

Theories of community intervention - implications for the Centre for the Study of Violence and Reconciliation torture project

Appendix A¹

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2011

Introduction²

Under apartheid access to psychosocial services was skewed by class and race. Post 1994, the picture has not changed significantly. Roughly sixteen percent of the South African population can afford private health care, while eighty four percent are dependent on the public health and welfare sector (Wild, Buthelezi & McLea, 2011). The public mental health sector is overwhelmed and not meeting the needs of the majority of the population. The number of 0.28 psychiatrists per 100 000 people, translates into thirty percent of the number required to meet national norms (Burns, 2011, cited in Veary, 2011).

The legacy of apartheid, in terms of the severe limitation of access to psychosocial services for those discriminated against, and the lasting effects of violence and oppression, provides an important rationale for improving access to psychosocial services. Current social factors further reinforce the importance of extending psychological services to marginalised and disadvantaged populations. These factors include alarmingly high levels of HIV/AIDS, criminal violence, and substance abuse. With some of the highest rates of violent crime in the world, including rape, murder, hijacking, armed robbery, child abuse and domestic violence, large numbers of South Africa suffer the effects of exposure to traumatic events. An estimated number of 5 500 000 people living with HIV, gives South Africa the largest number of HIV infections in the world (UNAIDS, 2010). In addition, poverty, racism, sexism and other forms of social inequality and injustice, which exacerbate psychological problems, persist in post-apartheid South Africa. For migrants, xenophobia is an added layer of inequality and psychosocial stress.

In light of the number of people affected and the nature of the problems impacting on psychosocial wellbeing, extending services in their current form of one-on-one counselling is not a viable solution. Furthermore, there is a strong argument that the one-on-one Western modes of intervention, psychotherapy and psychiatric care, are inadequate for addressing the consequences of war, collective violence, mass trauma and cultural trauma (see for example Pupavac, 2002), especially when these combine with challenges such as poverty which is faced by most people in developing countries.

Since 1989, the provision of one-on-one clinic based services to under-served people at no cost, has been a well known and well developed mode of psychosocial intervention provided by the Centre for the Study of Violence and Reconciliation (CSVR)'s Trauma Clinic which is part of the Trauma and Transition Programme (TTP). At the same time the TTP has been engaged in community-based

¹ This paper also serves as an appendix to an unpublished *internal* CSVR paper called "Finding our way: developing a community work model for addressing torture. Version 1, 2011". In 2012, a condensed version of the paper which incorporated the appendices was made available with the same title on the CSVR and Dignity websites (by Bantjes, M, Langa, M & Jensen, S).

² This section was written with Malose Langa

interventions, which historically have been less visible and have possibly been given less legitimacy than the clinic.

Considerable human capital for community work exists in the senior staff of the programme. Almost all staff members are social workers and community psychologists. In addition, TTP has had at least two social work students and community psychology interns annually all of whom do community work while placed at TTP. There are thus significant knowledge resources and practical experience to draw on in developing this mode of intervention.

Against this background TTP has made a commitment to move forward with community interventions which are now being afforded equal weight and space to the clinical work. This has raised the formal objective of developing a model for community work by the end of 2011. Over the past two years TTP has engaged in a process of reflecting on its community work with victims of violence, torture and cruel, inhumane and degrading treatment (CIDT).

Lazarus and Seedat point out that community psychology provides a path to, "Transform the way in which the etiology and development of psychosocial problems is conceptualised and understood" (cited in Naidoo, 2000, pp. 7-8). Torture and its psychosocial sequelae provide key examples of this. In its common form torture is perpetrated against individuals who, as a result, may be left with deep and profound psychological scars. However, the root causes of these wounds are not simply intra-psychic, nor can they be attributed to emotional weakness in individuals. The ground in which torture is rooted is systemic. Particular social conditions make certain people vulnerable to torture and cruel, inhumane and degrading treatment, which are perpetrated by those who hold power in society. Furthermore social responses to torture and its victims have an impact on individual recovery.

The question arises, if we continue to address the consequences of torture in the clinic alone, can the problem be addressed? The public silence that surrounds torture makes a fundamental contribution to the psychic suffering of victims who experience feelings of shame, self blame and social isolation. Public recognition that torture is happening, and wide social awareness of the damage caused by torture, is important both for addressing its effects on individuals and for working towards its prevention. This kind of ecological, or systemic understanding of the genesis of psychosocial distress means that interventions must target multiple levels of the system not only individual victims. Interventions which focus on organisations and institutions and that are implemented at community level are critically important, and must include as part of their aims to achieve condemnation, prohibition and prevention of torture.

This paper is a working document which has the aim of theoretically informing the TTP community work model of intervention with a specific focus on work done in the field of torture and cruel, inhuman and degrading treatment. The document briefly reviews some of the better known theories and models of community work from psychology and social work. Then it examines how these relate to TTP torture projects. Finally the objectives, principles and ethics which guide TTP in its community based torture work are outlined. It has been written by a community psychologist thus, it reflects a bias towards the literature and theories of the sub-discipline. As an approach to community work is piloted and developed in the multidisciplinary context of CSVR, it is likely that this bias will be rectified.

A review of theories of community intervention

Community psychology emerged in various countries as a purposeful reaction to traditional psychology's ideas and activities (Gibson & Swartz, 2004). Community psychologists noted that traditional one-on-one modes of counselling and therapy informed by Western theories are inadequate and inappropriate for addressing problems which are social and political in their genesis (Gibson & Swartz, 2004). In what follows some of the better known theories and models of community intervention in community psychology and social work are outlined. A reading of these reveals that they make particular assumptions about the social causes of psychological problems, and in their practice they emphasise various strategies and numerous levels of intervention.

