



# STARTTS

**Vietnamese Community Consultations Report  
April 2004**

## **STARTTS Vietnamese Community Consultation**

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### **1. Introduction**

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.

As practiced at STARTTS, community consultations are an ongoing process rather than a 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. Such consultation was held with the Vietnamese community in 2004.

#### **The purpose of the consultation was to:**

- Hear the views of Vietnamese clients, community members and workers about the needs/ issues and concerns of their community
- Receive feedback on STARTTS services from clients, community members and workers
- Discuss the concept of counselling
- Provide information about STARTTS

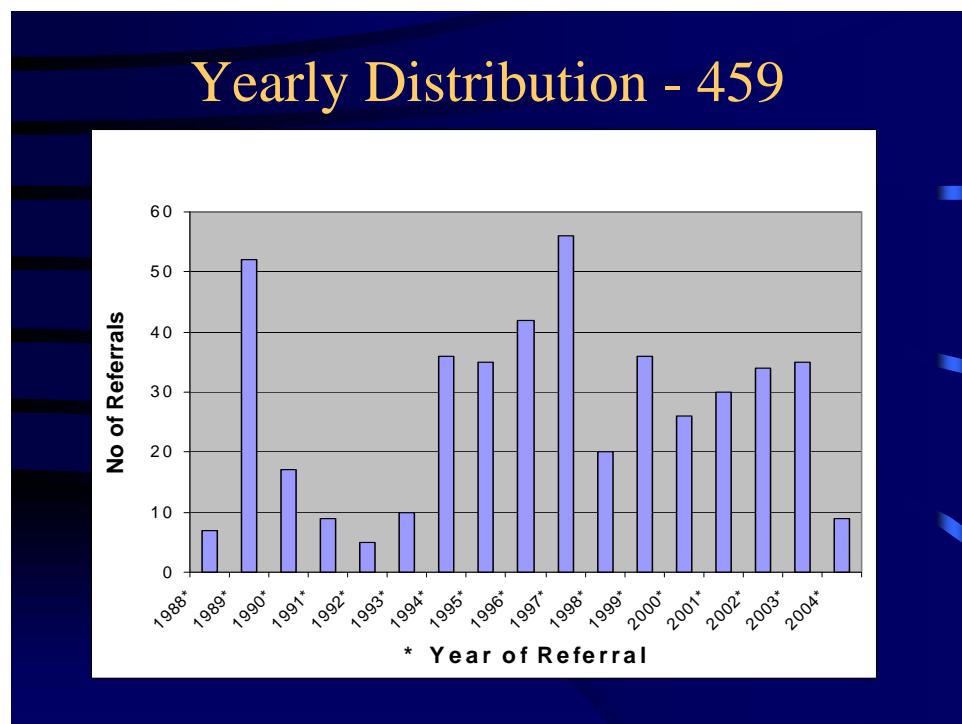
## 2. STARTTS and Vietnamese Community – Summary of Services

STARTTS has played a substantial role in the treatment and rehabilitation of Vietnamese clients since its inception in 1988. A range of services – psychological, social, physical, psychiatric and community development has been provided. For easier access to these services, a full-time Vietnamese-speaking worker has been employed since then. To encourage more Vietnamese women’s participation in the program, two Vietnamese female workers had also been employed on a part-time basis for shorter periods of time. Currently a male worker works 4 days per week and a female worker works 2 days.

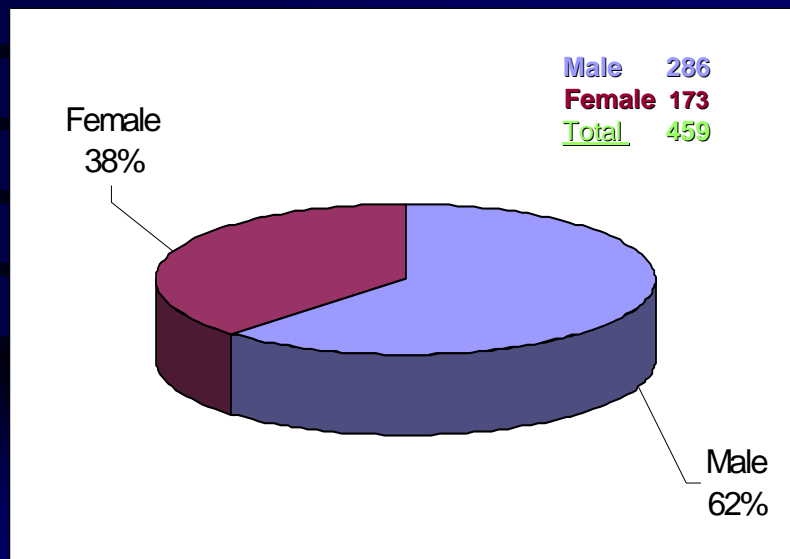
The Vietnamese workers are involved in clinical work – counselling and case management, group work and community development. In addition, they are important agents linking Vietnamese clients with other STARTTS specialized rehabilitation services. In whatever role, they are prepared to listen, to share and to care.

