

Participation of refugee communities in STARTTS service planning, implementation and evaluation

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Community Development

When pain rules and mistrust blossoms

The links are broken,

fragments of our lives and networks floating around

erupting in flames each time they touch.

It is time to heal the severed connections

Rebuild what was broken

Infuse the networks with hope and strength

Banish mistrust through sharing our trustworthiness.

The space between is as important as the space within

And that is our building-site.

The place of new beginnings!

State terrorism and organised violence target the very essence of a community: relationships between individuals, families and other social groups. When relationships are affected, communities are likely to fragment and severe lack of trust pervades social interactions (Martín-Baró, 1989, 1993; Kordon et al, 1988). The situation is exacerbated in communities that are already fraught with political, ethnic and religious complexities and divisions as many refugee communities in Australia are.

Since it is impossible to "leave behind" the impact of trauma on individuals and families, it is equally impossible to discard the effects on communities (Kordon et al, 1988; Blackwell, 1993). In Australia, refugee communities may be fragmented, suspicious of government-related services and contain a significant amount of internal conflict and little formal structure (Jupp, 1994; Reid & Strong, 1987). It is challenging for a government service such as STARTTS to consult with these communities and it has often been described as a walk on a political minefield (Reid & Strong, 1987).

Clearly, countries with oppressive regimes are not known for their encouragement of community participation. Therefore the very concept and processes involved in community consultation might be foreign and frightening for some refugee communities. After living in fear of the consequences of one's own thoughts and opinions (Martín-Baró, 1989), one can find it difficult to freely express that opinion even in a new country like Australia particularly when communicating to government structures.

In 1988 STARTTS was formed on the wave of refugee community consultations that indicated a need for a service to work with survivors of torture and trauma (Reid & Strong, 1987). Since its inception, STARTTS has consulted with refugee communities to obtain their input in the service's planning and implementation. We view community participation as a principle value of our service as well as a tool for building and strengthening communities (Ife, 1996).

As practiced at STARTTS, community consultations are an ongoing process rather than series of isolated events (Ife, 1996). Consequently, STARTTS utilises a number of formal and informal community consultation and participation strategies. Formal community consultation is one of these strategies. This involves organising a gathering of key community leaders, clients and other interested individuals. For example, the 2000 consultation with the Tamil community was built on months of preparation where the meeting was publicised as widely as possible to ensure that all stakeholders made an appearance.

When the consultation takes place, STARTTS' staff present an overview of the service and facilitate discussions with the community focusing on their experiences of trauma, their understanding of counselling, their needs and how STARTTS services can be made as appropriate as possible. Finally, a plan of action is decided upon which will be implemented by STARTTS and/or other relevant stakeholders. The plan of action is usually disseminated to all participants thus ensuring transparency and accountability to the service users.

STARTTS' work consists of a balance between community development activities and clinical approaches. These two facets of our work are seen as spots on the continuum rather than opposing philosophical positions (Aroche & Coello, 1994). Most of the community development work is done by STARTTS bi-cultural counsellors who are from the same cultural backgrounds as the refugee communities they work with. They have an in-depth, personal as well as professional experience of these communities. Generalist counsellors, who are not from refugee backgrounds, endeavor to learn about and work with other communities.

In the course of their daily duties, STARTTS counsellors are constantly exposed to the community's views about STARTTS' services and the communities' needs. Counsellors participate in community networks, events and functions, organise groups and other projects, and assist the communities to develop structures. All these contacts contribute to communities' input in STARTTS' services, and the service's awareness of the community's needs.

However, there are difficulties to contend with in this area such as the boundaries between counsellors' varied roles within the community they work with (eg. friend, community leader, counsellor). Furthermore, there are issues of trust and community's perceptions about the counsellor's political/ethnic/religious allegiances. Finally, the likelihood of experiencing burnout and vicarious traumatisation is higher for bi-cultural counsellors as they have often gone through the experiences akin to those of their clients. Staff support in the form of regular clinical supervision, staff development, strong culture of peer support and encouragement for the counselling staff to take up their own therapy, has proven essential in addressing these difficulties.

