



School of Public Health and Community Medicine
Faculty of Medicine

SEMINAR NOTES¹

**Culturally competent psychosocial policy and program responses to
conflict and disaster in Sri Lanka – 5th December 2006**

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1. Activity and Focus:

The program includes a meeting and seminar to discuss culturally competent psychosocial policy and program responses to conflict and disaster in Sri Lanka.

2. Background and Purpose:

In recent years, staff and students from the School of Public Health and Community Medicine (SPHCM) at the University of New South Wales (UNSW) and its affiliated Schools and Centres have been involved in a number of major international projects, which have had a Sri Lankan arm. Examples include the 'Australia-Canada Consortium on Health and Conflict: Preventing Violence, Recovery and Building the Peace' (funded by AusAID and completed July 2006) and the 'Psychosocial and Mental Health Policy in Countries Emerging from Conflict and Natural Disaster: Analysis of Policy and Program Responses (ARC Discovery Project currently underway). In addition, a number of students, including postgraduates enrolled in the Master of Public Health (research and coursework) and undergraduate medical students, undertake research and placements in Sri Lanka and are being encouraged to participate in research related to the afore-mentioned ARC Discovery Project.

Professor Daya Somasundaram and Dr David Ratnavale are internationally-recognised psychiatrists from Sri Lanka and have expertise in the areas of trauma and disaster management. They are temporarily employed at Glenside Hospital in Adelaide. Their presence in South Australia has presented us with a wonderful opportunity to arrange a research meeting and public seminar that would directly benefit the current research, as well as contributing more broadly to the promotion of culturally competent and ethically responsible research in a country affected by both ongoing violent conflict and natural disaster.

¹ Scribed by V. D'Souza
5th December 2006

3. Overview of Program and Audience

- The half-day “Leading Edge Seminar” was widely publicised and open to students, staff and affiliated organisations. The seminar included presentations by Prof Somasundaram and Dr David Ratnavale, two brief presentations from the SPHCM, and discussion/workshop on preparing researchers and students for cross-cultural research in complex and challenging settings.
- The seminar audience included over thirty university staff and students and other students and professionals with an interest in international health and humanitarian and development aid.

4. Program:

1.00pm	Welcome <i>Prof Anthony Zwi</i>
1.15pm	Understanding the impact of collective and ongoing violence, including the cultural dimensions and subsequent interventions <i>Prof Daya Somasundaram</i>
1.55pm	Aspects of cultural sensitivity in disaster impact and response among the diverse ethnic and religious groups in Sri Lanka – the relevance for humanitarian and other workers who choose to serve there <i>Dr David Ratnavale</i>
2.35pm	Investigating psychosocial and mental health policy and services following conflict and/or disaster: Year 1 of a 3-year project <i>Dr Ilse Blignault</i>
3.05pm	Facilitated discussion/ interactive session on preparing researchers and students for cross-cultural research in complex and challenging settings <i>Prof Jan Ritchie</i>
4.00pm	Introduction to the <i>Health and Peacebuilding Filter</i> <i>Ms Anne Bunde-Birouste</i>
4.20pm	Invitation to attend afternoon tea

5. Notes from Proceedings:

5.1 ***Understanding the impact of collective and ongoing violence, including the cultural dimensions and subsequent interventions*** - Professor Daya Somasundaram

Professor Somasundaram's presentation drew on over two-decades of experience. The notion of 'Collective trauma' was discussed. Communities and families have been the target of violence resulting in the destruction of organic roots, support systems, networks, traditions, structures and institutions. In addition to mass displacement of hundreds of thousands of people, social structure, buildings and institutions such as temples and schools have been destroyed. In Jaffna, the library and local history has been burnt down resulting in a form of cultural genocide. Presentations to hospitals and services include physical/somatic complaints. There are a higher number of presentations from women; this may be because they are more vulnerable to stressors or because a larger number of males have migrated, been killed or detained, and much of the responsibility for day-to-day survival lies with women. Professor Somasundaram argues that the war has accelerated familial changes that are happening globally.

Communities are experiencing 'terror' of the land due to fear of landmines, chronic disability, Post-Traumatic Stress Disorder (PTSD), depression, social stigmatisation, and torture (and increasing torture which has a psychological impact). People are losing their faith in the social justice system as perpetrators are released despite crimes they have committed.

There are various consequences related to collective trauma including mistrust, suspicion, 'conspiracy of silence', deterioration in morals and values, poor leadership, dependency, passiveness, despair, superficial and short term goals. This social deterioration results in general resignation, loss of work ethic, crisis in leadership, and changes in values e.g. increase rates of child abuse and domestic violence.