With STARTTS funding, two resource books and a relaxation CD have been developed for the use of Vietnamese community and health professionals. On its part, the Vietnamese Community in Australia – NSW Chapter was among the first ethnic organizations to acknowledge, by way of a plaque of appreciation, the precious services provided by STARTTS to the refugees, including Vietnamese. Other individuals and groups in the Vietnamese community have over the years contributed significantly to the fund-raising activities of the Friends of STARTTS (FOS).

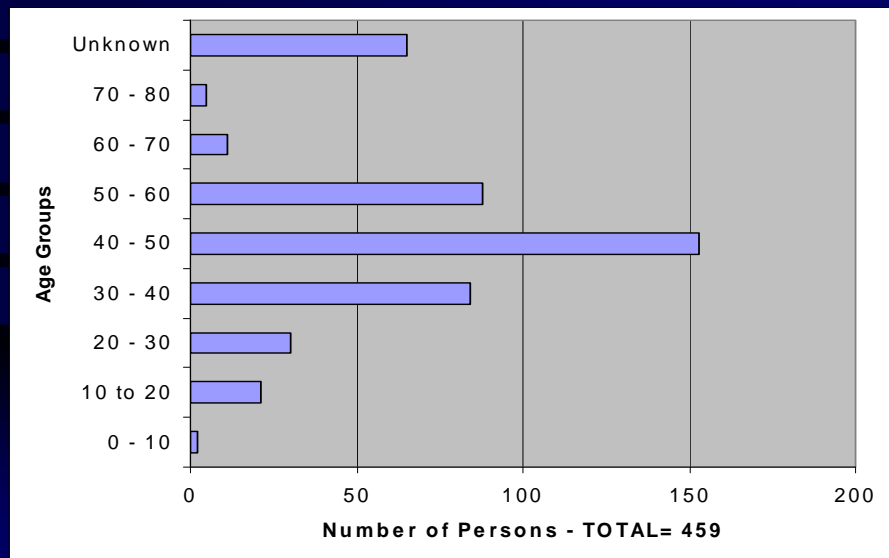
Below are graphic representations of some of the most vital statistics of the STARTTS Vietnamese clients.