STARTTS conducts a series of formal community consultations, as described above, on a yearly basis. Formal consultations are used when the community is ready for them as a format of interaction. For smaller, emerging communities, a significant amount of preparatory work and informal consultations has to be undertaken prior to embarking on a formal consultations program.

Over the years we have formally consulted with Lao, Khmer, Arabic speaking, Spanish speaking, Vietnamese, Bosnian, East Timorese, Dari/Farsi speaking, Kurdish, Tamil, Assyrian and African communities. The process has been as rewarding as it has been challenging. Some of the challenges have origins in the effects trauma has on communities (Martin-Baro, 1989) while the rewards are easily located in the trust we have developed with the communities and knowing that our services are relevant and appropriate.

Often individuals and communities feel highly ambivalent about being in Australia as they were forced to leave their homes and hopes of return loom large for many years. A friend of mine described it as living two lives – one is in Australia but the other one is in the country of origin. Consequently, many refugee communities organise themselves around the issues relevant to their home country while having little interest in settlement and services perceived to be assisting with it.

However, patience, flexibility and persistence usually produce results and STARTTS exchanges meaningful dialogue with refugee communities. There are issues communities have raised in the past that are common to all refugee communities such as the need for education about the work of STARTTS, the effects of trauma and the concept of counselling. Refugee communities also want STARTTS' staff to increase their knowledge of the specific experiences and circumstances that particular communities have encountered.

Very often settlement related issues are raised including access to public housing, immigration services, education and employment, and need for training of mainstream service providers working with refugees. Some communities have spoken about their experiences of racism and marginalisation in Australia, while others have been more focused on the events in their home country such as the Pinochet's trial in Chile, and land-mines in Afghanistan.

In the year 2000, in collaboration with Refugee Health Service (RHS) STARTTS has held formal consultations with Tamil, Lao, Arabic, Afghan and Spanish communities. In addition, STARTTS supported the Serbian community in organising a forum focusing on the needs and issues of Serbian refugees. 150 people attended the Forum and many of them were STARTTS clients. The Forum generated significant discussion and sharing of ideas and experiences. It also presented Serbian community with an opportunity to grow and increase its profile among service providers and Australian community. This highly successful Forum also offered an opportunity for community feedback on STARTTS and related needs. Additionally, the 2000 consultations are significant in that they were conducted in partnership with NSW Refugee Health Service, thus bringing the two services closer together.

Another important feature of the year 2000 consultations was that work in small groups following the presentation on STARTTS services was conducted in such way that voice was given to often less visible members of refugee communities such as women and young people. It has been identified that often consultations only involve consulting with the most vocal community members/community leaders who are commonly adult men. During STARTTS 2000 Consultations, small discussion groups were divided into: women, young people (where they attended the consultation), clients and community leaders/workers. This also ensured that community leaders' voices were not the only voices being heard.

Working towards similar goals, STARTTS has conducted Youth Consultations with African youth in general and Sudanese young people in particular, in collaboration with relevant community organisations such as African Communities' Council and Anglicare.

Further strengthening of connections with Refugee Health Service (RHS) as well as an opportunity to widen our consultations was offered through the consultations organised by RHS. We have participated in Burmese and Serbian consultations as well as consultations with health workers in the Western Sydney Area Health Service. Joint consultations with RHS also ensure the services are not duplicated and communities are not "over-consulted".

At the moment, we are exploring a feasibility of conducting a client review of STARTTS services through the use of focus groups, and establishment of a client advisory group. The challenge here lies in making this structure a vehicle for increased participation and communication thus extending the existing trust and mutual respect that characterizes the relationship between STARTTS staff and our clients. Tokenism, often a feature of such structures, must be avoided at all costs. Awareness of this pitfall and a commitment to avoiding falling into it will assist in building a structure which will enable STARTTS to learn from the ones who have the most intimate knowledge about the transformation from a victim into a survivor.

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