The term 'community' should not be used uncritically to specify interventions. The term is not a politically neutral description of homogenous unified groups of people. Rather, the concept has become something around which political power struggles are enacted and it is invoked by different groups or individuals in the service of their various goals (Jensen, 2004). In most community work "community participation is fraught by contestations and power struggles" (Jensen, 2004, p. 179). Romanticised notions of 'community' are not useful for conceptualising community level interventions.

Communities can be geographical spaces but they can also be social groups having common identifying characteristics for example, immigrants, a student community on a campus, the aged, or the gay community. People sharing values, beliefs, practices and cultures also constitute communities for example, religious groups (Langa, 2010). There are various typologies for classifying how 'community' is understood. In one useful typology, McLeroy, Norton, Kegler, Burdine and Sumaya (2003) summarise four different conceptualisations of 'community' for public health work: community as setting; as target; as resource and; as agent. Interventions are said to be community-based in that this is the geographical "setting" where they are implemented. The focus then is on changing individual behaviours in order to promote overall levels of health in that area. When the community is seen as the "target", interventions focus on institutional and policy change as well as changes in services on a broader systemic level that create a healthier community environment. Indicators of change do not focus on individual behavioural change, but rather on environmental indicators such as the number of services available. When the emphasis of the approach is on community ownership and participation, the community is largely defined as a "resource". Mobilising resources that exist in the community in combination with external resources, is the strategy used. This differs slightly from the approach which views the community as the "agent", in that this fourth approach aims to strengthen and support existing community capacities without introducing outside resources.

The Social Action Model³

This model emphasises structural inequalities in society, particularly poverty and the disempowerment of specific social groups which, it is argued, result in psychosocial problems. Injustice and policies which promote inequality are seen as the causes of psychosocial problems. Furthermore, it is argued that

³ The following texts informed the writing of this section Ahmed & Pretorius-Heuchert (2001); Weyers (2001).

people who are oppressed are not equipped to use the power they might have, to make demands for consultation and change. By creating awareness, or what is called conscientising people, those who experience themselves as disempowered, can realise that they can harness their power to challenge existing social systems. Interventions that are promoted by this model aim to rectify political, economic and social injustice. The focus is on changing systems and institutions rather than achieving individual behavioural change. Interventions promote putting pressure on those in power to make changes that improve the quality of life of those who live in poverty, and to undo oppressive social conditions.

The community worker's role is to be an activist, to conscientise, mobilise, organise, and make connections in the community ultimately empowering the disempowered. In this sense community workers are not neutral facilitators. Rather they take a political and ideological position against the dominant institutions in the society (Ahmed & Pretorius-Heuchert, 2001). Their roles include those of advocate, advisor and negotiator. Essentially however, members of the community must be active participants in the process. The community worker may present as a role model, but the community does the work. In other words the facilitator may educate people on how power is organised in systems and institutions, or on strategies and tactics, and may play a part in developing leadership. However, they may not leave the community behind. This begs the question as to how high profile the outside facilitator should be.

Liberation Social Psychology

Liberation social psychology developed in Latin America in response to similar criticisms of traditional psychology as those made in South Africa. It also emerged as a response to social contexts in which the large majority of the population were oppressed and excluded from the mainstream of society. There are strong similarities between many Latin American social contexts and South Africa under apartheid and post apartheid, where violence, torture and abuse by state authorities is ongoing, and there is a lack of recognition of the experiences and needs of victims. In light of the likeness between South Africa and the Latin American contexts out of which this model emerged it will be explored in more detail than some of the other models presented in this paper.

Liberation social psychology is made up by a family of approaches that share fundamental principles or concepts whereby community psychologists identify with a broader intellectual and political movement for social and economic justice (Burton & Kagan, 2005). There are several "sets of contributions" that collectively underpin liberation praxis in Latin America including pedagogy, economics, theology, sociology, philosophy and psychology (Burton & Kagan, 2005, p. 67).

Liberation is seen to have its origin in the interaction between external change agents, such as community facilitators and "the oppressed groups" who come together in a strategic alliance. Freire's concept of conscientisation forms a cornerstone of this approach which Martin-Baro explained as follows,

"The human being is transformed through changing his or her reality, by means of an active process of dialogue in which there is a gradual decoding of the world, as people grasp the mechanisms of oppression and dehumanisation. This opens up new possibilities for action. The new knowledge of the

surrounding reality leads to new self-understanding about the roots of what people are at present and what they can become in future” (cited in Burton & Kagan, 2005, p. 68).

There are three main areas in which liberation social psychology is applied, community social psychology, work with victims of state oppression, and social analysis. Regrettably much of the work done in these fields is unpublished and, what is published has a bias towards the theoretical aspects of the work lacking a documentation of the innovative field practice which exists (Jessen, Modvig & Ronsbo, 2010).

Community social psychology provides the methodological and empirical basis for liberation psychology. Theoretically it is founded on participatory action research, dependency theory and popular education, and critiques of traditional psychology (Montero, 1991 cited in Burton & Kagan, 2005, p. 70). Work is done with poor communities addressing diverse issues like housing, poverty, leadership skills, community development, health, disability and mental health. There is less emphasis on the clinic and on the mental health tradition than in other branches of social psychology. The question is asked, is the specificity of psychology lost then? It is argued that community social psychology makes use of traditional psychological techniques as well as new ones, and is involved in de-ideologising problems which very often are naturalised and psychologised. The psychologist becomes a resource for the community by providing expertise in investigation, leadership and understanding of organisational or group dynamics, and knowledge of the system including knowing how to access resources.

In the specific community social psychology approach of Serrano-Garcia (Ahmed & Pretorius- Heauch, 2001, pp.73-74), Marxist analysis and intervention is added to the social action model described above. This is useful in that it takes account of changing human subjectivity or consciousness, in particular attitudes and values. The socio-historical context is seen as vital for understanding, but not necessarily determining future social reality. Community members are seen as actively constructing their social reality. Thus, while institutions shape people’s consciousness and experiences, people have the capacity to change institutions (Ahmed & Pretorius- Heuchert, 2001).