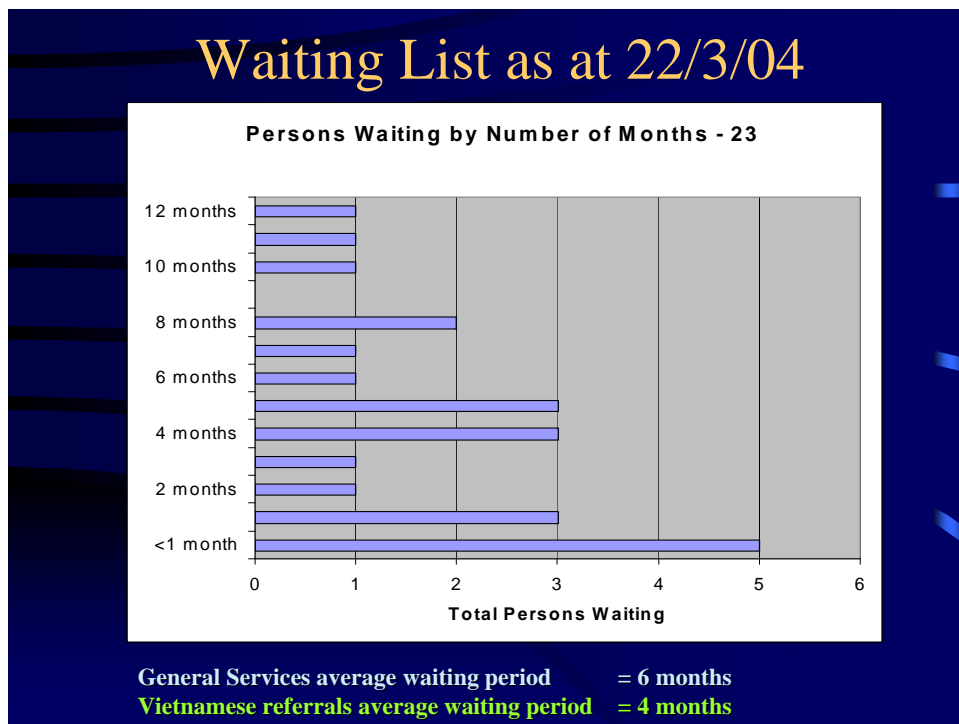


## Gender Distribution



## Age Distribution





### 3. History of STARTTS consultations with Vietnamese community

The Vietnamese refugee community has been identified early as one suffering enormously from the consequences of torture and trauma. Soon after its operations commenced, STARTTS has developed an ongoing process of informing and consulting with the community. So far there have been five such consultative meetings with Vietnamese community.

The first consultation, held in 1989, was with three Indochinese communities – Vietnamese, Khmer and Lao. For the first time, community leaders and workers from these refugee communities were called to look back over their past trauma and see how it had affected their communities.

The second consultation held in 1991 and the third in 1993, were with the Vietnamese community only. The attendance was more numerous than the first, which indicated that Vietnamese leaders and workers have begun to realize the impact of the torture and trauma issues on their community.

An interesting component was added to the fourth consultation, held in 1995, which devoted the first part of the meeting to the normal two-way feedback and the second part to the presentation of research studies concerning Vietnamese. The topics reported were: Mental Health Service Needs of Vietnamese Migrants, Vietnamese Laypersons' and Workers' Perceptions of Sexual Assault and Access to Sexual Assault Services, and Culture and the Self: Implications for the Perception of Depression by Australian and Vietnamese Nursing Students.

Up to the fourth consultation, STARTTS played a key role in all aspects of the consultative process. Attendees were Vietnamese workers and interested community members. Nine years passed until the fifth consultation in 2004. For the first time,

clients were invited to attend besides workers and the different stages of organization had the participation of representatives from Vietnamese community organizations.

#### **4. Approach to community consultations in 2004**

The most significant feature of the STARTTS 2004 consultations with Vietnamese community was that it was planned and implemented as a partnership with Vietnamese community organizations. Vietnamese community workers and STARTTS staff formed a working party. All members of the working party were involved with various tasks associated with the consultation. This approach ensured that the way the consultation was implemented was guided by relevant community members. It also ensured high participation and community support on the day.

Another significant feature was involvement of Vietnamese clients in the consultation. This method has been used with other communities but this was the first time for Vietnamese clients to be invited to a STARTTS consultation. Client involvement resulted in acquisition of direct client feedback about STARTTS services.

#### **5. Consultations process in 2004**

The Consultation was held on the 20<sup>th</sup> April 2004 at the Cabramatta Baptist Church Community Hall. Approximately 100 community members attended, and many of them were STARTTS clients.

Consultations agenda included a number of presentations from STARTTS staff as outlined below:

- Welcome and introduction by Jasmina Bajraktarevic-Hayward, Community Services Coordinator, STARTTS
- Updates on developments at STARTTS by Dr. Roger Gurr, Chairperson, STARTTS Management Committee (Attachment 1)
- STARTTS services to Vietnamese community by
  - Tiep Nguyen, Vietnamese Bi-cultural Counsellor
  - Thuy Tran , Vietnamese Bi-cultural Counsellor
  - Gary Cachia, Community Development Worker - Youth
  - Elizabeth Schaffer, PSP Coordinator (Attachment 2)
- Vietnamese Psychoeducational Booklet and Relaxation CD Launch by Mariano Coello, Clinical Director (Attachment 3). Please note that both Booklet and Relaxation CD were provided to the participants free of charge.

The presentations were followed by entertainment provided by Vietnamese workers from STARTTS and other agencies. This aspect of the consultation was very well accepted by the participants as it provided them with an opportunity to share a positive experience and enjoy culturally appropriate humour.

