

7.4.4 The institutionalised politics of trauma encountered by AAGLRWS in Australia

The trauma experienced by AAGLRWS is closely linked to political, social, and economic factors. These individuals face compounded challenges due to their unique backgrounds and systemic barriers in Australia.

Political and Social Context: The political environment significantly impacts AAGLRWS. Policies on healthcare, immigration, asylum, and social services can either alleviate or worsen their trauma. Restrictive immigration policies and insufficient support systems can cause prolonged stress and uncertainty, exacerbating their trauma (Herman, 2022). Additionally, the absence of culturally competent services and systemic racism and discrimination further hinder access to essential psychosocial support (Smith, 2023).

Economic instability and financial constraints are major issues for AAGLRWS. Many struggle to find employment due to language barriers, unrecognised qualifications, and discrimination. This economic marginalisation limits their access to healthcare and psychosocial support, perpetuating a cycle of poverty and trauma (Brown, 2022a).

The healthcare system often fails to meet the specific needs of AAGLRWS. There is a lack of culturally competent service providers, which is crucial for effective trauma-informed care. Additionally, mandatory reporting, confidentiality, and therapeutic contracts can create barriers, as these practices may not align with the survivors' cultural norms and expectations (Smith, 2023).

Pervasive racial discrimination and stigma can discourage African Australian Great Lakes Region War Survivors (AAGLRWS) from seeking assistance. The fear of additional marginalization or negative treatment often hinders their access to necessary services. This systemic discrimination poses a substantial obstacle to their recovery and integration (Thornicroft et al., 2010).

To address the politics of trauma for AAGLRWS, a coordinated and politically committed approach is essential. This includes reforming healthcare policies to be inclusive and culturally

competent, developing supportive immigration and asylum policies, implementing economic empowerment programs, implementing positive action, enhancing psychosocial support services, and enforcing strict anti-discrimination measures under Australian legislative law. These steps will help mitigate trauma, promote recovery, and facilitate the integration of AAGLRWS into Australian society (Smith, 2023; Brown, 2022b; Herman, 2022; Thornicroft et al., 2010).

7.5 Ethical and moral considerations in cross-cultural counselling for AAGLRWS

The ethical and moral considerations in counselling and psychosocial support for AAGLRWS are multifaceted and complex. One of the primary ethical issues is the need for culturally sensitive counselling practices. Given the diverse cultural backgrounds of AAGLRWS, counsellors must be equipped with cultural competence to understand and respect the unique cultural values and experiences of these individuals. This includes acknowledging the impact of trauma and displacement on their mental health and well-being (McLeod, 2011b).

Ethical frameworks, such as those provided by the Australian Counselling Association (ACA), emphasise the importance of client safety, autonomy, and respect (ACA, 2023b). However, the application of these frameworks can be challenging in cross-cultural contexts. For instance, differences in moral standards between counsellors and clients can lead to misunderstandings and ethical dilemmas. Interpreting and understanding different cultural contexts, as suggested by this research in relation to the AAGLRWS context, can help bridge these gaps and facilitate effective communication (McLeod, 2011b).

psychosocial support

The concept of relational ethics is also crucial in this context. Relational ethics focuses on the relationship between the counsellor and the client, emphasising mutual respect, empathy, and understanding. This approach is particularly relevant for AAGLRWS, who may have experienced

significant trauma and marginalisation. By fostering a supportive care and empathetic counselling environment, counsellors can help empower these individuals and promote their SEWB.

Furthermore, the marketisation of counselling services in Australia poses ethical challenges. The commercialisation of mental health services can lead to disparities in access to care, with marginalised groups such as AAGLRWS being disproportionately affected. This highlights the need for policies that ensure equitable access to counselling and psychosocial support for all individuals, regardless of their socio-economic status (Bloom, 2006b).

In conclusion, addressing the ethical and moral issues in counselling and psychosocial support for AAGLRWS requires a comprehensive and culturally sensitive approach. Counsellors must be equipped with the skills and knowledge to navigate these complex ethical landscapes, ensuring that their practices are aligned with the principles of respect, autonomy, and social justice.

7.6 Theoretical contributions to interpretation of findings

This section discusses earlier chapters' interpretations of findings and the integration of theory that have been central to the analytic depth and cultural specificity of this thesis. Far from being an abstract or disconnected discussion, the integration of theory has been central to the analytic depth, cultural specificity, and ethical integrity of this thesis. The conceptual frameworks of Herman, Nussbaum, Crago, Kirmayer, Freire, Fanon, Ravenstein, and Ubuntu philosophy have shaped the interpretive logic applied to the lived experiences of African Australians from the AAGLRWS, revealing that care, empathy, and cultural congruence are foundational to counselling efficacy in cross-cultural contexts.

Herman's (1992) trauma recovery model provided a foundational structure for understanding the sequenced nature of healing—safety, remembrance, and reconnection—as expressed in participants' narratives. Her emphasis on survivor empowerment and relational repair helped

interpret the ways in which AAGLRWS participants sought dignity and agency in the face of institutional betrayal and therapeutic misattunement.

Nussbaum's (2011) capabilities approach offered a normative scaffold for interpreting participants' expressions of suffering and resilience. Her focus on dignity, affiliation, and practical reason clarified how participants navigated systemic exclusion while asserting their right to flourish. For instance, narratives of reclaiming agency through entrepreneurship and community-building reflected the restoration of core capabilities denied through structural neglect.

Crago's relational counselling model (Crago & Gardner, 2019) was pivotal in interpreting participants' dissatisfaction with Western therapeutic modalities. His emphasis on the "holding capacity" of the therapeutic relationship illuminated why many AAGLRWS participants felt unseen or misinterpreted in clinical settings. Their call for culturally grounded, trust-based support aligns with Crago's critique of model-driven counselling that overlooks interpersonal resonance and cultural attunement.

Kirmayer's (2007) work in cultural psychiatry framed the findings within a broader critique of diagnostic universality and the cultural embeddedness of mental health services. His concept of "cultural formulation" was particularly useful in interpreting how participants' distress was often pathologised without regard for sociocultural context. This thesis extends Kirmayer's insights by demonstrating how institutional racism and epistemic exclusion shaped the therapeutic encounter for AAGLRWS.

Freire's (1970) pedagogy of liberation informed the analysis of participant agency and resistance. His notion of conscientização (critical consciousness) was evident in participants who rejected deficit-based narratives and advocated for Ubuntu-informed support models. Their dialogic engagement with systems of care reflected praxis—transformative action rooted in reflection and collective empowerment.

Fanon's (1961) sociogenic theory of trauma provided a decolonial lens through which to interpret the embodied impact of racism, displacement, and cultural alienation. His critique of colonial psychiatry helped make sense of participants' expressions of shame, distrust, and existential dislocation. These were not merely clinical symptoms but manifestations of systemic violence and cultural invalidation.

Ravenstein's migration theory (1885) offered a structural understanding of the push–pull–residual dynamics that shaped participants' resettlement trajectories. It contextualised their psychosocial suffering within broader patterns of forced migration, institutional abandonment, and post-settlement precarity.

Ubuntu philosophy (Tutu, 1999; Mbiti, 1969) anchored the thesis in a culturally resonant ethic of care, empathy and mutuality. It illuminated how healing was enacted through community, reciprocity, and relational dignity—values often absent in Western counselling paradigms. Participants' emphasis on collective resilience and informal support networks reflected Ubuntu's core principle: "I am because we are."

Together, these theoretical lenses acted as interpretive tools that enabled a culturally responsive, ethically grounded analysis of trauma, resilience, and systemic exclusion. Their integration into the findings chapter advances a hybrid therapeutic model that bridges individualistic and collectivist paradigms. This model offers practical and policy-relevant insights for improving psychosocial support for AAGLRWS and other CALD populations.

7.7 Conclusion

This chapter has provided a comprehensive discussion of the multifaceted thematic findings focusing on the challenges and potential for more effective mental health support for AAGLRWS and other CALD communities. It has adopted a "bottom-up" approach to elucidate the implications

and responsibilities of various contributors to the counselling and psychosocial support of AAGLRWS. These contributors include AAGLRWS individuals and groups, Australian community organisations, government institutions, and decision-makers, all of whom play a crucial role in shaping the societal and organisational life of AAGLRWS.

The first level related to the integration of individuals, followed by the second level, which examined Australian institutions and community organisations mandated to provide support. The third level integrated implications from the first and second levels. These combined components were helpful for policymakers to make evidence-based decisions that addressed the needs of AAGLRWS members. These stages were interdependent and vital for achieving sustainable SEWB for AAGLRWS members. Tailored counselling and psychosocial support for AAGLRWS required integration of these components and periodic monitoring, as suggested by Action Research (AR).

The ambiguity and commercialisation of counselling definitions have impacted the core and meaning of counselling and psychosocial support service delivery, altering the ethical counselling process. Ethical and moral considerations are paramount in cross-cultural counselling, necessitating a deep commitment to ethical frameworks. The interplay of ethics and virtue in counselling ensures that counsellors provide the best possible care for vulnerable populations.

Achieving these goals requires unwavering political will from the Australian Government to fundamentally transform their approach to delivering counselling and psychosocial support to AAGLRWS. Only through committed and decisive action can the necessary changes be implemented to provide effective and culturally competent support. The concluding chapter builds on this synthesis to articulate the broader implications for policy, practice, and future research.

Chapter 8 Conclusion

8.1 Introduction

Before delving into the final reflections of this study, I begin with a proverb that echoes the spirit of Ubuntu—a philosophy that has quietly guided the narratives within these pages: “Umuntu ngumuntu ngabantu,” a Zulu expression meaning “A person is a person through other people.” This foundational wisdom affirms the relational ethics at the heart of this research. It reminds us that healing, identity, and dignity are not solitary pursuits but collective processes—woven through shared histories, mutual recognition, and communal care. The proverb sets the tone for this concluding chapter, which brings together the key insights of the study, weaving participant narratives with theoretical and methodological reflections to illuminate the psychosocial realities of African Australians from the AGLR.

Positioned as both clinical counsellor and academic researcher, I have engaged in a dual role that enabled a deeply reflexive and ethically attuned inquiry—one that foregrounds lived experience as both data and directive. The chapter opens by revisiting the research questions and summarising the psychosocial needs, attitudes, and systemic barriers identified throughout the study. It then transitions into a critical reflection on resilience, agency, and the transformative potential of culturally responsive counselling. Drawing on Ubuntu philosophy, migration theory, and narrative inquiry, the research underscores the importance of relational ethics and collective healing in cross-cultural contexts. Participant’s words encapsulate the emotional gravity and systemic neglect that shaped many of these narratives: “We were told to speak, but no one listened. Our pain was translated into paperwork, not healing.” This quote serves as a reminder that data alone cannot drive reform—it must be accompanied by empathy, cultural resonance, and institutional accountability. Accordingly, this chapter reframes the findings as calls to action,

offering data-informed recommendations for policy, practice, and future research. These proposals advocate for structural reform and epistemic justice, ensuring that counselling and psychosocial support systems evolve to meet the needs of those they have historically overlooked.

This journey—from the golden light of a farewell in Katanga to the corridors of Australian academia—has been both personal and political. My mother’s parting words, “I will never see my son again,” echoed through the years as both grief and prophecy. That moment, now buried beneath the open-pit mines of Western extraction, marked not only a physical departure but the beginning of a lifelong commitment to healing fractured communities. This thesis stands as a testament to that commitment—a bridge between memory and method, between suffering and scholarship. Through this synthesis, the chapter contributes to a more inclusive and ethically grounded counselling paradigm—one that recognises trauma not only as an individual affliction but as a communal and historical condition requiring culturally attuned responses.

Throughout this challenging yet enlightening research journey in Australia, I have been honoured to share and collect stories and poetic expressions that encapsulate the profound impact of war on many survivors, including my own experiences. Born in a refugee camp in Congo's Katanga province in 1961, I share the journey of many from the AGLR—scarred by war, displacement, and dehumanisation. Our intertwined stories form a tapestry of loss and resilience, illuminating the deep scepticism we hold toward institutional hands in new lands. In a world where profit often eclipses dignity, understanding these profound experiences is vital. This research listens to these echoes, exploring how our traumas shape AAGLRWS attitudes toward counselling and how we seek paths to culturally sensitive healing.

8.2 In the memory of survivors

*In the dawn of youth, I was tender and small,
Born to a family where love stood tall.*

*In an African home, with community so strong,
Where the heart's rhythm was a shared song.
But as the sun set on my teenage years,
War's cruel hand brought sorrow and tears.
The life I knew vanished in the night,
As my parents fled, seeking refuge from the fight.*

*In Zaire's embrace, now Congo's land,
They stood as refugees, hand in hand,
Through the trials and the pain, they held on tight,
In the darkest of times, they found their light⁵¹.*

(Nyembo. 2025c)

Learning is an ongoing process that transcends the boundaries of formal education. It includes the myriad experiences we encounter throughout life, the dialogues we engage in, and the insights we gain from these interactions. This notion was eloquently articulated metaphorically by Bisengimana, a participant from Rwanda, during his interview. The similarity of war sufferings almost reflected Ndadaye's lamentation. Born in war-torn Burundi, Ndadaye grew up amidst poverty and instability, with the international community prioritising natural resources over urban development. The constant presence of gunfire and coups marked his childhood. While the psychological support from the United Nations in Kenya where he sought refuge was valuable, it lacked the personal significance that support from his parents would have provided.