Working with victims of state oppression, the second arm of liberation social psychology, is of particular relevance for TTP as this includes work on torture, disappearance and genocide perpetrated by oppressive regimes. What stands out in Burton and Kagan’s (2005) description of these interventions in Latin America as being similar to South Africa is firstly, the great numbers of people affected by violations; secondly, that “concern for social reparation to the victims is still important”; and third, that discussion of “national unity and reconstruction” is still relevant in mental health (p. 71).

“De-privatisation” is emphasised. Essentially this means “making the suffering a social, shared thing, rather than secret distress, and on again taking up active social roles” (Burton & Kagan, 2005, p. 72). Therapeutic models include highly socially oriented objectives, with the healing power of political activism being emphasised. Hence, the therapist interprets experiences from a socio-political perspective to understand questions like “why torture and why me?”

For recovery, psychotherapy is accompanied by interventions which help the person to take up an active social role, or restructure their existential project (Lira & Weinstein, 2000 cited in Burton & Kagan, 2005, p.72). It is likely that within this liberation framework psychologists could develop community interventions that provide conditions conducive to individuals taking active social roles. Similarly, the psychologists themselves continue to take an active social role. Developing collective memory in a context where there is an official denial of what has happened is addressed in this work with victims. Work to end the impunity of those responsible is taken on by psychologists who serve as a resource to lawyers and community members.

A review of the literature from four Latin American countries on community interventions that aim to ameliorate the effects of torture and organised violence or to prevent it, found that interventions fall into four broad categories of implementation strategies.

Psychosocial accompaniment which includes the conscientisation interventions described above is primarily about “the reorientation of life projects in communities shattered by violence” (Jessen et al., 2010, p.26). The use of community based association and group dynamics as therapeutic tools have mental health as the goal and rely on psychodynamic exploration of group dynamics. Sometimes community based organisations that develop out of groups are used as a tool to promote psychosocial recovery. Community based psychosocial reparation combines mental health and human rights issues whereby rehabilitation happens outside the individual therapeutic milieu through collective projects, networking with other organisations and supporting leaders. Story telling is used to support people but also for testimonial or political purposes. Combinations of interventions include the three former strategies and action oriented forms of research. Forms of action research with their roots in participatory action research are used, which allows intervention to be developed parallel to research (Jessen, Modvig & Ronsbo, 2010).

Social analysis, the third main area of application of liberation psychology in Latin America, aims at addressing macro-social factors. Socio-psychological-political analyses are undertaken to induce shifts at a macro level by changing political and social commentary and developing new ways to intervene in the public sphere.

Foster (1994) outlines the following requirements for a liberation psychology in the South African context, which are still relevant today.

- Critical analysis - “This involves awareness, insights, consciousness of the prevailing oppressive situation. It demands analysis as well as discerning alternatives” (pp. 1-34).
- Self-definition - “Subordinated people will have to provide self-definitions; a self-determination of naming, labelling and badging” (pp. 1-34).
- Collective organising - “A characteristic of any period of significant change is that numerous new organisations appear on the landscape...Collective organising constitutes the very stuff of praxis; a co-ordination, a coming together, of analysis, reflection, shifts in self-consciousness and concrete activity” (pp.1-34).

- Collective action - This is the public face of collective organising and may involve writing, speaking, strikes, demonstrations, lobbying, picketing, marches, even violence⁴. Both collective organising and action involve the formation of alliances across different groups to form a united “front” which the larger it is, the more legitimacy it is likely have (pp. 1-34).
- Spatial re-formations - “...in recent years there has been increased recognition of spatial and bodily aspects of subjectivity” in liberatory discourses. There is a spatial dimension to all forms of oppression and spatial metaphors like borders, exclusions, safe havens, and dividing lines are prolific in the arena of oppression while liberatory actions often involve reclaiming stolen spaces, transcending boundaries and divides (pp. 1-37).

The Community Development Model⁵

In this model the causes of problems are seen as the domination of the community by external systems, feelings of powerlessness, insufficient resources, conflict and stagnation in the community. This model relies on the idea that community members are in the best position to develop their own community and eliminate obstacles to development. Intervention takes place at a grass roots level and the community members are the main actors. Some of the problems that are addressed by this model are lack of water, sanitation, jobs, education, recreation needs.

This model is applied to communities which seem to be stuck, that is, when they have strong feelings of powerlessness, there are conflicts and they are poorly organised. The facilitator’s role is to help them get organised. Interventions aim to attain attitude, emotional and behavioural change, to become “unstuck”, thus eliciting the community members’ capacity to help themselves. This is done through small task groups and by facilitating co-operation amongst community members. The community facilitator’s role is to facilitate empowerment and to provide support in linking the community to resources.

The Ecological model

The ecological model has its foundations in Bronfenbrenner’s (1994) theory of human development. According to this theory five organised subsystems make up the ecological system in which a person grows and develops. The individual interacts with a variety of objects, persons and symbols in his or her immediate environment, or the microsystem. The next level is the mesosystem which consists of the interactions and processes between the microsystem and other settings in which the individual is contained, for example school or the workplace. Linkages and processes that occur between settings which do not contain the individual but influence their immediate setting are called the exosystem, for example the laws in the country, the system of government. The outermost system is the macrosystem which can be thought of as the culture or subculture which is the pattern of beliefs, knowledge, customs, opportunities and life pathways that are embedded in each of the other three systems. The chronosystem takes account of changes in the environment and the individual over time. So, an ecological perspective considers the interaction of individuals with these social systems over time. This theory provides a framework for thinking about people in interaction with their context. Its utility for

⁴ The use of violence to respond to oppression is a contentious issue and counter to CSVr’s value of peace.

⁵ The following text informed the writing of this section Weyers (2001).

community intervention has been promoted by a number of authors (Kelly, cited in Bhana & Kanjee, 2001; Musitu, 1999; Trickett, 2009) and by “significant scientific bodies and funding organisations” such as the International Organisation for Migration and the Kellogg’s Foundation (Trickett, 2009).

