Young Somalis in New South Wales

Abdulkadir Gedi

Background on Somalia

Somalia is situated on the north-east coastal Horn of Africa, which is the easternmost part of the African continent. It borders with Ethiopia in the west, Kenya in the south-west and Djibouti in the north-west. The capital is Mogadishu, with over one million people.

The equator passes through the southern tip of the country. The climate is predominantly hot and dry with an average temperature of 27.6°C, but reaching as high as 46.7°C along the coast. The average annual rainfall is only 279 millimetres (11 inches). The country is predominantly arid with a constant threat of drought, except for the region between the Jubba and Wadi Shabelle rivers which traverse the country west to east and where the soil is rich and fertile.

History

In 1960 regions both north and south of Somalia gained their independence and were merged as the Republic of Somalia. The parliamentary government was controlled by an incompetent minority and its unity continued only until 1969, when a group of armed forces, led by General Said Barre, took power. Barre remained in power until fleeing Mogadishu in 1990.

Somalia, formerly a peaceful pastoral society, is today a deeply divided country, having suffered nine years of civil war, drought and human crisis of massive proportions. These disasters have left the country devastated, divided and without a functioning government. Around one million Somalis have left for neighbouring countries and hundreds of thousands have lost their lives since 1990.

Language and education

The official language of Somalia is Somali. Arabic is used in the instruction and rituals of Islam. Oral language is extremely important culturally due to the fact that the Somali language in written form developed as late as 1972 as a modified Roman alphabet.

Education is valued highly. However, past conflicts and war have severely disturbed the education system which is based on a four-tier system: primary, intermediate, secondary, college and university.
Religion

The population is almost exclusively Sunni Muslim (approximately 99.8%), having been converted to Islam in the 14th century. There is a tiny Christian minority. There are also people living in the neighbouring countries of Kenya, Ethiopia and Djibouti who see themselves as Somalis. Traditionally three-quarters of the Somali people live in rural areas and more than half of these are nomads or semi-nomads. The nomads cross neighbouring national borders into Ethiopia, Djibouti and Northern Kenya.

Young Somalis in New South Wales

Somali immigrants to New South Wales

Generally the Somali community in New South Wales is very small, the most recent arrivals having come to Australia since 1990. Initially most of the Somali refugees who came to Australia were young men. The pattern has been for the men to leave their families in Africa or other parts of the world and settle here first; subsequently the families follow. This has changed in the last couple of years as more intact families arrive together.

According to the 1996 Census, there were only 388 Somali persons resident in New South Wales. Department of Immigration and Multicultural Affairs statistics for recent arrivals show a total of 169 Somalis entered New South Wales between 8/7/1996 and 31/12/1997 (92 women and 77 men). They immigrated under the following migration categories: 87 family reunion, 48 skilled migrants, 45 humanitarian program and 34 on-shore humanitarian protection.

It is crucial to note that many Somalis entered Australia with documents which have led them to be recorded under immigration statistics for Djibouti and Ethiopia. Also, it is probable that the Census figures under-represent the Somali population in New South Wales, as many Somalis experience difficulty in completing the Census forms due to a lack of English. This creates a discrepancy between the data available and the actual numbers of Somalis. Although it is difficult to provide accurate figures for the Somali community in New South Wales, the community itself estimates that there are now close to a thousand Somalis living in New South Wales.

Family relationships and intergenerational issues

In the Somali community, the concept of family is extended to include grandparents, cousins, aunts and uncles. Bonds among family members are very strong with an emphasis on maintenance of language and culture. Although young people generally have been defined as being between the ages of twelve and twenty-five years, it is traditional among the Somali community that people are considered as young people until they are married. It is also part of Somali tradition for young
people to live at home until they are married and, even then, it is quite common for married couples to continue living with in-laws. The elderly, women and young children are respected most and children must always show respect to those older than themselves.

Family reunion and problems of separated or detached families has a major impact on Somali youth. The role and responsibilities of Somali young people in the family may also differ from that of the general population. Somali young people, especially young Somali women, are expected to play an active role in the care of elderly, sick relatives and the raising of young siblings. Many Somali parents rely heavily upon their children to help them translate and gather information. For example, a young Somali may need to take time off school to take their parent to appointments if the parent is unable to speak or understand English. This dependence of the parent often changes the customary dynamics within the family and places extra burdens on the young person.

