Problem Gambling in New and Emerging Refugee Communities

A Research Report on the Liberian, Somali, Iraqi Muslim and Sudanese Dinka Communities

Victorian Multicultural Gambler's Help Program

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CONTENTS

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EXECUTIVE SUMMARY

Since legalised gaming was introduced in Victoria in the early 1990s, the Victorian community has developed many strategies and initiatives to educate and support individuals and communities on gambling issues. One population group - recently-arrived refugees - does not share the same understanding about gambling and problem gambling as the general community; in fact there is only a limited understanding about their attitudes and practices with gambling. To address this, the Centre for Culture, Ethnicity and Health's Victorian Multicultural Gambler's Help Program (VMGHP) received funding from the Office of Gaming and Racing to undertake research with four refugee communities.

Newly-arrived refugee communities face numerous and interrelated challenges including language barriers, social dislocation and isolation and financial hardship which present potential problem gambling risk factors. They have little or no familiarity with the Australian gambling industry or available support services, which further increases their vulnerability. Paramount to enhancing problem gambling service responses for these communities is developing a better understanding of attitudes to gambling and help seeking; risk factors for problem gambling; and how engagement on the issue of problem gambling can be improved.

The VMGHP undertook a research project profiling the Sudanese Dinka, Somali, Iraqi Muslim and Liberian communities. These communities were chosen for the cross section they represent of religion, length of stay in Australia and settlement patterns.

The project had two main aims:

1) To understand target communities' attitudes to gambling, problem gambling and help seeking; and
2) To develop curriculum and support material for problem gambling services to assist providers in conducting community education and delivering counselling services.

This report details the research findings.

The research found that, while the target communities access most other services, there was reluctance in utilising mainstream counselling. The general preference was to seek advice for personal matters from family, friends and community or religious leaders. Issues of trust, confidentiality, language and culture were the main reasons cited for this preference. The research also identified a general lack of understanding of the nature and purpose of counselling, with many respondents believing western-style counselling was only for individuals with severe mental health problems. Most agreed the best way to increase access to counselling services was to educate the community about the purpose and benefits of counselling, to train and equip workers from the target groups with counselling knowledge and skills, and to educate and raise awareness amongst community leaders about gambling issues, mental health and counselling services.

In relation to gambling attitudes and practices, gambling participation was viewed negatively in all four communities and gambling participation rates and practices varied across the groups. While not a widespread practice, the two longest standing groups - the Somali and Iraqi Muslim communities - indicated a higher experience of or exposure to gambling and, to an extent, problem gambling. The main types of gambling practiced by these two communities were cards and electronic gaming machines (EGMs). Lower levels of gambling participation were reported by the Liberian and Dinka communities. The most common form of gambling amongst Liberians was playing lotteries. Problem gambling had not been identified as an issue in the Dinka community.

These research findings broadly followed trends identified in a North American study, which found that the longer the exposure to legalised gambling, the greater the likelihood of developing gambling problems (Volberg, 1994). Although the Somali and Iraqi Muslim communities had strong religious taboos against gambling, length of stay and exposure to gambling seems to be a greater influence on gambling participation and the emergence of problem gambling.

Although problem gambling prevalence still appears to be at an embryonic stage for each community, a lack of awareness of Australian gambling practices and available services demonstrates the urgent need for these communities to be further engaged in early intervention and prevention programs.

INTRODUCTION

The Problem Gambling in New and Emerging Refugee Communities project was funded by the Office of Gaming and Racing as part of the Victorian Government's *Taking Action on Problem Gambling* strategy *Action Area One: Building Better Treatment Services* (2006), which outlines a commitment to enhance service models for culturally diverse and socially isolated people and communities, including recently arrived migrants.

Refugees arrive in Australia after years of hardship and displacement, burdened with conflict-related stress and trauma. They are also likely to experience problems associated with the language barrier, mental health, social dislocation, isolation and limited employment opportunities. The immediate post-migration period is very stressful, and represents a significant potential risk factor with regard to gambling behaviour.

A North American study found that the percentage of the population that are likely to become problem gamblers is affected by length of exposure to legalised gambling. According to the study, in states where legalised gambling was available for less than ten years, 0.5% of the population were classified as problem gamblers. In states where it had been available for over twenty years, the percentage had increased to 1.5% (Volberg 1994). These figures suggest that for people migrating to Australia with little exposure to legalised gambling in their countries of origin, the likelihood of developing gambling problems increases with length of stay.

Four refugee communities are profiled in this research project. Collectively these communities represent a range of settlement patterns, religions, size of community and length of settlement.

Somali Community

The Somali community is one of the oldest African refugee communities with settlement beginning in the mid-1980s. This community is overwhelmingly Muslim, which provided insights into African Muslim attitudes.

Southern Sudanese Dinka speakers

Sudan is by far the most common country of origin for humanitarian arrivals to Victoria from Africa in the last three years, with over 50% of total arrivals being from Sudan (Dinka is the largest language group of the Southern Sudanese). The majority of Southern Sudanese are Christian or animist.

Liberia

The Liberian community is one of the newest refugee communities arriving in Victoria in the 2004/05 period and is the largest ethnic group from West Africa.

Iraqi Muslim

The Iraqi refugee community was the second highest humanitarian entrant group in Victoria in 2005 – 2006. By focusing on this community, the project could identify some general learnings about the Muslim Arabic-speaking community from refugee backgrounds in Victoria.

The overarching objectives of this research project were to:

1. Understand community attitudes to gambling, problem gambling and help seeking; and
2. Develop curriculum and support material for problem gambling services to assist providers in conducting community education and delivering counselling services.

The findings within this report are based on interviews with service providers and community leaders and a series of focus groups with community members. At times the information may seem contradictory, due to the lack of consensus on issues of gambling, problem gambling and help seeking behaviour. This report attempts to present the prevailing views on these issues.

METHODOLOGY

A reference group was established to guide and support the project, which comprised representatives from settlement services, the Refugee Council of Australia, Department of Justice and the Gambler's Help (GH) sector.

In consultation with the reference group, two questionnaires were devised: one for ethno-specific focus groups and the other for key informant interviews with community leaders. A shorter version of the latter was used for settlement services.

The focus group questionnaires contained questions about individual experiences of settlement, covering issues such as housing, access to services and integration[1] and attitudes to counselling, help seeking and gambling/ problem gambling. The community leaders and settlement services questionnaires were designed to gauge broad trends on the demographic spread of each community, settlement issues, attitudes to counselling and gambling prevalence. The questionnaires (which can be found in an annex at the end of this report) were adjusted as the project progressed to respond to new information.

Using a peer-based action research model, a bi-lingual worker was recruited from each community through networks in settlement services and the African and Iraqi communities. All four workers had either a background in community development or settlement services and/or had been prominent or active within their respective communities. The purpose of hiring bi-lingual workers was based on the premise that communities would be more receptive to discussing sensitive issues with individuals from their own background and to foster a greater sense of ownership of the project.

Due to the difficulty in recruiting female workers for this role, all four workers hired were male. Female consultants were hired to conduct women's focus groups in the four communities.

Workers received initial training on problem gambling, community development principles and research techniques including interview skills, focus group facilitation and research ethics.

The community consultation phase of the project commenced by sending letters of introduction to community and religious leaders, translated into relevant languages, explaining the intent of the project and introducing project workers. Leaders were initially targeted due to both their leadership roles and because they are an important means of disseminating information to their communities, especially in communities where information is transmitted largely by 'word of mouth'. Subsequent meetings were arranged with leaders to gain their trust, support and cooperation, which was vital for effective engagement.

With the assistance of community leaders, 18 focus groups were conducted in the Melbourne metropolitan area and regional Victoria (six male, nine female and three mixed groups). 55 individual interviews were also conducted with service providers and community leaders. Below is a breakdown for each community:

[1] While the word integration has connotations of assimilation, in this context the term has been used to denote "the ability to participate fully in economic, social, cultural and political activities, without having to relinquish one's own distinct ethno cultural identity and culture. It is at the same time a process by which settling persons become part of the social, institutional and cultural fabric of a society" (Valtonen; 2004:74).

Iraqi community

- Three male focus groups in the northern region and Shepparton
- Three female groups in the northern and southern regions and Shepparton
- Five key informant interviews with community leaders and service providers in the northern and north-western regions

Liberian community

- Two female focus groups in western and southern regions
- Two male groups in western and southern regions
- One elder's focus group in the western region
- Five interviews with service providers
- 35 key informant interviews throughout metropolitan and regional centres

Somali community

- Two female focus groups in the north-western and western regions
- Two male groups in north-western and northern regions
- Five key informant interviews

Dinka community

- Two female focus groups in the southern and western regions
- One male group in the southern region
- 10 key informant interviews

Limitations of Methodology

The research phase of the project was preceded by a process of close consultation and trust-building with community and religious leaders, which included the provision of in-language flyers explaining the project and its aims. Despite this process, the project encountered considerable suspicion and denial of gambling issues. This was largely attributed to the strong religious and social stigma attached to gambling, suspicion of enquiries about sensitive subjects, previous adverse experiences under repressive regimes and the lack of familiarity with such research or survey projects. Few members of these four communities had any experience of such projects in their countries of origin.

Conversely, one group of Somali elders felt that they had already been excessively researched and consulted but had not seen the benefits of participation. Although initially resistant to participating in further research, they consented as the researcher came from their own community. This highlights the importance of employing bilingual and bicultural workers and engaging community leaders from the outset.

THE REFUGEE EXPERIENCE

Most refugees coming to Australia have experienced some form of trauma through exposure to or direct experience of torture, violence, abuse, forced relocation and extended periods of transit in refugee camps (more than 10 years in some cases). Such experiences can have numerous and adverse impacts.

Post-traumatic stress disorder (PTSD) is one of the major impacts of such experiences, although it may not be immediately apparent. Some settlement workers report that symptoms of PTSD only begin to emerge eight to twelve months following arrival, likely as the immediate post-arrival pressures subside sufficiently enough to allow individuals to deal with the traumas they have experienced. Impacts of past traumas also include weariness and distrust of strangers as well as anxiety and guilt about relatives and friends who were left behind or whose whereabouts were unknown.

One of the major stresses of resettlement identified by this research was loss of status. For older people, especially males, arriving in a new country often resulted in the dissipation of the ceremonial, social or political status they enjoyed in their country of origin. Lack of English skills meant they were often dependent on their children for access to information. ABS 2006 statistics indicate that in some refugee communities such as the Somali, English proficiency drops markedly after the age of 45. Given that elders were previously responsible for education, guidance and the imparting of cultural traditions to younger generations, many indicated that they felt redundant and struggled to find a new role for themselves.

For men accustomed to the traditional role as breadwinner, dependence on welfare or lack of control over finances such as child support payments was often found to be demoralising. An equally demoralising experience reported by both male and female focus groups was lack of recognition of prior qualifications, which often resulted in highly skilled and qualified workers being consigned to unskilled and low paid work. Research participants indicated that this often led to depression and anxiety.

A partial consequence of this loss of status is intergenerational conflict. Children born or educated in Australia tended to feel independent of traditional social structures and were less willing to conform to the norms and belief systems of their elders. A common complaint echoed by focus groups was that parents felt children no longer respected their elders and that they had difficulty asserting authority. People also reported being concerned about 'losing their culture' both from being exposed to a bewildering range of conflicting and new influences and the fear that their children would not continue their beliefs and traditions.

Rules and regulations from a legal/regulatory framework can be a new experience for those coming to Australia following the chaos of war in often stateless societies. The unfamiliar role of the State in family life, including intervention through child protection orders can be distressing and confusing. While the experience of losing children is traumatic for anyone, for communities such as the Dinka whose social life and belief system is structured around extended family networks based on kinship systems and marital alliances, the loss is experienced by the whole community. As one Dinka elder described it:

"…children are at the centre of the Dinka world view….when you lose your children, you tear the fabric that binds you to the community, and to the world."

Intervention orders against a male partner can also be traumatic for more than just the immediate family. In Dinka culture, as in many other clan-based societies, a marriage is not between two people, but two communities. It entails a range of obligations including dowry which are all negotiated at length and in great detail. When a family separates, either through an intervention order or divorce, there are multiple implications for the wider community.

The Australian culture of individualism has also caused some degree of culture shock. For people accustomed to living in close-knit communities, the Australian reality of 'closed door existence' (as expressed by one respondent) can be alienating. A comment reported from one focus group was that integration cuts both ways; that Australians should make more effort to get to know their neighbours.

Participants recognised the importance of integration and cultural adjustment in combating social isolation. They identified cultural difference, language barriers and isolation as factors that made the integration process difficult. A number of participants said they lacked a sense of belonging and were largely dependent on their own communities for support to help them manage social isolation. With refugee communities spread across the poles of outer suburban Melbourne, the need to travel long distances to visit family and friends, as well as the costs involved, contributes to this sense of isolation.

Not all focus group participants had a positive view of close social cohesion. Some felt the reliance on their own community networks led to rivalries and factionalism because others were aware of family matters and past histories. Social exclusion for perceived misdemeanours and restrictions on individual freedoms was also noted to affect youth in particular. In cultures based around the importance of clan structures or extended families, the burden of expectation on individuals for financial support was often described as overwhelming.

Financial management also presented challenges. Many individuals had spent much of their life in refugee or transit camps in situations of dependence with little or no access to cash. There were many stories from the focus groups and service providers of people who had amassed large debts, both from a lack of budgeting skills and the pressure to regularly send money home or to sponsor relatives. This research strongly indicated that these four communities were continuing to experience significant financial hardship.

This situation was further compounded by refugee communities' limited employment opportunities in Australia, which often caused prolonged reliance on government income support. Poor English language proficiency, limited access to information, lack of qualifications or non-recognition of prior qualifications, along with mental health problems associated with the refugee experience combined to limit access to employment for newly-arrived refugee communities.

All of the above factors can lead to anxiety, depression and low self-esteem, leading to or exacerbating existing mental health problems associated with past trauma, dislocation and separation from family. As identified by the Department of Justice report on gambling in CALD communities, (Department of Justice: 2005) these factors presented potential risk factors for developing problem gambling behaviour.

Help Seeking

Despite experiencing a range of stress and trauma, few people from the target communities accessed mainstream counselling services unless on referral. This was partly due to how they viewed and distinguished between mental illness and mental health.

Community members indicated that they were uncomfortable discussing counselling as they felt it questioned their mental stability. The Somali, Dinka and Liberian communities traditionally believe mental illness is caused by supernatural forces, spirits or curses. It is likely that this association contributed to their reluctance to discuss this issue.

Also, given that the concept of mental health or wellbeing and the practice of counselling is relatively new even in western countries, it is not surprising that refugees from largely rural societies may not share the same conceptual framework.

Other research has found that among Horn of Africa communities, people base their identity on collective rather than individual assumptions. Definitions of happiness and well-being are generally structured around the family (Tilbury and Rapley 2004). When focus group participants were asked to identify mental health problems experienced by their community, they generally referred to problems within relationships. Such responses align these communities with a collectivist framework.

Personal problems experienced by these groups were addressed within their respective communities. This continues to be common practice today. Structural barriers and material issues, although also causing stress or sadness, were seen as having practical solutions rather than as issues requiring counselling. Consequently financial counselling was viewed as a practical way to find a solution to a problem.

One interviewee, a service provider who worked in a refugee housing service, stated that he often recognised symptoms of mental health problems among his clients. He also found that clients would agree to attend counselling purely as a favour to him if he had helped them with their financial problems, but some would then only attend one session or not present at all. Others sought help for practical problems such as accommodation or financial difficulties, preferring to use their own social networks for their personal issues.

Many respondents seemed to find the prospect of face-to-face counselling intimidating. However, as one counsellor from Foundation House reported, once people realised that counselling was more akin to a conversation than an intense therapy session, they were much more accepting.

A recurrent theme in the focus groups for all four communities was the importance of trust and confidentiality. This was cited as the main reason for their preference for counsellors or interpreters from their own community. In the one case identified in this research where members of these communities had voluntarily accessed counselling services outside their community, it was with a person who had become known to them over a period of time by providing support in other areas.

Another message that emerged from focus groups and individual interviews was that people would utilise counselling if the counsellor came from the same language and culture. From interviews with service providers, it was also clear that the most successful models for community education and encouraging greater service access were utilising traditional social structures. However, care should be taken to ensure women's groups are equally consulted. Each of the target communities has a number of women's organisations which have proven effective vehicles for health promotion programs in the past.

