

SESSION 7:

KEEPING FAMILIES STRONG: CARING FOR SURVIVORS, CARING FOR OURSELVES

Time: 3 hours - ⌚



“There is so much pain - at first I was happy to be here... but not any more”

“There is no sense of culture here - there is no way to explain it - in our culture there is respect for our elders, the underlining rules of family are so important - but in Australia it is all so different - it makes it very difficult for families”

(Croatian Focus Group, 2004)

Introduction

In Session 7, we looked at some practical ways in which we can assist refugee women who are experiencing domestic and family violence. In this session, we concentrate more on the ways in which we can begin to provide emotional support. It is important to remember that counselling and therapy are specialist services and we should not try to provide these services if we are not qualified to do so. If, as workers, we think that clients need these services, we must make referrals to specialist agencies. However, we can still do a lot to support refugee women by providing a sensitive and understanding

environment, and by working with their communities whenever appropriate.

Even when we are not counselling refugee families, it is likely that we will hear stories of horror beyond belief. It is a privilege when refugee women share these stories with us. The stories often demonstrate their strength and their resilience. However, it can be very difficult for the worker to hear the terrible things that have happened to women and their families. It is also important that as well as caring for them, we care for ourselves.

Session Objectives:

The information presented in this session will enable participants to:

- Identify ways in which to assist refugee women to tell their stories
- Identify ways to offer appropriate emotional support to refugee women who are experiencing domestic violence
- Identify the appropriate time and places for referral
- Develop a range of strategies for making services more accessible and appropriate for refugee women
- Learn how to identify vicarious traumatisation in ourselves as workers
- Develop a range of strategies for looking after ourselves.

PRESENTER'S NOTES

Presenters must read and be familiar with the course material for this session before conducting the training. Section 1, **SESSION CONTENT**, is background material for the facilitator. This material can also be given as class handouts if required. Section 2, **SESSION MATERIALS**, includes a suggested running order, a power point presentation, audio visual materials and activities to use when presenting this training session. Small copies of the power point slides are included in the text to indicate where they will be most useful. Larger copies of the PowerPoint slides are printed at the end of the section and can be photocopied as Session Handouts.

SESSION CONTENT

Keeping Families Strong – Caring for Survivors, Caring for Ourselves

HEARING THE STORIES

“Thank you, thank you, thank you - you are the first person who has let me tell my story. People do not want to listen - they tell me it is better to forget about it. How can I forget? It is in my head the whole time and I dream about it every night!!”

(Refugee woman from Sudan, Pittaway & Bartolomei, 2003a).

We cannot afford to ignore the traumatic experiences of refugee women who resettle in Australia, in particular those who experience domestic and family violence. Not all may have suffered extremes of torture, but the refugee experience is in itself a traumatic experience. However, one of the most difficult aspects of service provision is simply listening to refugees' stories and providing an environment in which they can heal their wounds.

Therapists, torture and trauma rehabilitation workers, refugee workers and social workers have all reported the difficulties of repeatedly hearing descriptions of atrocities and severe abuse, and of responding in a culturally appropriate manner. Workers often suffer from vicarious – or secondary – traumatisation when continually exposed to tales of such cruelty and hardship as are commonly endured by refugees. Their professional and personal lives may suffer as a result, to the point where they are unable to keep working with clients:

“The tendency for individuals, including health professionals, to withdraw from survivors of violence has been well documented... the medical or psychiatric interviewer is often emotionally unprepared to listen to the horrifying experiences of the survivor of torture” (Goldfield, Mullica, Passavant, & Forgone, 1988, in Gorman, 2001, p.2725).

Many social workers also suffer from burnout and exhaustion due to the difficulty of their cases. Workers who feel the clients' problems are unsolvable may feel that their interventions are futile and meaningless, leading to erosion of self-esteem and sense of professional efficacy. Acuity, or the intensity of the problem and the need for immediate action, can be an additional stressor for the worker (Dane, 2000).

When working with traumatised refugees, workers often have to walk a tightrope of cultural issues which can be very confusing. Common sentiments expressed by people from CALD communities are:

- “We don’t talk about things like that in our culture”
- “It doesn’t happen in our culture”
- “That is quite acceptable in our culture”
- “Women are not allowed to admit to that in our culture”
- “Older women won’t talk to you if you ask questions like that”

The power of multiculturalism is so great that it is often difficult for workers to challenge statements such as these. The fact that the statements have elements of both myth and reality makes it even more complex. The worker can feel that they are walking on a double mine-field of cultural appropriateness and fear of uncovering stories so horrific that they doubt their own ability to deal with them, and this adds to the complexity of the situation. It often seems easier for everyone just to leave it alone. Everyone that is, except the woman with the problem. There is a lot of “conventional wisdom” about not talking about the experience of torture and trauma with refugee women. It is argued that it is better not to disturb painful memories. In fact, lack of understanding and a safe space in which women can retell their stories causes the trauma of refugee women’s pre-arrival experiences to be constantly relived, or expressed in other ways within the dynamics of the family (Pittaway, 1999).

The confused use of the concept of “culture”

A related obstacle in the development of a supportive therapeutic relationship is the popular use by white workers of “culture” to explain domestic violence in non-white communities, in place of the psychological explanations that are given for white clients (Volpp, 2003). Domestic violence workers can become caught up in the public sentiment of multicultural “political correctness”, and may be hesitant to interfere with or criticise what have been misconceived as “cultural practices”. To address this issue, workers need to develop an understanding of the client’s cultural and other belief systems, in order to make sense of their world. This is a difficult process that requires the exploration and co-creation of ideas with the client, but it is essential for breaking down the worker’s own unquestioned assumptions (Bailey-Smith, 2001).

