DEVELOPING CULTURAL RESPONSIVENESS IN THE DELIVERY OF SERVICES TO REFUGEES AND SURVIVORS OF TORTURE AND TRAUMA

Paris Aristotle
The Victorian Foundation for Survivors of Torture

*Paper presented at the Restoration for Victims of Crime Conference convened by the Australian Institute of Criminology in conjunction with Victims Referral and Assistance Service and held in Melbourne, September 1999*
Since the end of World War II over 600,000 people from more than seventy different countries have entered Australia as refugees or humanitarian program migrants.\(^1\) In addition, thousands more have been sponsored through family reunification programs. In many cases those sponsored had similar experiences to family members who arrived before them even though their passage to Australia was not as a refugee. For people who comprise this section of the community, their refugee experience was characterised by periods of unparalleled individual, family, community and cultural trauma.

A recent study of people entering Australia under the humanitarian program over the past decade indicated that 25% had suffered extreme experiences of torture and trauma and another 38% in the same study reported less severe experiences of trauma.\(^2\) If these percentages were applied to humanitarian entrants over the past twenty years then approximately 166,838 people would fall into these categories.

Torture and trauma has a profound, immediate and long term impact on the physical and psychological health of survivors. Without adequate and appropriate assistance the effects of such experiences can lead to chronic health problems and have deleterious transgenerational consequences for children. Survivors of the Holocaust are one example of a group which in spite of extraordinary achievements by members of that community, for significant numbers, long term and inter-generational difficulties persist. Poor cultural responsiveness on the part of service providers has been a critical contributing factor in this regard.

Survivors of the Holocaust were told to forget about their experiences and get on with their lives. It was over, they were safe here and now, and had to find a job and raise their families. For many that worked. However, many of them are now entering their elderly years and they don’t have the distractions of family and work, and what they are left with are the tragic memories of what happened to them a long time ago. People don’t actually forget these things, and failure to respond just means that we put the problem off or we move it into different areas.

**Exploring Cultural Reality and its Relationship to Service Responsiveness For Refugees**

Formulating policies and programs for responding to the needs of refugees and survivors of torture and trauma is a complex exercise. Australia’s diverse humanitarian program creates a complex tapestry of rich and vibrant cultures requiring policy makers and service providers alike to embrace concepts of diversity to ensure successful settlement in Australia. However, too frequently policy and service delivery responses are predicated on an assumption that people from a particular country or even a particular region can be treated as a homogenous group. In reality, the way in which issues of class, gender, religion, and political beliefs intersect dismiss notions of homogeneity as ill conceived and inaccurate. Amongst refugee communities universally applicable experiences (and their consequent effects) such as being in exile, refugee flight, profound experiences of loss, grief and torture, construct an additional cultural phenomenon which distinguishes them from other migrants.

\(^1\) Department Of Immigration and Ethnic Affairs

When discussing policy and service development the term cultural responsiveness is preferred as opposed to culturally sensitive or culturally appropriate in order to reflect the more dynamic nature of responding to people from diverse backgrounds. It reflects the evolutionary process associated with building cultural responsiveness at an organisational and service delivery level and emphasises the need for services to adapt to client needs as opposed to clients having to adapt to service systems.

In summarising issues of cultural responsiveness and their incorporation into agency and professional development programs, many of the points discussed will be applicable to service development in any field. This underlines the main point about culturally responsive practice in that Australian society is undeniably culturally and linguistically diverse and therefore, cultural responsiveness should be intrinsic to policy development, agency planning and service provision per se. In failing to recognise this, conventional models of practise have as a consequence, been limited in their ability to engage at a deeper level with the community they are required to service.

The way in which culturally responsive service development occurs varies from agency to agency. In some agencies positions are dedicated solely to achieving improvements in service provision for a particular community or cluster of communities. When improving cultural awareness through this approach, a designated worker may have responsibility for ensuring that a particular community obtains greater access to service provision either within their own agency or within the system as a whole. While this ostensibly affirmative approach constitutes an important strategy, if seen as the only response it can inadvertently perpetuate the marginalisation of minority groups. This occurs because responsibility for effective service provision is transferred to a particular worker rather than incorporated into the agency as a whole. In the case of a refugee who has survived torture and trauma the horrific nature of the experience increases the potential for marginalisation in these circumstances.

