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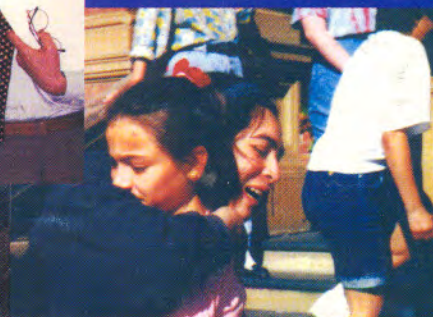
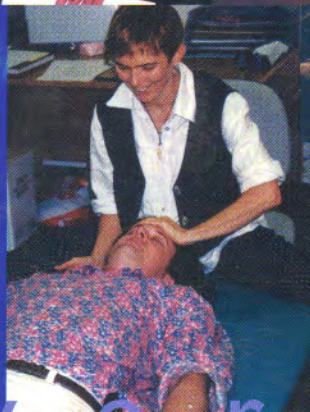
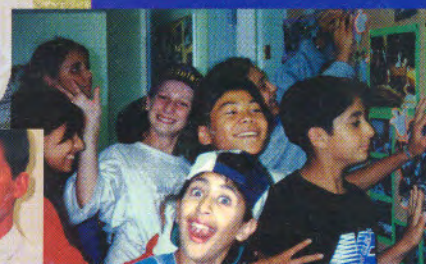
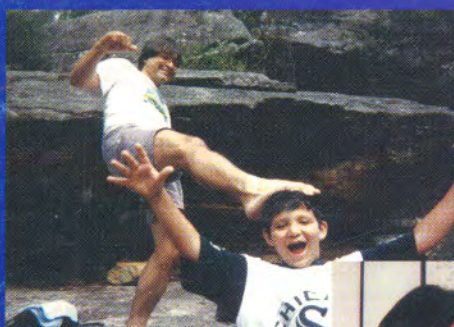


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# Transitions

A publication of the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

A n n i v e r s a r y



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# STARTTS:

## The first 10 years

by Helen Basili

**The 10th anniversary celebrations of Australia's first refugee service for torture and trauma survivors are a landmark in a journey of discovery and growth. They will provide a rare opportunity to reflect on past and current achievements.**

Dr Andrew Refshauge, the NSW Minister for Health, will host the anniversary celebrations of the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors at Auburn town hall on November 20.

In 10 years STARTTS has provided counselling, group work, physiotherapy, English classes, camps and excursions to thousands of clients and currently has more than 200 people on its waiting list. The majority of clients are from the former Yugoslavia, South-East Asia, the Middle-East, Latin America and Africa.

STARTTS anniversary will celebrate the achievements of the service and its ability to overcome the many challenges it has faced. It will also celebrate the resilience of refugee clients and the contributions made by refugees to Australian society.

Funding for the service, initially a two-year pilot project, came from the NSW Department of Health in 1988 following the recommendations of a report made by Professor Janice Reid, now vice-chancellor of the University of Western Sydney.

"The horror of torture and the consequences of its use confronted us unremittingly as we read the medical literature and reports of Amnesty International and listened to the stories of refugees living in Sydney who have undergone ordeals beyond the comprehension of most Australians," Professor Reid said in the report.

From humble beginnings in a three-bedroom cottage with a staff of four, STARTTS has expanded into a service employing 50 people in two sprawling office blocks in Fairfield and Auburn, a reflection of the vast needs of torture and trauma survivors in NSW.

"The level of enthusiasm and commitment was incredible," says STARTTS Executive Director Jorge Aroche, recalling the early days of the service. "We were operating in very constrained conditions, developing a service from scratch."

One of the first challenges for the service was to gain credibility with the various refugee communities it intended to serve. Tiep Nguyen, counsellor for the Vietnamese community, believes that community consultations were a significant factor in achieving this goal.

**"One of STARTTS core values is a vision of its clients as survivors who have enormous potential to give."**

"The first consultation was held with the Indo-Chinese communities. We invited workers from the Vietnamese, Lao and Cambodian communities and about 80 people turned up.

"People were very impressed with STARTTS initiative, both those who attended, and those who heard about it later," says Tiep.

The success of the consultation, which aimed to get the support and input of community leaders, meant that community consultations became an ongoing part of STARTTS' work. Since then, numerous consultations have been held with the Indo-Chinese, Middle-

Eastern and Latin-American communities in Sydney.

Another difficult task STARTTS faced was to gain the trust of clients and communities who had been extremely traumatised and often had a profound distrust of government agencies. This was exacerbated by the fact that these people came from countries where counselling, in the Western sense, was virtually unheard of.

According to Lucy Marin, STARTTS counsellor for the Spanish-speaking communities, it has been common practice in Latin America for priests, family or friends of a distressed person to take on the role of counsellor. Lucy says the Western concept of counselling was not fully understood, especially in rural areas, although it was accepted among the Latin American communities that talking to someone about your problems could be helpful.

The reluctance of potential clients to seek individual therapy was a hurdle that was overcome by improvisation and creativity. "People didn't want to come to us as 'client' but they would be very happy to come and tell you all about their trauma over a cup of coffee. We realised we needed to have a lot more flexibility," says Jorge Aroche.

"I used to see one client in the park. We had counselling sessions under a tree or on the bench."

Many counsellors set up groups for clients. This was an ingenious way of bringing people together in a non-threatening manner so that trust could be built up with individuals who would later seek counselling.

Says Lucy Marin: "I knew that for Latin Americans, it is quite easy to get into groups. My idea was to encourage the communities to start coming to group activities before coming to see me as a counsellor on a one-to-one basis." ►



Space was limited, so Lucy set up a Spanish-speaking women's group in the garage. "It was extremely cold in winter and very hot in summer," she says.

"It was completely abandoned so we emptied and cleaned it, painted it and put some shelves there.

"The first activity we did was pottery making which was excellent. Doing that motivated the women to work with their own feelings. They were actually creating something in Australia that belonged to them."

Zalmai Haidary, counsellor for the Middle-Eastern communities, remembers the difficulties he experienced trying to encourage companies to donate a sewing machine to the STARTTS Middle-Eastern women's group. He was unsuccessful.

"STARTTS was new. People could not understand the nature of the service or the issues for refugees," Zalmai says.

Undeterred, Zalmai organised a community fundraising raffle so three second-hand sewing machines could be purchased for the group. As sponsors could not be found, Zalmai and several of the women from the group donated some of their own household items for prizes.