Workers also need to continually examine their own biases and prejudices in the course of their work with refugees. Research has shown that it is important for domestic violence workers to monitor the work they do with families from races other than their own in order to expose their own implicit racism. For years, the language used in the field for black families was racist, and the question of how the ethnic identities of worker and client might impact upon the therapeutic conversation was not seen as significant. Smith states that “the attitudes and expectations of the counsellor can be as much a ‘problem’ as those of the client from another culture” (1985, pp.537-79, in Bailey-Smith, 2001).

Yet another challenge to the provision of effective services is the lack of information of some refugee workers about the existence and size

of the problem of domestic violence. Susan Rees (2004) notes that often, when working with refugee communities, some researchers have not even considered that domestic violence might be a common occurrence. In a study of East Timorese asylum seekers in Australia, domestic violence was not anticipated or factored into research questionnaires, and no discussion of domestic violence arose during the interviews with women asylum seekers, although the incidence of domestic violence within this community was subsequently found to be extremely high.

Unfortunately, the use of bi-cultural workers does not always address these problems. These workers may also carry their own emotional baggage. While coming from the same language base, and even the same ethnic grouping, they may be of a totally different class or ideological background. In exactly the same way that two Australians may differ on just about every conceivable issue, the many elements that make up that thing called culture will impact on their understanding of the experience of the client.

Hiding the shame, hiding the crime

In some cases, it would appear that workers from particular communities think it better to sacrifice the well being of the individual for the collective good. They will argue that the community does not need the rape and sexual abuse of their women widely discussed - that they have experienced enough collective shame already. Or they will argue that discussion of high levels of domestic violence will further disadvantage communities which already experience debilitating levels of racism, both personal and institutional. These are very difficult issues and there is no easy answer.

Fear of the unknown

In other cases, the experiences of women are played down, because the workers themselves do not know how to talk about the issues. Even if they haven't suffered from them themselves, they are not comfortable dealing them. Bald questions such as "Have you been raped?" and "Were you tortured?" will often be greeted with a curt negative. An unskilled and perhaps frightened worker will often be very relieved to leave it at that. It is essential, however, for workers to always remember that not addressing these issues will only cause secondary problems for children who are raised in atmospheres of unresolved trauma or domestic violence (Pittaway, 1999).

Interventions to adequately respond to domestic violence in refugee communities require an understanding of the propensity for domestic violence when social structures are weak or inadequate. The unique issues and circumstances that exacerbate or compound domestic violence in refugee situations need to be articulated, understood and incorporated into the development of adequate responses for refugee women. They also need to be incorporated into education and training courses delivered to all community workers.

Hurst (2002) comments that we need to go beyond a one-dimensional analysis of domestic violence. She suggests that the unwillingness of

some workers to do this has limited our ability to adequately respond to the people with whom we are working. A simple reliance on a solely gender analysis to the exclusion of race, class, ethnicity and culture, seems likely to place significant barriers in the way of men accessing and engaging with opportunities to stop and change violent behaviour. In working with men from communities such as refugee communities, it is necessary to hold both realities in mind, of men as both possible oppressors and the oppressed. Many men in a variety of cultural contexts are both anxious and curious to talk about being a man, particularly given current global and historical changes.

WAYS FORWARD

Sensitive Settlement Service Provision

Unfortunately, there is no “magic formula” for working with refugees experiencing domestic and family violence. The research undertaken as part of this project, has further reinforced the need to see domestic violence as part of a complex set of reactions to events experienced by refugee families both pre and post arrival, and to analyse and to take into account the cultural and social context of the refugee’s former life. We have to add to this our current understanding of domestic violence in all communities. Domestic violence has to be addressed in the context of a package of comprehensive settlement services. All settlement services need to reflect a sensitivity to the refugee experiences and the special needs which this generates, including for domestic violence service provision. The experience of severe torture and trauma heightens the need of all refugees for security in terms of housing, income and work. For example, housing is seen as a safe place in which to rebuild shattered lives, and a haven for families. Income is necessary to fulfil basic needs, but work is seen as a way of reclaiming self esteem and self respect. The need for sensitive female doctors for women, who had been sexually abused, is obvious. The need for an integrated holistic approach to the provision of settlement services which recognises the refugee experience is essential if we are to enable refugee women to take control of their own lives and settle successfully in a new environment.

There is some innovative and extremely promising work being done by a number of refugee communities, working with committed service providers to address this problem. Models of good practice are emerging and alternative methods of working are being explored. The most successful of these are models of community development, based on the skills expertise and capacities which are another part of the baggage which refugees bring to Australia. It is easy to forget the strengths of refugee families when focusing on the problems they are experiencing. Some suggestions for working with refugee families are discussed below. The need to allow refugees to talk about their experiences was found to be so fundamental to good service provision, that it was addressed separately in section 6 of this paper.

Improved Information and Training for Settlement Service Providers

The need to provide information about the circumstances of refugees to the relevant service providers, both government and non-government is also critical to effective service provision. People can not be expected to know these things intuitively, and yet ignorance of the specific needs of refugees can be very detrimental to their resettlement opportunities, as is shown in the case study below. Better case notes need to be developed, and with permission from the refugees and appropriate confidentiality agreements, these should be made available to service providers to assist them in their work.

One of the first steps that needs to be taken to address domestic and family violence in refugee communities, is to provide increased training for settlement service providers, and for specialist service providers such as domestic violence workers.