Kelly (cited in Nelson & Prillettensky, 2005) outlined four principles of the ecological approach, interdependence, cycling of resources, adaptation, and succession. The principle of “interdependence asserts that the different parts of an eco-system are interconnected and that changes in any one part of the system will have ripple effects that impact on other parts of the system. The principle of cycling of resources focuses on the identification, development, and allocation of resources within a system, drawing attention to potential untapped resources in a system. The principle of adaptation suggests that individuals and systems must cope with and adapt to changing conditions in an eco-system. Succession involves a long-term time perspective and draws attention to the historical context of a problem and the need for planning for a preferred future” (para. 2-6).

Amongst the benefits of the ecological perspective in community psychology are that: it addresses the reductionism of psychology’s focus on individual psychological processes (Best et al., 2003 cited in Trickett, 2009); it provides a framework for considering the problematic and oppressive aspects of our contexts as well as ways to shape environments that promote well-being (Nelson & Prillettensky, 2005); it is able to address the nature of health problems which are complex and multi causal (Green, 2006 cited in Trickett, 2009); goals at the systems level complement the outcomes at the individual and family subsystem levels (Best et al., 2003 cited in Trickett, 2009 p. 260).

What may not be clear from this cursory description of the basics of the ecological approach is that particular principles of research and intervention have come to be synonymous with it. An outline of these basic tenets follows.

Change does not happen in a linear way. Interventions towards change in one part of the system will have effects, often unanticipated effects, or even problematic effects in another part of the system (Trickett, 1986 cited in Nelson & Prillettensky, 2005). McLeroy et al. (2003) notes that this model does not just imply that we should implement interventions at multiple levels, but that because of the dialectical relationships between the levels of the system, changes at one level can result in changes at other levels. Therefore, it is important to distinguish between levels of intervention and which levels are targeted for change.

Building the capacity of the community to take action to solve problems in future means that intervention goals must focus on multiple aspects rather than only focusing on outcomes. Levels of participation and ownership by the community members are therefore, important goals and outcomes to assess (Trickett, 1986 cited in Nelson & Prillettensky, 2005). Problems are identified and defined from the community members’ perspective and their capacity to deal with problems is enhanced through interventions. Researchers and practitioners are not seen as objective outsiders, but they influence and are influenced by the system. They should describe and make explicit their standpoints in their research reports (Nelson & Prillettensky, 2005) and similarly in their interventions. A long-term perspective is required to account for changes in the environment and human development, referred to as the

chronosystem. The history of current social issues and their future consequences must be considered (Trickett, 1986 cited in Nelson & Prillettensky, 2005).

The Mental Health Model⁶

The mental health model focuses on mental illness from a medical perspective, as a disease, and aims to reduce the incidence of mental illness in a particular geographic “catchment area” through treatment or prevention. Mental health services are integrated into the broader primary health clinic service with the aim of facilitating greater access to services through these clinics. The mental health model emphasises prevention very strongly with the belief that earlier and larger scale interventions are more economical, and reduce the incidence of illness. Three levels of prevention are defined which include preventing illness before it starts, secondly, mitigating the progress of the disease in those already ill, and third, trying to control the impact of the illness on a person’s life and preventing relapse into acute states (Caplan, 1964 cited in Ahmed & Pretorius-Heuchert, 2001, p. 70). The professional takes on the role of expert and transfer of this expertise is seen to result in change. While the model can result in changes in the structure and systems in the community, this is incidental to the main goal of reducing the number of cases of illness.

The mental health model is aligned with the public health model in terms of the focus on the three levels of prevention and the epidemiology of disease. There are however important distinctions drawn between a public health approach and a community mental health approach (Trickett, 2009). While public health approaches consider populations, geographical or demographic communities⁷ are the focus of community interventions (Yoshikawa et al., 2005 cited in Trickett, 2009, p. 260). Public health considers multiple etiological and risk factors related to the health of the whole population.

The Social Planning Model⁸

According to the social planning model the root causes of communities’ problems are a lack of information and a lack of resources to address problems. The theory is that every community can function if it has services. Functioning is determined by the quantity and quality of professional and other services in a community. The model is applied when there is a lack of services or where there are dysfunctional services in a community.

Interventions occur at an intra-organisational and inter-organisational level. New services may be established, the quality of existing services may be improved, the co-operation and co-ordination within or between services may be promoted, or the community’s access to services may be facilitated. The community facilitator’s role is to do research on the target community’s needs, and to plan to mobilise resources to address these needs in the most cost-effective way. There is less focus on community members than in other models as the power is seen to lie with institutions. The community members co-operate and participate in their own well being as recipients of the services.

⁶ The following text informed the writing of this section Ahmed & Pretorius-Heuchert (2001)

⁷ Demographic communities with a level of social identity and social capital (Yoshikawa et al., 2005 cited in Trickett, 2009, p. 260).

⁸ The following text informed the writing of this section Weyers (2001).

The Organisational model⁹

This model is based on the idea that a community is a set of organisations in which important transactions take place, and in which norms and values are set which regulate the behaviour of individuals. Good organisational functioning is seen a key factor in community well being. The focus is on creating change within organisations. Initially this model aimed to humanise the bureaucratic style that dominated organisations. Over time this approach has evolved into what is now called “organisational development”. Typically this involves an outside consultant making an organisational intervention with the idea that internal “change agents” will carry on the work. Change occurs by creating a special group climate in which the usual expectations of the group are challenged and new expectations, attitudes and feelings are encouraged so that the groups’ capacity to solve problems is improved. This model values open communication, expression of feelings, personal growth, participation, challenging hierarchies, redistribution of power, and promoting an orientation to ongoing change. Social psychology and the study of groups and group process form the theoretical foundations of interventions.