Nearly all the focus groups voiced appreciation for the opportunity to get together to talk about issues, saying that that they found the experience of meeting together to share a meal, to talk about their community and their own problems therapeutic in itself. A common request from the focus groups was that meeting places be provided not just for people to meet and share a meal, but also for elders to gather to give advice to the community, and discuss community issues among themselves.

Gambling

Attitudes to gambling

The project found the general attitude to gambling within the target communities was negative, especially in the Iraqi Muslim and Somali communities. Some youth viewed gambling as a way to win lots of money quickly, indicating they would gamble if they had the money. They clearly saw gambling as a means to an end.

Focus groups felt that boredom, isolation, wanting to fit in with Australian society and a need to forget past traumas were some of the reasons people gambled. Most respondents, however, believed people gambled because of limited employment opportunities and financial hardship or due to a desire to become rich quickly.

Knowledge about gambling

Every community knew of gambling prior to arrival in Australia but the extent of that knowledge was not consistent across the community. The Somali and Iraqi communities had some knowledge of gambling practices in their countries of origin but very little knowledge of gambling practices in Australia. The Liberian community had little knowledge of gambling other than traditional games and the national lottery and little knowledge of Australian gambling practices. The Dinka had little knowledge of gambling practices in either Sudan or Australia.

Gambling practices

The main types of gambling practiced by the Iraqi and Somali community were EGMs and cards. The Liberian community were involved in playing Tattslotto, scratch tickets and Babbie (also known as foose or table soccer, played in games arcades). Significant amounts were spent on these gambling pursuits, with focus groups reporting that many people, especially those dependent on government income support were experiencing serious financial hardship and family break down as a consequence. There was little or no evidence of gambling in the Dinka community.

Gambling Incidence

This study identified gambling as an emerging problem within the two oldest communities, the Iraqi and Somali communities. This is consistent with other research, which has found that the likelihood of developing gambling problems increases with length of stay for communities with limited prior exposure to gambling. Religious and social taboos against gambling in these two communities appeared to have little impact except other than to further conceal gambling activity. The Liberian community was also experiencing problems with Tattslotto, broadly following gambling practices in Liberia, where a state lottery was the dominant gambling practice.

Gambling and Islam

The Somali and Iraqi Muslim community members interviewed for this project strongly asserted the Islamic prohibition on gambling. Gambling is expressly forbidden by Islam by a specific injunction in the Qu'ran, Chapter 5: Verse 91: *"The Shaitan (Satan) only desires to cause enmity and hatred to spring in your midst by means of intoxicants and games of chance, and to keep you off from the remembrance of Allah and from prayer. Will you not desist?"* In this verse gambling is clearly linked with alcohol, which is also forbidden. In one of the accounts of the life Mohammed, he is quoted as saying that any kind of financial transaction with financial uncertainty and risk is forbidden. As a result, many strict Muslims avoid stock market speculation, and Islamic banks have been set up that do not use variable interest rates.

Nonetheless, due to a variety of reasons such as the introduction of gambling by foreign powers or through contact with other cultures, gambling is found in most of the Muslim world. Despite being illegal, gambling thrives in a variety of forms, its prevalence depending on the effectiveness of policing and local cultural interpretations of Islam. In Afghanistan, for example, popular forms of gambling are quail fighting and paper kite fighting. In strict Islamic countries like Iran or Indonesia, there is a state-sponsored lottery, billed as a charitable institution. In northern Sudan, despite attempts by the Islamic government to ban it, betting on horse racing continues as an example of a cultural practice taking precedence over religious practice. Gambling is a culturally and individually negotiated practice among Muslims.

Social organisation

Many non-western societies, especially rural societies, base their social structure on descent systems known as clans. Each clan is composed of complex networks of extended families and marital alliances and equally complex systems of relationships and mutual obligation. Clan and extended family networks govern all aspects of social life and function as a social support and patronage system. Under clan-based systems, marriage is more of a social contract or alliance between two communities than a union between two individuals. Clan membership can number in the dozens, in the thousands or over a million as in the case of one of the larger Somali clans.

However, as much as clans can be a unifying force, they can also be a source of division. When clan divisions are transferred to Australia, they can have important implications for service providers. For example, even if an interpreter has been obtained for a client from their own language and culture, they may reject them because they come from an opposing clan. This can also create difficulties in working with a particular community, especially if members from two opposing clans are invited to share a meeting space or presentation, as one or both may not attend. It is important to establish whether the members feel comfortable working together beforehand. Some Somali or Sudanese organisations for example are clan based, and so it is important to be clear about which organisation represents (or purports to represent) which part of the community.

Resource material

Many focus group participants reported a lack of in-language resources to explain services. However, research data and interviews with service providers also revealed low literacy rates within some of these communities in their own language (as well as in English where spoken English was adequate). Most information about services, recreational opportunities, social gatherings and other events was passed on by 'word of mouth' or radio. The Iraqis and Somalis have their own community language radio programs, which was noted to be of value for dissemination of information.

KEY STRATEGIES

This research identified a low level of understanding of both gambling and counselling. Given that gambling is not yet a major problem in these four communities, education and prevention strategies developed and presented at this critical juncture will provide long term benefits.

Community Education

Peer education

Working within existing structures was identified as the preferred model of help-seeking for these communities. The research also found that community and religious leaders were a key mode of communication and, as figures of authority, they also have the capacity to influence behavioural change. One way to achieve this is through training programs for elders: this would entail giving community or religious leaders a basic training course in both gambling and counselling.

Example:

Family Understandings, a project run by the Western Region Health Centre between 2004-2006, trained 10 Horn of Africa and Sudanese community elders over four days to become peer educators in mental health issues. This project resulted in an increase in referrals to counselling services from four people in 2001 to 56 in 2006. A similar project by Women's Health West trained 10 women facilitators from the Horn of Africa in problem gambling issues generating considerable knowledge and discussion in that community on problem gambling.

Hosting regular discussion groups

Many of the focus group participants for this project voiced a desire to be given the opportunity to regularly meet together. As discussed earlier, these communities resolve issues and problems collectively through community support. Gambler's Help and other services could assist with this by co-hosting regular meetings or discussion groups at their services or nearby community centres or migrant resource centres.

Example:

The Ecumenical Migration Centre (EMC) held weekly meetings for African women where they met in a friendly, familiar social atmosphere. The women raised issues through the course of the session, enabling the facilitator, an EMC worker known and trusted by the women, to provide referral advice. These groups also provide an opportunity for community education through guest speakers.

Example:

The 'African Women and their Families Project', run by the South Eastern Region Migrant Resource Centre, provided a range of recreational activities and weekly discussion groups for African communities helping people to combat isolation and the depressive effects of loss and life change. Hosting women's groups also encourages independence, and is a useful avenue for community education, as men from these communities can often act as gatekeepers. This research found that women's groups were also much more open to discussing sensitive issues, and were an ideal entry point for community education programs (Details of this project can be found in the CEH library).

Culturally appropriate resource material

Resources designed for low literacy communities that are simple and concise are the most successful resources for these communities. In addition some words, even translated correctly, could convey the wrong meaning. The term 'counselling', for example, carries negative connotations for these communities. This project found that a more favourable outcome was received where the word counselling was substituted with familiar, commonly used terms such as advice and mediation.

Example:

In the Women's Health West project described previously, resources were developed by the community themselves. Although there were some difficulties associated with the process, community members translated the resources themselves. This ensured greater acceptance of the material by the community and minimised meanings of messages being lost in translation, as was sometimes found to be the case when commercial translating services were utilised.

Radio initiatives

Given low literacy levels, a number of respondents from focus groups indicated that radio also be utilised as much as possible. There are currently a number of Somali and Arabic programs, for example, on SBS Radio and community radio stations 3ZZZ and 3CR.

Community Engagement

Identifying leaders

Usual practice entails selecting a community to work with and then approaching the peak body. With emerging communities, where social structures are in the developmental stage a more complex approach is required. Each community is different in its social and political organisation, so there is no common approach. There may be organisations purporting to be a peak body, but in reality they may only represent a particular segment of the community. Working with such organisations may even give offence to the other segments of the community. Some organisations may also exist in name only, comprised of just a post office box or an email address. The most effective method is to conduct research starting with the Consumer Affairs website, which lists all incorporated community organisations to determine which organisations are registered.

Approaching a peak representative body is not the only way to initiate engagement with a community. Although the Iraqi community's peak body, for example, is the Iraqi Australia Forum, there are no representative structures for the Iraqi Muslim community at a local or district level, but a number of smaller social groupings instead. While they have no representative role, these groups are nonetheless an important entry point to the Iraqi Muslim community, with a number of respected community leaders among their membership. For the Somali community, there are up to 50 different social and political organisations, as with the Sudanese community. However, there are also a number of informal social groups comprised of respected elders and religious figures who meet on a regular basis.

Sometimes key figures within these communities do not occupy any official position within their community, but are nonetheless important facilitators or gatekeepers to their community. In colonised countries or countries under repressive regimes, real power more often resides in informal leaders such as clan leaders or resistance leaders, than in elected officials. Migrant resource centres often employ people from these communities (who are often community leaders themselves) and are a valuable means of identifying respected leaders or spokespeople. A number of contacts are provided within this resource.

Building trust

In terms of conducting community education, this study found the most effective way to work with communities is through a gradual process of getting to know the community. This may be achieved through involvement in activities or initiatives such as employment or training programs, either directly with the community or in partnership with other organisations such as migrant resource centres. Another way is through hosting community social events or special activity and discussion groups. This would assist GH services to establish a profile and gain a better insight into community issues and needs: services with no previous profile or connection who suddenly appear to raise an issue may run the risk of appearing opportunistic.

The stigma attached to gambling necessitates a gradual approach to community education. Working with Muslim communities, on gambling issues for example, requires extreme sensitivity and a long process of trust building; without trust, enquiries and community education attempts are often met with blank denial. Confidentiality and privacy must be emphasised and enquiries voiced indirectly so as not to embarrass or confront.

Service Delivery

Bilingual counselling services

The research has identified that language, cultural differences and concerns about confidentiality are significant barriers to help seeking. It recommends that a number of workers from these communities be trained in counselling (to at least a diploma level) through the provision of subsidised training places. Although it is desirable that diploma-level counsellors eventually become fully-qualified counsellors through a social work degree or equivalent, it appears that few refugee community members currently have the English skills necessary for degree study. A diploma course could therefore be a realistic step towards a full degree course.

One African counsellor said that he was overwhelmed with demand from the African community. He suggested that diploma-level counsellors would be an ideal first stop for people with less complex issues before referral onto a fully trained counsellor like himself. Internships could be offered to such students, as is currently the case at the Drum African Centre in North Melbourne.

Given the shame and stigma attached to gambling issues in these communities, training of bilingual workers for telephone counselling services would also be a more culturally appropriate form of service delivery, and would likely result in greater uptake of counselling services.

Example:

The male violence telephone counselling service Men's Referral Service (MRS) subsidise a number of places each year for the general public to complete a Graduate Diploma in Counselling. On completion, the participants must commit to at least two years of volunteering on their telephone counselling service. Participants bear a small amount of the cost themselves to improve their motivation and increase the likelihood that they will complete the course.

Holistic approach

While the majority of focus group respondents indicated that they preferred to talk to someone from their own community for counselling, some said they would talk to someone from outside their community if they knew and trusted the person. One student counsellor working with three of the target communities reported that due to her general role providing study, housing and other advice, in addition to hosting a weekly student meeting, people tended to trust and confide in her about more personal issues.

Another facet of this approach is to train service providers to recognise symptoms of problem gambling and be able to make appropriate and effective referrals. As this research found, people are unlikely to directly access GH counselling due to both the shame and stigma involved and the suspicion and lack of knowledge about counselling. As with community leaders trained in mental health issues or in recognising problem gambling symptoms, service providers who have built up a trust relationship through providing other services can act as a bridge in providing referrals to GH services.

Providing alternative recreational and educational activities

For people who have previously enjoyed high social standing due to their status as elders, religious leaders or as breadwinners, the experience of long term unemployment and poor English skills can lead to low self esteem and poor mental health. Boredom and frustration have also been identified by focus groups in this project as risk factors in developing problem gambling. Alternative recreational or training programs that give people useful skills are one means of addressing these problems.

Example:

The East African Elders Association runs computer courses and English classes for African Elders at the Drum African Family Centre in North Melbourne. This group has also received free leadership courses and vocational training from the MALKA Group, a training consultancy that provides training through the Australian Works Skills Vouchers Scheme. The purpose of this program is to provide relevant training and skills to African elders to improve their leadership skills to enable them to effectively assist and support their communities. This is the kind of alternative program that GH services could support or become involved with, while at the same time building a relationship with this section of the community. Such community groups could also be given assistance in administration and applying for funding.

Financial Counselling

This research found that many families were experiencing severe financial hardship both through low labour market participation and a lack of budgeting skills. This demonstrates an urgent need for more access to financial counselling and training for these communities. Lack of knowledge of budgeting has consequences for management of household expenses as well as the ability to assess gambling expenditure.

This would be a key area for capacity building of community leaders, simultaneously giving them important skills to impart to the community while enhancing their status and leadership role.

RECOMMENDATIONS

The VMGHP has made the following recommendations at the conclusion of this study:

1) That GH services develop a refugee-specific early intervention and prevention program based on the findings of this report. This program should utilise community development and engagement principles and incorporate a range of innovation and adaptability in service delivery to ensure community responsiveness;

2) That DOJ support research into other refugee communities on their attitudes on gambling, problem gambling and help seeking to better support the practice of GH services;

3) That DOJ support the Gambler's Help service sector better respond to refugee issues through incorporating refugee issues into planning and reporting;

4) That the GH service sector develop sustainable relationships with leaders from refugee communities; and

5) That DOJ and the GH sector support the development of career pathways for bilingual and bicultural workers into GH and other health and welfare sectors.

CONTACT LIST

African Community Groups

African Think Tank Inc

P.O. Box 2307
Footscray 3011
Email: africanthinktank@hotmail.com
Phone: (03) 9349 4122

East and Central African Communities of Victoria

Grattan Gardens Community Centre
40 Grattan St
Prahran 3181
Phone: (03) 9510-0167
Email: eacacov@bigpond.com

Centre for African Australian Women's Issues

Level 1, 186 Barkly St,
Footscray 3011
Phone: (03) 9689 0911
Email: info@caawi.org.au

African Community Development Centre

Email: africanc@tpg.com.au

African Migrants Community Initiatives Inc

PO Box 44
Braybrook 3019
Contact:
team leader, Godfrey Ladu, 0412 995 029
Email: g.l@easy.com
Services: assistance to newly arrived migrants, settlement advice and referral, language groups and recreational activities

Horn of African Communities Network

3 Pilgrim St
Footscray 3011
Phone: (03) 9689 2586
Services: advocacy, networking and promotion of the culture of Horn of Africa settlers.