Specialist Counselling and Therapy

The reaction of refugees to the torture and trauma which they have experienced prior to arrival in Australia is often diagnosed as post traumatic stress syndrome (PTSS). While there are some exciting and innovative service provision models being explored for working with people experiencing PTSS, as yet there is very little work done linking the incidence of PTSS to that of domestic violence in refugee communities. Given the growing concern about the domestic violence, it is obvious that much more work needs to be done in this area. In the meantime, we can learn from the successful programs being run by places such as the Service for the treatment and Rehabilitation of Torture and Trauma Survivors. (STARTTS), (see www.startts.org/), the Transcultural Mental Health Centre in NSW, (see www.tmhc.nsw.gov.au), and in similar centres in other states of Australia and overseas. These include the use of non traditional interventions such as massage and reflexology, art therapy, quilting and community activities such as the forming of choirs and other social groups.

Refugee women's groups in Australia report that programs which empower them to take control of their own lives and the knowledge necessary to navigate the social and legal infrastructure also gives them skills and courage to face up to issues of domestic violence. Information is seen as the key to moving forward (Bartolomei and Eckert, 2004). Education about specific rights, responsibilities and legal obligations of new residents was also requested for all refugees. Refugees in camps around the world have identified the importance of using a rights based approach to service delivery, which includes teaching refugee communities about their human rights. In a recent training course with refugees on the Thai Burma Border, the technique of "Story Boards" was used to assist refugee leaders to talk about domestic violence – a previously taboo topic, and to identify ways in which it could be approached in the camp. This was a very successful way of breaking the silence, and the result of the session was the implementation of a series of actions to address the problem in the camp. It could also be used with refugee communities in Australia.

Successful models of working with refugee women to help them to overcome traumatic experiences include weekend retreats with a range of alternative therapies available to the women, and child care to relieve them of some of the constant stress of coping with resettlement. A “Human Rights” court was held in Sydney in 2001, and refugee and indigenous women took the opportunity to share their stories through personal testimony, poetry and music. Story telling through art or words, theatre or dance are powerful ways to enable and encourage women to talk about their experiences and to identify ways forward from their own cultural and refugee backgrounds. Women who participated in the court reported that the experience of sharing their stories in a supported environment both validated their experiences and gave them strength to develop strategies to face the future and hope for their new life. The development of craft groups, catering businesses and other commercial activities, while not traditionally seen as “counselling”, can also be extremely therapeutic and provide impetus for women to address problems within their own lives, and courage to seek help and legal intervention for situations which can not be solved within the family or the community.

Community development schemes, working with groups to identify and develop their own projects, and build on their own capacities and vision are also proving to be extremely successful in assisting refugee communities to achieve effective resettlement. These examples provide a rich foundation for developing models of service provision to specifically address the issue of domestic violence in refugee families.

Increasingly, the importance of working with perpetrators in the arena of domestic and family violence has been identified as crucial. Not all refugee women wish to remain with abusive partners, but many do. Their fervent wish is for the violence to stop and for normal family life to resume. This is particularly the case if domestic violence was not part of the family dynamics before the experience of flight, asylum and resettlement. In working with refugee victims of family violence, we need to maintain the same ethical principle as we do when working with all other domestic violence survivors. The choice of action lies with the client. Our role as workers is to provide advice, support and as much practical and emotional support as is possible. The decision as to what to do must lie with the women concerned. The major difference in working with refugee women is that of assisting them to unpack the additional baggage of trauma and the experience of violence which they bring with them to Australia.

The provision of effective settlement services, including appropriate domestic violence services, is not only essential for the refugee families we invite to become residents of Australia. It also brings long term benefit to all Australians by ensuring that new settlers hasten their speedy and successful resettlement into the fabric of Australian society. In the past, Australia has enjoyed an international reputation as a strong upholder of Human Rights principles and the notion of social justice. The provision of effective services to refugee families experiencing family and domestic violence will add to that reputation. As our understanding deepens and further research is undertaken, we can be confident that in the future, settlement services will be more

responsive to the needs of refugees faced with domestic and family violence, and more effective in responding to their needs.

SOME INNOVATIVE COMMUNITY APPROACHES

The following projects operate on a community level. Community approaches can be effective in working within a range of issues, but for refugee women experiencing domestic violence, these community approaches offer a range of contexts that seem to meet the diverse needs of refugee women. Community approaches are often founded on the principles of empowerment, empowering women with knowledge and skills in order to engage in her challenges in a way that is safe and supportive.

The Deli Women's and Children's Centre Art for Empowerment Project

The Art for Empowerment Group was established to enable women who have experienced domestic violence/abuse in their lives to express themselves through the art making process. The 10 week program was attended by 14 women and was set up in an environment that was safe, supportive and non judgmental. It gave the group an opportunity to explore domestic violence issues, primarily using art, whilst incorporating other group work processes. Through this process, the women were given recognition, validation, and a 'voice'. Various artworks are for sale with prices on application.

"Your wife is your garment and you are her garment" A Family Harmony project with the Somali community in Western Sydney"

This project was part of the Violence Against Women's Unit state wide campaign "Violence Against Women: It's Against All The Rules". The aim of this project was to raise awareness of a sensitive psycho-social health issue in a culturally acceptable way within an emerging refugee community. Community consultations indicated soccer was the main sport that the community was keen about and it was decided to sponsor the T shirts for the Somali soccer team. The young men from the soccer team created the message "Aiming at family harmony" in line with the state-wide campaign - a positive and culturally acceptable message, on their t-shirts which they wore each week during the tournament in 2001. Radio announcements were broadcast about the soccer team and the message they were bearing.