Little has been written about this model in community psychology. It may well be that it has not been widely applied in community work, remaining the domain of business and state institutions. A critique of the model is that the link between intra-organisational improvements and improvements in the external community are not clear. Perhaps this is why it is not popular in community projects.

The Community Education Model¹⁰

This model views the main cause of problems in a community as lack of knowledge. The effectiveness of social functioning is seen to be determined by the collective knowledge, insight, skills and attitudes of the community members. This is particularly relevant in South Africa where a history of exclusion from formal and proper education and literacy, left large number of people without the requisite knowledge and skills to function optimally.

Interventions aim to increase understanding of the functioning of the community, the nature of problems and impediments to change and the processes that could be followed to solve problems. Ultimately interventions aim for social change in the community by changing attitudes and how community members perceive things, which leads to behavioural change. This is done by increasing knowledge and skills by intervening from the individual to the mass level. Furthermore, interventions aim to motivate people to become “responsible citizens”. The community facilitator takes an educator role using the mass media as well as other kinds of media such as interest groups, drama, informal adult education, role plays, drawings, brochures and booklets.

Community work models and TTP torture projects

Reflections on TTP’s work on violence, torture and cruel, inhumane and degrading treatment reveals that interventions have drawn on various community work models. It is also important to note that in practice particular projects have drawn on the principles of a variety of models simultaneously, usually

⁹ The following text informed the writing of this section Mann (1978).

¹⁰ The following text informed the writing of this section Weyers (2001)

not consciously or purposefully. In what follows the theories of community work reviewed above are discussed in relation to how TTP has drawn on them in the past and their relevance for TTP going forward.

Before proceeding with this discussion it is important to consider how TTP understands the concept of 'community'. TTP accepts that the use of the term "community" as related to its interventions implies an attempt to effect change with particular objectives which must be made explicit. TTP's attempts at generating change take place in an arena shaped by political power struggles. The objectives of TTP's work, position on torture and its alignment with particular groups of torture victims, is likely to result in power struggles about whether actions and activities are really helpful to the "community" and who the word "community" legitimately represents. Some sectors of the community may not see selected target groups as community members in need of intervention.

In terms of McLeroy et al.'s (2003) typology described above, TTP primarily adopts the conceptualisation of community as "resource" in which there is a mobilisation of existing community resources in combination with external resources. Although the community is also seen as "target" in that advocacy interventions aim to effect change at a systemic level, the community is still seen as a resource in making this happen.

Social Action

TTP views power as inherent to torture and to cruel, inhumane and degrading treatment. Basically torture involves gross abuse of power, but more than this, overall social inequalities of power are seen to make particular groups more vulnerable. Thus for example, TTP notes that young men who are poor, marginalised, and powerless are either constructed as criminals or prone to criminal activities and are particularly vulnerable to either torture or indeed cruel, inhuman and degrading treatment perpetrated by the security establishment (Langa, 2011a). Essentially their social positions render them both vulnerable to and disempowered in the face of police brutality. This framework of understanding torture draws on the social action model.

The TTP torture project has intervened to address torture at several levels:- at a national level, putting pressure on the state to make policy and legislative changes including the criminalisation of torture; putting pressure on the government to institute effective monitoring of places of detention in particular prisons and police stations and to investigate and prosecute instances of torture, and CIDT; at local community levels increasing awareness of torture and its psychological effects; at a social level publicising torture as a violation of human rights; and again at a community and group level building the capacity of vulnerable groups to advocate for access to health, psychological and rehabilitation services. Examples of these projects include:

- Building the capacity of refugees and migrants to participate in advocacy activities for access to health and psychosocial services;
- Work with ex-combatants to advocate for rehabilitation services.

Liberation psychology

As was noted above the Latin American liberation psychology tradition speaks to the South African situation. There are groups, for example the Khulumani Support Group whose work is underpinned by principles of liberation psychology. Khulumani has used collective organising and action to place pressure on the state to address the needs of apartheid era victims of torture.

One of the TTP projects that echoes the community social psychology arm of liberation social psychology and also the arm of working with victims of state oppression, is the work that was done with a group of refugee women who are victims of torture. In this project a holistic view was taken of victims' needs beyond individual mental health needs. Participatory and collective action taken by these women themselves has resulted in a changed "life project", in which their economic and psychosocial needs are being met. In addition they are asserting their human and legal rights more effectively with potential benefits for a larger community (Langa, 2011b).

Other community interventions instituted by TTP do not seem to have the same "liberation" agenda or the ideological underpinnings which are the foundations of the Latin American work. Nevertheless, it is proposed that TTP can draw on liberation psychology to guide its community interventions with survivors of torture. Post the transition to democracy in South Africa previous forms of civic organisation and collective action which were directed at overthrowing apartheid died down. Similarly there was a lull in critical analysis on the part of civil society organisations.

More recently some South African communities are increasingly engaging in collective action protesting about their discontent with lack of services, unemployment and poverty. However, the "new generation" social activists may require capacity development to achieve the "kind of social justice activism adapted to a democratic social order" (von Holdt et al., 2011, p.131). In the same light, civil society organisations including non-governmental organisations like CSVR may require training on how to carry out effective collective organising and action with regard to issues such as the prevention of torture.

Foster (1994) in his work on the requirements for a liberatory psychology in South Africa argues for the importance of critical analysis: "This involves awareness, insights, consciousness of the prevailing oppressive situation. It demands analysis as well as discerning alternatives" (pp. 1-35). This kind of critical analysis is key to the legitimacy of TTP interventions on torture at a community level. In other words critical analysis should underpin the kinds of community interventions adopted.