Maribyrnong Horn of Africa Women's Group

Maribyrnong Community Centre
3 Randall St
Maribyrnong 3032
Phone: (03) 9318 6655
Languages: Tigrinya, Tigre, Somali, Amharic
Services: social/activities group for African women, particularly new arrivals

A more comprehensive list of African community organisations can be found at: http://www.africanoz.com.au/af_directory/comm.html

Groups Working with African and Iraqi Communities

AMES Settlement Services

Metro West Shopping Centre
Level 1, cnr Albert & Paisley Sts
Footscray 3011
Phone: (03) 8398 4700
Website: www.ames.net.au/settlement

Craig Family Centre

7 Samarinda Ave
Ashburton 3147
Phone: (03) 9885 7789
Email: info@craigfc.org.au
Website: www.craigfc.org.au

Victorian Arabic Social Services

Head office:
178 Dallas Drv
Broadmeadows 3047
Phone: (03) 9309 0055
Email: mail@vass.org.au
Website: www.vass.org.au

Newport office:
16 Oxford St
Newport 3015
Phone: (03) 9391 0195
Email: mail@vass.org.au

Dandenong office:
South East Region Migrant Resource Centre
Level 1, 314 Thomas St
Dandenong VIC 3175
Phone: (03) 9706 8933
Email: mail@vass.org.au

Ethnic Council for Shepparton and District

PO Box 585
Shepparton 3632
Phone: (03) 5831 2395
Email: eccv@eccv.org.au
Website: www.eccv.org.au

Oakes Avenue Family Centre

45 Oakes Ave
Clayton South 3169
Phone: (03) 9510-0167

Melbourne Citymission

214 Nicholson St
Footscray 3011
Phone: (03) 9687 4997
Email: info@mcm.org.au
Website: www.melbournecitymission.org.au

Migrant Resource Centres

Diversitat

153 Pakington St
Geelong West 3218
Phone: (03) 5221 6044
Email: gmre@gecc.net.au
Website: www.gecc.net.au

Gippsland Multicultural Services

100-102 Buckley St
Morwell 3840
Phone: (03) 5133 7072
Email: gmrc@gippsland.net.au
Website: www.gmrc.com.au

Spectrum Migrant Resource Centre

251 High St
Preston 3072
Phone: (03) 9496 0200
Email: info@spectrumvic.org.au
Website: www.spectrum.vic.org.au

Migrant Information Centre Eastern Melbourne

27 Bank St
Box Hill 3128
Phone: (03) 9285 4888
Email: mic@miceastmelb.com.au
Website: www.miceastmelb.com.au

North West Region (St Albans) Migrant Resource Centre

27 Alfrieda St
St Albans 3021
Phone: (03) 9367 6044
Email: mrcnw@mrcnorthwest.org.au
Website: www.mrcnorthwest.org.au

New Hope Foundation

South Central Region office:
40 Grattan St
Prahran 3181
Phone: (03) 9510 5877
Email: mrcprah@vicnet.net.au

Western Region office:
First floor, 273 Barkly St
Footscray 3011
Phone: (03) 9687 4500

South Eastern Region Migrant Resource Centre

Level 1, 314 Thomas St
Dandenong 3175
Phone (03) 9706 8933
Email: sermrc@vicnet.net.au
Website: www.sermrc.org.au

Migrant Resource Centre Westgate Region

78-82 Second Ave
Altona North 3025
Phone: (03) 9391 3355
Email: info@wmrc.org.au
Website: www.wmrc.org.au

Media

The Ambassador Newspaper

16 Michael St
Brunswick 3056
Phone: (03) 9926 4684
Email(advertisements):
ambassador@africanoz.com
Advertising Enquiries (Melbourne):
0415 653 421
Includes sections in English, Arabic, Amharic, Oromo, Somali, Tigrinya and Sudanese content

SBS Radio & Television

Level 4, Alfred Deakin Building
Federation Sq, cnr Swanston & Flinders Streets
Melbourne 3000
Phone: (03) 9949 2121
Website:
www20.sbs.com.au/sbs_front/index.html

3ZZZ Ethnic Community Radio ~ 92.3FM

1st Floor, 144 George St
Fitzroy 3065
Phone: (03) 9415 1928
Email: manager@3zzz.com.au
Website: www.3zzz.com.au
Description: Arabic, Iraqi, and Somali programs

3CR Community Radio ~ 855AM

21 Smith St
Fitzroy 3065
Phone: (03) 9419 8377
Website: www.3cr.org.au
Description: 3CR is a not-for-profit community radio station. It broadcasts programs in 25 different languages including Somali and Arabic.

LIBERIAN PROFILE

Liberian Community

Country profile

Name: Republic of Liberia
Population: 3.6 million (UN, 2005)
Capital: Monrovia
Religions: Christianity, Islam, indigenous beliefs
Languages: English, 29 African languages belonging to the Mande, Kwa or Mel linguistic groups

Historical background

Liberia was established as an independent state by freed slaves from America in 1847. They were joined by Africans released from slave ships off the West African coast. For more than 130 years from its founding, politics were dominated by the small minority of the population descended from these original settlers, known as the Americo-Liberians or Congo. However, indigenous Africans were largely excluded from political power. During this era, Liberia was renowned for its stability, its functioning economy and the large amount of foreign investment its rubber plantations and iron ore mines attracted.

In 1980 Master Sergeant Samuel Doe, a member of the indigenous Krahn ethnic group, seized power in a violent military coup. The USA, a traditionally strong ally of Liberia, withdrew its support. Doe mismanaged the economy and transformed the armed forces into an ethnic Krahn militia which committed extensive human rights abuse against Liberia's other ethnic groups.

In 1989 the National Patriotic Front of Liberia, led by Charles Taylor, began a revolt against the Doe regime, which quickly became a vicious civil war. The Doe dictatorship collapsed and he was murdered by a rebel faction that year. At this point, Taylor (and to a lesser extent other rival warlords) controlled large parts of Liberian territory. Despite occasional truces and no fewer than a dozen abortive peace agreements, the conflict continued for a further six years.

Democratic elections were finally held in July 1997. Taylor won but the elections brought only temporary respite. Taylor's government plundered the state of its assets and stifled opposition activity. In 1999 fighting began and by July 2003 Taylor had lost control of most of the country, including much of Monrovia. Peace talks in Accra in August led to the signing of the Comprehensive Peace Agreement (CPA) in September. Taylor was exiled to Nigeria, where he was later arrested and charged with war crimes.

The CPA created the National Transitional Government of Liberia, made up of representatives from former rebel groups, political parties, the former Taylor government and civil society. In 2005 Ellen Johnson-Sirleaf won the Presidential elections and was inaugurated President of the Republic of Liberia on 16 January 2006.

Although Liberia now enjoys relative peace and stability, its economy and infrastructure has been devastated and it will be some time before normal government services are fully restored.

Culture

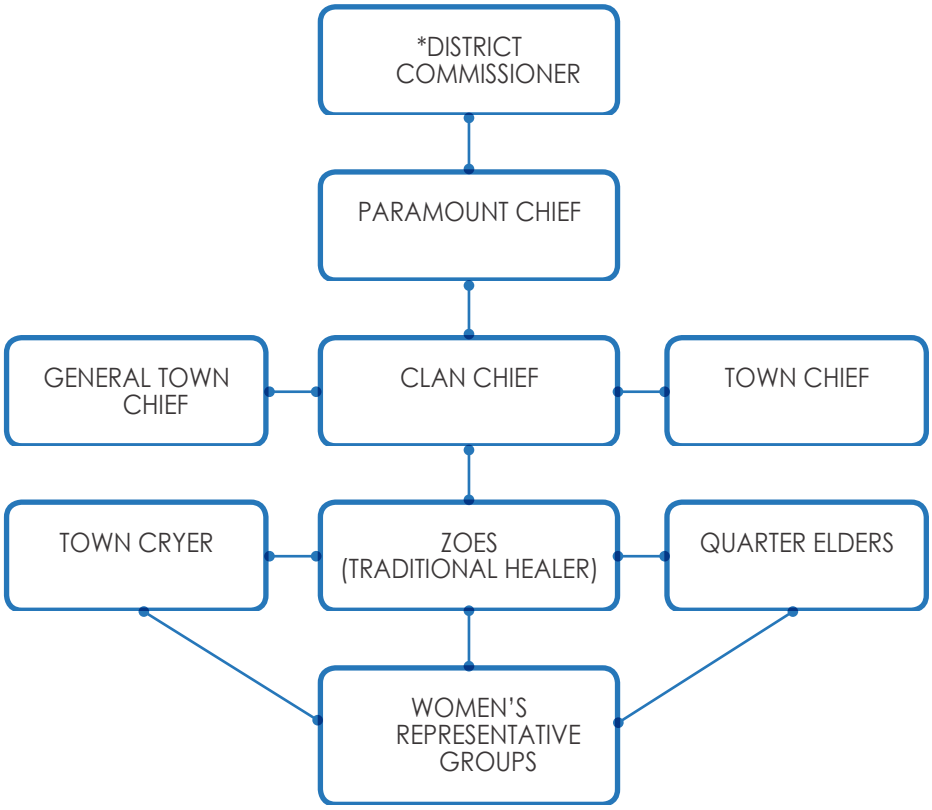
Liberians usually reside with members of their immediate and extended family, although numbers vary according to family income. There is an average of four to five children per family and in some rural areas, where it is common for men to take more than one wife, those numbers increase. A dowry system is still practiced in Liberia.

The elderly (forty years and over) are highly respected in Liberia, particularly in rural areas. They offer advice and support during family or community disputes. Elderly people are cared for by their families when they are no longer able to cope independently.

Gender roles remain traditional. Liberian women are expected to perform all childcare and household duties. Although men are expected to be the main breadwinners, especially in urban areas, it is becoming more usual for women to be in paid employment. Women's access to formal education is increasing but female literacy rates remain significantly lower than those of men. Although women's rights groups are slowly emerging in Liberia and attitudes are changing, there continues to be considerable gender inequality.

Approximately 40% of Liberia's population are Christian, 20% Muslim and the remaining 40% animist.

Traditional social structure



*The District Commissioner, as the name suggests, is a remnant of colonial times but has been retained as Liberians have found that the structure still works well at a local district level.

Language

English is Liberia's official language and the main language spoken in urban areas. Liberians tend to speak a colloquial version of English similar to Creole or Patois which merges words and is spoken at a fast pace. However, American English is taught in the education system due to Liberia's historical relationship with USA.

Ethnicity

Liberia has 18 ethnic groups. The largest are the Kpelle (20%) and Bassa (16%). Ethnic tensions exist between Muslim and non-Muslim groups, more specifically the Lormas and the Mandingos, the Krahn and the Gio and Mano tribes. Tensions are also emerging between other Liberian tribes.

The Liberian ethnic groups in Victoria at the time of this report are: Bassa, Mandingo, Vai, Mano, Gio, Lormah, Kpelleh, Grebo, Krahn, Kru, Sarpo, Gbandi, Mende and Congo.

Health

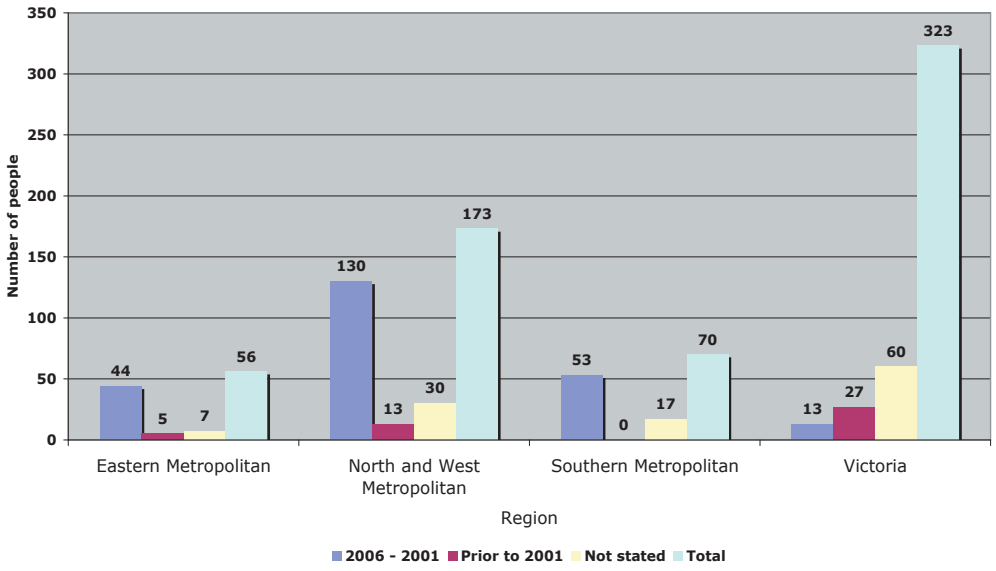
People in Liberia pay their own medical expenses as government medical facilities are almost non-existent and suffer from a chronic lack of resources. However, a limited number of non-governmental organisations run clinics that provide cheap medical treatment although many Liberians seek natural medical remedies before consulting a doctor. A significant number of Liberian refugees in Victoria, especially women, suffer chronic medical conditions resulting from previous medical neglect.

The Liberian Community in Victoria

Settlement patterns

Many of Liberia's 3.6 million people were forced to flee the country's long running conflicts, giving Liberia the largest percentage of refugees and internally displaced people in the world. According to ABS 2006 Census data, approximately 323 Liberians have settled in Victoria, but community members believe the figure could be well over 1,000 due to interstate movements. The table below indicates that most Liberians settled in Victoria between 2001 to 2006 and more than half have settled in the north and north western-metropolitan regions.

Year of Arrival for Household Reference person (Liberia) by region



Source: ABS 2006

According to interviews and an informal survey undertaken as part of this research, a vast majority of the Liberian population in Victoria is female. Most of these are unemployed single mothers. Most men are also single and unemployed. Illiteracy rates are approximately 70% for women and 40% for men.

According to interviews with community leaders and focus groups, Melbourne's main Liberian population concentrations are in the northern suburbs of Reservoir, Preston, Thomastown, Lalor, the western suburbs of St Albans, Sunshine, Footscray and Geelong, the southern suburbs of Springvale and Dandenong, the eastern suburbs of Croydon and Mitcham and the inner metropolitan suburbs of Ascot Vale, Collingwood and Fitzroy.

Communication

Currently there are no Liberian radio programs or newspapers. The Association of the Liberian Community of Australia (ALCA) is the main conduit for communication needs. It disseminates information regarding community consultations, public education, settlement services, employment and community support.

Information is generally conveyed through community meetings, letters, 'word of mouth', community leaders and social and cultural celebrations and events. Church is another important avenue for the dissemination of information. There are currently two Liberian priests.

Political and social structures

The ALCA was formed in 1992 and is the peak representative body of the Liberian community in Victoria. The Association has three subsidiary groups: a women's group, a youth leadership group and a Muslim support group. The women's group meets periodically or as decided by the group leadership. Its responsibilities include providing emotional and financial support to members during times of need and mobilising women around specific programs or activities for women's wellbeing. The youth group brings young men together around sport activities. The Muslim support group has aims and objectives similar to those of the two previous ones.

Below is a list of key Liberian leaders:

David Zor - Association of the Liberian Community of Australia Chairperson (national branch)
John Sandy - Association of the Liberian Community of Australia President (Victorian branch)
Jomah Kamara - Association of the Liberian Community of Australia Vice President (Victoria)
Francis W Toe - Chairman, Council of Elders and Liberian Community Elections
Queyea Phillips - Liberian Women's Group
Pastor Christopher Davies - Liberian Community Church in Sunshine

Settlement Issues

Access to services

Liberian refugees were generally satisfied with the health system and the support they received from medical professionals. However, a number of respondents indicated health support services were not readily available to Liberians with pre-existing health conditions because of barriers such as limited language skills and cultural differences.

> *"When I see a doctor they prescribe some kind of pain killer or medication and they say you will be fine, but that never happens, and I am seriously frustrated. I do not know what to do."*

Settlement workers felt the mental health of Liberian refugees was seriously affected by the lengthy sponsorship process and the loss of family left behind in Africa. Issues of family reunion, accommodation and employment were nominated as those that impacted most on mental health.

> *"People become depressed when a family sponsorship application is rejected."*

Access to recreational facilities was reported as a major issue for the Liberian community. Nearly all focus group participants over the age of thirty complained about the lack of recreational facilities. Respondents indicated there were many recreational activities available in other suburbs but distance and cost made it difficult for them to participate. However, young people were more positive and said they were in Australia to stay and wanted to make use of all available opportunities. The elderly also spoke about the lack of social activities available to them.

Housing

Many participants reported that sending refugees into private rental accommodation created enormous financial difficulties. They raised concerns that large families, especially those with small children, found it difficult to access appropriate and adequate housing. It was suggested that public housing be made available to refugees on arrival to minimise financial stress and ensure a satisfactory standard of living.

Relations with other communities

> *"Longer you stay in Australia, harder your life becomes" (a Liberian mother of six).*

While participants said cultural adjustment and integration were important, they identified cultural difference, language barriers and isolation as factors that made the integration process difficult. A number of participants said they lacked a sense of belonging and were largely dependent on Liberian ethno-specific social sources of support to help them manage social isolation.

Participants said they sometimes experienced latent or overt racism and felt some sections of the community were intolerant of new arrivals. Some people felt that they were stereotyped and stigmatised by the over use of the word refugee:

> *"To me it sounds like labelling, stigmatising people, creating a second class citizen in the community, a kind of reaction from media to refugee situation which do not help, it is kind of disempowering to call someone refugee, even if they have been in this country for that long. There should be a better way of referring to refugees once they have comfortably resettled somewhere in order to preserve their dignity."*

During the focus groups and interviews, Liberian women said they felt their low level of education and literacy exacerbated communication difficulties and limited their employment options. It is believed that while the overall literacy rate for the Liberian community in Victoria is around 60%, for women it is probably closer to 30%.

Single mothers with dependent children and widows were identified as a particularly vulnerable group. Women in the Dandenong focus group identified the Dandenong support group as an important avenue for providing opportunities to interact with people from similar cultural backgrounds. This was noted by the group as being a significant factor in relieving loneliness and isolation.