8.3 The tapestry of war and displacement

*In Burundi's cradle, my life began,
A land impoverished by war's cruel hand.
Communities unsettled, in constant strife,*

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*While global eyes sought resources, not life.
Gunfire and coups, the soundtrack of youth,
Breakfast served with conflict's harsh truth.
In Kenya's refuge, the UN's aid was near,
Yet parental absence shadowed my cheer.
Psychological support, a lifeline extended,
But the heart yearned for bonds never mended.
In the tapestry of war and displacement's art,
The deepest healing comes from the familial heart⁵².
(Nyembo, 2025d)*

These narratives highlight the common thread of war and human rights abuses that link the experiences of many individuals from the AGLR. My own birth in a refugee camp in Congo's Katanga province in 1961 underscores this struggle. As mentioned in the introduction chapter, an incident at the ONUC camp led to my father and his friends being mistaken for Katangese troops and shot. Despite receiving treatment from the UN, my father's two friends died, leaving him as the sole survivor. Consequently, people in the camp began calling me ONU, derived from L'Organisation des Nations Unies (the United Nations in French).

The spiritual significance and resilience associated with my name continually fuel my passion for justice and human rights activism. Rooted in my totem (ONU) and my family's legacy of activism, my name symbolises peacemaking. This association underscores the resilience necessary to promote social and emotional well-being (SEWB) for those in need within Australian society. As Tracy Westerman aptly notes, "Activism is hard, but Black activism is much harder" (2024, p. 346). The experiences of trauma throughout my life have positively shaped my understanding of resilience and adaptation strategies learning how to get support for healing pathways. However,

⁵² This poem, dedicated to Ndadaye, reflects the research findings that aim to illustrate the common life experiences of many AAGLRWS, as revealed the war impact through their narratives.

many others have not been so fortunate. The trauma experienced by numerous survivors has left psychological wounds open, with many dispersed worldwide, including across various Australian states. Many of them are still awaiting their psychosocial recovery in Australia.

This conclusion chapter encapsulates the entire research journey, highlighting the identified problems and providing a comprehensive overview. It delved into the traumatic experiences of participants and their psychosocial needs, directly addressing the research questions and synthesising the arguments presented throughout the thesis, linking them back to the core research questions.

8.4 Overview of the study

Hadhari njoo⁵³! Translates to "Attention, come!" in English. It is a call encouraging us all to consider the broader relevance of these findings, recognising that effective cross-cultural counselling and psychosocial support could significantly enhance the SEWB of minority communities, particularly the AAGLRWS.

The study explored the psychosocial journeys of fifty-five individuals from the AGLR, examining the reasons they left their home countries (push and pull factors), their experiences during the journey (meso-narratives), and their resettlement in Australia (macro-narratives). Employing a qualitative inquiry approach with semi-structured interviews, the study captured the voices, attitudes and actions of the participants. The data were analysed using grounded theory coding (Strauss & Corbin 1998) and narrative enquiry procedures (Frank 1995, 2010), and informed by phenomenological principles.

⁵³ "Hadhari njoo!" translates to "Attention, come!" in English. It's a way to capture the audience's attention and indicate that something important is about to be discussed.

This research has provided valuable insights into the psychosocial support needs of AAGLRWS in Australia, emphasising the importance of addressing social abandonment and fostering resilience through supportive measures. The following sections summarise the findings of the study in terms of answering each of the four research questions:

1. What are the psychosocial support needs identified by AAGLRWS based on their traumatic experiences in their home countries, on the journey and since arriving in Australia?
2. What are the attitudes of AAGLRWS towards counselling and other forms of psychosocial support offered as part of the resettlement process in Australia?
3. Are there obstacles to AAGLRWS accessing these services and how can they be overcome?
4. What are the implications of the findings of this research for the design of counselling and other psychosocial support services for AAGLRWS and other minority refugee communities?

8.5 Answering the research questions

This section synthesises the core findings of the study in direct response to the research questions outlined in Chapter 1. Drawing on the lived experiences of AAGLRWS, the analysis integrates narrative inquiry, grounded theory, and phenomenological interpretation to illuminate the psychosocial challenges faced by this population. Each research question is addressed here through a triangulated lens: participant voice, theoretical framing, and practitioner insight. By doing so, the study not only confirms the relevance of culturally responsive counselling and psychosocial support but also advances a hybrid model informed by Ubuntu philosophy and community-based practice. The responses presented here reflect an ethical commitment to amplifying marginalised voices, offering a foundation for systemic reform in cross-cultural mental health care.

8.5.1 Psychosocial support needs identified by AAGLRWS

This study makes a distinct contribution to the field of cross-cultural counselling by identifying and contextualising the psychosocial support needs of AAGLRWS. Drawing on 55 in-depth interviews across four states, I documented how trauma—experienced pre-migration, during displacement, and post-settlement—continues to shape participants’ mental health and social integration. Through a combination of grounded theory and narrative inquiry, I uncovered recurring themes of disempowerment, cultural dissonance, and systemic exclusion within existing psychosocial service models.

As a multilingual clinical counsellor with direct experience supporting refugee communities, I brought a practitioner lens to the analysis, enabling a nuanced interpretation of participant narratives and the development of contextually relevant recommendations. My involvement in community-based initiatives such as the NYBMT and the YREM (see Appendix X and XI) provided additional insight into culturally responsive care models. These field experiences, combined with theoretical frameworks—including Ubuntu philosophy—allowed me to propose a hybrid psychosocial support approach that integrates collectivist values with therapeutic practice.

The integration of Ubuntu principles emerged as a transformative element, fostering relational depth, mutual recognition, and a sense of shared humanity. This cultural grounding significantly enhances the effectiveness of counselling and psychosocial interventions, particularly for populations whose healing is rooted in communal resilience rather than individual recovery. The findings demonstrate that blending cultural philosophies with structured support mechanisms yields more care, empathetic, sustainable, and impactful outcomes.

Importantly, this research offers scalable insights for broader application. The proposed model holds potential for adaptation across other CALD communities, contributing to more inclusive and equitable mental health care in Australia. By bridging empirical evidence with practitioner-

informed recommendations, this study advances the discourse on trauma-informed, culturally responsive counselling and positions Ubuntu as a viable framework for systemic reform (see Sections 8.5.1–8.5.5)..

8.5.2 Attitudes of AAGLRWS towards counselling and other forms of psychosocial support

The study explored the varied attitudes of AAGLRWS towards counselling and other forms of psychosocial support during resettlement in Australia. Participants expressed ambivalence and mistrust toward formal counselling services, citing language barriers, cultural misunderstandings, and the perceived irrelevance of Western therapeutic modalities. Informal, community-based support rooted in shared lived experience was preferred by many. The portrayal of AAGLRWS in Australian systems and media influenced these attitudes (Ketchell, 2018), with some segments of the population not sharing antagonistic sentiments towards AAGLRWS. For example, Ketchell (2018) criticised politicians, such as Pauline Hanson, for having engaged in racial vilification (Stephens, 2017a). The research also critiqued Western diagnostic tools' application to African populations, underlining the need for cultural sensitivity in therapeutic practices.

Through my dual lens, I interpreted these attitudes as symptomatic of a broader disconnect between service design and cultural expectations. My practitioner-informed insight enabled the identification of culturally embedded counselling practices that honour collective resilience and relational healing. These findings directly inform the recommendation for culturally congruent service models that integrate Ubuntu ethics and community-led approaches (see Section 8.8.2).

8.5.3 Obstacles to AAGLRWS accessing services and proposed solutions

Participants identified several systemic barriers to accessing appropriate psychosocial services, including institutional racism, limited cultural competence among service providers, and insufficient funding for community-led initiatives. Broader institutional crises, including social

abandonment and political manoeuvring, affected the delivery of tailored treatment, as described by Mills (1977). The lack of regulation in defining roles of counsellors, counselling and psychosocial support further compounded these issues. These obstacles contribute to a pervasive sense of invisibility within mainstream mental health systems. The study proposed continuous improvement through Action Research (AR), integrating participants' voices to validate necessary adjustments in MHPSS practices, ensuring continuous adaptation and improvement to evolving needs.

In response, I proposed a suite of solutions grounded in both empirical data and practitioner experience, including enhanced cross-cultural training, community-based interventions, and policy reform. These recommendations are informed by my involvement in initiatives such as the NYBMT and the YREM, demonstrating how practitioner insight can translate into actionable change (see Sections 8.8.1–8.8.3).

8.5.4 Implications for the design of counselling and other psychosocial support services

The findings call for a paradigm shift in the design of counselling and psychosocial support services—one that centres cultural responsiveness, relational ethics, and structural equity. I argue for the integration of Ubuntu-informed care not as a symbolic gesture, but as a foundational framework for trauma recovery and service delivery.

Emphasising the need for cultural sensitivity and structural adjustments, the study proposed a recurrent cycle of AR to continually adapt services.

Incorporating African knowledge, such as the Ubuntu approach, into Western epistemology was highlighted. Complemented by field experiences, seminar exchanges with experts, and projects like NYBMT and YREM, the research advocated for rationality and honesty in political and public discourse towards minorities (Ketchell, 2018), influencing policy and healthcare service delivery systems. This has direct implications for training curricula, institutional accountability, and

the development of scalable, culturally grounded models for refugee mental health care. My contribution bridges theory and practice, offering a framework that is both empirically validated and professionally viable (see Section 8.8.1).

8.5.5 Additional responses from chapters

Beyond the initial research questions, the data revealed the entrepreneurial resilience of AAGLRWS participants, who created informal support networks and economic opportunities despite systemic barriers. These insights challenge deficit-based narratives and highlight the agency, innovation, and adaptive capacity within AAGLRWS communities.

Chapter 3 explored the traumatic experiences of AAGLRWS and their psychosocial needs, emphasising the profound impact of these experiences on their mental health and well-being. This chapter presented a detailed account of AAGLRWS' traumatic experiences, underscoring the necessity for tailored counselling and psychosocial support.

Chapter 4 analysed the implications of service delivery in the context of trauma, revealing that cultural disparities significantly affect communication and influence how Western therapeutic models are experienced. These disparities can lead to the disempowerment and dehumanisation of survivors. However, some participants have demonstrated resilience by transitioning from these negative experiences to entrepreneurship, showcasing their ability to survive and thrive despite social abandonment such as the case of Bitakwira who managed to become a social worker. This chapter highlighted the development of entrepreneurial spirit among participants as a form of resilience.

Chapter 5 provided an understanding of participant experiences and their attitudes towards existing counselling and psychosocial support services. The findings indicated a general dissatisfaction with counselling and psychosocial support current models, which are perceived as inadequate in addressing the specific needs of AAGLRWS if not adapted to their unique cultural

context. This chapter explored the participants' experiences and attitudes, emphasising the need for culturally tailored interventions.

Chapter 6 identified a significant issue: the current psychosocial support and counselling models are not well-aligned with the participants' cultural context. This mismatch is particularly evident when compared to Western diagnostic approaches, which often overlook the cultural nuances and the Ubuntu collective values that are fundamental to the participants' therapeutic needs. The transition from a collective (Ubuntu) approach to an individualistic (one-size-fits-all) model has been especially problematic. This chapter contrasted theoretical applications in cross-cultural counselling, navigating the complexities faced by AAGLRWS in Australia. It concluded by discussing how the resilience of AAGLRWS can be harnessed to effectively deliver tailored counselling and psychosocial support, thereby overcoming social abandonment. By documenting these strengths, I contribute to a more balanced and empowering discourse on AAGLRWS mental health—one that recognises both vulnerability and capacity. These findings support the recommendation for asset-based approaches in service design and policy advocacy (see Section 8.5.5).

Chapter 7 discussed the overall findings in line with theoretical arguments in the field of trauma, MHPSS, counselling and psychosocial support. It underscored the necessity for culturally sensitive and contextually appropriate psychosocial support and counselling models. The research highlighted the importance of integrating collective approaches, such as Ubuntu values, into service delivery to better meet the needs of AAGLRWS. Addressing these issues is crucial for enhancing the effectiveness of counselling and psychosocial support and fostering a more inclusive and supportive environment for these individuals.

8.6 Resilient echoes: Navigating trauma and triumph in a new land

The research explored the trauma experiences of AAGLRWS, focusing on their psychosocial attitudes and needs. It highlights the necessity of understanding trauma within cultural contexts, emphasising the profound effects of colonialism and the significant challenges of integration in Australia. Educational stress and employment barriers are identified as key factors negatively impacting the social and SEWB of AAGLRWS. The study shows that, despite these obstacles, AAGLRWS exhibit remarkable resilience through entrepreneurial activities, underscoring the need for improved support systems and the recognition of their dignity. This resilience echoes a broader historical legacy of African women leaders who shaped their societies through courage and vision. As the African Library Project (2019) underscores, such figures continue to inspire agency and collective strength across generations and geographies, as further elaborated in Chapters 5.5 and 7.2.