A more integrated perspective locates culturally responsive service provision in all aspects of organisational life regardless of the professional disciplines encompassed within the service. By building models which promote culturally responsive service provision as the responsibility of entire agencies it is more likely that the fruits of affirmative initiatives (such as those mentioned above) find their place within the routine practice of a service. For example, within a multi disciplinary health service a community development framework would necessitate its medical practitioners, nurses and other professional areas to be cognisant of approaching cultural diversity with care and sensitivity. Simple measures such as always ensuring that information is provided in a language which can be clearly understood is one of many possible examples. For a newly arrived refugee a GP may need to set aside a longer appointment to allow for enough time to communicate information and build a relationship that may encourage the client to convey important information. A policy in regards to offering service from a person of the same gender may be vital in cases where sexual abuse was a part of the persons experience or where religious practices required such a response.
Developing A Conceptual Base For Working With Refugees

A sound conceptual base is important in building a work program which is primarily determined by the needs of the client as opposed to the personal or professional preference of people engaged to work for the agency. It also provides a common dialogue which draws out the strengths of different professional frameworks and encourages consistent work practices across multi disciplinary teams. Promoting this systemic and holistic approach is highly desirable when working with refugees and survivors of torture.

To achieve this we are in need of a conceptual framework that helps us to understand the experience of humanitarian entrants, how these experiences effect them as individuals and what it is we should do in order to facilitate resettlement. What I offer here is a conceptual framework developed by the VFST over the past ten years. The VFST being the Victorian Foundation for Survivors of Torture. As I put this framework to you, you might be able to think about its relationship to other areas in terms of victims of crime, for example, victims of sexual assault or domestic violence, or assault. I think there are many parallels in the framework with other areas.

War and state sanctioned violence are planned systematic ways of oppressing not just individuals and families, but whole communities, who represent a threat to the government or group seeking control. In presenting this schema it is important not to see the component boxes as static because the different components are in fact interactive and flow vertically and horizontally.

Acts Perpetrated By Persecutory Regimes

There are four key component methods that persecutory regimes draw upon to create a culture of oppression encapsulating abuses such as:

- Violence, killings, assaults, disappearances, lack of shelter, food, health. For example in a country such as Guatemala it was less likely that people would survive detention and torture as the government preferred to leave mutilated bodies in public places as a sign of what would happen. In Argentina the disappearance of husbands and sons were common place with their unresolved fate causing anguish and preventing grieving from occurring appropriately.

- Death, separation, isolation, dislocation, prohibition of traditional practices as were the case in the killing fields and re-education camps of Cambodia.

- Wide spread deprivation of human rights, exposure to boundless human brutality such as the mass rape of women and the execution of children.

- Invasion of personal boundaries such as in the case of rape and torture, no right to privacy or being forced to make impossible choices, often about who will live or die or be left behind etc.

Social and Psychological Experiences which lead to the Trauma Reaction

The effects of this systematic application of oppressive measures were as designed to create:

- A state of fear or terror, chronic alarm and unpredictability. In East Timor for example, the climate of fear created by the Indonesian military left many residents petrified that each day their lives or the lives of the families were at risk.

We undertook an assessment of over 200 East Timorese people and while many of them had been detained and imprisoned and tortured, the thing that was the most significant contributing factor to their depression was the fact that every day they lived in that environment. The culture that had been created by the Indonesian military in East Timor had been so pervasive that it had affected them at every possible level, and in particular it caused them to question whether or not they would survive:

- The systematic disruption of basic and core attachments to families, friends, religious and cultural systems.
- The destruction of central values of human existence
- The creation of shame following brutal acts such as physical torture and rape.

Core Components of the Trauma Reaction

The trauma created through systematic oppression is a powerful tool for assisting persecutory regimes to maintain influence. The trauma permeates individual, family, community and societal systems acting as an entrenched oppressive force. In further expanding this conceptual framework it is worth discussing in more detail, the core components of the trauma reaction. These core components include:

- Anxiety, feelings of helplessness and a perceived loss of control. Anxiety can be a severely debilitating reaction, and is the psychological condition of which post traumatic stress disorder is a component. The loss of control arising from the unpredictability created in these situations is what persecutory regimes seek to enshrine in order to minimise opposition.