In the same paper Foster (1994) argues for the importance of collective organising. "A characteristic of any period of significant change is that numerous new organisations appear on the landscape...Collective organising constitutes the very stuff of praxis; a co-ordination, a coming together, of analysis, reflection, shifts in self-consciousness and concrete activity. For those who suffer the ills of oppression, this modality of collective organising comes to be a vehicle of psychotherapy- arguable better than that offered by the Psy disciplines – providing both a safe haven and a launching pad for bright possibilities via a non-alienated form of concrete activity" (pp. 1-35). TTP has concluded that

collective organising at a community level, to target local manifestations of torture and cruel, inhumane and degrading treatment by state authorities is important for victims.

Community Development

Although these types of interventions do not have a social justice agenda and do not address macro causes of inequality they can bring relief to some groups in marginalised communities. TTP has partnered with other organisations to address the basic needs of clients. The refugee women's group vegetable garden is an example of this (Langa, 2011b). Similarly, social work students have used this model to set up sewing groups with migrant women.

Ecological model

The de-politicised language of this model and its lack of ideological commitment to social justice do not resonate with TTP's position on torture. Nevertheless, TTP uses the ecological model to think about interventions, including individual and community interventions. Systems theory provides foundational principles for conceptualising community work. To this extent there are recognisable elements of this model across TTP projects. However, TTP projects are not always ecological model interventions in that the relationships of cause and effect we assume to exist between our intervention level and the level at which we expect change, are not linked to clear indicators.

Amongst the most useful aspects of this model that can be incorporated into TTP thinking and the monitoring and evaluation of community interventions are:

- The notion that a change in one part of the system will result in changes in another level of the system, positive or negative, intended or unintended. For TTP it is important to be explicit in project plans about the links between changes at the individual or family level and how these may be linked to changes at the organisational or community level. Equally it is important to reflect on unintended changes in the system in which work is conducted;
- The idea that resources for solving problems today and in the future form "the bedrock criterion for assessing intervention impact and sustainability" (Trickett, 1986, p. 260). For example, interventions may focus on torture but it is important to consider the generic skills and capacities with which these interventions may equip communities, and which they can use to address other social challenges;
- The fact that this model consciously accounts for and anticipates constant change in the environment, a factor which often throws work plans off balance if not anticipated;
- The emphasis on reflexivity as a capacity needed by community workers to consider their own place and impact on the system.

Mental Health

Early interventions with people who experience traumatic incidents are consistent with this model. The training of hospital staff, to deal with patients who present after traumatic incidents, can be seen as secondary prevention work as defined by this model. Advocacy and raising public awareness on torture and its effects fit the goals of primary prevention.

Social Planning

TTP is involved in work to improve access to services, improve expertise in existing services and indeed to generally improve service provision for victims of violence, torture and cruel, inhumane and degrading treatment. For example, promoting the placement of interpreters at clinics in migrant settled communities and developing a referral network for torture survivors.

However, TTP believes that there may be better ways to approach the improvement of service provision than the social planning model because this model does little to involve community members beyond their status as victims or recipients of services. TTP plans to conduct more effective interventions to mobilise client interest groups who can engage with local services and articulate their needs and also monitor services. This began in a short project on access to services with migrants affected by violence in two communities in 2011.

Community planning

The organisational model of community psychology overlaps significantly with the social planning model of social work in that it focuses on organisational functioning as key to community wellness. TTP are not experts in organisational development. Hence interventions in this area would be basic and very focused. Some projects which have involved some form of organisational development include:

- The supervision work at Bienvenu, a shelter for refugee women and children, and participation on their board;
- Leadership training done with the Department of Health;
- Organisational development with community based organisations such as the Coordinating Body of Refugee Communities (CBRC), training staff on how to access resources to get funding for their organisation, how to handle human resource issues, as well as building debriefing for staff into their routine activities.

Community Education

TTP notes the difference between education and conscientisation, with the latter aiming toward developing a critical consciousness amongst people about torture and abuse by state authorities, so that they may take social action. At the same time TTP recognises the place of education to equip people who deal with victims of violence and trauma with knowledge and information that can assist them in providing more effective services. For example, TTP has trained staff who work in shelters on how violence and trauma affects people. More general public awareness raising projects about torture, such as interviews in the media, distributing pamphlets on torture and cruel, inhumane and degrading treatment, holding public meetings and running workshops are important interventions. The limitations of these interventions for changing attitudes and behaviours are recognised.

Objectives and principles of TTP community interventions on torture

A value based approach

Community psychology has been described as “a balancing act between values, research and action” (Nelson & Prillettensky, 2005, n.p.). As such it is important to outline the values which form the

foundation of TTP's community work. Very often principles and values overlap making it difficult to separate them. It could be argued that values are the higher ideals for which we strive. Then principles would be how we go about implementing activities that allow these values to be realised. The values that guide TTP community work are¹¹:

- Social justice;
- Peace;
- Upholding human rights including dignity;
- The right to self-determination;
- Integrity - accuracy, honesty and high ethical standards when working in communities;
- Holistic view of persons;
- Diversity.

Torture is a particularly emotive and controversial issue which evokes conflicting feelings and challenges beliefs. Hence, additional values that guide the torture project need to be specified. It is important that people who are going to work in the torture field have the opportunity, to work through the arguments for and against torture; to explore their own punitive and violent impulses; to understand the limitations of their "sympathies"; and to understand their beliefs about the rights and entitlement to support of "unpopular" categories of victims, for example rapists and suspected criminals who have been tortured (Sideris, 2010). Although this is a time-consuming process it is important that community workers' are able to confidently and sincerely commit to the values of TTP with regard to torture, which are:

- Equal rights for all victims of torture, without qualification;
- Non-violence - the absolute prohibition of torture;
- Justice - an end to impunity for perpetrators of torture.

This latter is contentious and raises several questions. Is the rehabilitation of perpetrators also relevant? How do we deal with the victim-perpetrators we may encounter? What is our stance on providing services to perpetrators? Further discussion and debate to reach a position on this is required within the organisation. At present TTP supports the prosecution of torturers and the criminalisation of torture which currently is not named in South African law as a specific crime.