Participants indicated that they were generally satisfied with the level of assistance they received from service providers, but sometimes felt deserted when the intensive support provided immediately following arrival ceased and they were expected to seek employment or study opportunities without sufficient assistance.

Financial management

Focus group participants acknowledged that many Liberian refugees, particularly single women with dependent children, were reliant on government income support and found it difficult to support themselves and their family. Settlement workers said that a number of refugees also felt obliged to support family living in Africa.

> *"All refugees only source of income is the Centrelink payment which they receive every fortnight. They spend between 25% to 35% of that amount on rent. Unfortunately, as far as I know, all new arrivals live in private accommodation where the rent is constantly on the rise because the demand for housing is higher than the supply. The rest of the money, after rent, is spent on food, school fees, transport, and medication. The situation becomes harder for single mothers with between two to five children to care for" (service provider).*

Settlement workers also raised concerns about the capacity of many refugees to manage a budget. Some, for example, ran up large bills due to a lack of understanding of the charge rates for telephone and mobile phone use.

Employment

From interviews with service providers, community leaders and focus groups, the generally agreed rate of unemployment in the Liberian community is between 70-80%, a figure which is likely to increase as the number of new arrivals increase. Participants made a direct connection between employment, education and training and agreed that qualifications, under normal circumstances, would result in employment. However, they argued refugees are not fairly treated in the labour market and are victims of racial discrimination.

> *"The worst thing is that African jobseekers, of course these include Liberians, are guilty until they are proven innocent. This means that most African jobseekers are presumed incompetent, or incapable of doing what is required of them by the employers, until they have actually worked. With this in mind most mainstream employers are hesitant and do not want to employ African jobseekers, especially newly arrived refugees."*

Those who did find employment experienced similar discrimination.

> *"They usually call me black fellow, and ask me if I have ever seen a boat or a caravan in my life. When I say it doesn't matter whether I have seen it or not, what matters is what I can do, and I can do anything you guys do here at the assembly line. They keep on making joke of it and sometimes I get annoyed, but never complain."*

Many participants identified dependency on public transport and problems with communication as further barriers to employment.

> *"There is something good about Liberians. They do not have great difficulty communicating with the wider community because they speak English, unlike some of the new arrivals from other communities, and they are aware to some extent of the western system due to their past connection with the USA. The main barriers to employment for these people are lack of local work experience, lack of childcare for those who want to work or study, and lack of local support networks. Unemployment is a real issue" (settlement worker).*

It was generally agreed among focus group participants that speaking English doesn't necessarily result in good communication.

> *"Liberian English is the problem; it is a bit hard to understand most Liberians when they speak English, especially the illiterate ones, because their accent is between Black American accent and their own native accent." (settlement worker).*

There was some debate about Centrelink placing pressure on new arrivals to find work while attending English classes. Some argued that the 510 hours of English language training should not be applied to those arrivals that had good English, writing and numeracy skills and that there should be immediate access to appropriate job-related training programs.

Refugees who are well qualified in Liberia said it would be more appropriate for Centrelink to develop training programs that qualified them for employment in Australia. Concern was also expressed that African refugees with pre-existing medical conditions and disabilities had no prospect of employment. Single mothers were identified as a group in need of greater support as the demands of childcare excluded them from participation in education or employment.

> *"There are many single women with children who cannot work or easily go to school to improve their standards."*

Counselling

Counselling is closely associated with mental illness and mental illness is seen as a sign of weakness in Liberia. It is rarely discussed as it is considered shameful. In rural areas, a person with serious mental health problems is often considered to be cursed by god or at the mercy of the devil. At first a 'Zoe' (traditional healer) is called upon to assess and attempt to treat the mental and medical condition of the individual. If treatment fails, the individual is generally ostracised and even cast out from the community.

Attitudes to counselling

Due to a lack of medical facilities in Liberia or transit camps in Ghana, Sierra Leone and Guinea-Conakry, few Liberian refugees in Australia received counselling before arrival.

For health and mental health problems, Liberians have traditionally sought the support of a Zoe, who is believed to possess social, medicinal and spiritual healing powers. Zoes are usually male leaders or elders, who the participants said treated them successfully 95% of the time. Research found that Liberians would rather attend Zoes than professional counsellors who did not share their cultural background. Women in particular, indicated a strong preference to receive counselling from Liberian elders. The women said they expected counsellors to be discreet, trustworthy and give fair advice.

Participants noted that professional organisations often only contacted clients once and did not make follow up appointments. This left clients who were already finding it difficult to negotiate an unfamiliar health system responsible for organising appointments and reviews. Another barrier to counselling were waiting periods that could extend to two years before people could access an appropriately qualified specialist.

Overall, participants recognised the value of professional counselling, but said they would only approach mainstream counsellors if more traditional forms of counselling failed.

Community members who have lived in Victoria for longer periods of time had a more complex perception of counselling. Definitions of counselling from these members included, "*bringing under control emotional, mental, depressive and psychological situation experienced by someone*" or, "*comforting someone so that he or she can forget his or her painful past and move on.*" They also agreed that counselling for people who have suffered through war, relationship breakdown, unemployment, death, illness or separation from loved ones was important.

"War, famine, ethnic killings, rapes, political instability, human rights violations, lack of good governance, experienced prior to coming to Australia, are all contributing factors to the state of mind and behaviour of most Liberian refugees. There is a need for specialist counselling intervention and preventive measures to support members of our community who might need help."

Gambling

Attitudes to gambling

"One day I saw a cheque of a big sum of money being presented on TV to a Tattslotto winner, and I thought I wished this could be me. I am really tempted and will play to see if I can win."

Participants defined gambling as, *"Taking chances in order to get rich quick"* or, *"Get something that you need badly."* Initially, participants said gambling was a bad thing because it caused stress, depression, domestic violence, family breakdown and financial problems. However, as the discussion progressed, a number of participants said that occasional gambling was *"okay"*. It emerged that some participants were deeply involved in gambling. Those in favour of occasional gambling were all unemployed.

While participants indicated that gambling occurred both in Liberia as well as in Liberian communities in Australia, discussion indicated that gambling behaviour may be influenced by Australian attitudes to gambling.

"Back home people used to gamble and as a result problems were created for others and most of the time they killed one another, gambling is not good. Here in Australia, we are not really aware of gambling in the community and do not know who does gamble."

"It is possible that gambling may be attempted by some Liberians as a way of experimenting with the way things are done here in Australia."

There are also perceptions that people are encouraged to gamble: *"….it is a real sin to play that kind of game. It is very bad indeed."* However, this woman indicated that she had been upset to learn that her 10-year-old son had used his lunch money to play 'scratchies' or any game requiring money to win money. *"I am completely feeling bad about this because he does not want to listen to me."* The mother, referring to the researcher's presence, said to her son, *"Because of your bad behaviour the government has sent this gentleman to talk to all of us, and your name will be in their book today, you'd better change your ways now or else."*

A male participant's view was that, *"Government has made gambling legal in this country, probably in order to allow businesses to compete and flourish and raise enough tax money through the process, then why should they ask people to stop gambling? As far as I am concerned gambling should be banned altogether or at least our community should not be contaminated by this kind of thing. It aint good and I aint want it."*

Four young women aged between 15 and 20, whose mother had spoken out strongly against gambling, said that, *"We would go to casinos or play Tattslotto, if we had money, because it is a good thing to enjoy big money especially if you don't work hard for it."*

Female participants in one focus group unanimously condemned gambling, saying it should not be encouraged. They admitted knowing about gambling both here and in Liberia, but said they did not know anybody involved in it. All participants agreed there was no gambling in their community but if there was evidence it was a problem, suggested the following:

- Gamblers should be given full-time employment to help prevent gambling;
- Gamblers should be given the opportunity to attend gambling educational and awareness programs; and
- There should be training incentives to engage people in worthwhile activities to deter them from thinking of gambling (female focus group, Dandenong).

Types of gambling and participation rates

A long running national lottery was popular in Liberia, but there are a variety of other forms of gambling practiced in Liberia. These include:

- Ma'an (from the Gio, Mano, Kpelleh ethnic groups);
- Kpokolo-kpa (from the Lorma ethnic group); and
- Kpon (from the Mano ethnic group).

Kpon is played with cowrie shells. Players form a a circle and the game is played until all but the winner is eliminated. Players gamble almost anything, including their wives. Debts incurred in Kpon are legally binding.

Other forms of gambling are lotto, cards, sports-betting as well as checkers, ludo, marbles and 'babbie'. Babbie, also known as fooseball or babyfoot, is currently very popular among Liberian youth. Participants bet on the outcome of babbie games, which are played in homes, cafes and games arcades. According to this research, considerable sums are spent (see case study at the end of this section).

A game of Babbie in Melbourne

In Liberian communities in Australia, the most popular forms of gambling are Tattslotto, scratchies, bingo and babbie. A number of respondents reported that many Liberians in Melbourne gambled significant amounts of money on Tattslotto, scratchies, babbie and even the children's slot machine game 'Chocolate Factory'.

Electronic gaming machines (EGMs) and casino gambling were not yet favoured as gambling forms because, according to some participants, these are games conducted openly and have the potential to bring shame and publicity to the Liberian community. Participants also viewed these games as more sophisticated, costly and inappropriate for their community, "*... mainly for the mainstream people, and we don't know anything about those games.*" Most interviewees were aware of mainstream gambling venues such as casinos, EGMs, clubs and Tabarets, but said they did not attend them.

Participants said that counselling support should be available as well as education programs conducted by appropriately trained community leaders.

Settlement workers agreed that, "*There is a need for community education to prevent problem gambling. We must provide them with an informed choice process....Gambling is an emerging issue and it must be addressed now.*"

Case Studies

Two case studies were collated during the course of interviews with community members and leaders; one was drawn from Liberia and the other from Melbourne.

Case study 1

Fohn, a forty-year-old man from a rural area of Liberia, moved to Monrovia, the capital city of Liberia, with his wife and seven children. Although Fohn was unable to find employment, his wife Matty was a business woman and worked hard to support their family. She was a dedicated mother and wanted money to be put aside for their children's education. Fohn was given the responsibility to manage these funds.

For the first 12 months, things went fine for the family and the children attended school regularly. One day Fohn decided to use some of the money to gamble in order to get quick money for the family. He said this was because he was not working and was ashamed to see his role as bread winner taken away from him. He continued to gamble, but won nothing. He eventually gambled all the money kept aside for the children's schooling.

As a result of the money being spent on gambling, the children dropped out of school and did not achieve any higher level of education. Matty believed her husband would change and initially tolerated his gambling behaviour. However, when he continued to gamble, it soon had an impact on their relationship. The couple began to fight in front of the children and eventually separated. The children remained with their mother and Fohn left the house. However, as traditions would allow it, he was permitted to come and visit the children. His eldest son Gehgeh had a close relationship with his father and regularly accompanied him whenever he went gambling. Gehgeh later said that he'd become interested in gambling after seeing his father and friends doing it.

When the Liberian civil war broke out, Fohn went to his family hoping they could all escape together. He told his wife that he was going to his house to get prepared and would return shortly so they could leave together. Fohn, however, did not return to his family. His body was later discovered in a nearby street having been killed by rebels. A day later, realising the gravity of the situation, Gehgeh and his three brothers fled Liberia and went to Ghana leaving their mother and their three sisters behind.

In Ghana, Gehgeh lived in the Buduburam Liberian refugee camp. He had a girlfriend named Fanny with whom he lived for two years before she moved to the USA due to a special connection. Once in America, Fanny provided financial support to Gehgeh. This provided him with a reliable and regular source of income (US$250 per month) and he told Fanny that he planned to go into business and make more money.

At almost 28, Gehgeh began doing what he learned from his father at a young age – gambling. When the business started, the profits and money from Fanny went into gambling. In the end, not only did he lose money through gambling, he also lost the business and the trust of Fanny. Gehgeh soon lost all means of income and eventually resorted to stealing. Gehgeh was later jailed for three years for theft of property and money.

Case study 2

Paul, a 22-year-old Liberian living in Melbourne, went to the local shopping centre with a group of friends. His friends asked him to play Babbie (foose ball), a table game based loosely on soccer for up to four plays costing $1 per game. Paul, who had never played the game before, agreed to play because he wanted to experience something new.

The first time his friends paid for the games and Paul had fun even though he lost each game. The following week he played again wanting to prove that he could play better. While playing for the second time, Paul's friends started betting on the game's outcome. Paul joined in and bet $50 while each of his friends bet $100. Paul lost his money. The third time the friends played, Paul won and his friends lost even more money.

> *"When we got there, I played with a friend and I won $50 and my friend lost $100, my friend who lost his $100 was furious, upset almost mad for having lost that much money. He asked me to play another game, probably for revenge, and I accepted it. He lost again $300 and I won $150. My two-in a roll winnings may entice me to play more often as long as there is someone willing to engage me," said Paul.*

When asked if he really meant what he said, Paul responded: *"Frankly speaking, I do not want to play that game for money again, I was just lucky that I won $200, that is enough, I will never play again that way."*

SOMALIA PROFILE

Somali Community

Country profile

Name: Somali Democratic Republic (official name until 1991) or Somali Republic (name adopted by TFG – see below)
Population: 8.86 million (2006 estimate)
Capital: Mogadishu
Religion: Sunni Muslim
People: Somali (85%), Bantu, Arabs
Languages: Somali (official), Arabic, Italian, English

Historical background

The Somali people have been settled in the Horn of Africa for at least 2000 years and have lived in present-day Somalia and Ogaden (now eastern Ethiopia) since the first century AD. In the 1880's, northern Somalia was annexed by Britain and the southern and central regions were annexed by Italy. In 1941, Britain occupied Italian Somaliland and in 1948 gave the Ogaden region to Ethiopia.

Somalia achieved independence in 1960 and the two former colonial territories – British Somaliland and Italian Somalia - merged to form the Republic of Somalia. The new democratically elected government was soon weakened by the ruling elite's tendency to favour the interests of their own clans. Following a coup d'état in 1969, Siad Barre took over as president, but did not successfully address this issue. He resorted to maintaining his position by the use of strong-arm tactics, including bribery, widespread abuse of human rights and encouraging disputes and tensions among other clans, while confining most government appointments to members of his own clan.

Opposition to the Barre regime progressively increased throughout the 1980s until the regime eventually fell in January 1991. In May that year northwest Somalia declared itself the independent Republic of Somaliland and a Somalia-wide government ceased to exist. The civil war that ensued caused more than 500,000 deaths in the past decade. In 1992, during the worst turmoil, an estimated 800,000 Somalis were refugees in neighbouring countries and two million were internally displaced. The United Nations undertook a peacekeeping intervention aimed at ending the internal conflict, but failing in their mission, withdrew in 1995. With no central source of authority or power, Southern Somalia then disintegrated into an ongoing conflict between rival militias based around different clan groups. In the north-west, the region of Puntland declared itself autonomous, although still affiliated with the northern Republic of Somaliland.

In the late 1990s, anarchy, armed conflict and food insecurity persisted throughout southern Somalia. In October 2000, the UN Food and Agriculture Organisation rated Somalia as the 'world's hungriest country'. Between the year 2000–01, violence and insecurity prevailed in parts of southern, eastern and western Somalia. Clan-related attacks and continued militia and factional rivalries resulted in hundreds of fatalities and casualties, mostly civilian. Gunfights in the capital Mogadishu as well as Merca and other locations left hundreds dead. Humanitarian agencies also experienced ongoing targeted attacks. Factional conflict, drought and floods displaced an estimated further 20,000 people from their homes during this period, adding to the nearly 800,000 Somalis uprooted in previous years.

There was some hope for an end to the unrest in August 2000 when many warlords cooperated with the formation of a Transitional National Government (TNG), which has worked towards creating a national government. However, the authority of the TNG is not recognised by Somaliland, Puntland or by many of the warlords in the south. Sporadic fighting has continued in Mogadishu.

Culture

Islam arrived in Somalia in the early 1st century of Hijra (6th Century AD) founded by refugees from conflict in the neighbouring Arab peninsula. The presence of these early Islamic Arab leaders gave birth to the founding myths of most Somali clans, who claim direct descent from them.

The population of Somalia is overwhelmingly Sunni Muslim and follows the Shafite (Shaafici) school of thought in their practice and interpretation of Islam (Qu'ran) and Prophetic Practices (Sunnah). Religion has always played an important role in Somali society, particularly in the field of education, providing basic literacy and often more formal education through religious schools known as dugsis or madrasahs.