The consultation continued in small focus groups. Two groups were held in Vietnamese and consisted primarily of clients and ex-clients and one group was held in English and consisted of Vietnamese workers and community leaders. Small group discussion was structured around the following areas:

1. Feedback on STARTTS Services
2. Suggestions for STARTTS to enhance its work with Vietnamese community
3. Community's understanding of the concept of counselling
4. General health related issues

Large group feedback and discussion about the consultation follow-up concluded the consultation. STARTTS undertook to produce this report, develop a series of recommendations and share those with the consultation participants as well as other stakeholders interested and important to STARTTS work with Vietnamese community. Additionally, the Consultation working party will be brought together to discuss the implementation of recommendations.

## **6. Issues raised**

Where possible issues are grouped into themes. Most participant responses were presented as direct quotes in order to give direct voice to the feedback raised.

### *6.1 What does Vietnamese Community think about STARTTS?*

Responses to this question fall broadly in the following themes: feedback on STARTTS staff, feedback on specific services (eg. Physiotherapy, medication), feedback on waiting times and access to services. Below are the quotes that illustrate those themes. Overall participants were very complimentary about staff and service they received. There was some concern about the waiting time but that seemed to vary with individual experiences.

- “Very good, helpful with psychological counseling to overcome life’s traumatic events”
- “Staff are very helpful and dedicated”
- “Staff are really caring and listening”
- “Staff are nice and friendly, understanding and accepting”
- “Comforting”
- “Staff have good and professional expertise”
- “Tiep and Thuy are very good but they do not have enough time for everything”
- “Helping ex-military forget their painful past concerning the war”
- “The physiotherapy service is very good”
- “Physiotherapy treatment is good and thorough”
- “People in difficulty have to wait long before receiving help. It is better to advise referral sources how long the waiting period is”
- “How about those referred coming straight to the center for help rather than waiting to be contacted/invited to come?”
- “I would suggest that people (already referred) should be patient if they have to wait, because this service is very good and thorough”

- “STARTTS offers more counseling than private market and it is free”
- “Medication and counseling service provided by staff is good”
- “I am satisfied with time-frame of appointments to visit STARTTS”
- “It’s easy to get in contact with STARTTS”
- “Counselling is a Western idea. For Vietnamese trust is an issue. People have counseling through family system and are having difficulties adjusting to Australian systems”

### *6.2 When do people get referred to STARTTS?*

Responses to this question indicate that participants had a good grasp of a variety of ways people can be referred to STARTTS including self-referrals.

- “From friends who know of STARTTS services or have accessed STARTTS services themselves”
- “From community agencies (when staff identify problem through consultation)”
- “Through media promotions of English courses organized by STARTTS”
- “When there are no other available resources outside of General Practitioners (GPs)”
- “I was referred by Centrelink for assistance with family/social issues”
- “I was referred by Personal Support Programme”
- “GPs are the fastest way to get referred because medical files are already set up”
- “You may refer yourself”

### *6.3 What happens after people are referred?*

- “Improved health condition through prescribed medication and counseling”
- “Released mental frustration and psychological tension”
- “There are support and activity groups”
- “Get referred to relevant and culturally appropriate services”

### *6.4 Where can we improve and how?*

Responses to this question can be grouped widely into six themes which are: groupwork, increase service promotion, concerns about waiting times for services, staffing and resources, clinical services and research and community development. Overall it appears that groupwork is a very useful mode of intervention with Vietnamese community and it should be better resourced. Most participants argued for increased and more systematic promotion of STARTTS services through Vietnamese language media. Concerns about the waiting time were acknowledged and there was a consistent level of demand for more Vietnamese speaking staff time at STARTTS.

Most notable concerns in the area of clinical services and research was the issue of Transgenerational transmission of trauma in Vietnamese community and a need for more research about this issue. There was also a strong suggestion that STARTTS should do more to train and support Vietnamese speaking counselors and psychologists in other services who see Vietnamese torture and trauma survivors.



Finally, community development work was identified as very important and it was suggested that STARTTS links with Vietnamese community should be strengthened.