In 1989, STARTTS acquired a second cottage, two doors up from the original location. With the extra space, group-work prospered. There were physiotherapy groups, English classes, a Vietnamese women's group and groups for Lao and Vietnamese survivors of re-education camps.

At the same time, the number of people seeking individual therapy skyrocketed. Funding enhancements were received and the number of counsellors grew to meet the increasing demand for the service. STARTTS also began to attract a more diverse clientele representing a larger number of ethnic groups and nationalities.

The process of developing models for counselling refugee survivors of torture and trauma has been an ongoing one. Ten years ago, this presented a daunting task for the new service. "The area was very unexplored. When I first started looking for information on treatment I could only find seven articles," says Jorge Aroche.

STARTTS has been something of a pioneer in this area. Although the Rehabilitation and Research Centre for Torture Victims in Copenhagen and several other services in Europe had been experimenting with various models there was still much to be learnt.

"Counsellors have gone through quite a deep process of trying out different models and working through what they do and don't accept", says Robin Bowles, a generalist counsellor at STARTTS.

"At first I wondered whether we could use any type of psychotherapy with people from other cultures or whether it was totally culture bound". After 10 years of counselling refugees, Robin has changed her mind. "I think that psycho-therapy is a gem from the West that the whole world can use".

Robin believes that it is possible to practice successfully from a number of perspectives. "They probably have a lot more in common than we realise," she says.

Jorge Aroche and Mariano Coello, STARTTS Clinical Services Coordinator, have developed a model to conceptualise the problems affecting refugees. The implementation of this approach has resulted in a set of interventions that attempt to address the problem through a variety of strategies focusing on different systems. These range from the individual and their family, to the community to government services and policies.

The expertise of the service in treating survivors of torture and trauma has grown to the extent that staff are often invited to present papers at national and international conferences.

STARTTS counsellors have also published a number of articles in academic journals. Tiep Nguyen, one of the services most prolific writers, has had articles published in *the Australian Journal of Social Work* and *the Journal of Advanced Nursing* and has also published a resource book on the Vietnamese community in Sydney.

One of STARTTS core values is a vision of its clients as survivors who have enormous potential to give. "The Fairfield local government area has developed enormously because of the contributions of refugees," ►

## CHRONOLOGY of events

by Ian Nicol

### 1987

Janice Reid and Timothy Strong published the report *Torture and Trauma: The Health Care Needs of Refugee Victims in New South Wales*. The report recommended that a service be established to assist refugee survivors of torture and trauma. As a result, the NSW Minister for Health announced that funding would be allocated for this purpose.

### 1988

The NSW Minister for Health appointed a management committee with a brief to set up a counselling service for torture and trauma survivors.

STARTTS began operating from a three-bedroom cottage in Harris Street, Fairfield. There were four part-time workers. It was the first service of its kind to be established in Australia.

The clients at that time were predominantly from Latin America and South East Asia, a consequence of the many dictatorships and social disruptions in those regions in the 1970's and 80's.

### 1989

A camp and recreation program was established for refugee children at the Rivendell Adolescent Unit of Concord Hospital. The program has been running on a biannual basis ever since.

Community consultations held with representatives of the Latin American and Indo-Chinese communities.

STARTTS received funding from the Department of Immigration for a grant in aid position to enhance the community development aspect of the service.



## 1990

Community consultations become an annual event for STARTTS. Consultations are held with a greater number of communities including Lao, Vietnamese, Cambodian, Latin American, Afghan, Tamil and Iranian communities.

## 1991

*The Eye of the Needle* video and trainers' kit produced by STARTTS. It was designed to enhance health and welfare professionals' understanding of resettlement issues and improve their ability to provide counselling to torture and trauma survivors. *The Eye of the Needle* package won the Silver Mobie National Award for External Communications

## 1992

Friends of STARTTS (FOS) was launched in April by the Honourable Michael Kirby and Mrs Kathryn Greiner who also became patrons of FOS. FOS is a non-profit, community-based organisation that raises funds to implement STARTTS initiatives.

*The Eye of the Needle* package won a Multicultural Marketing Award presented by the Ethnic Affairs Commission.

## 1993

Margaret Cunningham, Executive Director, represented STARTTS at the *United Nations World Conference on Human Rights* in Vienna.

The NSW Minister for Health announced a funding enhancement of \$500,000 to be granted to STARTTS. Another \$150,000 was allocated for a purpose-built premises. This was the largest funding enhancement since the inception of the service.

A Specialist Migrant Placement Officer position was based at STARTTS to improve the job prospects of refugee clients through the provisions of job search and referrals, resume preparation etc.

says Viliam Phraxayavong, STARTTS counsellor for the Lao community. "Because of the successful businesses started by migrants and refugees the Australian economy has grown. They add to the colour of Australia with their different cultures and traditions".

According to Robin Bowles, refugees bring with them a valuing of democracy and individual rights. "I think a lot of them really value Australian democratic institutions and they fight for them. They bring more of a worldly view to us."

The ability of refugees to overcome adversity is a continual source of inspiration. Perhaps this is best expressed by a former client of STARTTS Zalmi Haidary who wrote: "I feel that a great burden has fallen off my shoulders and that feeling of depression is gone. You have helped me make that positive step toward the future and given me a sense of hope." ■

**The  
first issue of  
*Transitions*  
was edited  
and produced  
by Olga Yoldi  
and Helen  
Basili.**

## 1994

Two staff members represented STARTTS at the *Fourth International Conference of Centres Institutions and Individuals concerned with the care of Victims of Organised Violence*, 5-9 December 1994 in the Philippines.

The Commonwealth Program of Assistance to Torture and Trauma Survivors (PASTT) commenced funding the service. This increased STARTTS ability to resource mainstream services to work effectively with refugees and to extend other aspects of the service.

## 1995

In 1995 STARTTS Executive Director, Margaret Cunningham returned from a visit of services for torture and trauma survivors in the Netherlands, Denmark, Norway, Ireland, England, Scotland, Canada, San Francisco and Los Angeles. Her trip was undertaken as part of the Churchill Fellowship.

Training and outreach work was extended to Newcastle, Wagga, Albury, the Central Coast and Coffs Harbour to meet STARTTS regional obligations to refugees outside the Sydney metropolitan area.