The current mental health care model in Sri Lanka is a three-tiered structure. Psychiatric care (at the top); primary health care; and community (bottom of the triangular structure). A large focus is now placed on training up workers in the community and the development of a manual. Referral systems have also been developed.

Professor Somasundaram was asked the following questions at the completion of his presentation:

Question *'Resilience' is a term that is currently in favour. Are the strengths within the community level that can be supported and what do they look like?*

Answer There are numerous strengths, e.g. changes in the family structures and increasing acceptance of females' roles in family and community. Organisations such as the 'Family of the Disappeared' have been developed to meet unmet needs.

Question *Child soldier activities in Sri Lanka: how big is the problem and what is being done?*

Answer It is a major problem influenced by the continuing nature of the war and the need for reinforced numbers to fight it. People who are trapped especially the poor and socially disadvantaged are being recruited and expected to fight. It is not normally a child but adolescents or young people and their choices are limited. There is a high risk of death but at the same time, for some young people it brings security and an identity.

Question *With the re-emergence of violence, are we talking about a "pathologised community" that may find it difficult to see a solution?*

Answer Violence towards a community can induce silence (rather than rebellion). The nature of conflict is to dismiss or break down the resilience of communities, making it harder for them to seek solutions and fight back. Silence becomes a survival or adaptive

response or strategy. There is defiance but it may not be so noticeable. Encouraging disclosure and documentation during silence can be problematic. Modern conflict has an increasing focus on demoralising whole communities and familial structures, causing impacts that are deeper than physical.

5.2 Aspects of cultural sensitivity in disaster impact and response among the diverse ethnic and religious groups in Sri Lanka: the relevance of humanitarian and other workers who choose to serve there - Dr David Ratnavale

Dr Ratnavale's presentation focused on the broader issues facing Sri Lanka, a country that is emerging from war and is much divided (although not as ethnically diverse as Australia). Dr Ratnavale's experience is from China, Sri Lanka and south-east Asia, providing a broad approach in terms of understanding disasters. Important issues include the sensitivities of local people and the workers' sensitivity to the situation. Outsiders' interpretations of what is happening are very difficult. Hence, it is very difficult to declare oneself as belonging to one side or another.

There are a very large number of players involved in the development of policy and services in Sri Lanka. There is the question of how policies are interpreted and whether they are followed or not.

The country has had much experience in being sensitised to many cultures. Many have tried to colonise it – Portuguese, Dutch and the British. In most (all) cases the indigenous population were treated badly and absorbed out of existence.

The issue of sensitivity can be discussed in terms of how the war has progressed. Shared trauma in a natural disaster affects everyone and there is the assumption that there is no one with which to be angry. Hurricane Katrina proved otherwise, after a while people started to blame the government's lack of response and the inequity of disaster management that lead to problems. "Chosen trauma and chosen triumphs" – a term coined by a colleague in the USA. An example of "chosen trauma" is 9/11. In Sri Lanka, traumas are revived and accumulate over time.

The situation is made more complex by international countries and their relationship to each other and the situation. The complexity of the situation requires immense levels of 'good will'. After the tsunami there were 'tsunami tourists' where people 'tried out' psychosocial interventions, sometimes for the first time. The task is made more difficult for the government who has to discern who is responsible and who to rely on.

High-risk groups include women and children. Women, in particular experiences significant challenges related to cultural practices and norms. For example, women who do not want to be considered a widow will delay the signing of the death certificate until they are certain their husband is dead. To stop wearing a red bindi is a significant change in a woman's life and so in Sri Lanka where bodies are buried in the hundreds, the process of grief is complex.

Disaster management must consider spiritual dimensions. For example, other cultural practices like death rituals are posing challenges for different reasons; lacking bananas and other resources required for a death ritual means communities may need to re-think traditional rituals. People look for strength at some point during a disaster. After the tsunami, for example, mosques and temples found new people attending. They sought comfort to deal with the situation. Also, monks, who do not normally take part in the death process, assisted communities, hence, breaking with tradition. There is a re-belief in the religious structure. For example, people have been observed to find old statues amongst the ruins of building and have reinstated them after having left them for a period.

Professor Ratnavale was asked the following question at the completion of his presentation:

Question *Leaders often take on a more aggressive stance as a means to appear to be protecting the population. Does the policy response from the government level depict the conflict?*
Answer The government is at a great disadvantage to implement policy that will actually be followed on the ground.

5.3 Investigating psychosocial and mental health policy and services following conflict and/or disaster: Year 1 of a 3-year project - Dr Ilse Blignault

Dr Blignault provided a brief description of the ARC-funded research project charged which aims to improve the evidence base for psychosocial and mental health policy formulation and implementation in conflict- and disaster-affected countries of the Solomon Islands, Sri Lanka, and East Timor. The method and three-levels of inquiry of the project in the Solomon Islands (phase/year one) were described. One of the workshops included policy-makers, service providers and the community which enabled each to hear each other's perspectives. For example, the community argued that they wanted to be involved in the development of services and policy.