### Groupwork

- “Provide support group for men to be organized with public transport available”
- “STARTTS to organize more outings and excursions”
- “Provide more educational workshops and information seminars on various health problems to educate both workers and community members”
- “More women’s groups”
- “Increase services for Vietnamese women and young people”
- “More resources for groupwork with Vietnamese clients”
- “More groupwork and outings. Fishing is popular”
- “Provide entertainment”
- “Groupwork helps develop trust and eases people into counseling”

### Promotion

- “More ongoing and wider promotion through Vietnamese media such as SBS radio and Vietnamese newspapers”
- “Should advertise STARTTS more through Media. So far referrals come mostly from workers and friends, word of mouth which limits the usage of service. Friends sometimes can not persuade their friends to use the service”
- “Promote STARTTS services more widely and consistently in Vietnamese language”
- “More detailed program of treatment/services. Many participants were not aware of STARTTS Youth Program, they only found out today”
- “To do more advertising on radio about STARTTS”
- “More outreach and service promotion is needed”
- “Promote EIP services”
- “Put a regular add in Vietnamese paper – community column”
- “Set up a hot-line”
- “Educate community to seek help earlier rather than wait”

### Waiting time

- “Waiting list to receive services as waiting time is too long”.
- “Reduce waiting time”
- “More information to referral sources about the process of prioritization”
- “Waiting list is an issue”

### Staffing and resources

- “Employ more Vietnamese staff to run more groups targeting Vietnamese women as there is a high demand on groupwork from Vietnamese women”
- “To have more staff and bi-lingual staff”
- “STARTTS needs more staff in general and more Vietnamese speaking staff time”

- “To apply for more government funding”
- “Use consultation results to get more funding”
- “To employ full-time Vietnamese staff”
- “To develop partnerships with other concerned organizations”
- “To set up volunteer groups”
- “Is there any service from STARTTS specifically for women raped on their way to escape from Vietnam?”
- “STARTTS counseling does not cover domestic violence victims”
- “Who will replace Tiep Nguyen when he retires? Will the service be the same, as good as it is now?”
- “Young workers may not understand the issues of torture and trauma that Vietnamese clients have experienced”

#### Research and clinical

- “STARTTS needs to inform Vietnamese community of relevant research initiatives”
- “STARTTS should provide training and supervision for Vietnamese workers who provide counseling”
- “More training specific to Vietnamese workers. Self-care is important for Vietnamese workers”
- “Need STARTTS support and debriefing for community workers”
- “STARTTS needs to work from the Strengths Based model, not welfare model”
- “Send out a training needs assessment questionnaire to Vietnamese workers so that training can be tailor-made”
- “Research into Trans-generational Transfer of Trauma”
- “Research into trauma, gambling and DV”
- “Number of self-referrals from Vietnamese community as indicator of STARTTS use”
- “How does STARTTS identify clients? How does STARTTS meet the needs of the clients?”

#### Community Development

- “Vietnamese resource booklet needs to be updated”
- “Over the last 5 years STARTTS community development work with Vietnamese community has been quiet”
- “Need more active connections”
- “STARTTS PSP to link with Vietnamese PSP.
- “STARTTS tends to move more towards specialist agencies and not to community workers – needs to tap into community more”
- “STARTTS activities need to flow with the community, like a river”
- “More intense consultation with 3 major Vietnamese organizations”
- “Vietnamese community needs better links with Transcultural Mental Health Centre. Can STARTTS help?”
- “STARTTS should focus on direct consultation/focus groups with aged Vietnamese. There are many problems”

- “STARTTS should consider organizing a conference for refugee communities where they can exchange stories (narrative approach) and learn how to build on strengths.”

*6.5 What do you think are the greatest strengths within Vietnamese community?*

- “Willingness to help and support friends and through networking, refer them to services like STARTTS or any others they know of”
- “Solidarity”
- “Love”
- “Helpfulness”
- “Zeal and devotion”
- “There are groups and group activities to help prevent kids from becoming street kids”

*6.6 What are some of the difficulties and concerns of torture and trauma survivors within Vietnamese community?*

- “Psychological stress”
- “Mental Stress”
- “Family relationship problems”
- “Physical health issues”
- “Depression”
- “Access issues such as lack of transport”
- “Family relationships and communication difficulties with children. Language issues between children and parents. Parents do not speak good English and children do not speak good Vietnamese”
- “Parents sacrifice a lot for their children”
- “Trans-generational transmission of trauma (TGTT)” “Some Vietnamese children receive inappropriate psychiatric labels”
- “Need contact with other communities who have been dealing with TGTT, eg. Jewish community”
- “No recent needs analysis of Vietnamese community”
- “When people injured at work – previous trauma hinders post-injury recovery – this is often not acknowledged by rehabilitation services”

## **7. Consultations evaluation**

20 consultations feedback forms were received in English and 24 in Vietnamese. Out of 44, nine respondents indicated that they did not know about STARTTS prior to the consultation. Out of the nine, six were in Vietnamese.