## 1996

The Minister for Health and Aboriginal Affairs, the Hon. Andrew Refshauge, opened STARTTS new premises in Carramar, on the outskirts of Fairfield. The premises were purpose built for STARTTS and included rooms for group activities and meetings, offices and counselling rooms.

*The Families in Cultural Transition* kit was launched at the NSW Parliament House. It was a comprehensive and innovative package which contained group activities, games and ideas for group facilitators to assist immigrants or refugees adjust to living in Australia. It is being widely used by STARTTS and other services.



# INTERVIEW

## with STARTTS Executive Director

In the following interview STARTTS Executive Director, Jorge Aroche, discusses the first 10 years of the service and plans for the future.

### **Q. What are the biggest challenges that STARTTS has faced over the last 10 years?**

It's not easy to tell you what the biggest challenges have been because STARTTS' history has been a succession of challenges. We have hardly had a time when we could say that there was a routine.

From the beginning, just establishing the service and demonstrating the need for it was an enormous challenge. Establishing the contacts, liaising with the communities and getting their trust was the next part of the challenge.

There was the whole issue of refocusing the service so that we could work in a holistic fashion. This involved expanding from what was initially quite a clinically focused service towards a more balanced service as recommended in Janice Reid's report. The report emphasised that there needed to be holistic care of torture survivors and service providers needed to look at the confluence of problems effecting torture survivors at different levels from the individual to the family. Essentially, that was quite a challenge because it started happening slowly from my point of view.

I was hired to work in community development and also to play a clinical role. Promoting the community development aspect and working to expand the focus of the service was quite challenging and something that could only be done slowly. Many people were instrumental in promoting the transition and ensuring its success. Margaret [STARTTS former Executive Director] was certainly one of the main drivers for this transition.

There were fears at the time that by adopting an approach that integrated community development and clinical service provision we may be leaving the clinical aspect of the service behind and so there was some resistance and ongoing discussion on the issue.

One of the ongoing challenges the services faces are that the population we work with will continue to change. Ten years ago we were working with Indo-Chinese people and Spanish speakers from Latin America. These groups are very low now in terms of new arrivals and refugees from the former Yugoslavia and the Middle East make up the largest group. It is very likely that situation will continue to change as events around the world change. There's a need to continue to develop relationships with those communities as they arrive so we can meet their needs.

### **Q. What has it been like for you working in an organisation in a constant state of change?**

It suited me to a T. I can't imagine myself working for very long in an organisation that was static. I suppose it could get quite boring.

I think that although we have been changing and adapting to circumstances there has always been a sense of purpose in the organisation. I think that's the reason why so many staff have stayed on. We had some staff leaving but nowhere near the normal attrition rate in a service of this kind.

The change in staff has been more through new staff joining the service. I think that's partially explained by the fact that there has been that sense of purpose and continual change so they don't need to change jobs to be ►

## 1997

STARTTS commenced an outreach service from Marrickville Community Health Centre

The first national conference for all Australian services for torture and trauma services was held.

## 1998

The STARTTS Early Intervention and Case Management (EICM) program was launched by the Federal Minister for Immigration and Multicultural Affairs, the Hon. Phillip Ruddock. An office for EICM staff was opened in Auburn.

STARTTS counsellor Rise Becker and youth worker Gary Cachia presented with Awards for Excellence from the Transcultural Mental Health Centre

Implementation of the Refugee Comprehensive Assessment Tool (R-CAT) commenced. STARTTS and EICM staff use the R-CAT to systematically collect and record information about clients that can be used for treatment and research purposes.

STARTTS outreach services extended to refugees on the Northern Beaches and Gosford.

First issue of *Transitions* published. ■





doing different things.

Certainly from the point of view of the work it makes it a lot harder because there's no time to sit down and relax and develop a routine and work from nine to five. There's always been the need to put in the extra hours of work or extra involvement to make things possible and ensure the survival of what we do.

**Q. What do you see as the major achievements of the service?**

There have been a lot. Certainly being able to meet those initial challenges of establishing the services development and connection with the communities has been an enormous achievement.

A very big challenge was changing the focus of the service again to include the early intervention program and to do that without major problems. We have not encountered any major strife and I think that's because of the way we were able to handle that change. I think that in establishing the early intervention program we have been able to successfully engage the important stakeholders to assist us to introduce a very significant change and support it. Getting the proposal through the management committee, getting staff to be part of it and then establishing the service has been an enormous achievement.

There were other things like *The Families in Cultural Transition* program that were great. *The Eye of the Needle* was the first training program for people working with torture and trauma survivors that had a structure. Now it's due for an update but when we did it, it was really at the cutting edge and was the first train the trainer package in this field.

The development of a model that incorporates a holistic approach and provides a rationale for it and a way of implementation has also been a big achievement. In fact, the model has now been applied in many other services throughout Australia and also overseas and that I think is a significant achievement.

Just the sheer amount and depth of the clinical work that has been done in the service is remarkable. The developments in group work

and the developments in the way that we have been doing systematic consultations with refugee communities for the last ten years. Things like that we take for granted now but it took a lot to get off the ground.

The establishment of the outreach program and the development of an outreach model that projects our services and ensures access to torture and trauma survivors throughout NSW is something that we are still engaged in but it is definitely an achievement.

I am sure that I am overlooking many more achievements because one thing with achievements is that once you have met the challenges and achieved what you set out to do then you move on to the next thing and it is easy to take them for granted.

Like this building, STARTTS three year old headquarters in Carramar. It was a major achievement at the time. Our accommodation was absolutely appalling for the first few years of the service.

**For information about the next issue of *Transitions* please call Helen Basili at STARTTS on 9794 1900.**

Things like maintaining the morale of the service and developing a culture that emphasises working together, cohesiveness and maintaining the commitment of people who join the service. I think those things again, are also often taken for granted by us.

So many people from outside ask if our burnout rate is very high.

Although we talk a lot about burnout, and that's an intrinsic part of preventing it, our statistics show that the amount of people taking sick leave and the amount of people that leave the service because they can't cope with the stress is negligible.

This is an enormous achievement in a service that deals with horror. Considering all the literature on vicarious traumatisation and the dangers of it I think we've done a magnificent job in this area. It's a success that's very easy to overlook.