**Conflict within families**

Parents and children have experienced considerable difficulty in adjusting to life in Australia. As a result of attending school, Somali young people adapt to Australian culture much more quickly than their parents. Cultural conflict can lead to conflict between the generations represented within the family. This conflict is fuelled by peer pressure which exposes young people to Australian cultural habits and norms.

Austudy or unemployment allowance may also contribute to internal conflict. Parents may take all of their child’s allowance, or, alternatively, a Somali young person may pocket his or her entire allowance when the family would normally expect a contribution. In Australia, some Somali young people (aged sixteen to twenty-four years) want to leave home and live with their friends. Some have sought accommodation in youth refuges. Parents are very upset about this and believe that the Australian system makes it too easy for children to become financially independent and gives them too much freedom. Also, conflict is created in Somali families when parents are afraid that their young son or daughter will abandon their culture or religion. Hence, parents try to restrain them. These problems are particularly severe for single mothers who came to Australia under the humanitarian program. They lack the support of a partner in bringing up their children and they can feel overwhelmed and confused by life in Australia.

**Settlement Issues Affecting Young Somalis in New South Wales**

**Family reunion**

Family reunion is very important for Somali refugees, especially for young Somalis who do not know what has happened to their families and relatives. This has a huge effect on their settlement here in Australia. For example, anxiety about, and the lack
Young Somalis in New South Wales

of support of, family can give rise to a lack of motivation to do anything, such as to
learn the English language which will enable them to find work, gain independence,
a sense of purpose, community and self-sufficiency. Isolation from extended family
networks and traditional sources of guidance and support has a significant impact on
young Somalis as they attempt to deal with settlement in an alien environment.

A substantial number of Somali young people are living independently in New
South Wales, or under the care of guardians who are distant relatives. For these
young people the highest priority is to be reunited with their immediate family.

Adjustments of education, including language

Adjusting to school here is a major problem. In Somalia, for example, children have
been unable to attend school for the last nine years due to the conflict in their
country. Therefore, they have barely any concept of schooling. Somali young
people, particularly new refugee arrivals, can experience great difficulty accessing
education and training, due to lack of English language skills. Young Somali
refugees may not be fluent even in their own language because of disrupted
schooling caused by war and the refugee experience. Moreover, their parents often
do not speak English and therefore cannot assist their children with homework.

Being a refugee: Trauma and health

For young Somali refugees, health in its broadest sense includes the following
issues: nutrition and diet; alcohol and other drugs; family planning; health
education; mental health; relationships; and access to health information and
services.

Access to health information and services is a major issue for Somali young
people, particularly those with limited English language skills. The Western
concepts of health, medicine and counselling are foreign to many Somali
communities which may therefore be reluctant to utilise counselling and other
external support structures. Furthermore, there are no specialised torture and trauma
counselling services or transcultural mental health services available in Australia in
the Somali language.

Most young Somalis in Australia would be classified as refugees, although many
entries are through the humanitarian program or the family reunion scheme. (No
matter which group they fit into, resettlement in Australia will be challenging.)

There may also be issues relating to trauma experienced in the country of origin
or in refugee camps where many young people have spent time during their transit
period. The conditions in refugee camps within Kenya, Djibouti and Yemen are
inadequate, dangerous and overcrowded. Food, water, health care and facilities are
limited and children often miss out on the normal conditions of the socialisation
process which, in turn, can limit their childhood development. Many of those who
have spent time in refugee camps have suffered severe torture and/or trauma,
including rape, physical abuse, forced separation from families, disappearance of family members, malnutrition, disease, lack of medical care, being denied schooling/education, living in combat zones or under harassment from police or camp guards, and watching loved ones being tortured or killed.

Health issues relating to refugees from Somalia, including dental health and general health needs, can be treated easily by health services.