16 participants indicated that they would like to learn more about STARTTS. Out of 16, eight wanted more general information, one wanted information about outreach/regional work, three about groupwork, one each about clinical, family-related and community development work. Three participants suggested that STARTTS should have an ongoing mechanism to inform Vietnamese community,

health and welfare workers about new programs and use these resources to inform the rest of the community.

Seven participants felt there were issues that have not been sufficiently addressed in either small or large group discussion. The issues included:

- Strong emphasis on importance of social and group activities for recovery. STARTTS needing to provide more of those for Vietnamese clients.
- STARTTS needs more resources to provide adequate services to all refugee communities. STARTTS should put more effort in acquiring Government funding.
- The importance of education of second generation in Vietnamese language and culture.
- STARTTS needs to work in partnerships with Vietnamese and mainstream services in order to maximize resources.
- Discussion about return to workforce following counseling and rehabilitation. Importance of employment for social participation.
- Work with Vietnamese young people
- STARTTS role in Vietnamese community advocacy with SBS Television.

Fourteen (14) participants indicated that the most useful thing about the consultation was information about developments in STARTTS services and particularly about services to Vietnamese community. Five (5) participants rated small group discussion as the most useful aspect. “Being heard”/“Being consulted” and “STARTTS understanding community needs better” received seven (7) and two (2) responses respectively. Two (2) participants suggested that the most useful was the potential for STARTTS services to improve as a result of consultations. Two (2) participants felt that consultations had therapeutic outcomes as they contributed to empowering the clients. Two (2) participants felt that networking and sharing of expertise were the most useful and two (2) rated free relaxation CD as the most useful. Finally, one (1) participant rated food and one (1) rated interpreters as the most useful aspects.

There were no comments offered about the “least useful thing” apart from a number of participants stating that “everything was useful”, “nil” or “n/a”. Suggestions to improve the consultations process included: that consultations with Vietnamese community should be conducted on a more regular basis (4), that there should be more time for small group discussion (3), that STARTTS should hold specific focus groups with Vietnamese community (3 – women, youth and aged), that consultation should be advertised wider (1), that follow-up should be improved (1) and that interpreting could have been more comprehensive (1).

One participant wrote about the need for STARTTS to continue listening to Vietnamese community. He/she stated that

“ the gaps in the Vietnamese community itself be identified and some way found for wounds to be healed. Acknowledge and call on the wealth of wisdom and experience and cultural expertise within the Vietnamese community itself. To both call forth and challenge those who have to share with those who are less well situated.

## 8. Recommendations for STARTTS

	<b>Recommendation</b>	<b>Who</b>	<b>Current status</b>
1.	STARTTS to consider increasing Vietnamese staff hours.	STARTTS Management	Done – hours increased to 10.5 days (including 3 PSP days)
2.	STARTTS to provide regular service updates to Vietnamese language media.	STARTTS Vietnamese staff	To commence in June 2005. Include information about PSP, Building extension, STARTTS services in general, waiting times and prioritization information.
3.	STARTTS to continue provision of groupwork services to Vietnamese women and to consider increasing this service to encompass Vietnamese men. This is linked with the Recommendation 1.	STARTTS Management  STARTTS Vietnamese staff	Done for women's group.  English class/support group includes both men and women and continues to function. Will include elements of traditional approaches to recovery in 2005/06
4.	STARTTS to explore possibilities of linking Vietnamese and Jewish communities to explore initiatives related to Trans Generational Transmission of Trauma (TGTT) – impact of parental trauma on second and third generations.	STARTTS Clinical Services Coordinator	Pending. (may be done through a guest speaker spot with Vietnamese Interagency)
5.	STARTTS to consider research initiative about	STARTTS Clinical Services	Pending