**Q. What plans do you have for STARTTS in 1999. In particular, what ideas do you have about the establishment of a tele-psychiatry service for regional areas?**

Some of the challenges we still face as a service are to extend access to torture and trauma survivors throughout New South Wales. Once refugees arrive in Australia they become Australian residents so there is no way to differentiate between those who are refugees and those who are not from census statistics. You can make inferences, for example, that most people who were born in Cambodia and speak Khmer have come here as refugees, but when you talk about the Chinese community, the Vietnamese community or the Spanish speaking community it gets very hard to know who may or may not have arrived as a refugee or from refugee like situations.

When you have a community with a thousand people in one place and a thousand people in another place, it's very difficult to estimate what proportion of refugees may be in a particular place.

Finding ways to extend our services to all regions in New South Wales also presents an enormous challenge. In rural New South Wales we are facing very small numbers of refugees in different areas. At the same time these refugees are more likely to be isolated and have very limited access to ethno-specific services and interpreters. We are still looking at different possible avenues to address this problem.

One response we have made is to train people in regional centres and rural areas to work with torture and trauma survivors but that may not be enough in certain cases, particularly where language is a problem. This is where the idea of using the tele-psychiatry approach came from.

We could make use of the much better, much more accessible technology we have now to have a tele-video conference and provide supervision to counsellors working with refugees in places far away from Sydney and in certain instances, see clients by using that medium. I think that may contribute to making the New South Wales coverage more realistic.

There are a lot of issues we need



to deal with still. We don't know how people are going to feel having a counselling session looking into a screen with a camera focused on them. It may very well be like using an interpreter where people forget the interpreter is there or, in this case the actual television, and be able to form a good relationship with the person on the other side of the screen. We don't know how appropriate and effective this may be and we would need to develop protocols to ensure the medium is used sensitively and effectively.

The medium also has to be reliable to use in a situation like this. The last thing you want is the camera cutting out at a crucial stage of the interview. So there needs to be a lot more investigation into the idea.

We would also need to develop protocols regarding the type of support people need to have at the other end. Like should they have someone with them? It's something we are going to explore.

**Q. What plans do you have to introduce a specialist clinic for refugee children?**

In general we are moving to the point where we are becoming a centre of expertise with a responsibility to export this expertise to other people and train them to work more effectively with torture and trauma survivors.

That goes side by side with the continuation of direct service provision in order to sustain the ongoing development of expertise. We need to add to our present services by expanding our role in supporting, training and providing supervision and consultation to other services so they can work more effectively with refugees. The other area we need to expand as an expert service is the different specialty areas that haven't been sufficiently addressed and certainly children is one of those areas. Traditionally, adults comprise the population that got the most attention from service providers in the torture and trauma area.

In the last few years we have begun to realise that children show symptoms and experience problems at school and in other settings that may be related to both their own traumatic experiences and also the



impact of the traumatic experiences of their parents and their ability to be able to parent.

We have been working with children through our youth program and doing an increasing amount of individual work with children, learning all the time, but the model we work on needs to be further developed. The development of a children's clinic which enables us to focus more on the issues affecting children and develop a model for working with children is a very important area and it's something that I'd like to see happen over the next year or so.

**Q. What other areas of work need to be further developed?**

In the next year or two we also need to start focussing more on the aged and look at the impact of the confluence between the aging process and the previous trauma that has been sustained. This is something that people are dealing with in the European communities that came after the war, the people who were effected by the Holocaust and other atrocities in the second world war, for example the Jewish community or the Polish community.

Many of these communities have been telling us that aged people who have undergone trauma and are affected by age related illnesses may

begin to be less focused on the present and a lot more focused on the past. Of course when that happens they will encounter those traumatic memories and they will have less resources to cope with the impact of those memories. There are a lot of issues about prevention and management of the potential impact of the aging process on torture and trauma survivors.

We need to do a lot of work and research in this area and work collaboratively with people and organisations with expertise in this area. Over the next few years more and more of our client group who came 20 or 30 years ago as refugees will be entering old age and we need to start developing the tools and the expertise to be able to assist them and resource their families and age care services to meet this challenge.

There are many other areas of specialisation that we need to develop, of course, and many other challenges to face. ■



# LIVING THROUGH ... the journey.



## Tiep Nguyen

Counsellor / Project Officer (Vietnamese)  
Date commenced: November 1988

*"At the Lunar New Year festival in Cabramatta in 1993, STARTTS was granted a plaque in appreciation of what it had done for the Vietnamese community. It was the first time the work of STARTTS had been publicly recognised by a community."*

## Lucy Marin

Counsellor/  
Project Officer (Spanish speaking)  
Date commenced: June 1990

*"I can see that for many of my clients who had been extremely traumatised, although they still remember the past, they function in society in a very normal way and have been very successful as well."*



## Viliam Phraxayavong

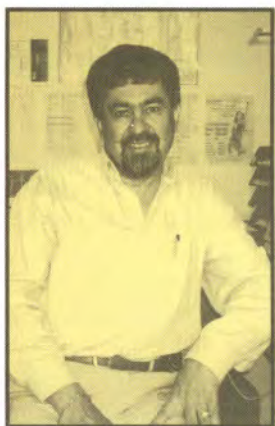
Counsellor / Project Officer (Lao)  
Date commenced: September 1988

*"I noticed most of the counsellors loved the job. Time did not count for us. We had a good team and were very enthusiastic."*

## Robin Bowles

Counsellor / Project Officer (Generalist)  
Date commenced: November 1988

*"You are driven by a passion for human rights and the rewards from doing the work. If someone is getting better that's wonderful and that just drives you to keep going."*



## Zalmai Haidary

Counsellor / Team Leader  
Date commenced: February 1989

*"Ten years ago people hardly understood about refugee issues. Today there is a common understanding. The community has been well educated and STARTTS and many other services for refugees have played a great role. There are forums and workshops on refugee issues and discussions in the ethnic media."*

## Mariano Coello

Clinical Services Coordinator  
Date commenced: April 1991

*"Working at STARTTS has been an enriching experience. I have learned a lot about different communities their customs, their beliefs and their hopes. I have learned from the strength of survivors. It has been satisfying to assist these people."*

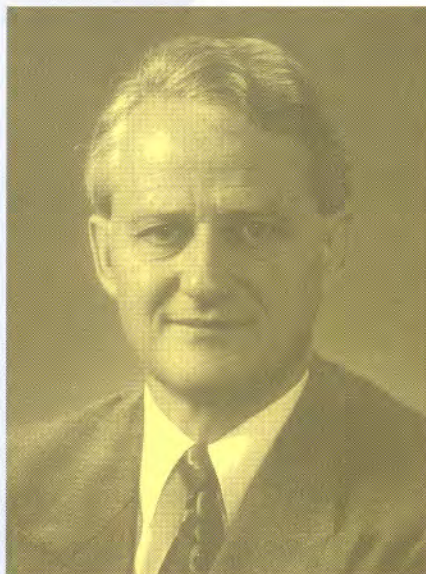




# MINISTER launches new STARTTS program

The Minister for Immigration and Multicultural Affairs, Mr Phillip Ruddock, launched a new STARTTS program to a crowd of more than 500 clients and service providers at Ashfield town hall on July 22.