This research discusses the differences between the psychosocial support systems experienced by AAGLRWS in their home countries and in Australia, highlighting significant cultural disparities. AAGLRWS face challenges such as a lack of knowledge about the Australian system, discomfort in discussing sensitive matters with white individuals, and unfamiliarity with the roles of counsellors. The perception that Australian service providers lack genuine understanding of AAGLRWS' needs exacerbates these issues, undermining the healing process and creating barriers to resettlement. Communication shortcomings within the Australian system contribute to distress and dehumanisation among AAGLRWS, emphasising the need for tailored psychosocial support. The significant distrust of Australian service providers underscores the necessity for AAGLRWS to receive training and have their own agency. Addressing these challenges requires a nuanced understanding of cultural and systemic factors and a commitment to fostering open, collaborative communication. Cross-cultural counselling for AAGLRWS in Australia requires care, trust, empathy,

and a delicate balance. Chapters 5 and 6 also examined counselling as a form of psychosocial support, supplementary to assessment and advisory services service providers. It emphasises the necessity for culturally adapted psychosocial support to effectively address the complex needs of AAGLRWS. The participants' experiences indicate that structural and cultural adjustments are imperative for the effective delivery of current counselling services.

The psychosocial evaluation during interviews highlighted that AAGLRWS face significant challenges in reconciling different values such as culture, time, context, and communication, which greatly impacts best practices. Remarkably, hermeneutical principles helped bridge these communication gaps by interpreting meanings on both sides. For example, it facilitated the reconciliation of different timelines used by AAGLRWS and Australian service delivery. The research emphasises the need to recognise and integrate AAGLRWS practices into Western cross-cultural frameworks, as Western epistemology often fails to reflect AAGLRWS' ontological aspects.

Participants perceived that the Australian government's criticisms of AAGLRWS behaviours were unfounded. They believed these behaviours represented the psychological language of unheard individuals, typical responses to displacement and cultural incompatibility. This situation was further exacerbated by post-traumatic stress, which remained undiagnosed and untreated, compounded by social abandonment. Recognising these behaviours as a form of psychological language, participants felt that the government needed to acknowledge the importance of listening to and addressing the underlying issues faced by these individuals, rather than dismissing or criticising their actions.

This perspective underscores the necessity for culturally sensitive and contextually appropriate interventions to support their mental health and well-being. The study calls for collaboration between both sides in the regulation of counselling and psychosocial support, the implementation of policies that oversee sustainable psychosocial support and counselling delivery, and the

development of innovative, tailored programs and psychosocial support models that align with the needs of the target group. It criticises the Australian system for its inadequate response to AAGLRWS needs and highlights the importance of avoiding a “one size fits all” approach in a multicultural society. Misinterpretations and misleading discourses jeopardise AAGLRWS’ psychosocial support leading to the misuse of taxpayer funds by allocating them inappropriately. The research also finds that service providers often prioritise securing government funding over addressing program inefficiencies, and calls for more research and collaboration to improve support for AAGLRWS. The unregulated nature of the counselling market in Australia further exacerbates these issues, leaving vulnerable groups like AAGLRWS without adequate accountability or support.

In conclusion, this research underscores the critical need for culturally sensitive and contextually appropriate counselling methods. By advocating for a flexible and inclusive framework that can adapt to various cultural contexts, the findings could help to enhance the efficacy and accessibility of counselling and psychosocial support services, ultimately meeting the diverse needs of clients in a globalised world.

8.7 Voices of change: AAGLRWS experiences with counselling and psychosocial support in Australia

The analysis of participants’ narratives, societal incompatibilities, government and media discourses, research observations, and ACA OPD evaluations concludes that the causes of VAN are more attributable to social abandonment than to gender roles (Caldwell, 2007b; Diamandi & Muncey, 2009). The research on participant experiences reveals that cultural competencies in cross-cultural counselling in Australia encounter significant challenges due to ontological divergences. For example, Betu viewed mental health issues through a spiritual lens, while another perspective might see them as purely medical problems. These differing worldviews create challenges for counsellors who need to navigate and respect these diverse perspectives to provide

effective support. The deep-rooted differences in understanding and interpreting reality, referred to as ontological divergences, present significant challenges to achieving cultural competence in cross-cultural counselling within Australia. Counsellors need to bridge these gaps to effectively meet the needs of clients from various cultural backgrounds. These challenges are further compounded by differing contextual frameworks and the deregulation of counselling in Australia (Australian Counselling Association, 2023a; Australian Counselling Association, 2023b). Addressing discrepancies in counselling definitions and practices is crucial for effectively assisting AAGLRWS. Counselling practices must be adaptable to various cultural, social, historical, economic, political and psychological contexts to avoid confusion and enhance service delivery (Australian Counselling Association, 2024).

This thesis argues that psychosocial therapeutic interventions for AAGLRWS are most effective when grounded in Ubuntu values, which emphasise community, mutual care and interconnectedness (Ubuntu Counselling Services, n.d.). Integrating talk therapy, pharmacology, and complementary and alternative medicine (CAM) within this framework can provide a holistic approach to mental health care (Ubuntu Counselling Services, n.d.).

ACA, PACFA, independent bodies, and healthcare government agencies are currently engaged in a project to regulate counselling and psychosocial support (Armstrong, 2023). This initiative aims to establish a structure where cross-cultural therapeutic models can adequately meet the needs of diverse populations, including AAGLRWS. Ongoing discussions seek to define the future roles of counsellors within Australian healthcare services (Pelling, 2007; Armstrong, 2023). These negotiations conclude the struggles AAGLRWS face in accessing appropriate diagnosis and therapeutic psychosocial support and counselling within the current deregulated framework. The prevailing “one size fits all” approach is ineffective for AAGLRWS’ culture.

The DSM has evolved to include cultural concepts in its assessments, as seen in the DSM-5-TR and its Handbook of Differential Diagnosis. Despite these advancements, challenges remain in accurately diagnosing individuals from diverse backgrounds, such as AAGLRWS, due to cultural and contextual differences. The DSM-5-TR has moved away from previous criteria that were not suitable for African populations, including AAGLRWS. Researchers like Gitau (2016) argue for tailored diagnostic approaches that consider cultural nuances, as the current “one size fits all” model is inadequate. Although efforts like the Cultural Formulation Interview have been integrated, accurate cross-cultural diagnosis for AAGLRWS remains a work in progress (Kleinman, 1977; Herman, 2022; Lewis-Fernández et al., 2020; ACA, 2023a; Gitau, 2015; APA, 2013).

Cultural barriers can undermine trust and rapport between counsellors and clients, reducing the effectiveness of support services. This outcome highlights the necessity of cultural awareness and competence among counsellors to build trust and ensure equitable access to psychosocial support for diverse populations. By addressing cultural differences and fostering inclusivity, counsellors can better serve AAGLRWS, improving the quality of care. Culturally competent counsellors are better equipped to address the unique challenges and stressors faced by clients from diverse backgrounds such as the AAGLRWS. In summary, cultural competence in counselling is crucial for building effective therapeutic relationships, improving client satisfaction, and achieving better mental health outcomes for AAGLRWS in need.

The text underscores the need for government support to address the individual isolation and family segregation experienced by AAGLRWS. It calls for governmental responsibility in providing effective psychosocial support to facilitate better integration (Caldwell, 2007b). Additionally, it argues that the resettlement environment in Australia has led to family disintegration due to legislation that grants extensive rights to children without emphasising their duties to parents.

The research underscores the pivotal role that AAGLRWS women play in maintaining family cohesion and societal stability, as evidenced by their participant experiences. It challenges the Western (Australian) narrative that predominantly portrays AAGLRWS men as the main perpetrators of VAN, suggesting instead that this view masks a deeper issue of social abandonment and ongoing silence regarding AAGLRWS's suffering both in the AGLR and in Australia. The findings reveal that AAGLRWS' women face greater disempowerment in Australia compared to their experiences in the AGLR, a situation that Johan Galtung (2012a) describes as negative peace.

The ongoing social abandonment of AAGLRWS women in Australia perpetuates extreme stress and dehumanisation, leading to their disempowerment and undermining their roles as family pillars. Scholars note that African women often become homeless due to the traumatic conditions imposed by the Australian system (Diamandi & Muncey, 2009; Cooper & Morris, 2005). As pillars of their families and upholders of 'Ubuntu' values, their dehumanisation signifies the dismantling of the AGLR societal structure (Macdonald & Mears, 2019).

While Australia offers numerous opportunities, AAGLRWS must be physically, psychologically and socially fit to benefit from them. Psychosocial restoration for AAGLRWS necessitates a societal awareness of the continuous traumatic events that began in their country of origin and persist in Australia. Researchers, such as Herman (1992/2022), have indicated that prolonged exposure to trauma can impair brain function. Consequently, the conditions of traumatised individuals tend to deteriorate without appropriate psychosocial support. This study highlights the critical role of culture in sustaining the psychosocial recovery model. Despite significant progress, there remains much to be done, as identified in the literature review and collected data. Strengthening the DSM to better address the mental health needs of small minority groups, such as AAGLRWS, is essential. Failure to do so may exacerbate individual mental health issues, leading to social isolation within

Australia's multicultural society. Consequently, AAGLRWS individuals in need may continue to rely on social benefits, placing a burden on taxpayers.

8.8 Navigating constraints: Advocating for inclusive and effective support systems

This section reflects the chapter's focus on acknowledging the limitations of current psychosocial support and counselling services, and the need for political commitment and resource allocation to improve these services for AAGLRWS to an ethical standard.

This research identifies numerous ethical and moral dilemmas in Australian counselling and psychosocial support for AAGLRWS, including the neglect and abuse of children, ignorance of trauma inflicted by supposed protectors, treatment without appropriate diagnosis, and the government's resistance to the target group's pleas. Addressing these challenges requires a comprehensive and culturally sensitive approach. Equipping counsellors with the necessary skills and knowledge to navigate these complex ethical landscapes ensures that their practices align with principles of respect, autonomy and social justice.

This research highlights several limitations faced by AAGLRWS in accessing psychosocial support and counselling. It is recommended that the Australian government exhibit strong political commitment to establish and enforce laws that ensure the coordinated and long-term delivery of effective psychosocial support and counselling services for AAGLRWS within MHPSS and department of social service system. Such political influence will be crucial for the allocation of resources, the establishment of regulations and the implementation of policies that support these services sustainably.

It is recommended that Australia, as a signatory to the 1951 United Nations Refugee Convention and its 1967 Protocol amendments, uphold its voluntary commitment to resettle refugees including AAGLRWS. This entails ensuring the protection of these individuals and granting them the same rights as all Australian citizens. Addressing prejudice, discriminatory attitudes, and

the neglect of AAGLRWS needs is essential for fostering an inclusive society and contributing to the advancement of Australian society.

It is important to recognise the profound influence of external factors, such as media portrayal and government actions, on the public perception and treatment of AAGLRWS, especially within the domains of MHPSS and counselling. Addressing critical issues such as child abuse, dehumanisation, psychosocial rehabilitation, discrimination and racism is essential for mitigating these unsocial behaviours. It is recommended that the government take a proactive stance in curbing the spread of misinformation and earnestly voicing the concerns of the AAGLRWS community. Such actions are vital for fostering a more inclusive and egalitarian society in Australia. By addressing these influences, we can create a supportive environment that acknowledges and alleviates the limitations faced by AAGLRWS, ensuring equitable access to psychosocial support and rehabilitation services provider.

In the field of MHPSS and counselling, it is crucial to recognise the limitations in resources and knowledge exchanges, particularly for marginalised groups such as AAGLRWS. Despite advancements in integrating cultural concepts into diagnostic frameworks like the DSM-5-TR, significant gaps remain in effectively addressing the unique needs of AAGLRWS.

One major limitation is the lack of tailored diagnostic tools that consider the cultural and contextual backgrounds of AAGLRWS. Current models often fail to capture the complexities of their experiences, leading to inadequate support and misdiagnosis. For instance, Mamayemo's whispers to the wind during her journey with her late husband could be mistaken for the ramblings of madness by those who do not understand her spiritual language. This allegory underscores the need for culturally sensitive diagnostic approaches. Additionally, the deregulation of counselling in Australia poses challenges in standardising practices and ensuring that counsellors are equipped with the necessary cultural competencies.

Resource constraints also hinder the provision of effective psychosocial support. There is a need for more funding and support for programs that specifically target AAGLRWS, as well as for training initiatives that enhance the cultural competence of counsellors. Knowledge exchanges between practitioners, researchers, and community leaders are essential to develop best practices and improve service delivery.

This research recommends that the MHPSS system adopt a more inclusive approach to the roles of counsellors. Fostering an environment that values cultural diversity and promotes the exchange of knowledge is essential for effectively addressing the psychosocial needs of AAGLRWS and other minority groups. Implementing inclusive MHPSS practices that emphasise equity and cultural competence is crucial for ensuring that all individuals receive appropriate support. Additionally, it is proposed that the counselling profession be renamed to “care-facilitators” to more accurately reflect their roles and responsibilities in providing comprehensive care.