- Relationships are changed. The capacity for intimacy is altered, grief is pronounced and depression becomes an overwhelming theme. For example adolescents often take on a role of carer at a very early age because one of the parents may have been killed or disappeared. This can place incredible pressure on them at an age where much of their moral development and identity formation is occurring and in more simple terms can rob them of their childhood. Relationships towards the general community and authority figures can also be changed leading to a general sense of mistrust of others and a fear of forming new relationships. Grief can be an overwhelming feeling stirring emotions and reactions which the survivor is often unaware of but which can affect the way they interact with others.

- Shattering of previously held assumptions, loss of trust, meaning and identity are destroyed and a view of the future is altered. This is one of the most challenging aspects of the trauma reaction for service providers to come to grips with because of how the survivors’ reality of what human nature can produce is so different to our own. They have seen the most evil side of human nature and in many instances they bare witness to this evil in
unreasonable people they once knew as friends and neighbours as was the case in Bosnia, or whom they had convinced themselves were devoid of any human compassion. Once in Australia they carry this reality about human nature with them and combined with other traumatic reactions, this can effect their perception of the meaning and purpose to life. For example a Latin American couple whom were clients of the Foundation described their house being raided and ransacked. They told of how they were abused and beaten and then dragged outside and held apart. While held apart the intruders set fire to their house. Inside the house was their two year old son. As the mother looked up at me as this story was being recounted, her eyes filled with tears, she described how she could hear her son’s screams the entire time. Having survived such a horrific experience as this one it is not difficult to see how a person would question any previously held beliefs about human existence.

When that sort of thing happens to a person it changes their fundamental view of what people are capable of doing. This needs to be understood because in working with people you need to be patient, and take such issues into consideration.

Another example is that of a Turkish woman who, in surviving her detention and torture in a Turkish prison, she believed that her torturer was not human, but rather something else. This was one of the ways in which she managed to deal with her experiences. Then one night, from her cell window, she saw this torturer leaving the compound. As the doors to the compound opened, a young boy ran toward him and he picked up the young boy in his arms, gave him a hug and a kiss, walking away hand in hand. That scene devastated her because her belief that he was not human, in that instance was shattered. That’s what I mean by the manner in which it challenges fundamental assumptions about humanity.

- Finally, guilt and shame. These reactions are very important to understand in the context of this conceptual framework because they are the ones that prevent people from seeking assistance, cause them to feel unworthy of assistance or that the assistance would not be forth coming anyway. It is not as straight forward as simply explaining to a survivor that they should not feel guilty. In some senses guilt and shame allow the survivor to have some control over who is to blame and while this may be considered maladaptive it is a complicated process to reverse such feelings.

The Recovery Goals

In order to respond, resettlement programs must focus on goals which emphasise recovery and re-establishment of the person’s life.

As you can see from the framework this last column the recovery goals are broad and encompass the components that are important to all of us in our own desire and need to feel a functioning valued member of the community. I will turn to this section in more detail in a few moments.

Restoring safety is the first and most critical issue. For those involved in counselling and provision of therapeutic services, it’s standard practice to understand that nothing much can be achieved until a sense of safely is guaranteed. That’s entirely critical in this situation.
Next is enhancing control. One of the things that we remember about this conceptual framework and about the experiences of refugees is that often, government sought to take control away from them, so in order to respond appropriately in a recovery process, strategies must be geared around giving people as much control over that process as possible.

Restoring attachment and connection to others is also critical. The role of people providing services in this context is so important because where we talked earlier about that fundamental challenge to perceptions of humanity, acts which are caring, which are giving and which are kind, can begin to re-establish that connection. We need to begin to rebuild elements of trust and allow people to integrate back into their lives the fact that there are others in the community who would care for them.

Restoring meaning and purpose to life, is one of the most difficult aspects of the recovery process. Often in our area of work people talk about the need for torture and trauma counselling and so forth, and naturally that is an absolutely critical issue. But people being able to find employment, people being able to communicate in the dominant language, those sort of things, people being able to pursue and education and further training, are absolutely fundamental to any recovery process. If we can’t help people establish some meaning in their lives and a sense of future, then all the counselling in the world will make very little difference.