Through focus groups, community members were encouraged to create family harmony messages that were collated and printed on a poster calendar with some culture specific artwork. Three young people were recruited to co-facilitate the focus groups with the two Somali workers. The intention was to have each group discuss what family harmony meant to them and come up with family harmony messages.

This was done, and the result is now known as the "Somali Calendar."

The Calendar has 14 sayings covering the issues of family harmony, respect for each other (husband and wife), children and love and violence in the house. These sayings are in both English, and Somali, and some have been taken from the Koran, the religious text of the majority of Somalis.

The Calendar is a quiet educational tool that subtly puts across messages against Domestic Violence in the household. As the calendar is in view for 12 months of the year, the messages are available for a long while.

This is a concept that could be easily adapted to other communities.

CARING FOR THE WORKERS

While it is important that we build good support systems for our clients, it is equally important that we build support systems for ourselves and our staff. This is perhaps the area of settlement services which receives least attention, and yet is essential to all workers in contact with refugee communities. Provision must be made for staff and professional supervision to be available both to identify and assist with cases of vicarious traumatisation. This can range from regular formal supervision, to dedicated staff debriefing sessions, or to sharing a drink at the end of the week. Good and ongoing staff training is essential. The important thing is that there is a structure in place, and that staff should never feel that they are carrying the burden of their clients' trauma on their own shoulders. It is equally important that we have a safe space where we can explore our own prejudices, biases and assumptions, with peers and supervisors who are able to help us to move forward and offer the best possible services to our clients.

Vicarious traumatisation

“Repeated exposure to the atrocity that one human commits against another can result in experiences of terror, rage and despair on the part of therapists”
(Regeher & Cadell, 1999, p.56).

Vicarious traumatisation is the syndrome experienced by therapists who work with victims of severe trauma or abuse. Studies have focused on samples of sexual assault workers and child abuse workers, although it is generally recognised that working with anyone who has been traumatised has inevitable, long-lasting and detrimental effects on therapists (Dane, 2000; Hesse, 2002).

Symptoms of vicarious traumatisation can be similar to post traumatic stress disorder or other symptoms experienced by the clients themselves. These include decreased energy, no time for one's self,

increased disconnection from loved ones, social withdrawal, increased sensitivity to violence, despair and hopelessness, and intrusion of disturbing images and thoughts (Dane, 2000). Vicarious traumatisation differs to burnout in that it is caused by exposure to images and description of atrocities and horrific abuse. Its onset can be sudden, leading to confusion and helplessness. Often therapists involuntarily relive the client's trauma (Hesse, 2002). Eventually, the cumulative effect of exposure to stories of severe abuse is the erosion of one's identity and world view, in the same way that a traumatic event affects one's sense of self (Regeher & Cadell, 1999).

Unrecognised and unaddressed vicarious traumatisation is harmful for both therapist and client. Therapists have an increasing inability to cope with their work as well as other aspects of their life. They often begin to use techniques of avoidance because they can't deal with the repeated exposure to trauma. A typical sentiment is expressed by this worker with refugee women:

*“I just cannot bear to hear one more story
- I will burn out and leave. I make my
colleagues see all the Women at Risk - I
just cannot bear more horror”*

(Pittaway & Bartolomei, 2004).

Other techniques of avoidance may be even more detrimental to the client. Therapists whose world views have been shattered as a result of vicarious traumatisation may blame the client for their own sense of loss, and may not allow or listen to them speak about things that emphasise this loss. They may collude with the client in avoiding working through the trauma, or they may develop scepticism of clients' stories, or minimise the abuse (Regeher & Cadell, 1999). Alternatively, they may steer the conversation in self-serving ways, avoiding feelings or topics that produce anxiety, anger or fear. They may become authoritarian, adversarial or argumentative with clients, causing them to emotionally distance themselves or to doubt the therapy. Lack of empathy or emotional unavailability on the part of the therapist can inadvertently re-traumatise the client (Hesse, 2002).

While these are natural defence mechanisms, it is essential that they are identified and addressed early on, for the wellbeing of both therapist and client. Refugee women, in particular, have to overcome so many obstacles – economic, linguistic, cultural, psychological – to even reach the point where they can begin to share their horrifically traumatic stories with anyone, that it is extremely important that they are provided with a supportive environment when they do so. Without experiencing empathy and understanding, they will be unable to begin to unpack the emotional baggage they carry with them from the refugee experience.

Service providers need to look after their own wellbeing in order to help refugee women. Various strategies have been identified that

reduce or prevent vicarious traumatisation. Non-work related hobbies, close family and friends, spirituality, and an open peer-group environment that encourages therapists to support each other have all been shown to be effective in the minimisation of vicarious traumatisation. Not working overtime, and the ability to hand over cases to other therapists when you know you are reaching your limit, are also extremely important.

Unfortunately, it is refugee women who often have the most horrific stories of trauma and abuse, and the instinct to recoil from or block out these stories is strong, particularly for people who are exposed to them repeatedly or on a daily basis. It is essential, however, for these women to be provided with a safe space to tell their stories and enable them to rebuild their lives.



SESSION MATERIALS

Keeping Families Strong – Caring for Survivors, Caring for Ourselves

Activity – play section 3 of the from Horror to Hope DVD
1 hour



(NB this session is based on “The Ultimate Betrayal – an examination of the experience of domestic and family violence in Refugee Communities” written by Eileen Pittaway, and commissioned and funded by the Domestic Violence Clearing House, UNSW).

Conventional wisdom often says that refugee women don't want to talk about their experiences of torture and trauma, rape, and of domestic violence. Notions of shame and fear are used to defend this position. On the other hand, many refugee women report that they are never given an opportunity to talk about what has happened to them – that workers actively stop them from telling their stories.