Since the onset of the civil war these institutions have frequently provided the only educational facilities in many areas of Somalia. The teachings and practice of Islam have blended with Somali cultural heritage including Somali customary law (xeer). Since the collapse of the State both xeer and sharia law have played a more prominent role as a source of law and order. In some areas, sharia courts have been set up to deal with crimes and disputes in the absence of any other structures.

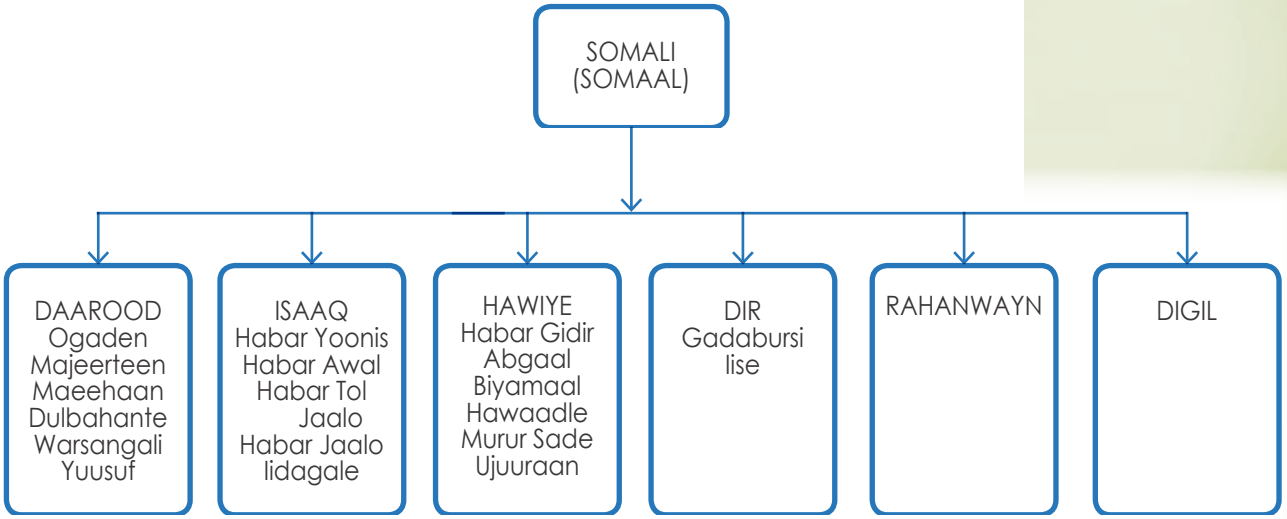
Like many Muslims, Somalis believe Islam is not only a religion but a framework for understanding and interpreting the everyday world and shaping self-perception and identity. Celia McMichael, writing about Somali women in Melbourne, describes Islam as offering a portable 'home' or sense of continuity in a foreign place, as a source of emotional support during the trauma of displacement, migration and resettlement (McMichael, 2002). Islam, or more specifically Quranic recitations, is also used as a treatment for many ills, including sadness and mental illness. Religious leaders are also community leaders, counsellors and mediators and are consulted on a wide variety of personal issues including relationship problems and financial hardship.

Social structure

Somalia is the most ethnically homogeneous nation in Africa, with approximately 85% of the population being Somali. Despite this homogeneity, Somalis are chronically divided by their clan groups. Of the 8.9 million Somalis living in Somalia, 80% belong to the Somali or Samaale group in the north and the remaining 20% belong to the Sab or southern Somali. All believe they are descended from the same male ancestor and his two sons, Somali and Sab.

Communities are united into larger social and political units, each of which is called a rer and has its own elected leader. Somalis see their first affiliation as being with their family, then the extended family, subclan and clan. Responsibility and generosity are valued within the close-knit family and clan groups, with more reserved and distant relationships maintained with strangers.

Somali Clan System



Customs

As respect and status are gained with age in Somalia, parents tend to have overwhelming authority over their children. Somalis enjoy close family relationships and a great sense of community spirit. The official greeting of Somali community is 'Asalaamu Aleykum' which means 'peace be upon you'. Somalis warmly greet each other with handshakes. Shaking hands with the opposite sex is avoided.

Language

The majority of Somalis speak Somali (with a number of smaller regional variants). The Somali language and culture is strongly based on spoken language - Somalis did not have a written form of language until 1972. Somalis also speak Arabic and Amharic although Somali Arabic is a variant of that spoken by other Arabic-speaking cultures. Many of the older generation also speak Italian.

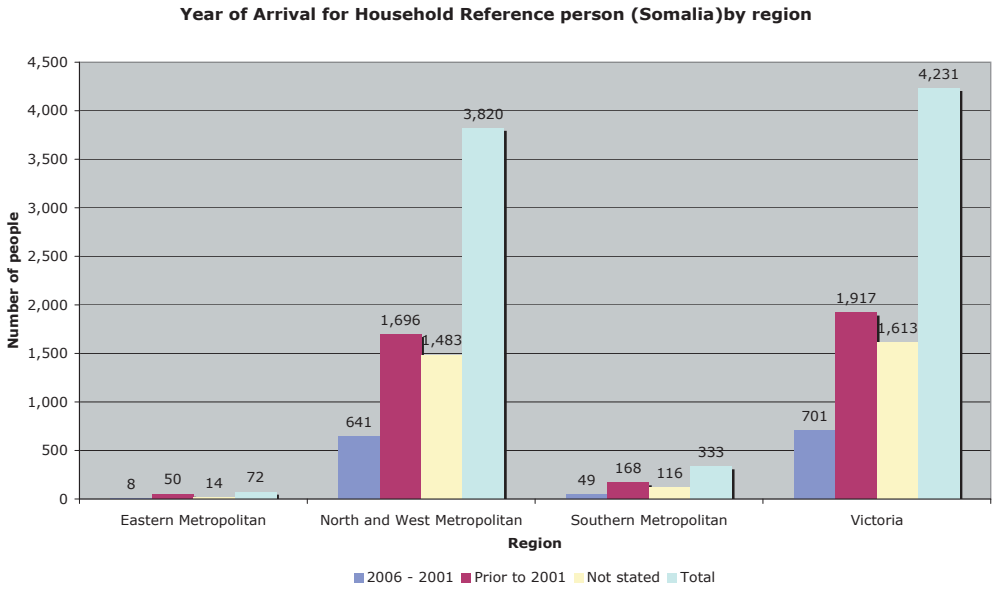
The Somali Community in Victoria

Settlement patterns

Somali migration to Australia has broadly followed different conflict phases with the first group arriving as students in the early 1970s. As opposition mounted to the rule of Siad Barre, more began arriving as refugees in the 1980s. When Barre's offensive intensified in the north, another wave arrived in 1988 and 1989. The main wave arrived in the 1990s, as the ruling regime collapsed and conflict became more randomised and widespread.

The Somali community is mostly located in Melbourne's north and north-western suburbs, with many living in Heidelberg and Broadmeadows. There are also smaller clusters in the south-eastern metropolitan areas around Springvale and Clayton and in the inner suburban commission housing estates located in North Melbourne, Flemington and Kensington.

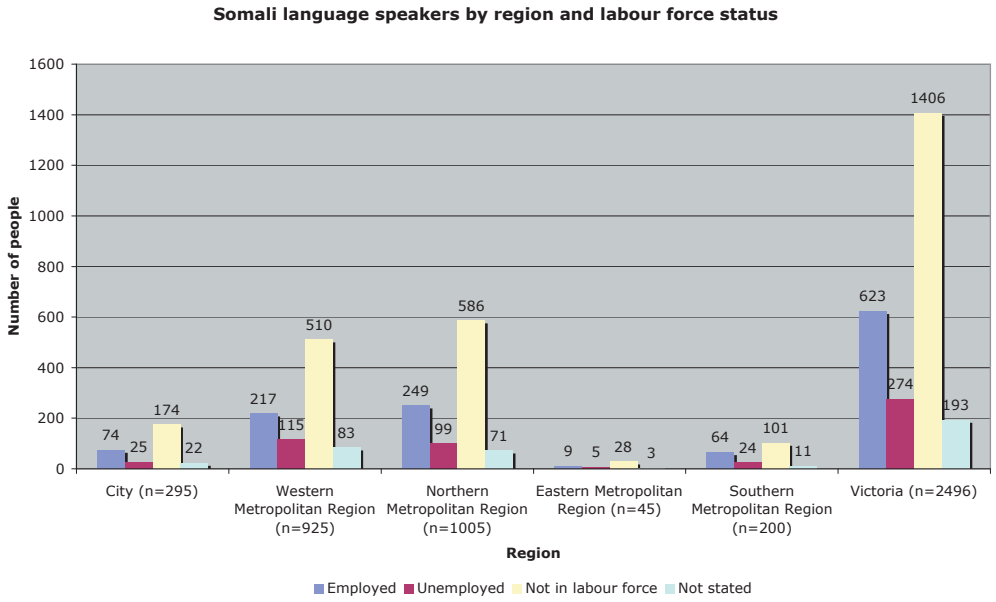
As the table below indicates, the current population total stands at about 4231, with 45% of Somalis arriving before 2006 and 16% arriving after 2001.



Source: ABS 2006

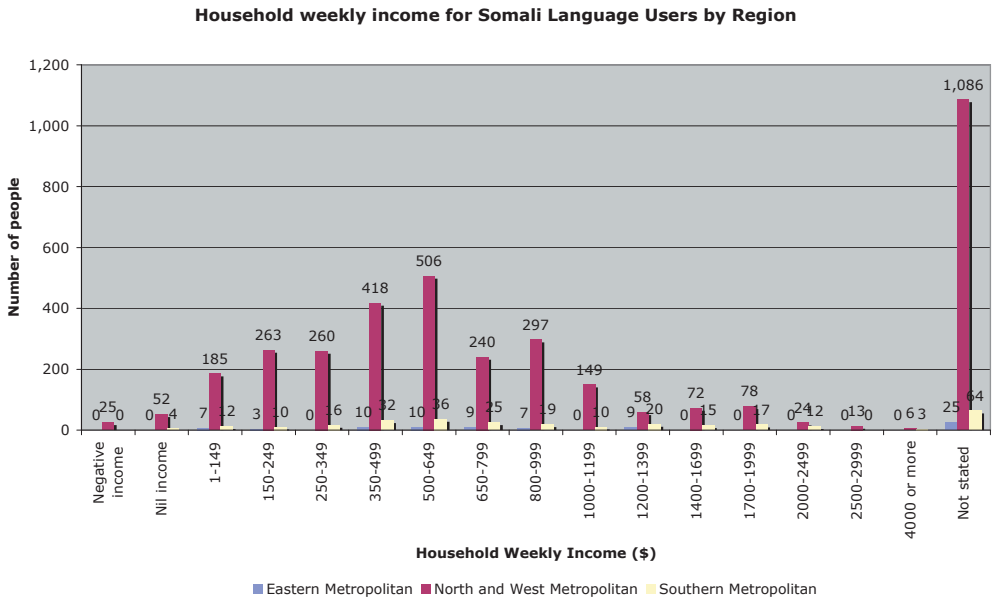
Income and labour force participation

The focus groups and interviews with service providers and community leaders revealed that the Somali community continue to face significant financial hardship. The statistics in the following table indicate low labour force participation among the Somali community with 67% of Somalis either not in the labour force or unemployed.



Source: ABS 2006

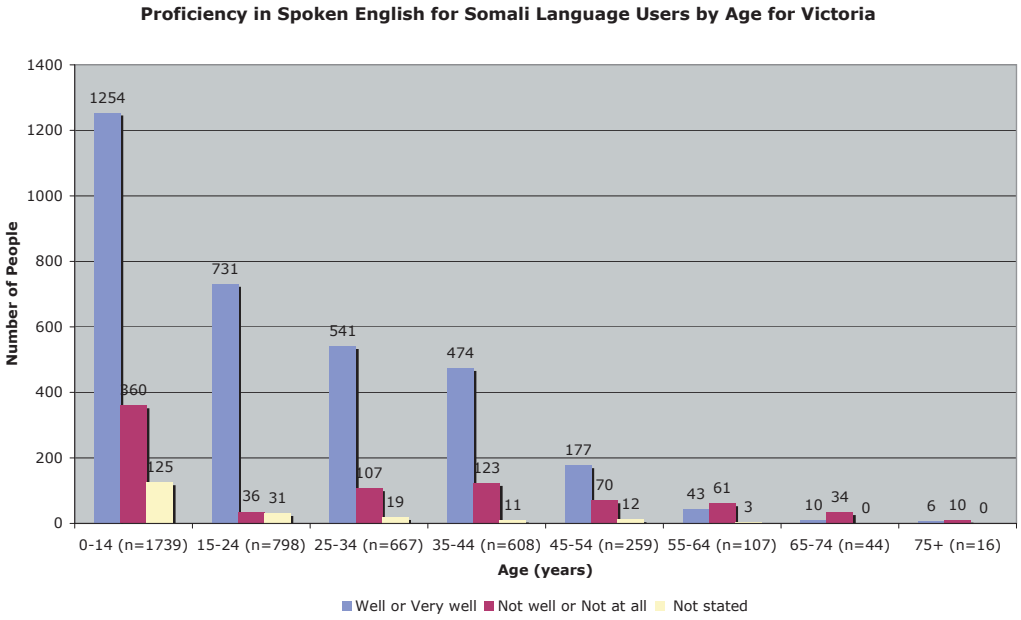
Low labour force participation is also reflected in income levels. The income levels displayed below, taken across the state, shows 62% on weekly incomes from zero to the $500-$649 bracket, almost half the national average.



Source: ABS 2006

English proficiency

According to the data below, English proficiency is generally high among the Somali community - about 78% for school aged youth, 80% for those aged between 25-54 but declining markedly for the 55 and older age group.



Source: ABS 2006

Social and cultural organisations

The Somali community is well organised, with a wide variety of cultural, social and community organisations that coordinate activities such as English classes, sewing classes, sports and religious education. Although there are as many as 50 Somali organisations, below is a list of some of the main ones:

Organisations

Somali Community Inc
raas27@hotmail.com

Hawo Tako Somali Women's Association Northern Suburbs
naimamahamad@hotmail.com

Australian Somali Society
michael.geary@bchs.org.au

Australian Somali Youth Association
samiro_mohamud@hotmail.com

Somali Australian Council of Victoria Inc
haraco@hotmail.com

Australian Somali Students Association Inc
abdiaziz40@hotmail.com

United Somali Women Organisation in Victoria
unitedsomaliwomen@hotmail.com

Somali Support and Development Association Inc
aliguled43@hotmail.com

Somali Community Information Services Network Inc
abdiaziz@netbay.com.au

United Somali Organisation in Australia Inc
uso_australia@hotmail.com

Socially Active Youth Group Organisation (SAY GO)
east_african86@hotmail.com

Somali Cultural Association
ibrahima@nlma.com.au

North Melbourne Somali Language and Cultural School Inc
kiinosman@hotmail.com

Key leaders

Fartun Farah
United Somali Women's Organisation
unitedsomaliwomen@hotmail.com

Abdurahman Osman
Somali Community of Victoria
Raas27@hotmail.com

Yusef Sheikh Omar (Dr. Omar)
Australian Somali Youth
omar3032@hotmail.com

Means of communication

The Somali community generally communicate through word of mouth at family, social and religious gatherings. There are also four Somali community radio programs on 3CR, 3ZZZ and SBS. These programs broadcast community announcements, news from Somalia, religious programs and other valuable information.

Settlement Issues

Access to services and recreational facilities

The Somali community indicated that they were generally satisfied with their access to services and recreational facilities, although they would like to see more done for youth. Many felt they needed more information about available services and indicated a need for more interpreters to explain or assist with access to services, including attending court cases and communicating with police.

Transport and housing were also identified as significant issues. Generally, Somalis rely on private cars: those living in outer suburbs said buses were the only means of public transport and noted these were infrequent and often unreliable. Affordable housing was also found to be very difficult to secure, in particular finding houses large enough for extended families.

Employment

There is a high unemployment rate among the Somali population; most respondents estimated it to be around 50%. This is partly because many Somalis come from older generations who do not speak English. Others who have earned their qualifications in Somalia or other countries struggle to have their qualifications recognised and feel they are being discriminated against by employers.

Relations with other communities

Although the Somali community felt that generally they had excellent relations with other communities, some reported that older people experienced isolation due to the language barrier. Somali families often live closely together: some respondents voiced reservations as to the impact this had on integration with the wider community. Others said that their Australian neighbours were not particularly interested in getting to know them and did not seem as sociable as the neighbours they had in Somalia. They also said they enjoyed good relations with the police, although some reported isolated examples where they had felt discriminated against.