Many AAGLRWS individuals lack an understanding of counselling or MHPSS within their cultural frameworks, leading to confusion when comparing the support they receive in Australia to that in their home countries. The integration of counselling and social support systems in Australia is crucial for enhancing SEWB. However, the integration of these programs can be fragmented due to limited resources and cultural discrepancies, particularly affecting AAGLRWS. SEWB programs emphasise person-centered care, community involvement, and culturally sensitive practices to ensure comprehensive support. These programs aim to provide tailored, accessible and culturally sensitive support, thereby enhancing the well-being and integration of AAGLRWS. Nonetheless, participants have indicated that community involvement and cultural sensitivity is not effectively implemented within the AAGLRWS context.

In conclusion, acknowledging the limitations faced by AAGLRWS is crucial for improving psychosocial support and counselling services. By addressing resource gaps and enhancing

knowledge exchanges, we can develop a more inclusive and effective support system. This approach recognises the specific challenges AAGLRWS encounter in accessing adequate psychosocial support and counselling services in Australia, paving the way for better integration and well-being.

8.9 Towards equitable healing: Bridging cultural gaps in psychosocial support

This section explores the philosophical approach to addressing the limitations and advocating for a more inclusive and culturally competent framework in counselling and psychosocial support for AAGLRWS.

In the realm of counselling and psychosocial support, it is imperative to acknowledge the inherent limitations in both resources and the exchange of knowledge, especially concerning marginalised groups such as AAGLRWS. Despite notable strides in incorporating cultural concepts into diagnostic frameworks like the DSM-5-TR, substantial gaps persist in effectively addressing the distinctive needs of AAGLRWS (American Psychiatric Association, 2022a). To bridge these gaps, it is recommended that a multifaceted approach be adopted, one that not only enhances the cultural competence of mental health practitioners but also ensures a sustainable equitable distribution of resources.

Building on the empirical findings presented in Chapters 3 through 6 and discussed in Chapter 7, this section outlines five practitioner-informed recommendations designed to address the psychosocial support needs of AAGLRWS. Each recommendation is grounded in participant narratives, theoretical frameworks, and field-based insights, reflecting the dual lens of researcher and clinical counsellor. The recommendations aim to bridge the cultural and structural gaps identified throughout the study, offering scalable and culturally congruent pathways toward inclusive mental health care. To enhance analytic transparency and clarify the connection between findings and recommendations—the following table maps each proposed intervention to its

supporting data sources and participant themes. This framework ensures that the recommendations are not only empirically justified but also pragmatically viable within the Australian psychosocial support landscape.

Table 8.1 Summary Table – Mapping Recommendations to Supporting Data

Section	Recommendation	Supporting Chapters	Key Participants Themes
8.5.1 8.9.1	Enhanced training in cross-cultural modalities	Chapters 5 & 6	Mistrust, shame, Ubuntu, cultural mismatch, institutional gaps
8.8.2 8.9.2	Community-based interventions	Chapter 4, 5, 7	Informal support, Ubuntu, service avoidance, cultural resonance
8.8.3 8.9.3	Policy advocacy	Chapter 7	Institutional exclusion, systemic failure, governance critique
8.5.4 8.9.4	Research and data collection	Chapters 2 & 7	Lack of CALD representation, ethical gaps, narrative invisibility
8.5.5 8.9.5	Empathetic reform (“The forest’s silent cries”)	Chapters 3, 4, 7	Transgenerational trauma, dehumanisation, moral imperative

8.9.1 Enhanced training and education in cross-cultural modalities

Reforming the system requires the incorporation of cultural perspectives. It is crucial to have individuals from those cultural backgrounds provide the services, as they can share their knowledge with the broader community. As Malula highlighted, placing someone from here in a remote village in the Congo is like planting a rose in the desert; it won’t thrive because the environment doesn’t meet its needs. Similarly, expecting a Congolese person to adapt to our counselling services is like asking a fish to climb a tree. The issue lies not in the design of the services, but in the fundamental differences in their nature. Mental health professionals must

receive comprehensive training that emphasises cultural humility and the specific psychosocial challenges faced by AAGLRWS. This training should be rooted in an understanding of the dual burden from traumatic colonisation events to current discrimination they are facing in Australia (Bryant-Davis, 2024).

8.9.2 Community-based interventions

The findings presented in Chapters 4 through 7 underscore the critical importance of grassroots, community-based interventions tailored to the cultural contexts of African Australians from the AAGLRWS. Participants consistently expressed mistrust toward formal counselling services (see Chapter 5, Sections 5.2 and 5.6), citing cultural misunderstandings, language barriers, and a lack of relational depth. In contrast, many described informal support networks—rooted in shared lived experience and Ubuntu values—as more effective and emotionally resonant (Chapter 4, Section 4.5.3; Chapter 7, Section 7.2.1). Malula’s metaphor (see Chapter 5, Section 5.2) — aptly illustrates the limitations of superficial cultural training. Effective interventions must move beyond tokenistic inclusion and instead engage deeply with community knowledge, relational ethics, and collective healing practices. This recommendation responds directly to the institutional gaps identified in Chapter 7 (Sections 7.4.1–7.4.3), offering a pragmatic and culturally congruent pathway toward inclusive psychosocial support.

As a multilingual clinical counsellor and community practitioner, I observed firsthand how these informal structures foster resilience and agency, particularly through initiatives such as NYBMT and YREM. These field experiences, combined with participant narratives, informed the recommendation to develop bottom-up interventions that leverage existing community strengths. Such approaches align with Castillo et al. (2019), who advocate for culturally embedded support systems that reflect the lived realities of marginalised populations. By linking empirical findings with practitioner-informed insight, this section advances a model of community-based care that is

both scalable and sustainable—one that honours the voices of AAGLRWS and contributes to systemic reform in refugee mental health services.

8.9.3 Policy advocacy

Advocating for policies that address systemic inequities and promote the inclusion of AAGLRWS voices in the development of mental health frameworks is crucial. Systemic barriers to access and equity on CCPSS is an institutional crisis that calls for policy change to allow AAGLRWS' accurate diagnoses, assessment and treatment to hence flourish life as all Australian Citizens.

This research advocates for the adjustment of practical Psychosocial Support Services tailored to the needs of AAGLRWS. It emphasises the necessity of follow-up actions based on the Action Research (AR) concept to ensure institutional, legislative and policy coordination. This approach aims to integrate psychosocial support into Australian service provision effectively, thereby reforming and monitoring the effectiveness of these services for AAGLRWS' counselling and psychosocial support provisions.

Effective coordination of practical Psychosocial Support Services within institutions involves several key strategies. These strategies would need to accommodate the specific needs of different cultural and social contexts, such as those of AAGLRWS. Continuous professional development and training in culturally competent psychosocial support services (CCPSS) are crucial, as they help staff stay updated with best practices and current needs, enhancing their ability to provide effective support for AAGLRWS “here and now” (Watson, 2022). Establishing robust feedback mechanisms, as detailed in Figure 2.1 of the methodology chapter, allows for continuous improvement by periodically collecting and analysing feedback from service users and providers. These strategic reviews, defined in AR, identify areas for enhancement, ensuring that services remain culturally relevant and effective, as their cultural idioms are interconnected in both therapeutic symbioses between service provider and service receiver. Finally, ensuring that institutional policies and

legislative frameworks support the integration and coordination of APSS to AAGLRWS is essential. This includes advocating for policies that promote cultural competence and the holistic integration of psychosocial support (Department of Social Services, 2021). By implementing these strategies, including the Ubuntu values, institutions can enhance the effectiveness of APSS for AAGLRWS, ensuring that they meet the diverse needs of their service users.

For instance, the case of Bulanitis's findings for African girls in her state illustrates this need. Their well ran dry when the Department of Health's five-year funding stream ceased to flow, and their plea for more water went unanswered, leaving their initiatives unsupported. This situation underscores the importance of revising diagnostic criteria to better reflect the lived experiences of African in particular AAGLRWS (Khaldun & McNulty, 2022; Verywell Mind, 2022).

8.9.4 Research and data collection: Bridging lived experience and evidence-based reform

As both a clinical practitioner and academic researcher, I occupied a dual role that enabled a uniquely situated inquiry into the psychosocial realities of AAGLRWS. This positioning allowed for a reflexive and ethically grounded approach to data collection, where methodology was balanced with cultural sensitivity and participant empowerment.

Drawing on grounded theory, narrative inquiry, and phenomenological principles, the research prioritised participatory methods that actively involved AAGLRWS in shaping the research process (Vaughn & Jacquez, 2020). This approach not only honoured the voices of those historically marginalised in mainstream psychosocial support frameworks but also generated rich, contextually embedded data that illuminated systemic gaps in service provision. The findings revealed critical disparities in mental health outcomes, shaped by institutional neglect, cultural dissonance, and the inadequacy of Western therapeutic models. These insights underscore the urgent need for data-informed interventions that are culturally congruent, trauma-responsive, and structurally inclusive. Specifically, the research recommends:

- Embedding Ubuntu-informed participatory research into future service design to foster community ownership and resilience.
- Developing hybrid psychosocial models that integrate collective healing practices with individual therapeutic modalities.
- Establishing longitudinal data systems to monitor mental health trajectories and service efficacy among AAGLRWS and other CALD populations.

By linking empirical findings to actionable recommendations, this study contributes to a growing body of scholarship advocating for transformative change in cross-cultural counselling. It calls for a recalibration of research and practice—one that centres lived experience, challenges institutional blind spots, and reimagines healing through culturally resonant frameworks.

8.9.5 The forest’s silent cries: A call for empathetic reform

To truly help the AAGLRWS trees flourish, the forest needed reforms—policies and collaboration from the governing council to ensure that the caretakers could provide the nurturing environment these trees desperately needed. Without such reforms, the forest would remain a place of unfulfilled potential, where the trees’ silent cries for help went unheard.

*In a forest vast and grand, Stood trees that weathered storms,
AAGLRWS, they were called, In need of care, to transform.*

*Caretakers with hearts so kind, Used silence, wind, and light, To
connect with these weary trees, And guide them through the night.*

*But without a guiding plan, Their efforts fell like leaves, Symbolic
breezes, gentle touch, Yet the trees still grieved.*

*For true growth and healing, The forest needed change, Policies and
support to guide, A nurturing exchange.*

*Without reforms, the forest stayed, A place of silent cries, Where trees
in need of deep care, Struggled 'Neath the skies.*

*So let the council heed the call, To help these trees revive, With
structured care and empathy, The forest will truly thrive.*

(Nyembo, 2025b)

The forest's poetic symbolism—its grieving trees and silent cries—serves as a metaphor for the embodied trauma experienced by AAGLRWS individuals. Kakasi's episode of vasovagal syncope, a momentary loss of consciousness triggered by overwhelming distress, exemplifies how trauma can manifest somatically, bypassing verbal articulation. Within the context of the current discussion, this involuntary collapse becomes a powerful emblem of the silent suffering inscribed in displaced bodies and disrupted narratives. It underscores the urgency for empathetic reform that validates non-verbal expressions as legitimate communicative acts, challenging Western verbal-centric paradigms and advocating for culturally responsive, embodied modalities of psychosocial support.

8.10 Healing horizons: Embracing resilience and reform

This research has captured the essence of participant experiences and attitudes towards counselling and psychosocial support services, revealing profound trauma, the critical need for cross-culturally contextualised support, the necessity for systemic reforms in psychosocial support and counselling for AAGLRWS. The practice of counselling must evolve to address the contextual conflicts of interest arising from diverse organisations. This evolution is necessary to move towards more comprehensive and integrative approaches that address systemic issues. The role of care in emotional perception and attachment is fundamental, as it fosters emotional intelligence and well-being through supportive relationships.

The research reflects both the challenges and the hope for a more inclusive and effective support system. The study identifies significant integration challenges in Australia, such as educational stress and employment barriers, while showcasing the resilience of AAGLRWS through

entrepreneurial activities. It underscores the necessity for enhanced cultural competence in counselling, robust government support and tailored interventions to address the unique needs of AAGLRWS, ultimately advocating for a more equitable and effective counselling and psychosocial support system.

The study highlights significant cultural disparities between the psychosocial support systems in the participants' home countries and those in Australia. It underscores a lack of familiarity with the Australian psychosocial support framework on the part of AAGLRWS, and a discomfort in discussing sensitive issues with Australian service providers. These findings indicate a pressing need for substantial reform. Furthermore, communication barriers and perceptions of inadequate understanding by Australian service providers reinforce the urgency for advocacy and reform in this area.

The implications of these findings are profound. The research underscores significant dissatisfaction with current counselling and psychosocial support services, which are perceived as unethical and inadequate for AAGLRWS. The complexity of assessing counselling competencies in Australia highlights the necessity for enhanced cultural competence in cross-cultural counselling, tailored diagnostic approaches, and the regulation and standardisation of counselling and psychosocial support. Robust government support is essential to address these issues, including isolation and family segregation. Additionally, the critical role of AAGLRWS women in maintaining family cohesion and societal stability is emphasised.

Key recommendations include the Australian government demonstrating strong political commitment to establish and enforce laws by regulating counselling and psychosocial support to ensuring effective counselling and psychosocial support services for AAGLRWS, upholding commitments under the 1951 UN Refugee Convention, and addressing media portrayal and public perception issues. The adoption of inclusive healthcare practices and the enhancement of cultural

competence are crucial, along with considering renaming the counselling profession to “Psychosocial care-facilitators.”