The Early Intervention and Case Management program is part of a national initiative, launched by the Minister at the same ceremony, which provides a comprehensive assessment of the needs of refugee and humanitarian entrants to Australia. The aim is to facilitate the settlement process for new entrants by linking them to appropriate health, welfare and settlement services. "Resettlement is a tremendously complex task," said STARTTS Executive Director Jorge Aroche, who spoke at the launch. "This is particularly so where the background of the people concerned includes exposure to highly traumatic situations involving personal losses, and long term



consequences for their physical and psychological health."

A team of highly skilled staff has been employed to implement the program. Over the course of several, in-depth interviews, they will collect detailed information regarding the physical and psychological health of newly arrived refugees and ascertain their settlement needs.

"We have learned much over the last decade or two about what is involved in this process of resettlement. When it works well, people are able to develop a sense of safety, and a measure of control over their new environment,"

said Jorge Aroche.

In his keynote address, Mr Ruddock stressed the importance of forming EICM partnerships with schools, health services, voluntary groups and non-government bodies.

"It says something about us as a nation if we are prepared to open our doors to those people who are being persecuted. And it says more if we are able to assist those people who have the greatest need for our support. And that must be those people who have experienced some of the greatest and unimaginable horrors that one individual can unleash upon another," said Mr Ruddock.

Mr Ruddock also announced that STARTTS would receive \$780 000 funding in the 1998-99 financial year.

Paris Aristotle of the Victorian Foundation for Survivors of Torture spoke about the national program, which provides funding to services in each state. A speech was also given by Ken Brown, chief executive officer of the South Western Sydney Area Health Service, who commended STARTTS for their new initiative.

Rathika Sivapatasundram of the Natanalia Dance Company closed the launch with the performance of a traditional Tamil dance. ■

# NOBEL PEACE PRIZE WINNER at STARTTS

by Helen Basili

Nobel Peace Prize winner Jose Ramos Horta visited STARTTS on 12 August to learn about the organisations' work with East Timorese survivors of torture and trauma.

STARTTS Research Assistant, Kristina Tang outlined a study on the East Timorese community in NSW, a joint venture between STARTTS and the Psychiatry Research & Teaching Unit of the University of NSW. Ms Tang said that preliminary results

showed that 85% of East Timorese interviewed for the study had experienced the murder of a family member or friend, 69% endured forced separation from their family and 46% had been tortured. As a result of these events, many displayed varying levels of psychological distress.

In addition to collecting information from the participants, the researchers also responded to their mental health, psychosocial and adaptational concerns ensuring participants received the services most appropriate to their needs.

"The pioneering work of STARTTS is extremely important...I hope these programs will eventually be brought to East Timor itself," said Ramos-Horta in response to the presentation. He discussed the difficulties of engaging the East Timorese in counselling. "In the East

Timorese vocabulary the word for 'counselling' does not exist. Many people don't know what a psychiatrist is, particularly among the older generation. Those who do know reject the idea of seeing a psychiatrist because they think it means you are crazy. It is difficult to encourage people to seek assistance," he said.

Ramos Horta, who is also the Permanent Representative to the United Nations for the East Timorese Independence Movement, has visited numerous war-torn countries in Latin America, Africa and the Middle East however he said "none have been so thoroughly affected by violence as East Timor."

Despite this, Ramos Horta is optimistic regarding East Timor's future: "I am hoping for a referendum for self-determination within a year." ■



# CHILDREN at war

by Olga Yoldi

The modern Western idea of childhood is a relatively recent creation. It is generally perceived as a period of innocence and visionary imagination, however this romantic idea of childhood does not apply to the overwhelming majority of children. Few children in developing countries are actually safe to grow to the fullest potential.

For countless numbers of these children there is no peace in their lives, only terror. Caught in violent conflict, they are enduring almost unimaginable suffering. Children are losing life, wholeness, home, family, opportunity and hope. Their innocence and openness, which calls us to cherish and protect them leave children especially vulnerable. Learned hatred, fears and enmities are planting in children the seeds of future conflict.

In an unspeakable perversion of innocence, more and more children are being drawn as soldiers into violence, they are too young to resist the consequences of which they cannot imagine. Every year thousands of children are recruited around the world. Their experiences are brutalising. They are exposed to severe hardship, harrowing experiences, serious injury and sometimes death.

In November last year *Swedish Save the Children* held a press conference to launch a new report called *Children: The Invisible Soldiers*. The report is based on extensive research in 26 countries and shows that the use of child soldiers is far more widespread than generally realised.

The report found that an estimated 250,000 children under 18, some as young as 7, are presently serving around the world in government armed forces or armed opposition groups.

Children took part actively in 33 armed conflicts in 1995-96; most

child soldiers join armed opposition groups and paramilitary groups.

Moreover several governments' armed forces have sent children under 18 into combat, child soldiers often carry out extremely dangerous tasks such as mine detecting and spying.

The report actually documents numerous cases of how children are exploited and abused, such as the story of this Burmese boy: "Sometimes when I fell asleep when I was on sentry duty, I was beaten by my corporal. He beat me like a dog, like I was an animal, not a human being. There were 2 or 3 suicides during that time, of boys who had been hospitalised and finally shot themselves".



In countries in West and Central Africa, children as young as 8 to 10 years of age are forcibly recruited, coerced or induced to become combatants. Although exact figures are unavailable, the estimated number of 20,000 to 50,000 child combatants often cited is considered an underestimate.

Approximately 90% of all child soldiers are boys. Survival, self esteem, revenge of death of family members, peer groups pressure and coercion by adults and family members are some of the factors compelling children to participate in the wars in West and Central Africa.

The demobilisation of child soldiers has been constrained for a variety of reasons, including the lack of political will on the part of military leaders, the absence of sanctions against recruitment, weak national demobilisation structures and the social disintegration of families and communities.