Other issues

Focus group participants indicated there were many unsupported families. Some estimated close to half of all Somali families are headed by single mothers. Many also advised that a considerable number of unaccompanied youths come from Somalia to stay with their relatives. Families are having difficulty supporting these youth, many of whom subsequently drop out of school.

Focus groups also spoke of clan divisions standing in the way of community cohesion and development. Since the civil war the Somali community has been divided along clan-based factions that exacerbate differences within the community. This presents many additional difficulties in relation to interpreters, as individuals may reject an interpreter from an opposing clan.

Many Somalis said they were experiencing financial problems due to a range of factors including unemployment, supporting large families or providing financial assistance to family members abroad. Many did not have the skills to cope with a range of financial commitments such as payment of bills, rent and school fees.

In Australia, Somali men do not always control income: this may be due to having to make child support payments or because they might be unemployed while their wife works. The latter challenges traditional gender roles and often causes considerable conflict that sometimes leads to family breakdown.

Intergenerational conflict was also cited as an emerging issue. Many Somali youth were born and raised in Australia and identified with Australian culture more than Somali culture. They tend to seek the same type of freedoms their friends enjoy, causing friction with their parents.

Few people thought there were any real alcohol abuse problems in the Somali community, but all agreed that there was a major problem with 'qat' or 'qad' chewing. Qat is a stimulant, chewed in the form of a leaf or sometimes smoked or drunk as tea. Legally available, it is generally imported from Ethiopia but also now from Western Australia. Qat chewing can give rise to a number of health problems such as heart disease and liver damage but its most significant effect is family breakdown; men often go to cafes to consume it for ten to fifteen hours at a time - sometimes missing work, spending all their money and neglecting their families.

Counselling

Like many Muslims, Somalis believe that evil spirits, such as Jinn, cause mental and physical illness. When spirits become angry, illnesses such as fever, headache, dizziness and weakness can result. Curing illness involves a healing ceremony, which entails readings from the Qu'ran, eating special foods and burning incense. Traditional doctors are also used and their techniques include fire-burning (applying a heated stick from a certain tree to the skin), herbs and prayer. While there is no evidence that traditional medicine is currently practiced in Melbourne, the belief that mental illness is caused by evil spirits and curable by reciting the Qu'ran is still common. Some said they are reluctant to seek treatment for mental health issues from hospitals as they fear the patient may be injected with tranquillisers or chemicals which numb people's brains.

According to research conducted by Dr Bailes for the Somali Mental Health Project, Somalis made a clear distinction between mental illness and emotional problems. The latter is seen as a short-lived state in response to current or past difficulties and hardships. Dr Bailes observed that there were a number of different terms to denote a scale in severity between the two states such as 'confused' (isku buq) or 'talking to yourself' (islahadal) (Bailes 2004).

Attitudes to counselling

As with many non-western cultures, counselling is a foreign, often unheard of concept. The few Somalis who knew of counselling demonstrated a pragmatic attitude to the concept as a form of advice, mediation and arbitration to be used for financial and relationship difficulties.

The general responses from the focus groups was that few members of the Somali community would seek outside counselling as they would be wary of divulging personal information to someone outside of their clan. The traditional process is to first consult immediate family members and then members of the extended family. If no solution is found, the issue is usually referred to Somali elders and later to religious leaders (Imams). If the matter is still unresolved or very complicated, it might be submitted to the religious (Qadi) or secular court.

While some respondents agreed that counselling in principle could have some benefits, they felt that due to cultural differences and language barriers, the counsellor could not establish the necessary rapport with the Somali client to resolve the problem.

Preferred models of counselling

The most commonly-voiced suggestion from the research was that a culturally appropriate model of counselling in the Somali community would be to train elders. To facilitate this role, people felt that Somali elders should be provided with a venue to meet and conduct counselling or advisory sessions and for Somali elders to be trained and equipped with the administration skills to enable them to perform their duties in a more formal and organised manner.

Research respondents also felt that service providers should be educated in Somali culture and beliefs and that Somali elders should have more interaction with mainstream service providers to share experiences and learn from each other.

Gambling

Attitudes to gambling

According to one elder, gambling arrived in Somalia in 1908-1909 with the British and Italian colonial period but it was never widely practised. The traditional attitudes to gambling in Somali community are extremely negative and gambling is expressly forbidden under Islamic Law. Gamblers are ostracised within the Somali community and are branded as Khamarji (gambler), 'one who has lost their direction', and 'one who has no worth'. There are also a number of other negative connotations associated with gambling. .

Most defined problem gambling as when the person's gambling jeopardises their life and employment and those around them. Another definition was when someone spends large amounts on gambling on a continuous basis and is unable to sustain this level financially.

Traditional forms of gambling

Despite the religious prohibition and taboos associated with gambling in the Somali community, there are a wide range of games played:

1) Turub - a type of poker with four main variations:
    i. Iskaala - usually played by two or four people with full deck of 52 cards;
    ii. Shaanus - although played with similar rules to Iskaala, this game is accompanied by a set of punishments for losing such as smearing the face with ash. If punishment is refused the player must drink salty water, sing a song or imitate the call of a hyena, wolf or lion;
    iii. Dabakaeri - played by either two or four people, with thirty six cards but with no money or punishment involved; and
    iv. Falas - the most common game played, using three decks of cards and any number of people can play it.
2) Owguul - played with three decks of cards and the player has to place a coin of on one of the cards. This game is mainly played during the Eid days and both money and sheep are used as gambling currency.
3) Bakhtiyaanasiib (lottery) - There are two types of lottery in Somali community. One involves writing your name on strips of paper, which are then drawn from a container to announce the winner. Deception is often practised in this lottery. The other one is a form of deception practised by gangs in which people must guess the right card to win a ram. Unknown to the gambler, there are gang members in the crowd who pretend they have won a sheep or other prizes on offer. The gang member makes a big show of winning to encourage others to participate, who are then cheated as they cannot win. Victims are sometimes threatened with violence if they do not continue playing to repay the money they owe.
4) Dhari (Pot) - played by children mostly, but sometimes by adults. A number of clay pots are hung from tree branches containing ash, water, raw egg, money, or empty. A person is blindfolded, placed under the pots and then attempts to smash one of the pots with a stick, receiving the contents on their head if successful.
5) Dibnad (Dominoes) - a very popular game in the Somali community, which is sometimes accompanied by gambling.

Although few respondents professed to know of any gambling activity in Victoria it was generally agreed that the main types of gambling practiced within the Somali community included: cards, which were usually played in restaurants; EGMs played in tabarets; casinos; horse and dog racing; and internet gambling.

Gambling prevalence

The consensus of the focus groups and interviews was that gambling was not yet a problem in the Somali community. While groups of Somali men playing cards in restaurants are quite visible around Heidelberg, North Melbourne and Flemington, the general opinion was that the amounts gambled on cards were small and that the money spent on qat and its social impact was far more of a problem. Nobody identified any link between gambling and qat chewing.

In an individual interview, however, one respondent stated that he knew of at least ten Somalis, mostly taxi drivers, who were problem gamblers. A focus group also identified at least one case that had resulted in family break up and financial ruin. In addition, there were anecdotal reports of a number of Somalis who have presented at legal centres for gambling-related legal issues.

Various reasons were raised to explain gambling habits; these mostly related to employment issues such as unemployment or frustration resulting from working in low-skilled jobs where overseas qualifications and experience were not recognised. Some said it was because they wanted to socialise with people their own age, kill time, the dream of winning lots of money and to supplement their Centrelink allowance. Of the types of people who gambled, the general impression was that it was mostly the middle aged, youth and taxi drivers.

DINKA PROFILE

Dinka Community

Country profile

Name: Republic of Sudan
Population: (2003) 33.61m
Capital: Khartoum (City) 2.5 million; Khartoum (State) 7 million (both estimates)
Religions: Islam, Christianity, African Religions
People: Arab (39%), African (52%), Beja (6%), other (3%)
Languages: Arabic (official), Nubian, Ta Bedawie, dialects of Nilotic, Nilo-Hamitic, Sudanic languages and English

Historical background

The Republic of Sudan is Africa's largest country and is located in the northeast of the continent. Since independence from joint British-Egyptian administration in 1956 it has been ravaged by drought, famine and war. Sudan has seen regular turnover of governments but most have been military regimes controlled by Muslim, Arab northern Sudanese favouring Islamic-oriented policies. Disputes with largely non-Muslim, black African southern Sudanese over access to power and resources have resulted in two extended periods of civil war.

Sudan's first civil war began shortly after independence and continued until 1972. Eleven years of relative calm ended in 1983 when fighting broke out again. The estimated toll from the second war and associated famine included almost two million deaths and more than four million displaced people. In January 2005 both sides signed the Comprehensive Peace Agreement (CPA), which ended the fighting and granted the southern part of the country autonomy for six years. Under the terms of the CPA, a referendum on the south's political future is scheduled to be held in 2011.

The CPA did not end internal conflict in Sudan. In 2003 fighting broke out in Darfur, in the country's west. To date this conflict has resulted in more than 200,000 deaths and the displacement of nearly two million people. The United Nations is providing humanitarian aid to people in the region.

Drought, famine, war damage and limited infrastructure in the south have hindered the return of the estimated 500,000 Sudanese refugees who fled to neighbouring countries. Australia has assisted in resettling some of the worst affected people from the region.

The Dinka Sudanese are the largest ethnic community in southern Sudan.

Language

The Dinka peoples speak a series of closely-related languages which are grouped by linguists into five broad families of dialects. The five languages are called north-eastern, north-western, south-eastern, south-western and south central. Each subgroup calls its own speech by the group's name; over thirty dialects have been identified among the five language groupings.

Many also speak a South Sudanese form of Arabic known as Juba Arabic. This is a simplified version of Arabic, regarded by some as a dialect in itself and so standard Arabic interpreters may not be understood by Juba Arabic-speaking Dinka. Some Dinka have also learnt other languages in transit to Australia such as Kenyan Swahili, Ethiopian Amharic and Egyptian Arabic. The Dinka languages are written in Latin script.

Culture and society

Before the arrival of the British, the Dinka were nomadic and travelled in family groups living in temporary homesteads with their cattle. The homesteads were set up in clusters ranging from one to one hundred families and small towns grew around British administrative centres.

The Dinka expect an individual to be generous to others in order to achieve status in society. The Dinka base their lives on values of honour and dignity and discuss and solve problems in public forums.

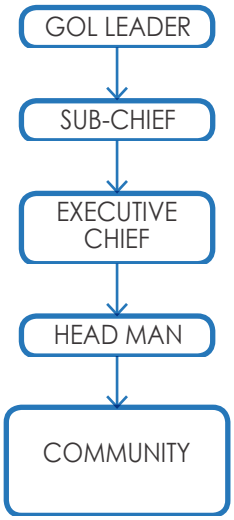
The Dinka must marry outside their clan (exogamy), which promotes cohesion across the broader Dinka group. A 'bride wealth' or dowry is paid by the groom's family to finalise the marriage alliance between two clan families. Levirate marriage, which is a marriage between a woman whose husband dies and one of her husband's brothers in order to continue the line of the deceased husband, is practiced by the Dinka as it provides support for widows and their children. All children of these families are raised together and have a wide family identity. This kinship system can be confusing for outsiders as people will refer to someone as their mother or father even though they are not actually their biological parent.

The division of labour assigns certain functions to the men, such as fishing, herding and periodic hunting, while women do the housework and tend to garden plots. After men's initiation to adulthood, the social spheres of the genders overlap very little.

Tribal authority was formerly exercised by an elite group called "chiefs of the fishing spears" or "spear masters" who provided health through mystical power. Their role has been eradicated due to changes brought about by British rule and the modern world. Their society is egalitarian, with no class system. All people, wealthy or poor, are expected to contribute to the common good.

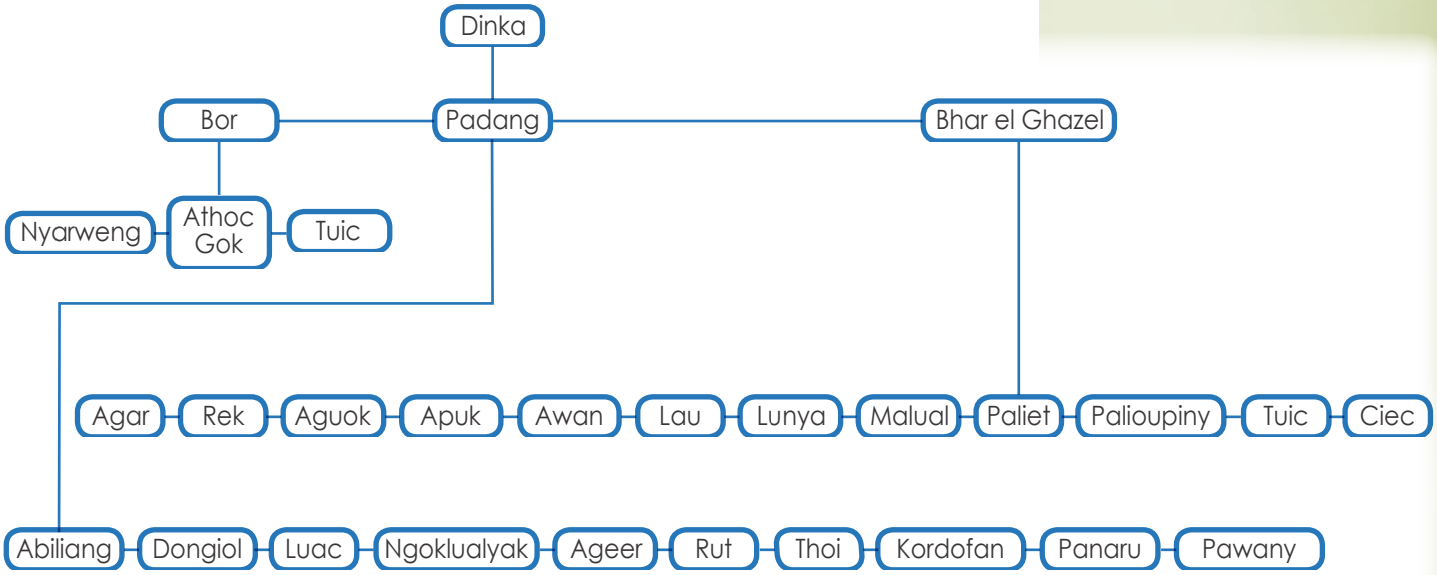
The primary art forms of the Dinka peoples are poetry and song. There are certain types of songs for different types of activities of life, including festive occasions, field work and preparation for war and initiation ceremonies. History and social identity are taught and preserved through songs. Songs are even used ritually to resolve quarrels.

Dinka social structure



Most decisions are made and disputes settled within this structure.

Dinka clan structure



Each cell represents a region, a dialect of Dinka and an extended family network. Members of each group are recognisable to each other through forehead markings, the pattern of lower teeth removal, dialect, and the pattern of woven cloth they wear. Each group has its own distinct dance, drum beats and songs.

Religion

The majority of Dinka are animist, with Christianity estimated to be approximately 10% of the population. In their traditional animist religion, the Dinka believe in a universal single god whom they call Nhialac. They believe Nhialac is the creator and source of life but is distant from human affairs. Humans contact Nhialac through spiritual intermediaries and entities called yath and jak which can be manipulated by various rituals. These rituals are administered by diviners and healers. They believe that the spirits of the departed become part of the spiritual sphere of this life.

In Victoria, most Dinka are believed to be Christian with a number of Dinka priests or pastors practicing in Victoria. However, animist belief systems remain strong and people identifying as Christian may have only a nominal understanding or observation of Christianity. As one Dinka elder explained it, the two may exist in parallel as they do not conflict with one another. In Sudan, 'spear masters', who are sometimes interchangeably referred to as priests, also celebrate traditional ceremonies in makeshift structures similar to chapels.