Objectives of the TTP torture project

Prevention

To prevent torture and cruel, inhumane and degrading treatment, by strengthening protective factors against torture and cruel, inhumane and degrading treatment within the community. This may involve:

- Promoting a culture of rights and respect for all;
- Building capacity so that people, as active citizens, can be involved in implementing systems for monitoring places of detention at local levels;
- Building capacity so that people can advocate against torture as it happens in their communities;
- Building capacity so that people can contribute to national advocacy and policy change initiatives.

¹¹ These may change through consultation within the organisation in 2012

To reduce risk factors for torture and cruel, inhumane and degrading treatment within communities. This involves:

- Developing and implementing interventions that address social injustice and structural inequalities, in other words finding strategies for psychosocial intervention that address the social, including economic deprivation and lack of political power which increase the risk of torture for individuals belonging to poor and marginalised communities.

Transformation

To effect change at structural levels of communities including inequities of power, provision of and access to services and to effect institutional changes. This involves:

- Advocacy for services;
- Advocacy for policy and legislative changes;
- Building the capacity of victims to network for social action towards their own objectives;
- Monitoring implementation of policies;
- Monitoring implementation of regulations in places of detention;
- Facilitating changes in institutional culture.

Amelioration

To reduce the impact of torture and cruel, inhumane and degrading treatment, by treating the consequences of torture and providing context appropriate psychosocial interventions. This involves:

- Facilitating the establishment of “active citizen” groups that can take action against torture and develop and strengthen community services for victims;
- Building the capacity of community members, groups and existing organisations to set up their own interventions;
- Conducting community based interventions directly with victims that aim to effect change at an individual, family and community level;
- Implementing community healing approaches as opposed to individual or family level approaches where appropriate;
- Reaching the large numbers of people affected by torture who cannot access the Trauma Clinic or other services;
- Facilitating the social reintegration of victims who are isolated and excluded from community processes and structures.

Principles guiding the TTP torture project

Orford (1992, cited in Naidoo, 2000, pp. 10-11) presents a summary of the central principles of community psychology. TTP has drawn on this list and made additions. While some of the principles are implicit in the review of community psychology models, it is worth discussing them explicitly because these principles allow for the values outlined above to be realised.

Causes of psychosocial problems

Psychological distress has political and social genesis. Psychosocial problems are caused by an interaction over time between person and social settings, including the structure of social support and social power.

Levels of analysis

Levels of analysis should be from micro to macro-levels, even when intervention is primarily at the community or organisational level because the resulting change should be effected at other levels as well for example, at the structural level in the form of policy change.

Location of practice

Practice and interventions should take place as near as possible to the relevant everyday social contexts.

Prevention rather than treatment

Prevention by reducing risk factors and building protective factors can take the form of practical community level interventions like skills building, information campaigns, emotional literacy programmes, and setting up support groups. Prevention initiatives should take note of unequal power relationships in society as the primary cause of psychosocial ills. Rectifying social inequalities can be a powerful preventative intervention. These are usually referred to as transformative interventions and require interventions at the macro or exosystem level.

Proactive approach to planning services

Practitioners “seek out” the community and assess the needs and risks in a community. When we proactively go into the community to assess needs, we enter with a specific agenda, not a blank slate hoping to discover any and all needs of the community. We approach the community with an idea about a problem they have and with this agenda we try to mobilise people and organisations in the community to address the issue we have prioritised. This can be difficult even when community members agree that the problem exists. Our community work principles dictate that we work collaboratively, in consultation, with a hundred percent participation of the community. In reality this is not always possible and the delivery demands of our funding systems frequently push us into implementing more directive, non-participatory interventions. In the case of the torture project, some communities may identify torture as a concern and approach TTP because they recognise its expertise. However, we have found that some groups of survivors would not know who to approach to get assistance with the problem of police abuse (Langa, 2011a). We have opted to approach communities that we regard as being at high risk for torture and CIDT and communities that are marginalised for example, non-nationals.

Build on strengths and resources in the community

If we see the community as a resource, our role is to build on the existing capacities in that community and to supplement those capacities with our knowledge and connections. The dangers of expecting the community to contain all the resources necessary to address their problems must be born in mind.

Align research methods with values and ethics of community work

The primary purpose of research in community work is to gather information in order to address social problems that affect the community, in other words “real world problems” (Bhana & Kanjee, 2001, p.139). Furthermore the professional interests of the researcher must come second to the interests of

the community. Knowledge generated in communities should remain under the control of the people who are co-generating it (Ka Sigogo & Modipa, 2005, p. 18). Thus the role of researchers should be:

- To research the issues and problems that are stimulated by the community;
- To use research as a tool for social action;
- To yield products that are useful to the community;
- And to evaluate the effects of change on the individual or group. (Heller et al., 1984 cited in Bhana & Kanjee, 2001, pp.150-151).

Bhana and Kanjee (2001) promote methodological eclecticism for community psychology. Before choosing a method, a number of questions should be answered according to Shadish (1990 cited in Bhana & Kanjee, 2001, p. 139):

- How does social change occur?
- How is scientific knowledge used in social change?
- What do we do about values and valuing?
- What is going to count as knowledge?

Foster (2004) comments on two important mistakes which could restrict the liberatory agenda. He notes it is important to indigenise psychology by studying uniquely African psychosocial phenomena and to make psychosocial services accessible and culturally appropriate. He emphasises however, that it is important not to restrict ourselves by focussing exclusively on the oppressed, or on locally specific contexts. Studies of those in dominant social positions, and drawing on critical psychology resources in the West are vitally important sources of knowledge (Foster, 2004).