The report makes recommendations on how to reduce the volume of child recruitment, for example, international and national legislation on recruitment, improved documentation of children, including the routine provision of birth certificates and monitoring of recruitment practices by relief agencies operating in conflict areas. However, it would be rather difficult to monitor and enforce these measures on governments generally because the mechanisms are not in place to do so.

The United Nations General Assembly in 1993 unanimously called on the Secretary General to appoint an expert to conduct a study on the impact of armed conflict on children. Fifteen representatives from a wide variety of African countries participated in the regional consultations and formulated a number of recommendations. They highlighted the fact that the prevention of war requires addressing and eliminating the root causes of conflict, until this happens children will always be at risk.

The recommendations addressed issues such as the reduction of arms and more accountability on the part of governments, using mechanisms for conflict prevention and education.

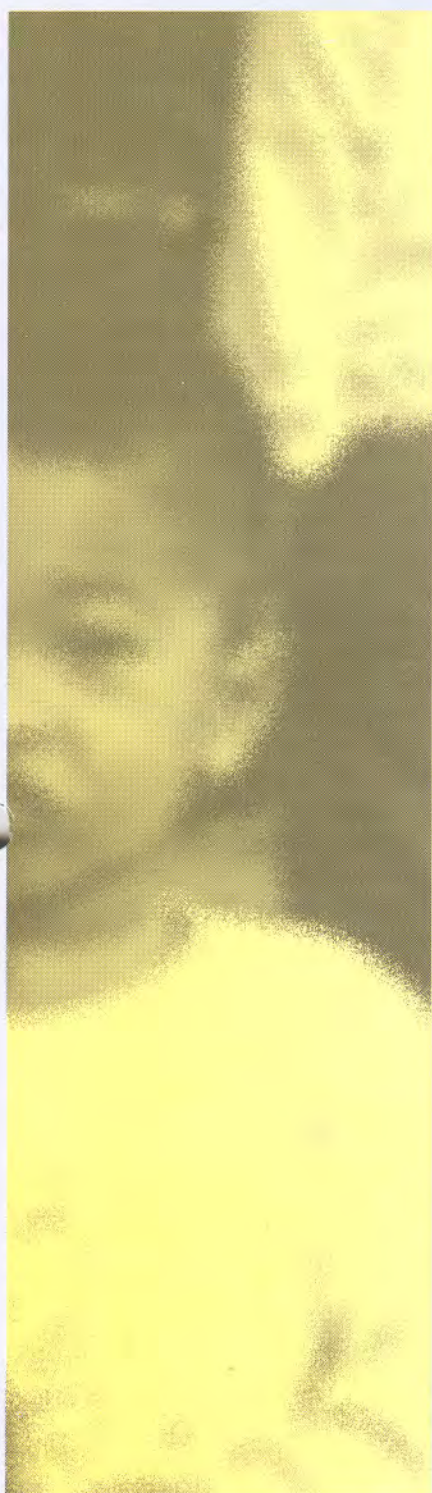


## CHILDREN at war

They also declared the targeting of children and their recruitment as soldiers of war as crimes against humanity.

So far the recommendations have remained just a written document.

Unfortunately very little has been achieved to protect children in war. The violations on their childhood are intolerable but failure to respond is a betrayal and silence complicity.■



**R**wanda is called the nation of traumatised children. Children have been exposed to atrocities to a degree never seen before. Three hundred thousand children have been killed, often in brutal ways.

In some of the largest mass graves up to 45 % of the victims were children.

Over 95000 children, 40000 in Rwanda lost their parents or were separated from them.

- 42% lost both parents.
- 56% witnessed a family member being killed.
- 75% witnessed other people being killed.
- 47% saw children killing other children.
- 64% witnessed massacres.
- 20% witnessed rape and sexual assault.

Many children are able to name more than 20 persons close to them who are dead.

In August 1994 UNICEF's child psychologists visited the sites of massacres and talked to the children in the area, producing the first assessments of the traumatic effects of war on children.

The Trauma Recovery Program (TRP) within the *Children in Especially Difficult Circumstances Section* was established to address the immediate and long term psychosocial needs of war affected children and their families.

As part of the program UNICEF trained 12 trauma advisers in trauma alleviation methods. These advisers passed

on their knowledge to teachers, social workers, health care providers and religious leaders. So far TRP trained a total of 1843 social workers in basic issues of trauma identification, and broadcast over 1500 trauma first aid messages to various social agents throughout Rwanda.

The TRP has conducted and analysed data from a pilot survey completed in December 1994 on levels of trauma among children in centres and family settings.

Among the findings was the fact that 62% of those interviewed felt they had no future and did not expect to live long. A set of *Guidelines for Psychological Trauma Healing* was produced by the Minister of Social Rehabilitation in collaboration with UNICEF and seven non government organisations. The Government of Rwanda acknowledged the importance of psychosocial intervention with traumatised children as one of its priorities.

Consequently a national Child Recovery Centre was opened in April 1995 in Kigali to become a focal point for training, documentation and research, with an outpatient clinic for severely traumatised children and families.

The effects of such experiences on children, and its subsequent documentation, was of vital importance to services providers, not only in this country but around the globe. Hopefully it will contribute to provide more insight on effective healing treatments and understanding of child survivors.■

The next issue of *Transitions* will publish letters from our readers. If you would like to respond to any of the articles in this issue or comment on any area related to refugee survivors of torture or trauma please send your letters to Helen Basili at STARTTS, PO Box 203, Fairfield, NSW 2165.



# MENTAL HEALTH SERVICES

## in Cambodia

*STARTTS counsellor, Meng Eang Thai fled from Cambodia with his father in 1979 due to the massive social disruptions occurring there at the time.*

*Almost 20 years later, Meng has revisited Cambodia accompanied by STARTTS sessional psychiatrist, Professor Derrick Silove. Together they visited a new mental health clinic in Siem Reap Hospital as independent observers for a Harvard University training program.*

*In the following interview, Meng discusses his recent experience in Cambodia.*

### **Q. What were your first impressions of Cambodia when you returned?**

I've been influenced by the idea of democracy in the Western world so I was concerned that going back to Cambodia and seeing the lack of democracy and oppression could aggravate my feelings. Also, the connection with my past was something I had to be aware of. I wondered about my ability to adjust to the society.

When I first got there it touched my heart to be back in my homeland for the first time in 20 years. But it brought back some traumatising feelings in terms of leaving during the reign of the Khmer Rouge and my time there as a student.