Future research should acknowledge the inherent limitations in resources and cultural knowledge exchange from both sides; emphasise comprehensive training for mental health professionals; develop tailored community-based interventions and inclusion for people who have the same cultural background in the work force; advocate for policies addressing systemic inequities; and conduct rigorous, participatory research to gather data on the mental health needs and outcomes of AAGLRWS and other marginalised communities.

8.11 Clarifying the practitioner-informed recommendations

The recommendations outlined in this chapter are directly informed by the empirical findings presented in Chapters 3 through 7, which detail the psychosocial challenges faced by AAGLRWS. These findings—such as systemic disempowerment, cultural misalignment in service delivery, and the erosion of trust in formal counselling—underscore the need for structural reform in mental health care. As a bilingual clinical counsellor with direct experience supporting refugee populations, I have observed how these challenges manifest in practice. Accordingly, the proposed recommendations—including enhanced cross-cultural training (Section 8.8.1), community-based interventions (Section 8.8.2), and policy advocacy (Section 8.8.3)—are not only grounded in participant narratives but also shaped by my professional insight into what may improve psychosocial outcomes for AAGLRWS in Australia. This dual perspective strengthens the relevance and applicability of the recommendations, ensuring they are both empirically supported and pragmatically viable. By adopting these strategies, the field of psychosocial support and counselling will not only chart a course towards more equitable and effective practices but will also ensure that the unique needs of AAGLRWS are met with the precision of a master gardener tending to a diverse and flourishing garden.

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APPENDIX I – ETHICS APPROVAL



Research Integrity & Ethics Administration
Human Research Ethics Committee

Tuesday, 26 September 2017

Dr Wendy Lambourne
Peace & Conflict, Faculty of Arts and Social Sciences
Email: wendy.lambourne@sydney.edu.au

Dear Wendy,

The University of Sydney Human Research Ethics Committee (HREC) has considered your application.

After consideration of your response to the comments raised your project has been approved.

Approval is granted for a period of four years from **19/09/2017** to **19/09/2021**

Project title: Psychosocial Wellbeing of War Survivors from the African Great Lakes Region Living in Australia

Project no.: 2017/352

First Annual Report due: 19/09/2018

Authorised Personnel: Lambourne Wendy; Nyembo Patrice; Macdonald Gaynor;

Documents Approved:

Date Uploaded	Version number	Document Name
17/09/2017	Cover Letter/Correspondence	cover letter ethics outcome response
17/09/2017	Interview Questions	interview schedule updated

Condition/s of Approval

- Research must be conducted according to the approved proposal.
- An annual progress report must be submitted to the Ethics Office on or before the anniversary of approval and on completion of the project.
- You must report as soon as practicable anything that might warrant review of ethical approval of the project including:
 - Serious or unexpected adverse events (which should be reported within 72 hours).
 - Unforeseen events that might affect continued ethical acceptability of the project.
- Any changes to the proposal must be approved prior to their implementation (except where an amendment is undertaken to eliminate *immediate* risk to participants).
- Personnel working on this project must be sufficiently qualified by education, training and experience for their role, or adequately supervised. Changes to personnel must be reported and approved.
- Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, as relevant to this project.

Research Integrity & Ethics Administration
Level 2, Margaret Telfer Building (K07)
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T +61 2 9036 9161
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CRICOS 00026A



THE UNIVERSITY OF
SYDNEY

- Data and primary materials must be retained and stored in accordance with the relevant legislation and University guidelines.
- Ethics approval is dependent upon ongoing compliance of the research with the *National Statement on Ethical Conduct in Human Research*, the *Australian Code for the Responsible Conduct of Research*, applicable legal requirements, and with University policies, procedures and governance requirements.
- The Ethics Office may conduct audits on approved projects.
- The Chief Investigator has ultimate responsibility for the conduct of the research and is responsible for ensuring all others involved will conduct the research in accordance with the above.

This letter constitutes ethical approval only.

Please contact the Ethics Office should you require further information or clarification.

Sincerely,

Dr Helen Mitchell
Deputy Chair
Human Research Ethics Committee (HREC 1)

The University of Sydney HRECs are constituted and operate in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2007) and the NHMRC's Australian Code for the Responsible Conduct of Research (2007).

APPENDIX II – SAFETY PROTOCOL



Department of Peace and Conflict Studies
School of Social and Political Sciences
Faculty of Arts and Social Sciences

ABN 15 211 513 464

Chief Investigator:

Dr Wendy Lambourne, Senior Lecturer

Researcher:

Mr Patrice Nyembo, PhD Candidate

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SAFETY PROTOCOL

I **Patrice Nyembo** PhD Candidate, under the supervision of **Dr Wendy Lambourne** who is the Chief Investigator/Senior Lecturer of the Department of Peace and Conflict Studies, University of Sydney, have agreed to follow these Safety Protocols (SP) as stipulated by the University of Sydney guidelines on Fieldwork Safety Standards during my field work in Western Australia (WA), New South Wales (NSW), Victoria (Vic) and Queensland (Qld) with the research project entitled:

'Psychosocial Wellbeing of War Survivors from the African Great Lakes Region Living in Australia'

1. PHYSICAL SAFETY

- 1.1 The interviews shall be conducted in a public space.
- 1.2 Where possible, interviews will be conducted in daylight hours or in the early evening.
- 1.3 Where a taxi is needed, both the outward and return journeys will be booked in advance.
- 1.4 The time and location of the interviews shall be communicated to the CI.
- 1.5 Prior reconnaissance of the interview location shall be made to ensure a conducive interview process and minimise risks.
- 1.6 Owing to the nature of the interview content, interviews shall be done on a one-on-one or individual manner.

2. PSYCHOLOGICAL SAFETY

- 2.1 All interviewees shall be 18 years of age or over and shall sign a consent form before the interview takes place.

2.2 The researcher will provide a University of Sydney business card for self-identification, in addition to documents such as the Participant Information Statement.

2.3 Risk management strategies have been discussed between the researcher and the CI and will be reviewed regularly by the researcher and CI as the research proceeds. The risk mitigating procedures include the following:

2.3.1 The researcher will discuss interview safety, and perform practise interviews, with the CI before the research begins and will review this as an ongoing protocol.

2.3.2 In the event of any issue arising that might infringe the safety of the researcher or the interviewee, the researcher will communicate immediately to the CI. If the interview proceeds, the researcher will keep the CI informed when the interview is to take place, and will report as soon as it is completed.

2.3.3 In the event of an interviewee becoming distressed, the researcher will apply his counselling assessment skills (as explained in the ethics questionnaire) and provide emergency support contact details for a local counselling service (as indicated on the PIS) or triple zero (000) as a last resort.

This safety protocol has been agreed and accepted by the researcher and the CI.

[Signature of student]

Name

Date

[Signature of CI]

Name

Date

APPENDIX III – PARTICIPANTS’ INVITATION LETTER



Department of Peace and Conflict Studies
School of Social and Political Sciences
Faculty of Arts and Social Sciences

ABN 15 211 513 464

Chief Investigator:	Room 119
Dr Wendy Lambourne, Senior Lecturer and Acting Chair	Mackie Building K01
Researcher:	The University of Sydney
Mr Patrice Nyembo, PhD Candidate	NSW 2006 AUSTRALIA
	Telephone: +61 2 9036 9286
	Facsimile: +61 2 9660 0862
	Email: wendy.lambourne@sydney.edu.au
	Web: http://www.sydney.edu.au/

To the Members of Australian African Great Lakes Region Communities

Dear community members from the Great Lakes Region that include Burundi, Democratic Republic of Congo and Rwanda,

You are invited to take part in a research project conducted by the University of Sydney Department of Peace and Conflict Studies (DPACS) School of Social and Political Sciences Faculty of Arts and Social Sciences on **“Psychosocial Wellbeing of War Survivors from the African Great Lakes Region Living in Australia”** that will take place in a number of states in Australia between July to September 2017.

This study aims to assist counsellors and other service providers in Australia to identify gaps and provide more effective psychosocial support for members of the African Great Lakes communities in Australia.

Your participation in the study would involve in an interview of no longer than an hour in a location in which you feel safe and comfortable to talk about your experiences and attitudes towards psychosocial support services. Your participation is entirely voluntary and the results of the research will not contain any information which could identify you as a participant and what you said in the interview. Further information is provided in the attached Participant Information Statement.

If you are interested and willing to be interviewed for this research you can contact Mr Patrice Nyembo on Mob: 0412621120, Email address knye6958@uni.sydney.edu.au. Patrice is a PhD candidate researcher who is conducting this research under the supervision of Dr Wendy Lambourne who is Senior Lecturer and acting Chair of the Department of Peace and Conflict Studies at the University of Sydney.

Yours sincerely

APPENDIX IV – PARTICIPANT INFORMATION STATEMENT



Department of Peace and Conflict Studies
School of Social and Political Sciences
Faculty of Arts and Social Sciences

ABN 15 211 513 464

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Researcher:
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Psychosocial Wellbeing of War Survivors from the African Great Lakes Region Living in Australia

PARTICIPANT INFORMATION STATEMENT

(1) What is this study about?

You are invited to take part in a research study that could assist counsellors and other service providers in Australia to identify gaps and provide more effective psychosocial support to the African Great Lakes Region war survivors who have come to live in Australia

You have been invited to participate in this study because you are a member of the African Great Lakes community in Australia. This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary.

By giving your consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.

You will be given a copy of this Participant Information Statement to keep.

(2) Who is running the study?

The study is being carried out by the following researchers:

- Patrice Nyembo, PhD candidate at the Department of Peace and Conflict Studies, University of Sydney. Patrice is conducting this research as the basis for the degree of Doctor of Philosophy (PhD) under the supervision of Dr Wendy Lambourne
- Dr Wendy Lambourne is Senior Lecturer and Postgraduate Coordinator, Department of Peace and Conflict Studies, University of Sydney.

This study is being funded by the University of Sydney.

(3) What will the study involve for me?

This study involves exploring your attitudes towards counselling and other psychosocial support services which may be offered to help you and your community during the resettlement process. The results of the project will be used to assist counsellors and service providers to understand how to better respond to the psychosocial needs of members of the African Great Lakes communities in Australia.

You will be asked to participate in an interview about your resettlement experience in Australia, especially in relation to psychosocial support. With your permission, the interview will be audio recorded so that the researcher can more accurately record your responses.

(4) How much of my time will the study take?

The interview will take approximately 1 hour and will be conducted in a safe and confidential location where you feel comfortable.

(5) Who can take part in the study?

Adults over 18 years of age who have come from a country in the African Great Lakes region including Burundi, Democratic Republic of Congo, and Rwanda who are currently living in Australia and are able to speak English can participate in this study.

(6) Do I have to be in the study? Can I withdraw from the study once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of Sydney.

If you decide to take part in the study and then change your mind later, you are free to withdraw at any time. You can do this by notifying the researcher that you wish to withdraw.

You are free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

(7) Are there any risks or costs associated with being in the study?

This study is about psychosocial wellbeing and it is possible that you may feel emotionally distressed or anxious when you think about these issues. Please let the researcher know if you begin to feel distressed at all and they will provide you with details about appropriate psychosocial support services in your area. [In NSW, we suggest contacting the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (NSW STARTTS) on (02) 9794 1900 or email: startts@sswahs.nsw.gov.au]

The location of the interview will be in a neighbourhood environment to minimise your time and transport costs. Aside from giving up your time, and the possibility of emotional distress, we do not expect that there will be any other costs or risks associated with taking part in this study.

The Manager, Ethics Administration, University of Sydney:

- Telephone: +61 2 8627 8176
- Email: human.ethics@sydney.edu.au
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This information sheet is for you to keep

APPENDIX V – PARTICIPANT CONSENT FORM



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Psychosocial Wellbeing of War Survivors from the African Great Lakes Region Living in Australia

PARTICIPANT CONSENT FORM

I,, agree to take part in this research study.

In giving my consent I state that:

- ✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- ✓ I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- ✓ The researchers have answered any questions that I had about the study and I am happy with the answers.
- ✓ I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of Sydney now or in the future.
- ✓ I understand that I can withdraw from the study at any time.
- ✓ I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don't wish to answer.
- ✓ I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- ✓ I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

I consent to:

- **Audio-recording** YES NO

Would you like to receive feedback about the overall results of this study?

YES NO

If you answered **YES**, please indicate your preferred form of receiving feedback and address:

Postal: _____

Email: _____

.....
Signature

.....
PRINT name

.....
Date

APPENDIX VI – INTERVIEW QUESTIONS



Department of Peace and Conflict Studies
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Faculty of Arts and Social Sciences

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Interview Schedule

Psychosocial Wellbeing of War Survivors from the African Great Lakes Region Living in Australia

The researcher proposes to use semi-structured interviews in which questions asked will not necessarily follow a given fixed format but will generally follow the layout and content indicated below. Semi-structured interviews allow for the identification and follow-up of themes which may not have been originally anticipated in the study, but may be important for answering the research questions.

1. What types of psychosocial support did you receive since your journey from your home country until you arrived in Australia and since you have been living in Australia? (Feel free to comment as you can)

This open question is designed to explore holistically the stages of traumatic events and create a rapport in a safe environment by giving the participant a chance to talk openly and freely about the psychosocial support they might have received in their home countries, on the journey and since arriving in Australia.