Use PowerPoint Number 57

HEARING STORIES

“Thank you, thank you, thank you - you are the first person who has let me tell my story. People do not want to listen - they tell me it is better to forget about it. How can I forget? It is in my head the whole time and I dream about it every night!”

(Refugee woman from Sudan, Pittaway & Bartolomei, 2003a).

“The tendency for individuals, including health professionals, to withdraw from survivors of violence has been well documented. The medical or psychiatric interviewer is often emotionally unprepared to listen to the horrifying experiences of the survivor of torture”

(Goldfield, Mullica, Passavant, & Forgone, 1988, in Gorman, 2001, p.2725)





Use PowerPoint Number 58

"We don't talk about it"

When working with traumatised refugees, workers often have to walk a tightrope of cultural issues. Common sentiments expressed by people from CALD communities are:

"We don't talk about things like that in our culture"

"It doesn't happen in our culture"

"That is quite unacceptable in our culture"

"Women are not allowed to admit to that in our culture"

"Older women won't talk to you if you ask questions like that"

The power of multiculturalism is so great that it is often difficult for workers to challenge statements such as these.



Activity: group discussion



Referring to the course materials, run an open group discussion about the two quotes in PowerPoint 60. How do participants respond to this? Ask them to discuss how they would feel about "giving permission" to a refugee woman to tell her story. How do they think they would cope? If people have experience doing this, ask them to share this with the group.

Ask participants if they have ever heard things like the quotes on power point 61. What is their reaction, and how could they confront statements such as these if they believe that they are not actually true?

The “rights of women” was continually discussed as a major cause of dispute for refugee families when they first arrive in Australia. Discuss these quotes with the participants.

“We have rights here - independence for women!!”

(Sierra Leone Focus Group, 2004)

“Freedom and Human Rights - freedom is so special”

(Afghan Focus Group, 2004)

“The men do not like us having our rights in Australia”

(All Focus Groups, 2004)

“The children have too many rights -it causes a lot of conflict - they think they can go to the police if they do not like what their parents tell them. Youth and New start allowances are given to youth without explanation and it is dividing families”

(All focus groups, 2004)

These rights come from the United Nations Convention to Eliminate all Forms of Discrimination Against Women (CEDAW). Australia’s anti-discrimination laws are based on this convention. Look at some of the key articles to see who are experiencing domestic and family violence.

Use PowerPoint Number 59



CEDAW: The convention to eliminate all forms of discrimination against women

Article 1

For the purposes of the present Convention, the term "discrimination against women" shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.



Use PowerPoint Number 60



CEDAW

Article 5

(a) States Parties shall take all appropriate measures: to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women;



Use PowerPoint Number 61

CEDAW

Article 16

States parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:

- (a) The same right to enter into marriage
- (b) The same right freely to choose a spouse and to enter into marriage only with their free and full consent;
- (c) The same rights and responsibilities during marriage and at its dissolution



Use PowerPoint Number 62

CEDAW

Article 16

- (d) The same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;
- (e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;
- (f) The same rights and responsibilities with regard to guardianship, wardship, trusteeship, and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;



Use PowerPoint Number 63

Article 16

- (g) The same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation;
- (h) The same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.



Use PowerPoint Number 64

Do Children also have Human Rights?

Children are protected by the United Nations Convention on the Rights of the Child.

FOR EXAMPLE:

Article 10

Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact or get back together as a family.

Article 22

Children who come into a country as refugees should have the same rights as children born in that country.

Article 31

All children have a right to relax and play and to join in a wide range of activities.



Activity: small group discussion



Divide the participants into small groups. Photocopy and distribute the CEDAW articles and ask each group to rewrite one section into simple language which they could use to explain their rights to refugee women. Share the simplified version with the whole groups. Collect them and type them up for distribution to the participants.



STRATEGIES FOR WORKING WITH REFUGEE COMMUNITIES 1 hour

If possible, photocopy this section from the course materials for participants.

Use PowerPoint Number 65

Strategies for Working with Refugees

- Use of appropriate and sensitive language and culturally acceptable images
- Prevention and education sessions on DV for men, women and youth to assist in transforming community attitudes
- Effective use of media campaigns
- Empowering women with information and skills to reduce their vulnerability to domestic violence
- Partnerships with ethno-specific social/community workers and specific DV services
- Identify and use early intervention/mediation methods and improve availability and use of counselling services
- Involve community, especially elders, in problem solving



Activity: Brainstorming

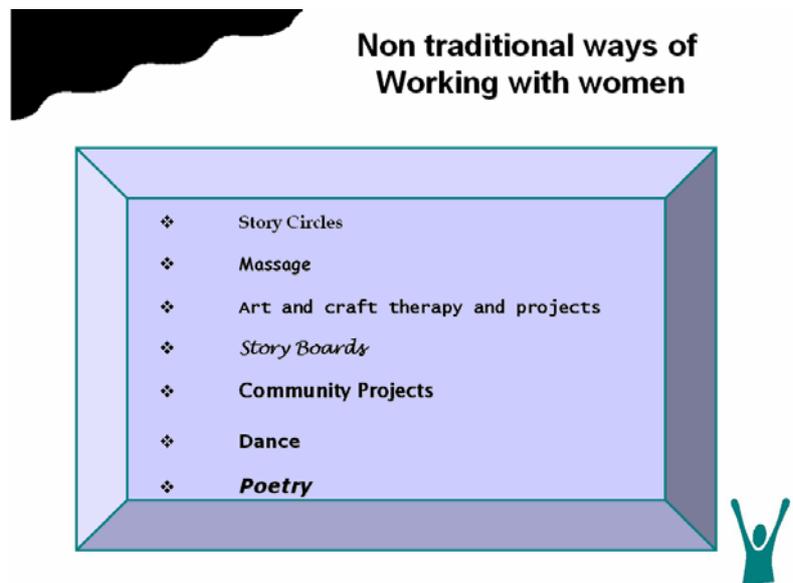


Go through each of the strategies listed and discuss how they could be achieved by the course participants and their networks.