Apart from that, I felt happy to see that people have the freedom to move around. Certainly, I haven't had much connection with local social and political issues but people gave the appearance of being able to move freely. I noticed there were soldiers present in the streets although they weren't behaving in a threatening way.

### **Q. How has Cambodia changed in the 20 years since you left?**

Compared to the period before 1970, before the war had started, it was like two different worlds. Cambodia was so peaceful then and the cities were so organised. But compared to when we left, which was a very traumatic period, and now, I think there has been some improvement in terms of standards of living.

The people have freedom to move around and start businesses and many of the schools have re-opened. The arts have been revived.

There is a new wave of talent with painting, writing and all those things, which are a valuable asset to the culture. The temples have opened up again.

It has come to the point where they can regenerate and rebuild the damage done in the time of the Khmer Rouge. I have to stress very clearly though, that I have not explored the social structure or social policy in depth.

About 80% of schools have re-opened but they are in a deteriorated condition. It is still not much, because if you look at the education system, the students only go to school for half a day and half a day isn't enough to study properly. Also

the teachers don't get paid properly. Not only the teachers, all professional people in the public service. It leads to the point where the people don't see those professionals as having a value for society. They only see things that increase the economy as important. The economy is the dominant force in society.

In the long run there is a need for education and to rebuild a strong social structure.

### **Q. What was your purpose for going to Cambodia?**

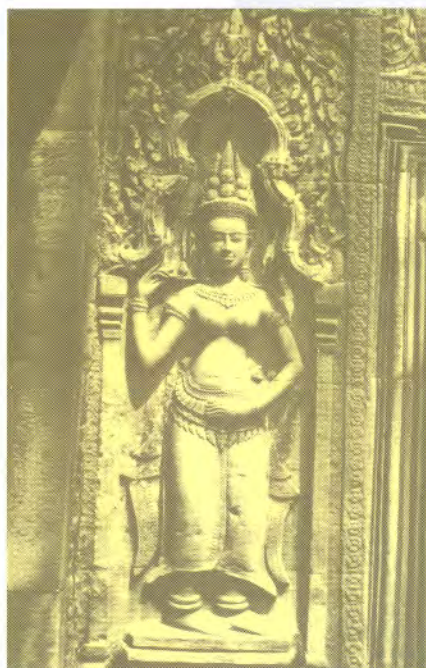
The purpose was for me to find out about the changes in the country but also to observe the new techniques of introducing primary mental health care to the community. My desire was to see how they deal with mental health issues because there is a huge need in Cambodia for mental health care and mental health services.

On this occasion we went to do an independent evaluation of the Harvard University training program for mental health workers.

Harvard University in the United States has sponsored a program to train Cambodian G.Ps and counsellors to become the primary health care givers who can diagnose and treat the mental health problems of Cambodian people.

The training centre was located in Siem Reap, in the northern part of the country and the second group of G.Ps and counsellors were just completing their training.

I was impressed with how the program fits in with the culture. It's a crucial part of the program and treatment that a cultural component is included. They try as far as possible to integrate the beliefs of the



TEMPLE ENGRAVING  
AT ANGKOR WAT

*Photo by Meng Eang Thai*



locals in the program.

I stayed in Siem Reap for nine days. Every day we were involved in training at the clinic at Siem Reap hospital. We learnt about the work of the clinic and the work of the trainees when they get out in the field to work. We met with a Buddhist monk who is involved with the treatment program and we met with the patients themselves. We met with other organisations like the UNDP [United Nations Development Program] who are also involved.

**Q. What did you learn about the service for torture and trauma survivors in Siem Reap?**

I found that primary mental health care interventions are the best way to develop the treatment for torture and trauma survivors. Providing the basic knowledge and techniques to the G.Ps and counsellors appears to give them a lot of encouragement and confidence to develop appropriate ideas to adapt to their environment for further down the track. Following the training, they can assess their own needs and evaluate the first stage of their learning experience. I see it as very positive initiative.

I have been arguing with people to acknowledge that Cambodians have had the concept of counselling for a long, long time but most of the Western practitioners have disagreed. In Cambodia, the trainees came to me and said 'we do have counselling in our culture'. I feel very good to know that I have some people who agree with me. We have to acknowledge that although the Cambodian idea of counselling is different from the Western tradition, it still exists. It's a matter of integrating the two into one form.

**Q. Who funds the service at Siem Reap?**

The service is funded by US Aid through Harvard University. Part of the grant comes from Japan as well.

**Q. How effective is the service at Siem Reap?**

It is very effective indeed. There has been a high success rate in terms of patient recovery. Some patients went from a state of psychosis to the functional stage where they could go back to work and get along with their lives. They did this with minimal medication.

**Q. What sort of programs do they have for clients?**

They use medication and counselling but also they look at the practical needs of clients. In Cambodia, when one member of the family falls ill the whole family is effected and the income of the family is reduced. In that sense, they work with a welfare program to supply food to the family of the sick person.

The UNDP is also involved and provides some career training and education after they recover. Attempts are made to place them in jobs or help them establish their own business.

Where necessary, a monk is involved to provide spiritual support. They really take a holistic approach.

**Q. How many clients do they have?**

Each counsellor has about 30 clients and there were eight counsellors. The clients are from all over Cambodia. Sometimes the counsellors go to the eastern parts of the country and do outreach.

The program has become well known to the local community. They do community development work such as providing education to the villages about mental health and treatment but they also try to encourage the traditional approach to treatment as well.

All the counsellors and doctors at the service are Cambodian. They were trained by a group from Harvard University. In that group of trainers there were two Cambodian people who now live in the US. The

training program included guest speakers who spoke about topics like counselling intervention, medication and diagnosis. They have a year of training altogether.

The clinic has provided treatment to patients from remote regions of the country near the Vietnamese border. The patients come and stay for short periods of treatment from four to eight weeks.

**Q. What were the most pressing needs of the Cambodian service?**

What we found out from the doctors and the counsellors was that they need further advanced training in terms of professional development.

The counsellors also need more training on stress management otherwise they won't be able to cope.

The medication they have over there is not the sort of medication that tends to be used in developed countries.

It is not enough. They need more varieties of medication to make the treatment more effective.

They also need to have a follow-up team to work with doctors and monitor the person during treatment.

We would like to see this type of program included in the curriculum of the School of Medicine in Cambodia in the future.