**Settlement Factors and the Trauma Reaction**

The refugee experience of flight, long periods of harsh living conditions, separation from family etc prolong this sense of oppression. The subsequent trauma reactions have universal implications upon people regardless of ethnicity, gender, class or religious background. As outlined in the conceptual framework the experience of torture can generate severe depression and anxiety amongst survivors. This manifests in different ways including, complex loss and grief reactions, disturbed and poor sleep, difficulties with concentration, recurring and intrusive memories, a diminished sense of future, an erosion of trust in others and more. Understanding the universal effects of such extreme circumstances and how they interact with pre-existing cultural dimensions is central to developing culturally responsive service delivery programs.

Inappropriate or insensitive service provision can reinforce the consequent effects ensuing from such experiences of persecution. For example, authoritative styles or failure to provide clearly understood information can reinforce the feelings of insecurity and powerlessness which form part of the aftermath reaction in survivors. The negative effect of this has many dimensions two of which include limiting the capacity of the professional to deliver the service required, and an erosion in confidence to disclose information which may be important to determining the most appropriate service.

Cultural identity becomes important at this point as it is pivotal in determining the subjective meaning of trauma, the way in which distress associated with violence is experienced and reported and the type and extent of service provision required. For example it has been recognised in the work of the VFST that people who had a strong political framework within which they can locate their experience coped better than people who did not have a political analysis or history of political activity. People without a strong political analysis within their cultural identity tended to struggle more with existential questions such as ‘why me’ or ‘what did I do?’ to deserve this and therefore how to attach any meaning to their experience.

---

One client had her house taken over as a surveillance point by guerillas fighting the Government. She had no prior relationship to the group yet when it was discovered by the military that her house was being used for this purpose she and her children were detained and tortured. She struggled during counselling sessions because she felt she had no basis for understanding what had happened and why she would have been treated this way by both the guerillas and the government.

Another man who had been politically active from a young age coped (in part) with his experiences by applying a sophisticated political analysis of the struggle to his experiences. In doing so he was confident that his experiences were not his fault, that the government was to blame, and that his suffering was part of the struggle for justice.

Importantly, understanding the impact of the refugee experience in a cultural context depends on what meaning the survivors’ cultural framework attributes to the event. While western medical and psychological paradigms capture some of the universal elements of trauma reactions they are inadequate in their explanation of how the pre-existing cultural reality interacts with the universal elements of the trauma reaction. For example it is common practice to assess survivors of torture and trauma against the diagnostic criteria of Post Traumatic Stress Disorder (PTSD). PTSD is essentially a western medical and psychological method of diagnosing and assessing the reaction to traumatic events and is regularly used throughout the world in the assessment of survivors of torture. While there are many useful aspects of this and it is descriptive of many of the symptoms, it does little to offer an explanation of how a refugee’s cultural framework may relate to the diagnosis. As a result misdiagnosis or inadequate understanding can lead to poor service provision.

In a service delivery context a rigorous process of assessment and supervision is central to achieving real cultural understanding. While certainly not the only critical factor, an ability to engage with survivors of torture and trauma at a therapeutic level is integral to understanding how the cultural reality they have brought with them compliments and differs from the dominant cultural framework operating in Australia. The individual’s cultural reality may allow this to be achieved through a counselling relationship, through other responses that may be tactile, non verbal, spiritual, vocational, passive or interventionist in nature. In the case of refugees, understanding the socio-economic and political environment from which people have fled and how that differs in the Australian context is an important step to approaching culturally appropriate practice.

One woman who had been subjected to multiple and prolonged experiences of rape and torture confounded staff because regardless of the interventions, be they medical, psychotherapeutic or tactile, very little progress was being made. Workers offering assistance had established enough trust for disclosure about the sexual assaults to occur, however, disclosure and discussion alone only made a marginal impact on the woman’s resolution of grief, shame and guilt. When workers began to analyse her cultural background her Buddhist traditions appeared to hold the key. Counsellors arranged for meetings with Buddhist nuns whom could discuss and offer reassurance from within her own spiritual framework about her innocence and the injustice of her experience. Once this relationship was established other modalities which had previously made limited difference began to provide substantially more relief.
Issues In The Resettlement Process

Resettlement in Australia alone does not adequately address the effects of having survived torture and trauma. Several factors in the resettlement process can compound traumatic experiences and inhibit the recovery and resettlement process. Service providers must be cognisant of these issues to ensure that their own practices do not inadvertently compound the effects of past traumas but instead promote recovery, independence and the restoration of faith in humanity.