Non Traditional Ways of Working with Refugee Women

There are a wide range of techniques used to work with refugee women and communities. You may like to explore some of the following – or suggest that they could be used by the communities you are working with.

Use PowerPoint Number 66



Activity - discussion and listing



Go through the list and discuss each activity with the participants. Ask them to make a list of additional activities they can think of.

What is a story circle? (Story Boards and Story Circles take at last 2 hours)

Explain that a story circle is a technique to facilitate people to share stories and ideas. The facilitator gets the participants to sit in one or two circles and get each member in turn to share a short story about the topic under discussion. For example, it might be the position of women within their culture.

The facilitator guides the discussion, is supportive to the participants and encourages all group members to support each other.

Once the story circle is complete, the participants discuss the stories that they have heard and offer support and suggestions to each other.

Once they have relaxed and start sharing information and ideas, the facilitator could lead into a discussion about the experience of domestic violence in various communities. Is it different here in Australia? How was it dealt with in the homeland and can they suggest new ways of dealing with it here? Story circles are a powerful way of exploring experiences and feelings. They should only be undertaken with very experienced trainers and facilitators, or with a specialist trainer or counsellor co-leading the session.

We are now going to explore two different activities.

Story Boards

TELLING IT LIKE IT IS Using Story Boards to Explore Human Rights Abuses with Refugee Communities

In 2003, as part of a project exploring the protection needs of refugee women and girls experiencing sexual and gender based violence in camps and urban settings, a team from the Centre for Refugee Research, UNSW, were invited by a non-government organisation to conduct Human Rights and Gender Training for a group of refugees in a remote jungle camp on the Thai Burma border.



Background to the Training

Although there were grave concerns about human rights abuses occurring within the camp, due to political issues and power dynamics, there was a real reluctance to talk about them. In some cases, there was a denial of the abuses taking place, in particular violence against women and girls, which led to survivors not accessing medical and legal services which they badly needed. This reluctance to name the abuses was blamed on the notion of shame – the idea that “we don’t talk about it in our culture”. The issue was exacerbated by “official” silence, which can be understood as complicity, allowing perpetrators to act with impunity.

Despite this attempt to silence the refugees, people did talk, and some women and girls disclosed what was happening to them to individual workers. One group of young women who had been raped, reported

the attack, and with support from the non government sector, took action against the perpetrators. There was a backlash because of these actions, but the refugees themselves wanted to address the abuses and the training was requested from one of the NGO's working in the camp.

The Training

Originally planned for 20 people, over 120 men and women turned up for the Human Rights and Gender Training, all desperate for knowledge and information. Despite the numbers, the training was extremely successful. Participants worked for 8 hours a day for 4 days. 8 interpreters were needed to translate the material into the local languages. At first, the human rights abuses were not openly acknowledged by the group. There was a silence about what was happening in the camp.

For the first 2 days of training, the participants learned about the human rights framework. While some of the material was presented in lecture format, mostly they worked in small groups and participated in a number of interactive exercises. At the end of the second day, based on the material presented, they were asked to identify a range of human rights abuses that might occur in refugee situations such as camps. The silence was broken. They named gender and sexual violence, domestic and family violence, elder abuse, drug and alcohol abuse, the taking of child soldiers, people trafficking from the camp and labour abuse by employers.

The participants were then introduced to the concept of "story boards". This group activity involves identifying a problem and then working through it to achieve solutions. It is a 6-step process, and for each step a poster is made, which is presented to the larger group with a narrative explaining the graphics and the ideas proposed. The participants were split into 12 groups and each group was allocated one of the problems they had identified. They were then asked to produce their 6 posters, addressing: 1. The problem; 2. The impact of the problem on refugees; 3. The implication of not taking action; 4. Identification of solutions; 5. Identification of individuals or groups who might be able to assist; and 6. The hoped-for outcome of the action.

Despite having worked very hard for two days with interpreters, and very new material, the groups all did substantial amounts of homework and continued working on their storyboards the next day. They then presented their work to the larger group. The presentations were excellent. Issues which had not been named were talked about openly and analysed with an incredibly high level of sophistication. Potential solutions were identified, often very different to those that would have been suggested by 'outsiders'. Allies were also identified and strategies planned for achieving the hoped-for outcomes. The dialogues were well grounded in realism, and in the everyday experiences of the refugees. They held hope for the future. The politics of the situation were taken into account, and 'reality' checks were made on all suggested strategies. Training needs were identified, and action plans were started in consultation with NGO's.

Wider Application

The Story Board technique has subsequently been used very successfully with other refugee groups in Africa. It allows participants to name problems and issues within their communities in a positive and empowering context. It recognises the skills, knowledge and experience which refugees bring to situations, and provides a human rights framework which acknowledges their rights to a fulfilled life. It could equally well be used with refugee communities in Australia to explore issues such as domestic violence, and to identify solutions with, rather than for, refugee communities (Pittaway & Bartolomei, 2003b).

In order to demonstrate how the Story Board works, get the participants to undertake the following exercise.