However, a very sensitive health issue that must be considered is that of female circumcision, better known as female genital mutilation (FGM). This practice is deeply embedded in traditional Somali belief systems. It is a cultural practice that plays a major role in the definition and status of women in Somali culture. It is a physical operation with socio-cultural implications. People in Western communities tend to concentrate on the details of the physical operation and, by so doing, depict Somali parents as barbaric, cruel and unloving to their daughters. It is important to note that it is not part of the Islamic religion and that Somali parents do not consider it as a form of abuse; instead, parents have the best interests of their child, within their cultural context, in mind. It is known that the physical and psychological effects of the practice are often very extensive, particularly affecting sexual, reproductive and mental health and wellbeing.

Upon migration to Australia, Somalis have to grapple with the wider community’s discriminatory attitudes towards them for being different. Discriminatory attitudes and behaviours towards Somali women within health services due to practitioners’ lack of knowledge and experience of FGM has also been reported. Moreover, there is confusion over government policy on the practice of female circumcision. The government of New South Wales has passed a law making it criminal for female circumcision to be practised, and is developing a program that includes discussion of the practice.

**Youth services**

Although youth services are available to all young people, young Somalis have not accessed these services greatly. A major reason for young Somalis not using youth services is that parents are either unaware of the existence and role of youth services, or hold negative misconceptions about what they do. Therefore service providers and the community need to work together to initiate appropriate activities for Somali youth.

In particular, youth services and programs are urgently required to meet the recreational needs of an increasing population of young Somalis. Young Somali males feel comfortable with physical activities, such as soccer and basketball. Girls also enjoy basketball and social activities, such as singing. Activities that are available currently are often not relevant for girls, who are much more protected by their Somali parents than are their brothers. Programs need to adapt to family restrictions and expectations, this includes with regard to who the leaders will be
and what the activities will be. Parents will allow children to participate depending on their family structure, personal experiences, and the amount of time they have been in Australia.

**Accommodation**

Young people need safe accommodation and a supportive home environment, whether they are still living at home with their family or have moved out. Normally Somali families are large, so they need a big place; but these are not readily available or may be too expensive. Finding good and affordable accommodation is very hard, especially for newly arrived refugees. They may have to rent a small flat (with two bedrooms) in which to accommodate a large family. Young members of a family may have problems adjusting in this situation. Some manage to adjust; others feel they have to leave the family.

**Summary**

Most young Somalis in New South Wales are refugees who have experienced civil war in Somalia and have suffered torture or trauma. Upon arrival in Australia most Somalis have spent many months in Villawood Detention Centre.

Many young Somalis do not live with their natural parents in Australia but with aunts, uncles, a brother-in-law or sister-in-law, grandparents and distant relatives. Most of these children feel safe, but at the same time helpless because their parents have been left behind. This contributes to behavioural and emotional difficulties.

The stated age of young Somalis is often not accurate, as Somalis do not consider age very important. There are no existing services designed specifically for Somali youth. The existing youth centres do not provide adequate multicultural projects, although most youth services provide activities for young people aged between twelve and twenty-four years of age.

Somali people are culturally reticent about seeking Western medical services. When they do, it is considered a most serious matter — a last resort. Somali women are highly sensitive to issues pertaining to female genital mutilation, especially the practice of infibulation which affects ninety per cent of all Somali women. The World Health Organisation classifies infibulation as the most severe genital mutilation, so Somali women fear a negative reaction from Australian health professionals about this practice.

**Recommendations**

- Somalis living in New South Wales generally have a low level of English and require the services of an interpreter, particularly new arrivals; they also need materials translated into Somali from all service providers.
- The Somali community needs more bilingual workers, including bilingual counsellors.
- There is a need to get information out to Somali young people about youth services in New South Wales, particularly in the western area of Sydney.
- Somali young people need a culturally-appropriate youth centre to encourage participation in youth activities.
- Any clinical examination or procedure requires the utmost care and sensitivity when dealing with Somali women in relation of FGM, as there is a great deal of physical and emotional pain involved.
- Students need support and time to understand Australian methods and systems. Parents also need support, information and guidance from schools and teachers in understanding the Australian education system. There is a great need in the schools for Somali Teacher Aids.
- Steps need to be taken to make it possible for young Somalis who arrive in Australia without their natural parents to be reunited with their immediate families as early as possible.