Culturally competent research includes cultural awareness, cultural knowledge and cultural sensitivity (I. Papadopoulos, 2006). These facets must be included from the very beginning – from the design through to reporting back. A case example from the project was the recruitment of the local research assistant (RA) where issues relating to language culture and gender were seriously considered. A male RA was recruited (in the absence of female applicants). The Senior Research Fellow (SRF) for the study supported the RA when in-country and they ran interviews side-by-side. However, in the absence of the SRF, the RA noted the forums had to be held in a public space and well promoted. The RA knew that "Private talking in a private place can create suspicion in the community and can create suspicion... and telling stories with women can create suspicion as well". It is preferred to have a female and local person available and gender and cultural practices and beliefs were acknowledged and responded from the commencement of the project.

The second case in point was the selection of the district for the study. The criteria for selection was clearly articulated and understood amongst the visiting researchers and local Ministry of Health partners. There was a clear process of making selves known and project clear; for example, speaking to chiefs upon arrival, respecting the need to develop trust with informants before they are willing to share; and being aware of people's priorities. For example, tending to their garden is actually may take priority over your interview as it is a means to sustenance or in some cases, a second income.

Dr Blignault was asked the following question at the completion of her presentation:

Question *How was information collected?*

Answer Permission was sought prior to interviews and focus groups. Notes were taken during and after, and interviews were taped. At the policy level most interviews were in English; and at other levels were in a mixture of English and Pidgin.

Question *From the research, did you get a sense that the population has any direct connection to the government-level policy?*

Answer For some people there was a link between policy and service but very little link the next level down (community). There is actually a great deal of work being done at the community level and a desire to be involved despite having experienced disengagement.

Question *Is it better or not so good to have someone from the community as an interviewer?*

Answer It was necessary to have someone from the community. Having an insider and outsider was useful. For example, Pidgin has a limited number of words – there are some words that lack an English equivalent. E.g. "a man killed his wife" doesn't necessarily mean he "killed" her. It was necessary to have a local perspective to balance the outsider/Australian researcher experience. The participant-observer is essential. One of the researchers was able to see/ experience the constraints that are experienced by workers on the ground.

5.4 Facilitated discussion/ interactive session on preparing researchers and students for cross-cultural research in complex and challenging settings - lead by Professor Jan Ritchie

Professor Ritchie facilitated discussion/ an interactive session about preparing researchers and students for cross-cultural research in complex and challenging settings. The term “cultural awareness” involves our own cultural background as well as the one we are exploring/observing. This is an area that needs to be acknowledged in conducting research. The term “Cultural competence” was discussed, in reference to ‘Culturally Competent Research’ slide from Dr Blignault’s presentation. The term ‘competence’ was agreed to be problematic. There are no absolute rights or wrongs in various cultural contexts. Instead, it is more like – “I am prepared to learn and be humble to learn about your world/space”. You will have to be prepared to make mistakes and learn from them. Competence implies it is a skill but those present argued that it is more an attitude and values. And the term lacks consideration that culture is a dynamic process, not set but constantly changing. “Cultural sensitivity” is a preferred term. “Cultural respect” is an Indigenous term whilst “Cultural safety” is a Maori term.

An ethnographic approach would enable one to consider what people say and do which raises questions as to whether people say what they think we want to know or if it is actually the case. The flexibility of an ethnographic approach can be very positive as it enables you to respond to cultural contexts and issues. It also acknowledges that it is a dialogue, a two-way process.

How we describe ourselves can influence the information we obtain and the rapport/trust we build with our informants. We are researching WITH people but often Ethics Committees are more interested or knowledgeable about conducting research ON people. It is been suggested that Ethics applications include as many methodologies as possible so that once in-country, if a particular methodology is required, it can be adopted without having to go back to the Ethics Committee to make a change. It was agreed that working with Indigenous communities where they are involved in designing the research is proving to be a challenge for Ethics committees.

As an outsider, sometimes we are excused for making mistakes or not being aware of the subtleties of a community’s culture and sub-cultures. But we need to be aware of the sub-stratas and social transgressions and not overlook them.

5.5 Introduction to the Health and Peacebuilding Filter- Ms Anne Bunde-Birouste

The session closed with a brief presentation by Ms Anne Bunde-Birouste about the **Health and Peacebuilding Filter**, which is a valuable resource for The Health and Peace-building Filter, and accompanying Companion Manual, are valuable for planning or examining the operation of health-related development projects in fragile environments. Information about the Filter and copies are available on <http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/AUSCAN>.