Activity: Story boards

Story Boards involve individuals or small groups drawing a series of guided “pictures” about a situation and issues. They then explain the drawing to the larger group, or service provider. The idea is that it helps people to express things which they would normally find it difficult to discuss. Explain that no one needs to be able to draw to do this exercise. Stick figures are fine!

Resources: Each group will need 6 pieces of A4 paper and some coloured pens/pencils

The aim of this particular exercise is to identify ways in which refugee woman experiencing domestic or family violence can be assisted towards full participation in society. The topic can be anything that is relevant to the refugee woman or community.

Put up the overhead with the 6 questions as written below. Each question should be answered in a picture on a separate piece of A4 paper. When all 6 pictures are drawn, the small group should report the full story back to the big group.

Use PowerPoint Number 67

STORY BOARDS

Based on one of the women in the case studies presented, prepare six pictures which show the following:

1. What is her current circumstance? (eg she is being beaten in the home)
2. What are her immediate physical and emotional needs? Who can help? (eg medical treatment, support etc)
3. What is the best way for her to achieve safety and security immediately? How will you guarantee this does not isolate this woman from her family, community, etc
4. Now she is in a position of safety and security and not isolated what does she need to help her towards full participation in society?
5. Given the knowledge you have obtained in this session, how can this refugee woman best gain what she needs in the long term to facilitate her full participation in society?
6. What is the best outcome for this woman and her family?

Questions to be asked when the story boards have been presented:

What were the challenges for the service provider? What were the challenges for the refugee woman and her family? What are some of the suggested actions that may be taken to alleviate some of the issues? How have the service providers here in the room dealt with some of these issues? What have we learned from this session?

Most importantly, ask participants if they think that this would be a useful technique to use with refugee women who are experiencing domestic and family violence.

Identity Labels

Another innovative technique which can be used when working with refugee women is that of looking at the “identity labels” that they wear. This builds on the concept of Intersectionality we explored in Session 6.

MULTIPLE IDENTITIES AND INTERSECTIONALITY

Sunila Abesekera describes intersectionality as

“Interlocking forms of discrimination experienced by women around the axis of race, class and sex... An intersectional analysis involves an analysis of a situation from a perspective based on the understanding that we all have shifting and multiple identities.... It challenges the basis that we only have one primary and permanent identity at any given time. It helps us to understand the ways in which injustice and discrimination are rooted within hierarchies of power and privilege in modern society. An intersectional analysis of discrimination and oppression helps us to understand our position as women within the structures of patriarchy and male domination, but also allows us to

understand our location within the broader nexus of discrimination that affects all our multiple identities... Discrimination led us to explore complex issues of identity and to the realisation that all human beings live within a complex grid of shifting identities and that life experience is shaped by their positioning on that grid.” (Abeysekera 2002).

To understand this concept, we can take the example of a refugee woman. She is often seen by the world through the lens of international media as a person of pity and vulnerability, a victim of violence, in need of food and of international protection. However, each refugee woman also carries a number of different identities which each become relevant at different times and in different situations.

As a woman within her family, her gender may give her status as the mother of children. Within the family or her own community, it may entitle her to a certain respect and protection. It may also be used to deny access to education and to part of the decision making. It is her gender which makes her vulnerable to violence and rape in conflict situations and to be forced to trade sex for her UN food rations.

While viewed as a refugee, she may be an object of pity, but as a woman she may also be a person of great bravery, who has taken part in political struggles, protected her family and who maintains culture and family unity in situations of extreme danger.

As a refugee, she may be poor and in need of international charity in order to feed her family. She may also be a skilled healer, someone who has sustained and raised her family with no outside help until she was forced to flee. She has the skills and determination to be self reliant again.

Within her ethnic group, she may be a leader, a person of respect, but if her ethnic group is one which is discriminated against by the mainstream community in which they exist, her status in that wider community will be of a marginalised minority, regardless of her status within the group.

Thus, not only do we all bear multiple identities, but the response from the external world to these identities shifts and changes depending on the situation in which we find ourselves. These responses further shape own perception of our identity and worth. For example, to have the Muslim faith as part of ones identity has assumed a far greater meaning for many Muslim women post September 11 2000, and this meaning differs depending upon where the woman is situated in the world and the attitudes of those around her to this aspect of her identity.

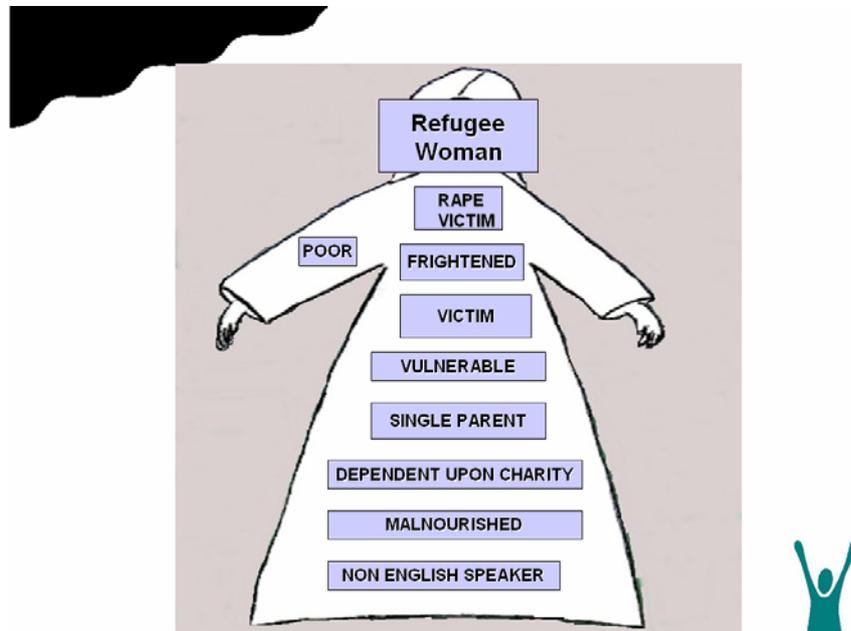
To fully understand the concept of intersectionality, we need to conceptualise both the “road map” and the woman with her multiple identities. The complexity of intersectionality can be understood when we imagine the impact on a woman from a marginalised group, with all of her complex identities crossing the highway of multiple discriminations. This includes an understanding that at different times, different aspects of our identity are to the fore, and that they do not