For many refugees the conflict they fled still continues in their country of origin. This coupled with issues such as being confronted with a new and unfamiliar environment, the continued separation from family members, devaluing of the person (eg by not having professional qualifications recognised in Australia) being unable to freely communicate in the dominant language etc, all interact to complicate the resettlement process. Without an adequate response to such issues feelings of helplessness, anxiety, depression, loss of identity and little hope for the future are perpetuated. Formulating partnerships between specialist agencies, ethnic community groups and generalist services can become important strategies for responding to cultural diversity. Such practices can act to improve access, develop professional expertise and can facilitate systemic reforms that will enhance outcomes in service provision and resettlement. Encouraging this approach provides an effective vehicle for professional training and development because the client outcome focus promotes dialogue amongst professionals and provides tangible indicators of successful interventions.

One particularly important issue relates to the impact of racial prejudice on the recovery of a torture and trauma survivor. As previously stated, in pursuing domination, persecutory regimes create a climate of fear and chronic alarm to remove any sense of safety or control from those they seek to oppress. One strategy for achieving this is to use propaganda as a vehicle for demonising people who share opposing views. Through the use of populist and simplistic rhetoric to cloak deeply prejudiced views the difference between individuals and cultures is emphasised as a threat rather than portraying this diversity as a positive and dynamic influence. In such situations minority communities are vulnerable as they are easiest to project blame upon. And there’s probably been some recent examples in the Federal sphere that would highlight that.

One of the intended outcomes of torture is to induce shame and guilt on the survivor. Horrific, extreme and degrading acts become the torturers weapons, as they not only inflict severe pain but they are so far outside the “normal” behaviour of people that they are hard for those who have not experienced it to believe. The more extreme and degrading the experience the more likely it is that isolation, shame and guilt will be achieved. The importance of this derives from guilt and shame acting to impede survivors seeking assistance, feeling worthy of assistance or trusting that assistance would be forthcoming.5

Racial prejudice reinforces feelings of isolation, shame and guilt and therefore perpetuates the survivors struggle and preserves the intended goal of the torturers. Racial taunts or trends towards racially prejudiced social policies can reinforce fear and feelings of worthlessness in survivors. Where racial prejudice results in verbal and physical acts of violence a survivors sense of security and safety is undermined. These feelings are internalised by survivors of torture and their families, all of whose lives have been dramatically altered by the enactment of similar prejudices on an extreme and mass scale in their countries of origin. Organisations

5 Rebuilding Shattered Lives op cit pp. 53-54
offering assistance to refugees and survivors of torture can provide considerably more support if they eliminate racial prejudice in their practise and if they take a public stand against such beliefs. By doing so survivors can be reassured that they are not isolated and that others also care about their safety and security.

In concluding it is important to emphasise the complex nature of responding to the issues outlined in this paper. Several of the issues touched upon require closer scrutiny and development in order for a full appreciation of their meaning to be attained. The need to understand how organisational and professional development are intrinsically linked to genuine and lasting improvements in cultural responsiveness is perhaps the most important message in this paper. Dealing with cultural diversity in refugee communities is an evolutionary process and one which requires nurturing. This nurturing is only possible in an environment which positively embraces such diversity and values the contributions it makes to building a more egalitarian and robust society.
Causes of the Trauma Reaction, its Core Components and Recovery Goals

Acts Perpetrated by the Persecutory Regime
- Violence
- Killings
- Assaults
- ‘Disappearances’
- Death
- Separation
- Isolation
- Prohibition of traditional practices
- Deprivation of human rights
- Killing on mass scale
- Exposure to boundless human brutality
- Invasion of personal boundaries
- Impossible choices

Social & Psychological Experiences which lead to the Trauma Reaction
- Chronic Fear
- Chronic Alarm
- Inescapability
- Unpredictability
- Disruption of connections to family, friends, community, and cultural beliefs
- Destruction of central values of human existence
- Humiliation and Degradation

Core Components of the Trauma Reaction
- Anxiety
- Feelings of helplessness
- Loss of control
- Relationships changed
- Grief
- Depression
- Shattering of previously held assumptions:
  - Loss of trust
  - Meaning, identity & future
- Guilt
- Shame

The Recovery Goals
- Restore safety
- Enhance control
- Reduce fear and anxiety
- Restore attachment and connections to others
- Offer emotional support and care
- Restore meaning and purpose to life
- Restore dignity and value
- Reduce excessive shame and guilt