2. What have been your experiences of counselling and psychosocial support in your country of origin and in Australia?

This question is to elicit comparison about different types of approaches to counselling and the kinds of psychosocial support which might be important to participants based on their cultural background, perceptions and experiences.

3. Could you please describe your attitudes towards counselling and other forms of psychosocial support offered in your country of origin and in particular in Australia that have been part of your resettlement process?

This is a core question that could highlight the individual needs and perceptions about counselling and different types of psychosocial support, and how these might be improved or made more appropriate and effective in order to meet their particular needs. It will also identify the types of counselling and other forms of psychosocial support offered to AAGLWS as part of the resettlement process in Australia.

4. What is your experience of accessing these counselling or other psychosocial services and how do you think they could be improved or made more helpful for you?

This question is about empowering the participant and exploring what counsellors and other service providers could offer in the future, by identifying the features of the model of counselling adopted in Australia and how they may need to be made more culturally relevant, accessible and effective for AAGLWS. It aims to understand the AAGLWS' socio-cultural background and ethnic fabric, their experience and factors contributing to potential barriers towards accessing counselling within these communities.

6. What are your personal coping-mechanisms for dealing with the psychosocial issues associated with being an asylum seeker or refugee and resettling in a new country. Give an example (optional).

This open question will help to identify the specific types of challenges faced by AAGLRWS and the coping mechanisms they employ.

7. Do you have any other comments or suggestions about improving psychosocial support services for people from the African Great Lakes communities in Australia?

This will provide an opportunity for participants to talk more about the features of the model of counselling adopted in Australia and how they may need to be adapted to better meet the needs and expectations of AAGLWS. As a very open question, it also provides the opportunity for participants to talk about any other issues of importance to them, and what they expect from the researcher and the research results in the future.

APPENDIX VII – DAILY ACTIVITIES OF KALGOORLIE MINERS

Activity	Time required
Preparations at the start of the day	60 minutes - 90 minutes
Travelling to work	30 minutes - 45 minutes
Preparing feedback for the next shift ⁵⁴	15 minutes - 30 minutes
Work shift	12 hours (on average) (720 minutes)
Shower after work shift	15 minutes - 20 minutes
Waiting for bus	10 minutes (average)
Travel to camp or Kalgoorlie	30 minutes - 45 minutes
Preparing and eating meal	60 minutes - 120 minutes
Sleep	8 hours (on average) (480 minutes)
Total	Lower range: 23.5 hours Upper range: 26 hours

⁵⁴ Feedback preparation for the next shift is done at work. It involves systematically summarizing observations, reinforcing positive actions, identifying areas for improvement, offering actionable suggestions, providing support resources, and encouraging open communication.

APPENDIX VIII – ACA POLICIES AND FRAMEWORKS

ACA's OPD Policy and Competency Assessment Framework

The Australian Counselling Association (ACA) has established a mandatory policy for Ongoing Professional Development (OPD) to ensure the continued competency and high standards of its members. OPD events are crucial for evaluating the effectiveness of ACA counsellors' training in meeting the needs of Australian service users, including those from culturally and linguistically diverse (CALD) backgrounds, such as the Australian Africans from the Great Lakes war survivors (AAGLRWS). This policy includes a comprehensive list of approved training activities, encompassing conferences, online learning, and virtual events. The current assessment period spans from 26 March 2022 to 06 October 2023, prior to membership renewal. During this period, the policy's efficacy in catering to the AAGLRWS will be assessed. According to ACA (2018), OPD is defined as the process through which members enhance their skills, knowledge, and expertise, and develop the qualities essential for professional practice.

Interestingly, among the 30 events listed in that period to improve skills, there is no specific training dedicated to developing knowledge in cross-cultural counselling. Such training would be essential for counsellors and psychotherapists to effectively address the issues faced by culturally and linguistically diverse (CALD) communities, including the psychosocial needs of the AAGLRWS.

This assessment on ACA training evaluation identifies eight events out of thirty in the list that can be suitable for adaptation to the specific groups (CALD), particularly AAGLRWS, as a strategical approach to AIHW (2023).

Table A8.1: List of professional development courses approved by the ACA

No	ACA Approved OPD Events	Suitable for Mainstream Specific	Suitable for Cross-culture (CALD and AAGLRWS) specific
1	25/04/2023 - 27/06/2023 Self-care & Wellbeing Course	Yes	No
2	24/07/2023 - 24/07/2023 Nation-wide	Yes	No

	Supporting Separated Families/ Conferences & Workshops		
3	01/04/2023 - 31/07/2023 Treating Complex Trauma (Day 3-4) with Dr Leah Giarratano self-paced online with three months access commencing April 2023	Yes	No
4	01/04/2023 - 31/07/2023 Treating PTSD (Day 1-2) with Dr Leah Giarratano self-paced online with three months access commencing April 2023	Yes	No
5	31/07/2023 - 31/07/2023 International Holding Space for Others - #47 - Being an Empath: From Survival to Mastery	Yes	No
6	31/07/2023 - 31/07/2023 International Holding Space for Others - #47 - Being an Empath: From Survival to Mastery Conferences & Workshops	Yes	No
7	21/05/2023 - 06/08/2023 Career as a Journey of Soul: An introduction to the depth psychology of vocation	Yes	No
8	28/08/2023 - 28/08/2023 Nation-wide Engaging with climate change and eco-distress	Yes	No
9	04/09/2023 - 04/09/2023 International Holding Space for Others - #48 - Cultivating Creative - Reflective Embodied Practices	Yes	No
10	16/09/2023 - 16/09/2023 Nation-wide Reflections and responses to the climate reality	Yes	No
11	13/04/2023 - 19/09/2023 NDIS Risk Management Master Class	Yes	No
12	20/09/2023 - 20/09/2023 International Sex Therapy Series: How To Talk About Sex: In A Clinical Setting	Yes	No

13	26/09/2022 - 25/09/2023 QLD Advanced Course in Logotherapy	Yes	No
14	26/03/2022 - 01/10/2023 VIC	Yes	No
15	Certificate In itiativ Art Therapy Stream 1 28/04/2023 - 06/10/2023 International Deb Dana's Foundations of Polyvagal-Informed Practice	Yes	No
16	Self-care & Wellbeing Course	Yes	No
17	Supporting Separated Families	Yes	No
18	Treating Complex Trauma (Days 3-4) with Dr Leah Giarratano self-paced online with three months access commencing April 2023	Yes	Suitable but need adjustment / not specific
19	Treating PTSD (Day 1-2) with Dr Leah Giarratano self-paced online with three months access commencing April 2023	Yes	Suitable but need adjustment /not specific
20	Holding Space for Others - #47 - Being an Empath: From Survival to Mastery	Yes	Suitable but need adjustment/ not specific
21	Holding Space for Others - #47 - Being an Empath: From Survival to Mastery Holding Space for Others - #48 - Cultivating Creative - Reflective Embodied Practices	Yes	Suitable but need adjustment / not specific
22	Career as a Journey of Soul: An introduction to the depth psychology of vocation	Yes	Suitable but need adjustment/ not specific
22	Engaging with climate change and eco-distress	Yes	No
23	Holding Space for Others - #48 - Cultivating Creative - Reflective Embodied Practices	Yes	Suitable but need adjustment/ not specific

24	Holding Space for Others - #48 - Cultivating Creative - Reflective Embodied Practices	Yes	Suitable but need adjustment/ not specific
25	Reflections and responses to the climate reality	Yes	No
26	NDIS Risk Management Master Class	Yes	No
27	Sex Therapy Series: How To Talk About Sex: In A Clinical Setting	Yes	No/does not meet cultural AAGLRWS' norms
28	Advanced Course in Logotherapy	Yes	Suitable but need adjustment/ not specific
29	Certificate Initiatic Art Therapy Stream 1	Yes	No
30	Deb Dana's Foundations of Polyvagal-Informed Practice	Yes	No

ACA (2023a)

The table ... provides an evaluation of the ACA members' training towards improving and broadening their skills during annual membership renewals. However, it does not adequately reflect the cultural backgrounds of many culturally and CALD communities or the AAGLRWS.

Training numbers 18 and 19 focus on complex trauma and complex PTSD in child abuse and neglect survivors from a Western epistemological perspective. This perspective differs significantly from the ontological spectrum of culture and continuous suffering experienced by the AAGLRWS. The AAGLRWS have endured continuous abuse and neglect for years, with many individuals transmitting their trauma across generations. This discrepancy may open a broader ontological discussion on different approaches and cultural values within the AAGLRWS upbringing compared to Western (Australian) beliefs regarding discipline and dogmas.

For instance, while it is considered disrespectful for a child to call their parents by their names in AAGLRWS culture, it is quite common in Western (Australian) culture. Therefore, the application of training on complex trauma and PTSD may differ between Western contexts and the AAGLRWS, who may not share the same cultural views and practices.

Practical therapeutic techniques related to attachment theory, Cognitive Behaviour Therapy (CBT), and the fundamentals of exposure therapy for traumatic memories are relevant to both

Australian and AAGLRWS populations due to their basis in human anatomical body system function. However, it is unlikely that the lecture will address the differing applications of these techniques to suit the specific needs and values of both contexts. Therefore, individualised approaches are necessary to accommodate the distinctive cultural and therapeutic requirements of each group. This includes the synchronisation of the clinician's cultural input to match the unique cultural upbringing of each individual during therapy.

In concluding on training numbers 18 and 19, while practical therapeutic techniques related to attachment theory, Cognitive Behaviour Therapy (CBT), and exposure therapy are universally relevant, the differing cultural contexts of the AAGLRWS and the Western (Australian) perspective necessitate individualised therapeutic approaches. The AAGLRWS have unique cultural and continuous trauma experiences that require tailored therapeutic interventions. Addressing these differences through synchronised clinician aligned cultural input and individualised therapy is essential to meet the distinct needs of each group and individual effectively.

Training number 20 is crucial for establishing rapport between service providers and service users, particularly in the context of the AAGLRWS. The training emphasises the importance of developing strong, empathetic connections between clinicians and their service users. This is vital for Australian clinicians to effectively understand and address the unique needs of the AAGLRWS population.

By learning how to actively listen, connect, and understand their service users, clinicians can obtain valuable insights into their backgrounds and current circumstances ("here and now"). This comprehensive understanding facilitates better communication, addressing both the physical and psychological aspects of their service users' well-being. The training specifically highlights the role of the limbic system in emotional regulation and the importance of fostering genuine, empathic curiosity. Synchronising cultural approaches encourages meaningful expressions and interactions, ultimately leading to more effective therapeutic outcomes.

However, without such training and the integration of culturally relevant practices, clinicians may struggle to establish the necessary rapport and understanding needed to provide effective care for the AAGLRWS community. Therefore, incorporating Training number 20 into the professional development curriculum with an adaption to their cultural background is imperative for enhancing the competency of service providers in addressing the complex needs of culturally and linguistically diverse populations including AAGLRWS.

Webinar number 21 delves into the metaphysics of the human energy field, highlighting its pivotal role in enhancing the practice of genuine empathy and presence ("here and now") among helping professionals. This approach is paramount in creating and maintaining rapport and energetic care momentum during the therapeutic alliance. The emphasis on metaphysical elements provides a profound understanding of how interconnectedness and energy dynamics can influence therapeutic outcomes.

A key argument in favour of this webinar, particularly from the AAGLRWS perspective, is focus on the symbiosis of holistic physical, cultural and spiritual connectedness. By fostering a harmonious therapeutic space that integrates and respects the cultural backgrounds of both clinicians and service users (AAGLRWS) to create common cultural space, the webinar addresses a critical aspect often overlooked in traditional therapeutic settings. The ability to understand and resonate with the spiritual, cultural, and energetic dimensions of service users not only enhances rapport but also ensures that therapeutic interventions are more tailored and effective.

Critics may contend that the metaphysical approach lacks empirical evidence and may be perceived as esoteric. However, the practical implications of integrating metaphysical concepts with established therapeutic techniques can lead to a more comprehensive and empathetic practice, embodying the principles of Ubuntu. The holistic approach advocated in the webinar aligns with contemporary movements towards personalised and culturally sensitive care, addressing the unique needs of diverse populations, including AAGLRWS, if it is harmoniously adapted.

In conclusion, this evaluation underscores a significant gap in the ACA's focus, which predominantly centers on advancing counselling and psychosocial support skills within mainstream communities rather than across Australia as a whole. This approach often neglects vulnerable groups such as the AAGLRWS, who represent a small segment of the CALD communities. Given that CALD communities constituted nearly 30% of the Australian population in 2020, this oversight highlights a misalignment between ACA's priorities and the pressing needs of these communities. Despite their substantial representation, CALD communities, including AAGLRWS, face more significant challenges in accessing adequate healthcare, such as mental health and associated services, compared to the mainstream population (Henderson et al., 2011; Bowden et al., 2020). The research reveals that mainstream service providers frequently fail to address the specific needs of CALD communities, as evidenced by participant testimonies and the content analysis of ACA's promotional materials. Therefore, it is imperative that ACA's training programs incorporate

individualised and culturally sensitive approaches to ensure effective counselling and psychosocial support. Synchronising the cultural inputs of clinicians with the unique cultural backgrounds of each individual is essential to meet the diverse therapeutic needs of CALD populations, such as AAGLRWS, thereby enhancing the overall effectiveness of counselling practices in Australia as a whole.