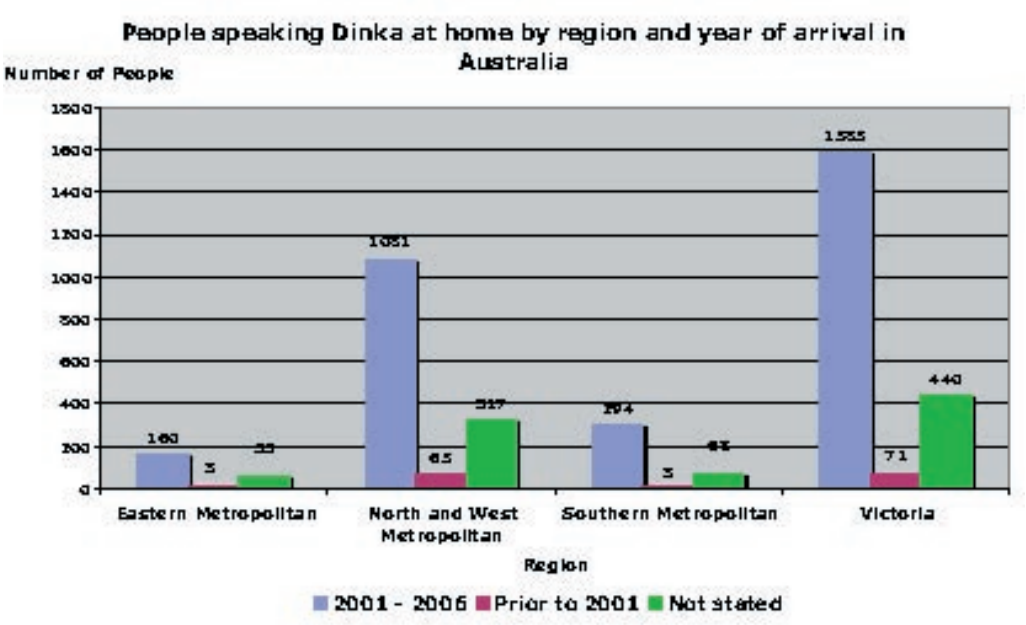
The Dinka Community in Victoria

Settlement patterns

Sudan-born migrants arriving in Australia before 2001 included a number of skilled migrants. Since 2001, the large increase in the Sudan-born population in Australia has principally occurred through the Humanitarian Program, with more than 98 per cent of Sudan-born arrivals entering Australia as part of this program.

The Sudanese Dinka community is located in three main areas of Melbourne, with the largest concentrations residing in the north and north-west metropolitan regions and smaller populations in the southern and eastern suburbs. Approximately 75% of Dinka arrived in the 2001 to 2006 period.

There are also small Sudanese Dinka communities in a number of rural Victoria towns including Geelong, Colac, Warrnambool, Castlemaine and Gippsland.



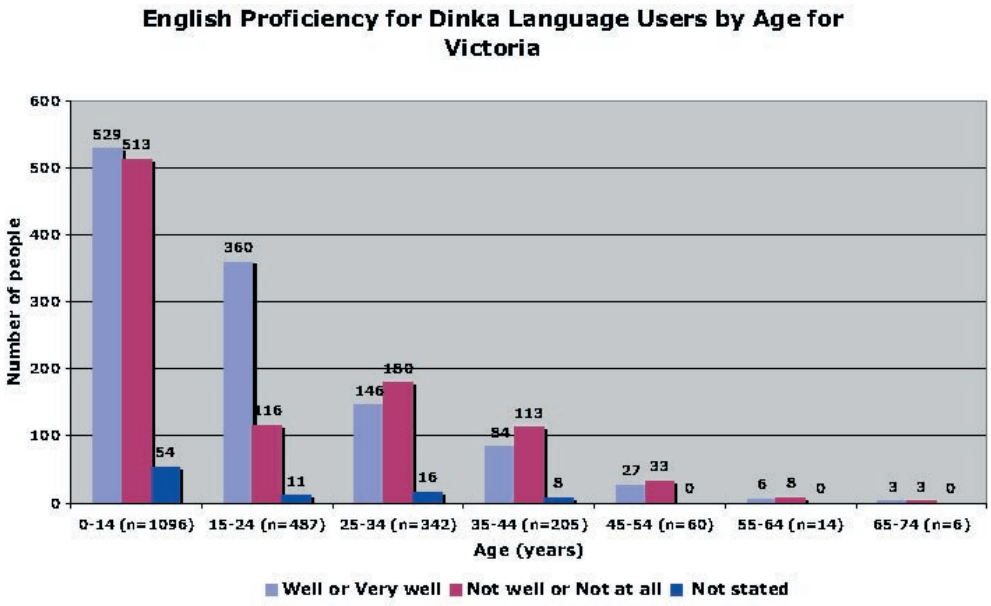
Source: ABS 2006

Income and labour force participation

As the figures below indicate, Dinka labour force participation is significantly low, with about 80% of working age Dinka unemployed or not in the labour force. Approximately 60% of Dinka are in the $0-$699 income bracket, with about 21% in the $500-$699 income category.

English proficiency

English proficiency is low, with only about half of the Dinka population being proficient in English. However, English proficiency rises to over 70% in the 15-24 age bracket.



Source: ABS 2006

Social and political organisations

The community is comprised of three main groups: the Ngok, Bar al Ghazal and Bor. Most of the Dinka community arrived in Australia between 2002 and 2004 from the many different countries they sought refuge in, with the majority arriving from Egypt, Kenya and Uganda and a small number from Ethiopia.

In terms of social organisation, Sudanese Dinka community is well organised. The community has both major social organisations and smaller social clubs. There are as many as fifty Sudanese organisations, not all are still registered or operative, or are specific to certain regional or ethnic groups.

The following are the main Dinka organisations:

Sudanese Community Association of Australia Inc
Email: samuelmachar@yahoo.com.au

Dinka Christian River Nile Association
Email: Abrahammalueth2000@yahoo.com

Bor Association
Email: lualdemak@yahoo.com

Sudan's Bor Youth Association of Australia
Email: iakina@hotmail.com

Bhar El Ghazal Community Development
Email: manyandit@yahoo.co.uk

Dinka Language Institute, c/o African Community Development Centre
93A Paisley St, Footscray VIC 3011

The Sudanese Community Association of Australia Inc. has the reputation of being the most representative of all groups and is inclusive of other Southern Sudanese groups such as the Nuer and Nuba. Its chairman, Samuel Machar, is widely respected throughout the Southern Sudanese community.

Some other useful contacts are:
SORA - Sudanese Online Research Association
56 Wattle Rd, Hawthorn, Victoria, Australia, 3122
Web: www.sora.akm.net.au

Sudanese Australian Integrated Learning Program
SAIL Footscray, Dandenong and other locations - details on home.vicnet.net.au/~sail/

There is also a chapter of the Sudanese People's Liberation Movement (SPLM) and branches of Sudanese political parties such as the New Sudan League of Australia.

Communication

Most communication among the Dinka is delivered by 'word of mouth' through social events and announcements at church ceremonies. Some of the most popular gathering points for the Dinka Christian congregation include St. Aiden's church in Noble Park, the Box Hill Anglican Church and the Ringwood Uniting Church.

Settlement/Integration Issues

Access to services

Accessing new and unfamiliar services such Centrelink, real estate agents, health services and the educational system can be a daunting prospect for many people in the Dinka community. Some are unaware of available services or how to access them. Language is an additional barrier to adults and children, especially as many have never attended formal education.

Most respondents indicated they were satisfied with the availability of recreational facilities such as sporting clubs and fields. However, some reported that individuals and community groups are finding it hard to access resources, facilities or services for a number of reasons. The practice of gold coin donations to participate in sporting events or to purchase sporting equipment/attire can be confusing. Often Dinka youth are not aware of the rules, policies and procedures governing venue bookings or membership for clubs and groups. This leads to perceptions of discrimination and unfavourable treatment. Many young people also do not have access to internet outside of school and even then access is restricted. Most cannot afford to go to internet cafes and rely on youth workers office access or a local library which often has a long waiting list.

Transport

The main means of transport in the Dinka community is public transport, especially for large families of six or more who would usually only possess one car. If the car is required for work, other family members were normally reliant on buses or trains. For those without cars this represented a major barrier to employment, especially for shiftwork in outlying areas of Melbourne. For young people, the lack of affordability of public transport also created barriers when it came to attending sporting and social events or job interviews.

Employment

The focus groups and interviews identified a number of factors that impact the Sudanese Dinka's low labour force participation rates. These included language barriers and lack of work experience - some youth have never worked before coming to Australia. Others felt that even if they had the experience and their own transport, employers would not give them a 'fair go' as some employers are racist. Some believed that negative media stereotypes were to blame and thought that local government could do more to promote their cause with local employers. Others reported positive experiences with employment, with some employers requesting more Sudanese workers by choice.

Lack of awareness of available services was another barrier. One Dinka settlement worker in Noble Park observed:

> *"Often young people spoke to me about assisting them to find a part time job, wanting to find a job but not knowing where to go to get assistance and concerns of not having enough skills/experience/ confidence/connections to be offered a job. Those that were very serious about sport and gaining employment often ask about getting support to complete a training course to become officials of the sport they love. Most see this as a good pathway to employment along with work experience through school."*

Relations with other communities

Although opinions varied, many Dinka felt that they had effectively settled and enjoyed harmonious relations with their fellow Australians. Sensitivity to negative media coverage was universal. One man complained that newspapers depicted Sudanese Australian citizens as Sudanese rather than as a "Box Hill, Noble Park or Dandenong man" as they would anybody else.

The Dinka community are also experiencing hardship from the housing shortage and feel discriminated against:

> *"It's hard to get a rental property from the real estate agent; it does take people from my community months to get a property for lease."*

After living in tightly-knit communal environments, some felt slightly alienated by the Australian culture of closed door existence, as described by one respondent:

> *"People don't interact with other communities; for example, how can you know about your neighbour if you don't go to them to say hello to each other - that's the first point of integration."*

In general, most agreed that with time, community awareness, support and adequate services they will be more accepted in the local community.

Relations with the police

Some respondents said they were aware of issues with the police and young people from the Sudanese community. Many believed that this was perpetuated by a lack of understanding - young people did not necessarily understand the role of the police and the police did not fully understand how to best work with the Sudanese community.

Young Sudanese said they often feel they are singled out by the police on the road, such as being pulled over for random checks. In public places such as parks and railway stations they are questioned by the police and are often asked to disperse. However, this issue has been reported to police and a response has been organised by local councils.

Police involvement in domestic violence has also caused friction with the Dinka community, especially the issue of intervention orders. The Dinka believe that this issue should be resolved through traditional means - within the family, relatives or the community, with the police or court intervening only as a last resort.

Counselling

There are widely different perceptions in the Dinka community about mental health. Some Dinka believe mental illness is an ancestral curse for wrongdoing such as killing an innocent person, disobeying your elders or burdening parents when they are old and in need of physical and emotional support.

Counselling in response to mental illness is not well regarded in the Dinka community. It is an unfamiliar concept with many respondents insisting that it does not exist in Africa. The community also felt it was not culturally appropriate to disclose personal problems to outsiders or strangers due to trust and confidentiality issues. Access to mainstream counselling services is subsequently low. For those who did access counselling, it was believed to be related to domestic violence.

Some did recognise the value of counselling and as one respondent said:

> *"Men did not seek help because they feel defeated; they keep problems to themselves until it becomes more severe, leading to other problems like heavy drinking and family violence."*

Most preferred the traditional method of counselling where problems are addressed with immediate family and friends. If the problem is not resolved it is then referred to the elders. If these processes fail, the issue is referred to the police and the courts.

Gambling

In focus groups and individual interviews, very few Dinka had any knowledge of gambling practiced in Australia. However, a number of traditional types of gambling were mentioned, such as Tok Kurow, which is played with a small hole dug on the ground with two rows of twelve holes, each hole containing four round stones. Two people may play, seated on opposite sides. Players can have up to four advisers each to discuss strategy and cows are the main currency gambled in this game. Other games include 'kusina', otherwise known as 'fourteens', a card game with multiple variations and a game known as 'Gumar' (the Arabic word for gambling) involving bets on the roll of a dice. Dominos and chess are also popular but only token amounts are gambled.

The general belief was that gambling was practised by mainly wealthy people in Sudan 'with many cows to gamble', and usually in urban centres. Few had any knowledge of gambling practised by the Dinka community in Victoria, although some were aware of the different types of gambling venues and their potential danger. One community elder stated:

> *"There should be community awareness regardless of whether or not specific communities have an issue with problem gambling. It should be made clear that it impacts on everyone in the community. It is a trap that anyone can fall into."*

Iraqi Community

Country Profile:

Name:	Republic of Iraq
Population:	24,683,000 (July 2003 estimate).
Capital:	Baghdad
Religions:	Islam 97% (Shiite 60%–65%, Sunni 32%–37%), Christian or other 3%
People:	Arab 75-80%, Kurdish 15-20%, Turkoman, Assyrian and other 5% (estimated)
Languages:	Arabic, Kurdish, Assyrian, Armenian and Turkoman

Historical Background

In 4000 B.C., the Sumerians established the great city of Ur of the Chaldees, and a flourishing civilisation that lasted more than 1500 years. In the Middle Ages, Iraq was the centre of the Islamic Empire, with Baghdad the cultural and political capital of an area extending from Morocco to the Indian subcontinent.

Since the fall of the Sumerians, the region has been conquered by the Babylonians, Assyrians, Macedons, Persians, Arabs, Turkish Ottomans and, in the early 20th century, the British. During World War I, Britain occupied most of Mesopotamia and was given a mandate over the area in 1920. The British renamed the area Iraq and recognised it as a kingdom in 1922. In 1932, Iraq achieved full independence, although Britain again occupied Iraq during World War II.

The government was composed of former Ottoman officials, who were overwhelmingly Sunni Muslims, presided over by a Hashemite King appointed during the British Mandate. Arab nationalist discontent and demands for greater popular representation led to increasing instability and bloodshed, resulting in a coup in 1958, when the royal family and its principal allies were killed. From 1958 to 1963, the successor republic led by Abdel-Karim Qasim was similarly troubled by violence and was itself removed by a further military coup in 1963. From 1963 to 1968, Iraq was ruled by a succession of nationalist military officers but none were able to maintain stability.

General Ahmad Hassan al-Bakr and army officers supporting the Arab Socialist Renaissance (Ba'ath) Party staged a successful coup d'état in July 1968. General al-Bakr was to rule a one party state until Saddam Hussein, who had long exercised real power in Iraq, succeeded al-Bakr as Chairman of the Revolutionary Command Council and President of Iraq in 1979.

Saddam Hussein assumed the position of Prime Minister in 1994. He then strengthened his grip on the country with a series of bloody purges, before embarking on a series of devastating conflicts including a war (1980-88) with Iran in which close to a million people were killed. The war with Iran and the Gulf War in 1991 following Iraq's invasion of Kuwait, together with the subsequent imposition of international sanctions, had a devastating effect on its economy and society. In 1991 the UN said Iraq had been reduced to a pre-industrial state; later reports described living standards as being at subsistence level.

In January 1991 a US-led multinational force entered Kuwait and defeated Saddam's forces in what became known as the first Gulf War. Following Iraq's defeat, unrest spread throughout Iraq with an uprising in the south of the country crushed by troops loyal to President Saddam Hussein. In the north, an uprising by Kurdish separatists initially overran large parts of Kurdistan but was overcome as troops in the south were redeployed to the north. Thousands were killed in the brutal reprisals that followed and an estimated one to two million Kurds fled across the borders into Turkey and Iran. The UN High Commissioner for Refugees called the exodus the largest in its forty-year history.

After a protracted period of intense political pressure, US ground forces again invaded Iraq in early April 2003. After defeating the Iraqi army, the US-led coalition established an interim authority, the Office for Reconstruction and Humanitarian Assistance, to help administer Iraq. This was superseded by the creation of the Coalition Provisional Authority headed by US Special Representative in Iraq Ambassador Paul Bremer.

On 28 June 2004, authority was transferred from the Coalition Provisional Authority to the Iraqi Interim Government. National elections took place in January 2005 to elect Iraq's 275-member Transitional National Assembly and a transitional government. The Transitional National Assembly met formally for the first time in March 2005 and drew-up a draft Constitution and a successful referendum to approve the constitution was held in October 2005.

Despite the establishment of a sovereign government, violence and instability has continued on an intensifying basis, with the government remaining reliant on an increasingly unpopular international military presence.

Culture

Ethnic groups

What is now Iraq was once made up of five cultural areas: Kurdish in the north centred on Arbil; Sunni Islamic Arabs in the centre around Baghdad; Shi'a Islamic Arabs in the south centred on Basra; the Assyrians, a Christian people, living in various cities in the north; and the Marsh Arabs, a nomadic people, who live on the marshlands of the southern reaches of the Tigris and Euphrates. There are also the Bedouin tribes primarily in southern and western Iraq, with smaller groups scattered throughout the country.

There are three major ethnic groups living in Iraq: the Shi'a Muslims, the Sunni Muslims and the Kurds, along with small numbers of Bedouins, Jews, Turkmen and Assyrians. The majority of Iraq's population is Shi'a Muslim. Kurds make up about 20% of Iraq's people.