react uniformly with different forms of discrimination and oppression. One thing is certain. If a white middle class, well educated woman tried to cross the road, most of the cars would stop to allow her to do so.

Activity: Go through the course material above with the participants

Use simple examples from your own life. For example, one label the author wears is that of "Lecturer". This label gains her a lot of respect, and gives her power. Another label she wears is that of unskilled handy person. When she goes to hardware shops, the assistants treat her like a silly middle aged woman. This is very disempowering and leaves her feeling either stupid, or angry.

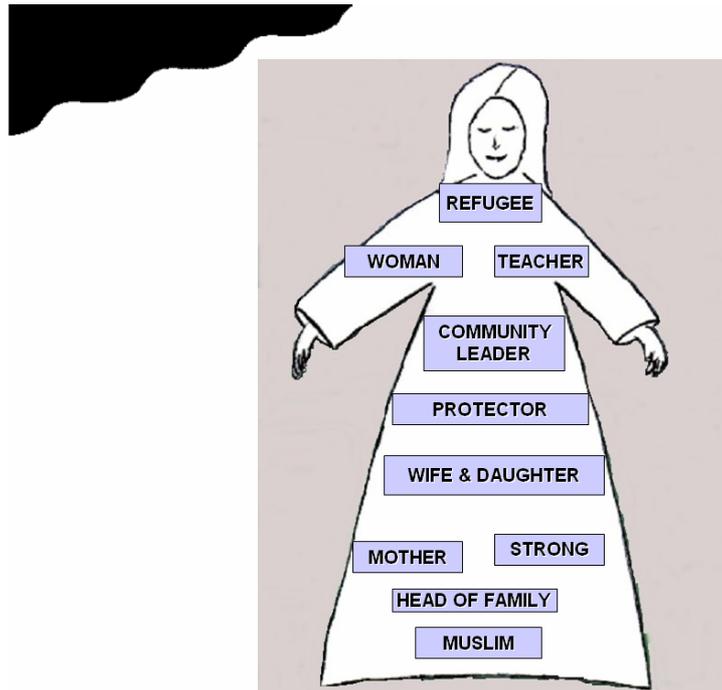
Use PowerPoint Number 68



Activity: Discussion

Discuss with participants their reaction to the first set of identity labels. How will people respond to the woman if these are the only labels she is wearing? How is she likely to feel and to respond back?

Use PowerPoint Number 69



Now look at the second power point. It is the same woman – but how might people respond to these labels, and how will she feel if they respond positively? Our challenges as service providers is to ensure that all of the identity labels are acknowledged and that we do everything we can to assist women to display their positive labels.

Activity: listing



Photocopy the blank handout

Ask participants to put their own identity labels onto the picture. Ask them to share them with a neighbour. If anybody wants to, share with the large group.

Explore how the different labels make people feel differently, and how they affect how people respond to problems problem solving.

Ask people if they think that this could be a useful tool to use with refugee women. Again, it is important to remember that to do this you would need a skilled counsellor at the session. It is likely to bring up some strong feelings, and we have the duty of care to make sure that it is a positive and empowering experience for the client. We must not bring out feelings which we are unable to deal with.

LOOKING AFTER OURSELVES

Service providers who work with refugee communities, experience ongoing exposure to stories of torture, sexual abuse and dislocation. Likewise, workers who deal with domestic and family violence are exposed to horrific stories of violence and cruelty.

Working with refugees who are experiencing domestic and family violence leaves us doubly exposed to vicarious traumatisation (See Session Materials). Sometimes this is called “burnout”. Workers who are experiencing burn out, often cannot tell the difference between being effective or being close to exhaustion. They can start to use defence mechanisms in order not to “hear’ the stories of horror. This is not good for either the workers or their clients.

Use PowerPoint Number 70

Caring for Ourselves

“Repeated exposure to the atrocity that one human commits against another can result in experiences of terror, rage and despair on the part of therapists” (Regeher & Cadell, 1999, p.56).

*“I just cannot bear to hear one more story - I will burn out and leave. I make my colleagues see all the Women at Risk - I just cannot bear more horror”
(Pittaway & Bartolomei, 2004).*



Use PowerPoint Number 71

Secondary or Vicarious Traumatization

Many domestic violence workers experience secondary traumatization.

Working with refugee women who experience domestic and family violence can increase the risk for workers.

Refugee women might disclose previous torture and trauma as well disclosing the current domestic violence they are experiencing



Discuss the Power Point graphics with participants.

Activity: small group work



List the things that you do for yourself when you are feeling stressed and upset.

List the things that you can do at work when you feel overwhelmed with the cases you are dealing with.

In small groups, discuss how you can all better look after yourselves. How can you make your workplaces more supportive places?

Activity: Group Exercises



At the end of the session, lead the group in your favourite relaxation exercise. Ask other group members to share their favourites. End the day with laughter and a round of applause for the fantastic workers that you all are.