Table A8.2 ACA evaluations of marketing material (May to Dec 2023)

Date and Project Title	Ethics Approval & Contacts	Suitability to AAGLRWS	Comments
1. May 2023: "Coping with a Discovery of Misattributed Paternity in Adulthood"	ID: 34427 Monash University	Generic	Not suitable tiled to AAGLRWS' Culture can be adapted to meet AAGLRWS' needs
2. April 2023 PSYCHOLOGICAL SCALE FOR EMOTIONAL SIGNATURES - Stage 3, Client cohort	ID: Macquarie University Michelle@Annandale.net.au	Generic	Not tailed to AAGLRWS' needs
3. Date: Nov 2022 Create guidelines, developed from expert consensus, for young people (aged 12-18 years) about how to help a peer online https://latrobe.questionpro.com/youth-delphi Ethics approval:	a.subasinghe@latrobe.edu.au susan.paxton@latrobe.edu.au	Generic	can be adapted to meet AAGLRWS' needs
4. Date: Nov 2022 PSYCHOLOGICAL SCALE FOR EMOTIONAL SIGNATURES - A REVISION STAGE 2	ID: https://annandale.net.au/research Michelle@Annandale.net.au	Generic	can be adapted to meet AAGLRWS' needs
5. Date: Nov 2022 Comprehensive Care in	ID: 2022/HE001036	Generic	Suitable can be adapted to AAGLRWS

Acute Care Hospitals Survey – UQ	University of Queensland beibei.xiong@uq.edu.au and christine.stirling@utas.edu.au & m.martinkhan@uq.edu.au		needs
6. Date: Nov 2022 Facilitating Therapy Groups Online!	ID: A221801 UniSC https://uniofsunshinecoast.syd1.qualtrics.com/jfe/form/SV_d1iVs7RYKM8C75k KAndrews1@usc.edu.au and Pieta.Shakes@jcu.edu.au	Generic	can be adapted to meet AAGLRWS' needs
7. Date: Oct 2022 Perspectives on training for health and allied health professionals who work with women receiving or receiving the news during pregnancy of a possible or confirmed fetal anomaly or variation.	ID: Usc KAndrews1@usc.edu.au and DRoss@usc.edu.au	Generic	can be adapted to meet AAGLRWS' needs
8. Date: Sep 2022 Online Survey Invitation/ Understanding the Causes of Psychological Disorders Macquarie University	ID: Macquarie University eCentreClinic bit.ly/CASpublic/ amelia.scott@mq.edu.au	Generic	can be adapted to meet AAGLRWS' needs
9. Date: Aug 2022 How healthcare professionals perceive the clinical utility of personality disorder diagnoses	ID: 2022/371 Australia National University u7399203@anu.edu.au	Generic	can be adapted to meet AAGLRWS' needs
10. Date: July 2022 Weight Bias Among Health Care Workers	ID: HRE2021-0740 Curtin University https://curtin.au1.qualtrics.com/jfe/form/SV_78pqtknqxVP76bY Ravisha Jayawickrama, PhD student	Generic	can be adapted to meet AAGLRWS' needs
11. Date: 19 July 2022 "Investigate practitioner's	ID: 2022-038	Generic	can be adapted to meet AAGLRWS'

knowledge and understanding of perinatal mental health conditions”	Central Queensland University https://cqu.syd1.qualtrics.com/jfe/form/SV_0BxVlbmyNFQXPbE carrie.williams@cqumail.com and m.mulcahy@cqu.edu.au.		needs
12. Date: 5 July 2022 Mental Health Practitioner Approaches to and Experience with Client Suicidality	ID: 204644 UNISA Link: https://unisasurveys.qualtrics.com/jfe/form/SV_bOZRiaFTUgBMyKG ganpy004@mymail.unisa.edu.au	Generic	can be adapted to meet AAGLRWS’ needs
13. June 2022 Mental Health Professionals working with Bondage-Discipline, Dominance-Submission and Sadomasochism (BDSM) community	ID: 777010322 Navitas Professional Institute Link: https://acap.au1.qualtrics.com/jfe/form/SV_bkGCLKqtUGcomPA Xufeng Su 256184@my.acap.edu.au	Generic	can be adapted to meet AAGLRWS’ needs
14. Date: 26th April 2022 Mid-career Counselling Professional’s Experience of Wisdom in Practice	ID: Link: https://monash.az1.qualtrics.com/jfe/form/SV_3fwxLBlk6pTWP5k jennifer.coburn@monash.edu	Generic	can be adapted to meet AAGLRWS’ needs
15. Date: 06th April 2022 10811 A Psychological Scale for Emotional Signatures – A Revision	ID: 520221081136499 Macquarie University Link: Link: https://annandale.net.au/research Michelle@Annandale.net.au	Generic	can be adapted to meet AAGLRWS’ needs
16. Date: 1st April 2022 Investigating the practice of Counsellors and Psychotherapists in Australia	ID: 2022-021S University of Notre Dame jessica.jackson2@my.nd.edu.au	Generic	can be adapted to meet AAGLRWS’ needs
17. Date: 24th March 2022 Exploring humanistic	ID: H1465 Western Sydney University Amanda.Webb@westernsydney.	Generic	Suitable can be adapted to meet AAGLRWS’

person-centred trained counsellors and psychotherapists	edu.au		needs
18. Date: 13th December 2021 Speaking about the Unspeakable: Therapists' Experience of Clients Reporting Incestuous Abuse Continuing into Adulthood	katemcmaughpsychology@gmail.com	Generic	can be adapted to meet AAGLRWS' needs
19. Date: 22nd December 2021 Exploring the perceived impact of hearing impairment on the mental health of adults	ID: 2021-138S University of Notre Dame Australia jacinta.marks@my.nd.edu.au. & catherine.bettman@nd.edu.au	Generic	can be adapted to meet AAGLRWS' needs
20. Date: November 2021 Recruitment for CSU Study - Healthcare Providers' Knowledge and Experiences of Enriched Environments for Rehabilitation of Acquired Brain Injury	ID: H21347 Charles Sturt University Link: https://www.research.net/r/ABI_rehab hwest03@postoffice.csu.edu.au.	Generic	can be adapted to meet AAGLRWS' needs
Total number on Research Advert/Flyer/Poster	12 University and 2 Organisations	20 topics for mainstream Australia ns	General topics, not for AAGLRWS or CALD

(ACA, 2023)

Evaluation of Research Advert / Flyer / Poster in ACA Above

Among the 20 topics derived from research advertisements, flyers, and posters, none specifically address the needs of culturally and linguistically diverse (CALD) communities, including the AAGLRWS. CALD communities make up 30% of Australia's population (Pham et al., 2021).

However, there is hope that this research can bring awareness to public and private organisations. Some initiatives have already made significant progress in promoting social justice and advocating for a fairer structural system within Australian multiculturalism, especially for those in the 'have nots' category of wellbeing. Australian multiculturalism often does not capture the full essence of cultural difference, which extends beyond multicultural festivals. Living with psychological and physical custodial systems is a completely different experience – the betrayal trauma and social abandonment endured by AAGLRWS cannot be adequately addressed by those who do not fully understand their unique experiences. This is a challenge faced by the ACA and other Australian service providers.

APPENDIX IX – SENATE SPEECH BY SEN. SCARR

Tuesday, 26 March 2024 THE SENATE 83 CHAMBER SPEECH Date Tuesday, 26 March 2024 Source Senate Page 83 Proof Yes Questioner Responder Speaker Scarr, Sen Paul Question No. Senator SCARR (Queensland—Deputy Opposition Whip in the Senate) (20:09): I take the opportunity to associate myself with Senator Paterson's remarks and mix in my thanks to Director-General Burgess and his team for the wonderful job they do. On 9 March 2024, I attended an International Women's Day event with Queensland's wonderful Congolese community. At the event, the women of the Queensland Congolese community read a letter they had jointly written. It was a cry from the heart. As a sign of deep respect for each and every one of those women, I now read this letter: As Congolese women, we are sincerely grateful for the amazing Queensland and Australian government, the First Nations People and all the beautiful hearts of Australians for welcoming us to this lovely Nation, also known to us as the "country of milk and honey." A peaceful country, full of justice and wonderful opportunities. We also are deeply grateful for the protection for us and our families from sorrows that might have accompanied us in our country of origin. The education opportunities given to us all and our children in Australia, your generosity is not only acknowledged but also appreciated. When it comes to the international day celebration with and for Australian women, Congolese women living in Australia are witnessing the progress, success, growth, transformation, and sense of harmony within the country's communities. Seeing another woman educated, attaining their maximum potential and obtaining the life she wants. To live in peace and with dignity, for a Congolese lady, it was like living in a dream, as she spent many years in refugee camps where such opportunities were not available. However, she thought, "Now that I'm here, I can run and catch up." Since today is International Women's Day, the women from the Democratic Republic of the Congo living in Australia are making a real effort to fit in and become inspired to be part of the "progress." But she wonders how this aim would be achieved. She thinks investing in her would be like pouring juice into a dirty glass; which makes no sense to her. Why? Because terrible news keep coming her way. Today her siblings were killed. Next day her parents were buried alive, following day her aunty was sexually abused in the sight of her children. The eyes of a Congolese woman have become water taps that run tears on a daily basis. The stories of her loved ones being cut in the neck with knives and machetes; the scenarios of her relatives being forced to have sexual relationship with siblings or other family members in sight of their children

or even in the public. Due to all the crimes and atrocities happening in the Congo, the Congolese women have lost the appetite for the milk and honey that they found in Australia. Research shows that consistent traumas can affect the survivor's brain performance, decision making, creativity and so forth. War traumas have frozen the Congolese woman's mind, doors of creativity have been shut, her aspirations and dreams locked up in the cage of her brain. How is it possible to invest in my traumatised brain? A Congolese woman asks, but no one is answering. As she advances, to accelerate for progress, the Congolese woman feels alone because no one is there to help her deal with the horror experiences. Her rights are being abused and she keeps asking; Am I really part of the community of women in the world? Does the world really want to invest in me for my progress? But all she hears is silence, silence, silence. No one is answering, but what she can hear is the sound of gunshots and bomb explosions. The world is silent even though over 10 million people have lost their lives and about 40,000 rape cases have occurred in the Congo. This intensifies a sense of being isolated and alone within the global society on the Tuesday, 26 March 2024 THE SENATE 84 CHAMBER

APPENDIX X – NYEMBO MIRRORING THERAPY

Nyembo Yarning Barbershop Mirroring Therapy (NYBMT)

I have work and develop number of programs model to tackle challenges behaviour by reconnecting individuals within themselves and their family. One of them is Nyembo Yarning Barbershop Mirroring Therapy (NYBMT): A Creative Safe Environment (CSE) to build rapport to individuals and the community based on yarning and mirroring while haircutting. NYBMT mirroring is working on reflecting on learning skill from groups' therapy member who is participating in the same group therapy, with the collaboration of transmitters (synapse) in the brain that changes the chemical balance to the production of empathy. Consistent empathy has a big factor in creating people's safe environment toward a social connection between individual and family members. In this case, it keeps rapport and therapeutic alliance during the counselling process and more within boundaries as defined by Australian Counselling Association (ACA) code of conduct.

The revelation is that empathy during the counselling process it produces genuine care that the service user and the therapist feels attuned to. While the tingling and touching of haircut plays an important role of relaxing individual body. Care and relaxation are the ingredients from the limbic system responses that can help a therapist to perform counselling within tailored modality identified to suit a service user.

NYBMT is currently become a point of reference (rendezvous) for aboriginal people who live or visit Kalgoorlie and they come to seat and have their breakfast while enjoying NYBMT. Most of them have improve their life through the adjustment of new city life environment and become independent. While, other service users have chosen to go back to their land to be reconnected with their families as per the result of NYBMT.

It is similar to what I have experienced back home in Africa, people from villages, who could safely seat under the same tree yarning every day. They congregates seat and enjoy narrations under shed for their bio-psychological relaxation on using proverbs, sharing experiences and current affairs or anything on their concerns.

APPENDIX XI – THE YAANDINA RIPPLE EFFECT MOVEMENT

PRELIMINARY PROPOSAL “YAANDINA RIPPLE EFFECT MOVEMENT (YREM)” BY PATRICE NYEMBO COUNSELLOR/THERAPIST: SOCIAL EMOTIONAL WELLBEING (SEWB) FOR AOD SURVIVORS

Yaandina Ripple Effect Movement (YREM)

Definition:

YREM is a pilot project program that intends to bring together former graduates from Turner River Rehabilitation Centre (TRRC) to spread the movement towards recovery from Alcohol and Other Drugs (AOD) and Social and Emotional Wellbeing (SEWB) in the Pilbara province.

The movement will be based on mutual self-support of each other by observing actions after recovery from Yaandina Community Services, modelling strategies and reviewing actions that will be suitable for the group to support their AOD recovery and cleanness maintenance whilst living in their respective communities.

YREM members will be supported to become role models and will be encouraged to participate daily in developmental support strategies that will safeguard their own recovery maintenance in order to boost SEWB.