Iraq is also home to approximately 150 tribes; these are composed of about 2,000 smaller clans, with varying sizes and influence. 75% of the total Iraqi population are members of a tribe or have kinship to one. The tribes range from extended family clans that may number anywhere from several hundred people to broad confederations of clans that claim the loyalty of a million or more.

Religion

Islam is the national religion of Iraq, adhered to by 97% of the population. Approximately 60–65% of Muslims belong to the Shi'a sect and 32–37% to the Sunni sect. Christians comprise only about 3% of the population in Iraq (although they comprise more than half of the Iraqi population in Victoria). More than 500,000 Christians are Roman Catholic, with the remainder belonging to various branches of Oriental Christianity.

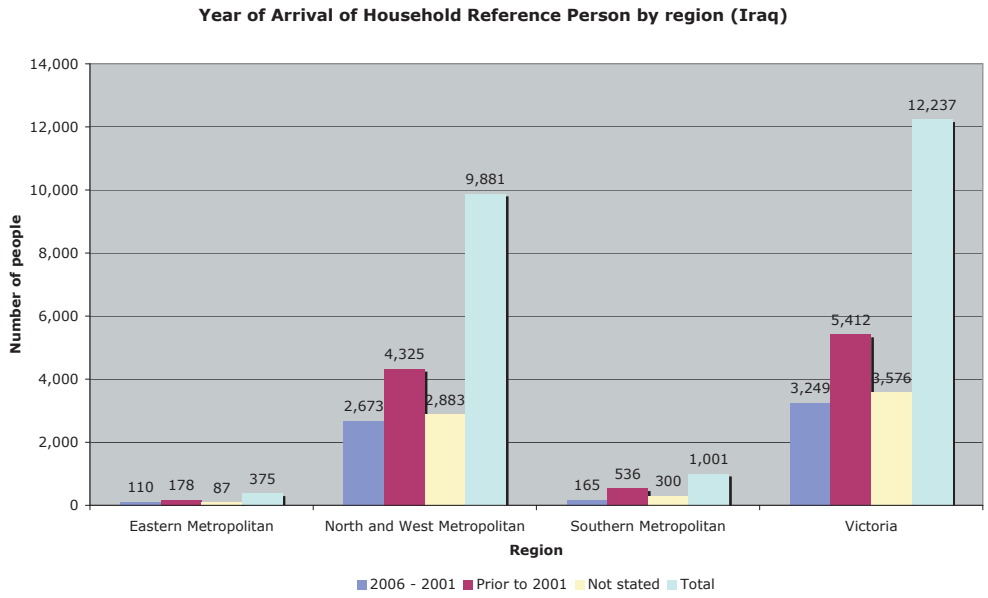
The Iraqi Muslim Community in Victoria

Demographics

Unlike Iraq, where 97% of the population is Muslim, the ABS 2006 Census found that, from a total of 8,616 Iraqis, 2,346 were Iraqi Muslims and 5,936 were Christian Iraqis. The Census found that most Muslims in Victoria were less than 44 years old – 4,502 were male and 4,113 were female.

About 33% of the Iraqi population are either unemployed or not in the workforce. Of the 53% who are in employment, they are mostly concentrated in the blue collar workforce and elementary to intermediate white collar clerical occupations. Approximately 20% of Iraqis in Victoria have attained tertiary qualifications from certificate to degree level and a similar number have attained year 12. Around 40% have attained year 11 or below.

The figures below, taken from ABS 2006 Census, indicate that most Iraqis arrived in Victoria before 2001, with the majority settling in Melbourne's north and northwest metropolitan regions. Information from focus groups and interviews with community leaders, confirmed that most Iraqi Muslims live in the northwest.



Source: ABS 2006

Social and political organisations

The Iraqi community in Victoria has one newly-created peak body, the Iraqi Australian Forum, that represents the Christian, Muslim, Assyrian and Kurdish sections of the community. There is no overall organisation representing the Iraqi Muslim population, but rather a number of smaller social groups in each of the areas where they live. Most of these are in the northern suburbs, and are mostly men's groups.

Iraqi women set up their own group in the Thomastown area but found the facilities the Council provided were too small and not suitable for children. Another women's group was established in Dandenong and was a part of a broader Arabic women's group. However, due to discontent, the group has now merged with the local Iraqi men's group.

In Shepparton, there was also an Iraqi Association but this was more of an ad hoc forum for discussing community issues than a social group. The main groups and contact numbers for Iraqi Muslim leaders are set out in the table below:

Name of Organisation	Contact	Position	Email
Al Amel TPV Association	Mueen Al breihi	Representative Al amel Association	Albreihi@hotmail.com .au
Cuttingedge Uniting Care Home Shepparton	Fatima Al-qarakchy	Multicultural worker	Fatima_al-arakchy@cuttingedge.unitingcaare.org.au
Ethnic council of Shepparton	Mohsen Mohamad	Community Development Officer	mmohamed@mcmedia.com.au
Uniting Care-Cutting Edge Home Shepparton	Adnan Alghazal	CLD project worker	adnan@cittingedge.unitingcare.org.au
Iraqi social night	Mohamed Aledane	NMRC social worker	mohameda@spectrumvic.org.au
	Salwa Oraha	Arabic interpreter	armaraz@gmail.com
Australian Iraqi Forum	Salma Al-Khudairi	Convenor	salmaalkhudairi@hotmail.com
VASS Victorian Arabic Social Services	Leila Alloush	Manager	mail@vass.org.au

Language

About 44% of the Iraqi population in Victoria speak Arabic as their first language and about 45% speak Assyrian.

Communication

Information is conveyed within the Muslim Iraqi community predominantly by word of mouth at social events, through the internet and via community and religious leaders and gatherings. There is also an Iraqi program on 3ZZZ, an Arabic youth program on 3CR and an Arabic program on SBS Radio. A full list of Arabic language media can be found on the Victorian Arabic Social Services website www.vass.org.au.

Settlement Issues

Access to recreational and educational activities

According to focus groups, Melbourne's northern suburbs offered a variety of recreational and educational activities. These included weekly men's swimming sessions at a local pool, excursions, religious groups, Arabic classes and a playgroup. There was also an Iraqi sport club in the area. Some, however, said there were no locally available activities at all in their suburbs and that accessing activities was difficult.

In the southeast suburbs, the focus group reported that there was one religious class for children every weekend. They also reported that there were no suitable recreational and educational groups available in their area such as sporting clubs, sewing classes or meeting halls for ceremonies. They said they were able to secure childcare facilities for their women's group.

In the Shepparton area, respondents were generally satisfied with the facilities available, which included weekly swimming sessions, the use of a gym hall for three days a week, sporting teams and religious groups. There were also a number of educational programs available through the Multicultural Education Centre/TAFE such as English, first aid, driving lessons and other courses. The downside was that there were not enough single-gender classes for learning English so women often preferred to study at home. Although they had organized some single-gender activities for themselves such as swimming and aerobics classes, they have struggled to maintain them due to lack of resources.

In terms of access to services, the response was generally positive: some of the problems cited were common to everyone interviewed and included long queues at Centrelink offices, the housing shortage and the high cost of specialist health services. Many found language a significant barrier as well as a lack of understanding of available services.

Transport

Most Iraqis stated that they preferred to use private transport because access to public transport was limited. Generally only buses were available, which were noted to be infrequent, unreliable and the routes were often far from where they lived. They also complained of being discriminated against by bus drivers who sometimes abused them or would not help them on board with their prams or heavy shopping.

Relations with other communities

The Iraqi community felt that they were generally well accepted and usually got on well with other communities. However, there were many anecdotes about individual cases of discrimination, including by police whom they felt often did not attend their requests for help or did not take them seriously when they did attend. There were a number of stories about being pulled over for arbitrary police licence checks, as was found with the Sudanese community. There were many stories of individual racial abuse, mostly random acts especially abuse on the roads, within schools and government services. Most agreed that abuse had intensified since the World Trade Centre bombing of 11 September 2001.

One of the ways the Muslim community combat stereotypical images was through activities such as a Muslim fashion parade in Cobram and Shepparton. They also reported that they had good relations with other refugee and immigrant communities, especially the Turkish and Afghanis with whom they shared a common religion and held joint cultural and religious ceremonies.

Counselling

Attitudes to counselling

The general response was that counselling was a way of resolving psychological issues, especially for people with a serious mental illness. Most agreed that it was a western concept with little meaning to people from a Middle Eastern culture. Iraqis have a very close social network and the preferred tradition is to keep issues within the family or community. Advice is sought from close family members and relatives, elders or religious figures and tribal authorities, respectively.

Such attitudes, however, were not found to be unanimous. A number of people acknowledged that counsellors were sometimes necessary to resolve serious or complicated issues. Some said they would use a counsellor for issues such as drug or alcohol problems, losing control over children, gambling and even relationship problems. Some respondents from the female focus groups indicated that many women kept problems to themselves or within the community and were stressed as a result of not resolving them.

Some had attended counselling, but the experience was noted to be largely negative due to extensive waiting periods for initial and follow up sessions and the perceived ineffectiveness of counselling in resolving problems.

Preferred models of counselling

Most people agreed that the best way to increase access to counselling for the Iraqi Muslims was to train community members in counselling, particularly well known and trusted Iraqis. This would ensure support was available in a culturally, religiously and linguistically appropriate way. Another point raised was that there needed to be more women counsellors for Iraqi women to access.

Gambling

Attitudes to gambling and practice of gambling

The practice of gambling was strongly rejected, with most citing the strong religious injunctions against it. Nonetheless, there are a wide variety of gambling forms practiced in Iraq including cards, dice, pictures, horseracing, cockfighting, wrestling, lotto, marbles and chess. In Australia, the most common forms of gambling among the Iraqi community are cards, EGMs, horseracing and bingo. In general terms, most understood problem gambling to be when someone's gambling habits negatively impacted upon their job, family and community.

Most Iraqis were aware of some type of gambling available in their local area. Venues where community members gambled included TABs, Tabarets, Bingo halls, pinball parlours, billiard halls and a private house. They were also aware of the inducements on offer such as free buses and in one case, a playground. One source said the lure of EGM venues through their use of attractive lighting and sounds '*made you feel like you were always about to win*'. According to another respondent an Iraqi high school student had attended a gambling venue to play the EGMs and had then encouraged fellow students to go.

Awareness of gambling within the Iraqi Muslim community was varied and largely split along gender lines. Iraqi men were adamant that gambling levels were insignificant but acknowledged that it could be hidden due to the strong religious and social taboos against gambling. Iraqi women claimed that gambling was a significant problem within the community causing family breakdown; this claim was corroborated by interviews with service providers including GH services.

Of the types of people who gambled, most agreed that it was mostly people who had gambled back in Iraq and the younger generation. Reasons for gambling included stressors from unemployment, the pressures of trying to send money home, loneliness, isolation, 'falling into the wrong company', a weakening of religious and cultural beliefs and, above all, a desire to acquire money quickly.

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All of these items are found in the library of the North Richmond Community Health Centre. If you wish to access any of these resources please contact Information Services on (03) 9392 9707 or email info@ceh.org.au

Annex 01: Australia's Migration Program

Australia's immigration program has two components:

1. Migration (non-Humanitarian) for skilled and family migrants
2. Humanitarian for refugees and others with humanitarian needs

In 2007 about 165,000 people arrived in Australia as permanent migrants. That includes:

- 102,000 under the skilled stream;
- 50,000 people under the family reunion program (85 per cent of those are spousal reunions); and
- 13,000 for the Refugee and Humanitarian program.

The Humanitarian Program

Australia provides protection for asylum seekers who meet the United Nations definition of a refugee, as defined in the 1951 Convention and 1967 Protocol relating to the Status of Refugees. The Humanitarian Program comprises two components: offshore resettlement for people in humanitarian need overseas; and onshore protection for those people already in Australia.

- **Offshore program**
  Offshore resettlement program comprises two categories:

  1. Permanent humanitarian visa categories
     Refugee category for people who are subject to persecution in their home country and who are in need of resettlement. The majority of applicants who are considered under this category are identified by the United Nations High Commissioner for Refugees (UNHCR) and referred by UNHCR to Australia.

  2. Special Humanitarian Program (SHP) for people outside their home country who are subject to substantial discrimination amounting to gross violation of human rights in their home country. A proposer (known as sponsor under the Migration Program) who is an Australian citizen, permanent resident or eligible New Zealand citizen, or an organisation that is based in Australia, must support applications for entry under the SHP.

- **Onshore program**
  Each year several thousand people already in Australia make applications for protection (refugee status). While their application is being processed they will receive a bridging visa. Asylum seekers who are found to be refugees will be granted either a Temporary Protection Visa (TPV) for three years or a Permanent Protection Visa (PPV).

  The type of visa an individual has, whether it be a refugee, SHP, bridging visa, TPV or PPV, will impact the rights and services they are eligible for. Only a refugee has access to the full suite of resident and settlement services.

Annex 02: Questionnaires:

Questions for Community Leaders

Demographic issues

1. What are the main areas in which the community is located?
2. How do they organise - what are their social, religious and cultural organisations?
3. What are the main means of communication - e.g. newspapers, newsletters, community notice boards, word of mouth?
4. Are there many single or unsupported families or youth, or single parent families?

Settlement issues

1. What recreational, educational groups are there - such as English classes, sporting clubs, sewing classes, religious groups, etc?
2. What other recreational opportunities are available?
3. What are employment levels like among the community?
4. What are the community saying about accessing services? What are some of their difficulties?
5. Are you aware of many people in your community suffering financial difficulties?
6. Is your community experiencing many health/mental health issues?
7. What are the main problems?
8. What are the community's attitudes to/experiences of counselling? Who do they usually turn to in your community for advice/mediation?

Integration issues

1. How well do you think the community fits in with the local community: are they well accepted?
2. What are their relations like with other refugee/migrant groups? Are there any issues?
3. Is there any friction with the local police?

Gambling

1. What are traditional attitudes to gambling in your community?
2. What are the kinds of gambling people engaged in your country of origin?
3. Are there many gambling venues in your area? What kinds? Are they easily accessible? Do you know if they offer any inducements to attract people such as free transport or meals?
4. Are you aware of any gambling within your community? How do people gamble e.g. cards, pokies, horseracing?
5. Where do people gamble? What kinds of people gamble e.g. mainly older men?
6. Do you think it is a problem in your community?
7. How do you think it should be resolved?

Questions for Focus Groups

Integration issues

9. What social/cultural religious groups do your community have here?
10. What recreational and educational groups or activities are there in your area - e.g. English classes, sporting clubs, sewing classes, religious groups?
11. What other recreational opportunities are available - e.g. cinemas, youth centres, discos, etc?
12. What is your normal form of transport? If public transport, do you have good access to public transport? Is it easy to get around?
13. Do you have good access to services? If not, what difficulties are you facing?
14. How well do you think the community fits in with the local community in your area? Are they well accepted?
15. What are their relations like with other refugee/migrant groups? Are there any issues?
16. Is there any friction with the local police?

Counselling

1. What do you understand by the word counselling?
2. Who do you usually turn to in your community for advice/mediation?
3. At what point would you consider using a professional counsellor - e.g. how serious would a problem have to be? (For the facilitator: give examples: gambling-loss of home or relationship break up, or feeling of loss of control over your habit, otherwise use alcohol, financial problems as examples-whatever you think might be appropriate.)
4. Are there some specific issues where you might consider using a counsellor and other issues where you would not? Which issues? Why? (e.g. gambling, relationship problems).
5. Has anybody had any experience with counselling? Was it a positive or negative experience? Why?
6. What do you think would be a culturally appropriate model of counselling for your community - what changes do you think are needed to encourage people to seek counselling?

Gambling

8. What are traditional attitudes to gambling in your community?
9. What kinds of gambling are practised in your country of origin?
10. Are there many gambling venues in your area? What kinds? Are they easily accessible? Do you know if they offer any inducements to attract people such as free transport or meals?
11. Are you aware of any gambling within your community?
12. If so, how do people gamble e.g. cards, pokies, horseracing?
13. Where do people gamble? In the home, social clubs, RSL Clubs, tabarets, pinball parlours, billiards halls?
14. What kinds of people gamble - e.g. mainly older men? Single?
15. Why do you think people gamble - e.g. loneliness, isolation, to send money home etc?
16. How would you define problem gambling?
17. Do you think gambling is a problem in your community?
18. How do you think it should be resolved?

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CEH is part of North Richmond Community Health Centre