	TGTT in refugee communities.	Coordinator	
6.	STARTTS to follow up on training and support needs of Vietnamese workers.	STARTTS Clinician/Trainer  Vietnamese staff	To commence with needs assessment in July 2005
7.	STARTTS to support Vietnamese community with seeking funding for a community needs analysis.	STARTTS Vietnamese staff and Community Services Coordinator as required	As required by the community.
8.	STARTTS to explore strengths based approaches to our work.	STARTTS Management and staff	Ongoing
9.	STARTTS to monitor policies and implementation of feedback to referral sources. Ensure that referral sources are aware of our prioritization procedures.	STARTTS Clinical Services Coordinator	Intake Officer writes to referral sources and clients to inform them of the referral status.  Intake Officer will present at Vietnamese Workers' Interagency.
10.	STARTTS to provide more information to Vietnamese community about our involvement with services for Vietnamese young people.	STARTTS Community Development Worker-Youth, Vietnamese staff at STARTTS	Information to be included in communication with Vietnamese community media.
11.	STARTTS to discuss health promotion initiatives for Vietnamese community with SWSAHS Health Promotion unit. (may include mental health, dementia in	STARTTS Vietnamese staff with support of Community Services Coordinator	Pending. Exact health promotion needs to be discussed at Vietnamese Workers Interagency.

	elderly, family stress and diabetes)		
<b>12.</b>	<p>STARTTS to approach Fairfield Mental health Interagency to suggest organizing a mental health services information day for workers in Fairfield and Liverpool LGAs. Services to be covered may include: STARTTS, Mental Health Team, TMHC, Trauma Clinic.</p> <p>STARTTS to develop a brochure for clients outlining Mental Health Services available to refugee clients in Fairfield and Liverpool LGAs – incollaboration with other relevant services.</p>	<p>Community Services Coordinator</p> <p>Vietnamese staff</p>	<p>Pending</p> <p>In progress</p>
<b>13.</b>	<p>STARTTS to ensure our information provision to Vietnamese community includes information about research we are involved in.</p>	<p>STARTTS Clinical Services Coordinator and Research Officer</p>	<p>Pending.</p> <p>Literature Review on “re-education” of South Vietnamese produced and will be submitted to appropriate Vietnamese media.</p>
<b>14.</b>	<p>STARTTS to increase its regular contact with Vietnamese</p>	<p>STARTTS Vietnamese staff</p>	<p>Done:</p> <p>Vietnamese Worker’s Interagency</p> <p>Vietnamese Caseworkers Support Group</p>

	community, workers and organizations.		
15.	STARTTS to consider updating the Vietnamese Community Resource Book	STARTTS Management STARTTS Vietnamese staff	Updating process to commence in July 2005.
16.	STARTTS to explore specific needs of Vietnamese Older people.	STARTTS Vietnamese staff Community Services Coordinator	Will be done in the context of STARTTS strategic planning processes – currently there is a focus on older people in the STARTTS Strategic Plan.
17.	STARTTS to consider initiating a conference for refugee communities where they can exchange stories (narrative approach) and learn how to build on their own and other communities' strengths.	STARTTS Management Community Services Team	Approved – to be conducted in 2006.
18.	STARTTS to include rehabilitation service providers (eg. Commonwealth Rehabilitation Service) in STARTTS training	STARTTS Training staff	Ongoing.
19.	STARTTS to consider re-printing of the Vietnamese Psychoeducation booklet and production of more copies of the Relaxation CD.	STARTTS Management Clinical Services Coordinator Vietnamese staff	Approved. 200 copies of the CD.



### 9. Recommendations for other service providers

	<b>Recommendation</b>	<b>Agency</b>
1.	Vietnamese workers seeing clients in counseling to support STARTTS efforts by attending STARTTS training.	Vietnamese Workers Interagency
2.	Older Refugees Working Group to consider Vietnamese older people issues and concerns.	SWSAHS Ethnic Aged Advisor, Refugee Health Service
3.	Vietnamese community needs more information about DV and Sexual Assault Services	Immigrant Women's Speakout, SSWAHS Sexual Assault Services.
4.	Vocational Rehabilitation services to take an interest in refugee and torture and trauma issues. The same applies to PSP and Job Network Providers	CRS Job Network – DEWER PSP - FACS