Aim:

This project aims to bridge the gap that has been a concern in relation to relapses of service users after recovery. It will do so by promoting ongoing and tailored psychosocial support structures for individuals and groups who are already clean from AOD, to live a sustainable decent life whilst caring for each other and pursuing self-advocacy for sustainable SEWB.

Goals:

YREM will play an essential role supporting individuals in need and empowering organisations and their activities with a continuum of adapting new concepts from the grassroots that will be revolutionary in embracing the agency of aboriginal ownership towards bridging the gaps in relation to SEWB for AOD survivors.

YREM will provide a channel for reliable giving by former graduates immediately they finish their extended growth program who will become immediately major supporters in life; organising meetings; participating in group therapy; promoting advocacy and fundraising; planning events; upholding the seven therapeutic pillows and their alma mater in various residential areas or work places. It will instigate stakeholders, government institutions and non-government organisations, and members of the public to donate to support AOD victors.

YREM donations will be very important for sustainability within the current environment where the donations will help to strengthen the project against those who might seek to undermine its success. It is about financial sustainability and self-determination to "live on and grow on".

YREM resilience and self-sufficiency will come from fundraising supported by AOD victors. Consequently, it will resist other forms of oppression. As record will help to develop financial and participation supports and monitoring YREM surviving.

How the ripple effect works for YREM

Donations from YREM members could have the same impact as annual funding due to their involvement in voluntary participation and word-of-mouth popularisation of a revitalised narrative on bridging the gap campaigns for AOD survivors' SEWB with minorities and aboriginals as target groups.

The YREM model will strengthen the reputation when funding bodies and stakeholders evaluate tenders on where to allocate money or choose partners within the SEWB sector in the Pilbara Region.

YREM grassroots members are a means of hedging against the risks ensure that the organisation will not rely only on the same funding body every year. It will adapt each year according to environmental context where the aim will be to reach for financial predictability. Research will be paramount for building tailored strategies to balance YREM survival and growth.

YREM grassroots members will grow every semester with new graduates or participants from any Yaandina programs. YREM will build a pipeline for major life donors making organised donations and campaigning in their own communities. The Yaandina board will need to play a political role in promoting YREM sustainable growth within the province.

YREM will be an inspiration for anyone who wants to donate or be part of a winning cause. YREM's quality dedication could influence volunteers, grassroots communities, corporations, government institutions and non-government organisations. Strong YREM dedication will be the key to sustainable charitable bio-psychosocial support for the long-term recovery of AOD survivors within the region.

YREM Impact

The ripple factor concept will be the driving force in facilitating a synergy of actions orientation that will start from Turner River Rehabilitation Centre towards South Hedland, Port Hedland and the Pilbara community.

YREM will be administrated in a three level continuum approach within a spiral process from micro level, meso level to macro level. As such the principle of action research will be a permanent tool of reviewing organisational development every quarter to ensure the monitoring and growth each year.

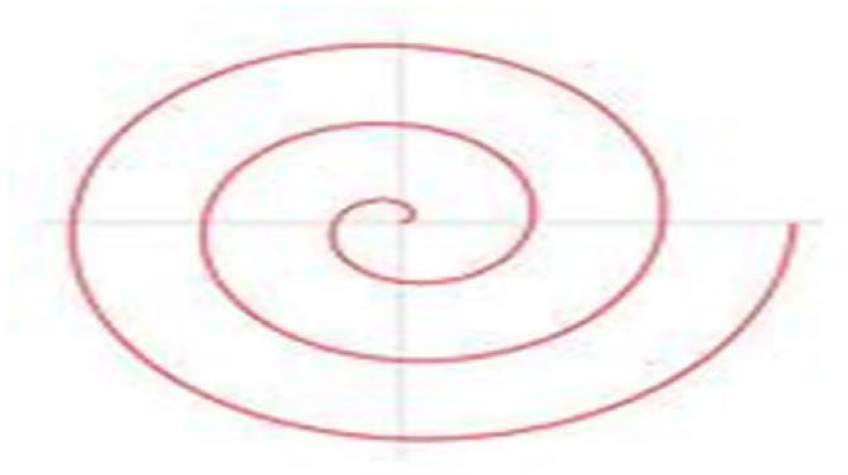


Figure 1 and 2: Yaandina Ripple Effects Movement

Micro level

Extended graduates from Turner River Rehabilitation Centre who have almost finished their pathway of recovery.

Extended graduates from Turner River Rehabilitation Centre and other newly AOD survivors from related program levels could have group therapy together on a fortnightly schedule at the transition

house, after gauging individual knowledge that will be suitable for group therapeutic quality communication skills required for group process therapy.

Meso level

YREM graduate members at the transition house will play an important trusted role in contributing to the how and where meetings and events could be organised and a qualified counsellor could help them, but the venue will not be at the transition house.

Cooperation with Yaandina and YREM will be well-defined in terms of organising events and any activities. Events will be centred towards a sound therapeutic model of community, such as self-advocacy, community awareness, peer support for survivors meetings and events, new strategies suggestion towards innovative processes of recovery and developments, and so on.

The venue and group must be well scrutinised to allow the process to comply with Yaandina policy and procedure requirements that uphold the promotion of sustainable ongoing recovery.

Macro level

YREM expansion in the maintenance of AOD recovery and SEWB will be supported by its members' donations, volunteerism, funding from government institutions and non-government organisations as well as companies that are willing to support a wining cause.

Recruitment of staff and volunteers must be done in a cooperative way within YREM policies and procedures to facilitate collaboration and communication processes from the grassroots to YREM operational level that is a key factor for its survival and growth.

APPENDIX XII - DEMOGRAPHIC CHARACTERISTICS OF INTERVIEWEES

States & Town	Interviewees Code & Pseudonym	Country of Origin	Age Range (Yrs.)	Gender Make up	Status: Single Married	Language	Arrival Year	Duration of Stay in Australia	Ethnicity	Comments	Occupation
NSW	13 Interviewees									Australia a Total of 55 Interviews	
Sydney 4	NSM1 Betu	Congo	50 +	M	S	Swahili, French English +	2007	11	Bantu		Community Leader
	NSF2 Mama	Burundi + R	50 +	F	S	Swahili English Kirundi	2006	12	Tutsi		Diploma in Counsellor Unemployed
	NSM9 Tarugendana	Ruanda	30-50	M	MA	French English Kinyarwanda	2005	13	Tutsi		Welfare officer
		Burundi	30-50	M	S	French	2000	18	Tutsi		PhD

	NSM10 Buragera					English Kirundi					Candidate
Newcastle 7	NNF3 Mafuta	Congo	18-30	F	S	Swahili English Kitshewa	2010	8	Bantu		Student Transition To University
	NNM4 Mukulumpe	Congo	18-30	M	S	English Swahili Kitshewa	2010	8	Bantu		University Student
	NNF4 Mampala	Congo	18-30	F	S	English Swahili	2006	12	Bantu		TAFE Student
	NNM6 Lunda	Congo + Burundi	30-50	M	MA	Swahili Kirundi English	2007	11	Hutu		Factory worker
	NNM7 Mukubwa	Congo	30-50	M	MA	Swahili English Kifulero	2010	7	Bantu		Factory worker
	NNM8	Congo	30-50	M	MA	English French Kinyarwanda	2011	6	Tutsi +Hutu		Factory Worker

	Mulombe					Kiswahili Lingala					
	NNM Kabarebe	Ruanda	30-50	M	MA	English French Swahili Kiniaruanda	2010	7	Tutsi	Born in Burundi	University Support for Students' Welfare
Wollongong 2	NSM12 Kiti	Ruanda	50+	M	?	English French Kiniaruanda	2003	16			Community Leader
	NWM11 Msiri	DRC	50+	M	MA	French English Swahili +	2010	8	Bantu		Farm Project
WA	17 interviewees										
Jundaloop 5	WJM6 Tshisekedi	Congo	50+	M	MA	Swahili English French	2005	18	Bantu		Pastor DHL Driver
	WJF9 Moleka	Congo	30-50	F	MA	English Swahili French +	2008	10	Bantu		House Wife Unemployed University from Congo

	WJF10 Mamayemo		50+	F	S	English Swahili French +	2014	4	Bantu		House Wife Unemployed
	WJF11 Sanda	Burundi	18-30	F	S	English	2001	17	Tutsi		University Student
	WJM7 Mobutu	Congo	30-50	M	MA	Swahili English French + Tshiluba	2006	12	Bantu		Engineer
Perth 11	WPM1 Sombe	Congo	30-50	M	MA	Swahili English	2010	8	Pygmoid		Social worker
	WPM3 Malula	Congo	30-50	M	MA	Swahili French Lingala English Tshiluba	2005	13	Bantu		Community Welfare Manager

	WPF8 Bulaniati	Congo	18-30	F	MA	English Swahili Kitshewa	2005	18	Bantu		Social worker
	WPM4 Mukuna	Congo	50 +	M	MA	English French Swahili + Tshiluba Lingala	2006	12	Bantu		Pastor
	WPM5 Bisengimana	Ruanda	30-50	M	S	English French Kinyarwanda Swahili Lingala	2004	14	Tutsi		Bank Manager
	WPM7 Mitshombero	Burundi	30-50	M	S	English Swahili Kirundi	2007	11	Hutu		Coordinator Social worker
	WPM14 Darungedana	Ruanda	30-50	M	MA	Kinyarwanda French			Tutsi		Unemployed
	WPM12 Muzazi	Burundi	30-50	M	S	English Swahili	2007	11	Hutu		Community Leader Unemployed

	WPF16 Ruganda	Burundi	50+	F	S	English French Swahili Lingala	2007	11	Tutsi		House Wife
	WPF17 Kakashi	Congo	30-50	F	MA	English French Swahili +	2008	10	Bantu		
Kalgoorlie 1											
	WKM2 Kalwira	Congo	30-50	M	MA	Swahili French English Kirundi	2002	16	Bantu		
Queensland	Interviewees 13										
Brisbane 13	QBM1 Mafuta	Congo	50+	M	MA	Swahili English French	2015	3	Bantu		Pastor TAFE English
	QBM2 Mampala	Congo Ruanda	50+	M	MA	English Swahili Kinyarwanda +	2015	3	Tutsi		Apostle Unemployed

QBF3	Congo	30-50	F	MA	English Swahili KiBembe	2009	9	Bantu		House Wife
Bali										
QBF4	Congo	18-30	F	S	English Swahili Kibembe	2009		Bantu		TAFE student
Maendeleo										
QBF5	Burundi	18-30	F	MA	English Kirundi	2007	12	Tutsi		House Wife
Sanda										
QBM6	Congo	18-30	M	S	English Swahili	2010	8	Bantu		Social Worker
Bitakwira										
QBM7	Congo	30-50	M	MA	English French Swahili +	2007	12	Bantu		Pick and park worker & owner for an African shop
Afriza										
QBM8	Burundi	18-30	M	S	English	2007	12	Tutsi		Factory Worker
Solo										
QBM9	Burundi	18-30	M	S	English Kirundi	2007	12	Tutsi		TAFE Student

	Ramagara					Swahili					Unemployed
	QBM10 Ramazani	Burundi	18-30	M	S	English Kirundi Swahili	2007	12	Hutu		University Student
	QBF11 Ndeke	Ruanda Burundi	30-50	F	S	English Kirundi Swahili +	2007	12	Hutu		Single Unemployed
	QBF12 Nyamusevia	Ruanda	30-50	F	MA	English Kirundi French +	2007	10	Tutsi		
	QBM13 Karegeya	Ruanda	30-50	M	MA	French English Swahili +	2013	4	Tutsi		Business Man
Victoria	12 Interviewees										
Melbourne	VMM1	Congo	18-30	M	S	English French Swahili +	2010	8	Bantu		Factory worker

7	Kabunda										
	VMM2 Kabuya	Congo	50+	M	MA	English French Tshiluba +	2004	14	Bantu		Diploma of Counselling
	VMM7 Kwebe	Congo	30-50	M	MA	English French Lingala +	2006	12	Bantu		Business man
	VMM8 Ndadaye	Burundi	30-50	M	MA	English French Swahili +	2012	6	Tutsi		Lawyer
	VMF9 Rungaba	Burundi	30-50	F	MA	English French Swahili + Kirundi	2015	3	Hutu		Student Australian Scholarships Education
	VMM10 Ntare	Burundi	30-50	M	MA	English French Swahili + Kirundi	2015	3	Hutu		Agriculture Unemployed
	VMF11 Buzeuze	Burundi	18-30	M	S	English Kirundi Swahili	2016	2	Tutsi		
Melton											

4											
	VMtM3 Kalulu	Congo	30-50	M	MA	English French Swahili+	2016	2	Bantu		Unemployed
	VMtM4 Kifwakiyo	Ruanda Congo	30-50	M	MA	English French Swahili+	2016	4	Bantu		Unemployed
	VMtF5 Masolo	Congo	18-30	F	S	English Kibembe Swahili	2000	18	Bantu		Nurse
	VMtM6 Kibwe	Congo	50+	M	MA	English French Kibembe Swahili +	2000	18	Bantu		Cleaner
Shepparton											
1	VSM12 Mulalu	Ruanda Congo	30-50	M	MA	English French Swahili +	2017	2	Tutsi		TAFE Student Pastor