This would allow the new G.Ps that graduate from the School of Medicine to have an understanding of the mental health program and treatment. It could also assist the G.Ps to identify mental health problems at an early stage before they become too severe. ■



TEMPLE ENGRAVING AT ANGKOR WAT.

*Photo by Meng Eang Thai*



# VIETNAMESE

## full of generosity and good will

by Helen Basili

**D**rugs and violence always seem to be the focus of the mainstream media when portraying the Vietnamese community. But what about the positive aspects of a community that has been thriving in Australia for more than 20 years?

The Vietnamese chapter of the Scout Association of Australia raised \$22,000 in an SBS radiothon held in September to generate funds for the expansion of Scout groups throughout NSW.

Requests for contributions to the Scout Association were broadcast throughout the day on the Vietnamese language program on SBS causing the switchboard to be inundated with calls. Scout leaders were overwhelmed by the success of the venture.

"I'm more than happy with the result. I only expected to raise \$7000. The support from the community is very big. Parents would like to prepare their children to have a good life in the future, make friends and maintain their culture. The Scout Movement provides an opportunity for their children to serve the community and become good citizens," said Thuat Van Nguyen, Vice-President of the International Vietnamese Scout Movement.

The radiothon money will be used to recruit more children to the Scout Movement, set up new groups and train more adults to become Scout leaders. A dance group, band and more sporting activities will also be established.

Currently there are two Vietnamese Scout Groups in Sydney, Bach Viet and Van Lang, which have a total of 150 members. The members meet regularly and engage in activities such as camping, swimming, picnics, sport and learning survival skills. According to Mr Nguyen, the emphasis is on "activities for children to help them

develop their full potential."

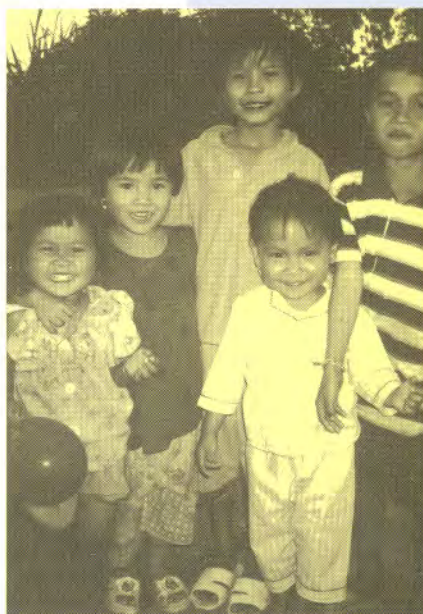
Mr Nguyen's involvement in the Scout Association stems from his desire to minimise the problems faced by young Vietnamese in Australia.

"I think we should do something to help the younger generation. We would like to have integration into Australian society. We know that it takes a period of time for the younger generation to become good citizens. Our community has some problems with teenagers. By involving them in good activities there are less problems," Mr Nguyen said.

Ms Ngoc Han, the coordinator of the SBS Vietnamese radio program holds a similar point of view:

"If children don't have a good place to learn or play it's easier for them to go to gangs," she remarked.

The radiothon is one of a spate of fundraising events launched by the Sydney Vietnamese community this year. When Ms Nhu Hoa, Chairperson of the Vietnamese-Australian Buddhist Women's Association, saw media footage of the Papua New Guinea tsunami survivors she was deeply moved. "It touched our hearts", Ms Hoa said.



She presented the issue to the next meeting of the Association and, after two weeks of advertising, held a fundraising luncheon to assist both the Papua New Guinea tsunami survivors and famine victims in the Sudan. The \$17000 they raised in August was divided equally between the two causes.

In June, a thirteen-seater bus was donated to Cabramatta Police by a Vietnamese community group.

Dr Tien Nguyen, a Cabramatta-based G.P who assisted with raising the \$24000 required for the bus, said "When you do something for others you get gratification that you have contributed to some unselfish cause."

A previous SBS radiothon held in May urged listeners of all language programs to donate money for the Refugee Council of Australia and AUSTCARE, another refugee agency. The Vietnamese were the largest contributors accounting for \$318000, almost half of the \$713000 raised.

The Director of SBS radio in Sydney and Melbourne, Mr Quang Luu believes Vietnamese Australians are prolific fundraisers due to their past traumatic experiences:

"Most Vietnamese Australians came here as refugees... They have personal experience of living in poverty and in politically difficult situations and can relate quite strongly and readily to other people in need."

Mr Luu sees no correlation between a person's financial status and their contributions to charity:

"Generosity doesn't depend on wealth, it depends on good will." ■

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# Free bird

By Admasu Girma  
Ethiopia



Free bird.  
Free bird.  
What good luck,  
you have.  
What good chance,  
That it is your right  
to fly freely,  
with no document,  
with no passport,  
to pass through  
all continents,  
beach of Australia to Ivory Coast.  
As you like,  
day and night,  
having nice song  
sung in delight.  
To take recreation  
in the Falklands,  
to be joyful  
in England.

O free bird,  
let me mention  
some questions.  
Who has ears  
to pay attention?  
Who has eyes  
for affection?  
My free bird,  
don't say to me,  
'Are you mad?'  
I know that  
I am crying  
for nothing...  
only to show you  
my feelings.

From: Flutter, N & C Solomon (eds) *Tilting Cages: An Anthology of Refugee Writings*



# Poem

**By a Kurdish client.**

**Dedicated to the supporters of STARTTS.**

Listen to me people who are supporting those with no one  
You are like a bunch of flowers and the thorn in the eye of evil  
Listen to me who is like a voiceless flute  
I am talking of tyranny and injustice

I am like a migrant bird with no speech  
Broken wings, tired and no nest.

Who am I?

I am a refugee far from my homeland  
Like a bird away from the forest who no longer sings

Who am I?

I am a prisoner of distance  
If I laugh it is because I force myself  
Underneath I want to cry  
I might look happy but I am neglected

Who am I?

I am a Kurd who has been intimate with pain  
I am like a wave in a river that never settles down  
In my homeland I was full of happiness and life  
Yes, yes, I am like a tired river.

My only belongings are on my shoulder  
And like a river, my path has no certainty.  
Yes, yes, I will reach to the river

I will survive the long night and put the darkness behind me .  
I will not give in to disappointment  
because I am a Kurd and I was born to be tough

Who ever has a friendship with STARTTS  
Won't have to climb the mountains alone.

**Translated from Persian by Zalmai Haidary**