Share psychology with others

Community psychology promotes formal and informal methods of sharing expert knowledge including consultation (Orford, 1992, p. 4 cited in Naidoo, 2000, pp. 10-11). For TTP capacity building of service providers in other organisations that work in the field of violence or with migrants has been one way of sharing knowledge. Some professionals raise questions about the danger of having a little bit of knowledge about trauma. Reservations are accompanied by stories of trainees who call themselves “trauma counsellors” after brief training. Such tensions that arise around sharing knowledge are important to address especially in regard to torture which constitutes a specialised psychosocial rehabilitation field. This is an issue that requires further discussion within TTP.

Professional knowledge is not considered to be of a higher value than the knowledge contained within communities. Instead of privileging either form of knowledge they can be combined to generate creative ideas for addressing identified problems (Gilbert, 1995). To this extent asymmetrical power relationships and the dominance of particular types of knowledge in society should not be mirrored in the worker-community relationship. Some argue that this principle is a dishonest portrayal of the real differences of power that exist between professional and the populations with which they work (Bond, 1990 cited in Bhana and Kanjee, 2001). Gilbert (1995) cautions that in community interventions when two systems of knowledge meet there is the potential for knowledge brought in by professionals, academics, and government agencies to assume dominance over knowledge contained within the

community. Community facilitators have an important role to play in ensuring that equal weight is given to various form of knowledge in the process of trying to understand problems and develop solutions.

Respect diversity

Respecting diversity involves an appreciation of difference, in terms of social identity and voice. The voices of those that are usually silenced should be heard in both intervention and research. Local knowledge is a term used to refer to “the common-sense wisdom that comes from everyday life”, “the situated knowledge of ordinary people”, or “everyday knowledge” as opposed to formal knowledge (van Vlaenderen & Neves, 2004, pp. 10-8). Local knowledge is seen as an important resource available to the community. Nevertheless, the strengths and weaknesses of all forms of knowledge should be evaluated in any intervention. The idea is to optimally utilise the strengths of both local and external knowledge while neutralising the weaknesses of each (Chambers, 1985 cited in van Vlaenderen & Neves, 2004, pp. 9-10).

Participatory Action Research has been proposed as a solution to the critiques of traditional research. PAR is a three pronged process involving social investigation, education and action with the full participation of the community members in all parts of the initiative at all times. It values local or indigenous knowledge and resources. It relies on and builds community organisational infrastructures. Community members decide what to investigate, how to gather information and how to organise and make use of it (van Vlaenderen & Neves, 2004). The methods of investigation are decided on collaboratively with the community and these methods aim to equip community members with tools to identify, assess and solve their problems in future (van Vlaenderen, 1995). The approach to education makes use of Paulo Freire’s conscientisation in which dialogues prompt people to develop a critical understanding of selves in context with the result that they may take action against sources of oppression (van Vlaenderen & Neves, 2004). The researcher plays the role of facilitator rather than investigator or analyst and the community is given ownership of the information so they can use it.

Potential problems with this approach are that it requires a long term commitment. The intervention can take a long time because it is necessary to build the capacity of community members to do research. The selection of participants for training can be contentious because inevitably those selected will become more skilled than others. Gatekeepers in the community may be biased about who should be selected to participate and negotiations around the selection procedures may involve extensive time.

Empowerment

Empowerment is possibly one of the most overused words in community work. Frequently the goal of community interventions is stated as, “community members to be empowered”. What does that really mean and how can we tell when empowerment is happening or has happened?

While we may have an intuitive sense of what empowerment means, it is helpful to consider Rappaport’s definition (1984 cited in Zimmerman, 2000. p. 43) “Empowerment is viewed as a process: the mechanism by which people, organisations, and communities gain mastery over their lives”. This definition suggests that empowerment is a process, not a state of being, implying that the process is ongoing with no final state of being empowered.

Empowering processes and empowering outcomes need to be distinguished. Empowering processes are those based on “attempts to gain control, obtain needed resources, and critically understand one’s social environment” (Zimmerman, 2000, p. 46). Empowered outcomes refer to the effects or consequences of people’s efforts to exert greater control in their environment. Zimmerman’s (2000) first caveat is that empowerment is context and population specific. It takes on, “different forms for different people in different contexts” (p. 45). The outward forms of the process and outcome of empowerment will differ. Further, empowering processes and outcomes will be different at the individual, organisational and community level. Zimmerman (1995) defines different aspects of individual empowerment, the psychological, the relational and the behavioural.

Critiques of empowerment as a value and a theoretical orientation should be considered in our community work. First, ideas of empowerment can be a way of holding people responsible for their life situations thereby relieving institutions of their responsibility to care for people and, directing attention away from demanding structural changes (Zimmerman, 2000)¹². Thus, empowerment can be complicit in a victim-blaming where victims are expected to solve their own problems. This is the same critique that is levelled at the “community as agent” definition of community. Second, empowerment theory does not provide a solution for all social problems and is not applicable in all contexts (Zimmerman, 2000).

One may ask in which contexts an empowerment approach is useful or not. In terms of the torture work, an empowerment approach is relevant because torture results in a profound sense of helplessness or powerlessness and disconnection. In its basic principles empowerment theory addresses people’s capacity for action, sense of control in the world as well as connectedness.

Consultation, participation and collaboration with community members

Consultation has become somewhat of a dirty word in South Africa. This is a result of the symbolic process of consultation with communities which government and others often engage in to legitimise actions that have already been decided on. Very often community consultation is used to lend the appearance of involving citizens in decision making. In reality their inputs are not given due consideration. The word consultation is frequently used interchangeably with collaboration or participation. We may say that we will develop our community projects “in consultation” with community members while actually community members have very little real influence.

The participation of local people is shaped by the power differences that exist in particular contexts. Therefore, it is important for community workers to facilitate the involvement of those usually excluded from participation in decision making (van Vlaenderen & Neves, 2004). This might include children, disabled people, or women, depending on specific community situations. Inclusion is important because it counters the discrimination, stigma and oppression people experience by virtue of their gender,

¹² Also see Cooke, B & Kothari, U. (2001). *Participation: The new tyranny?* London: Zed and the response by Kesby, M. (2005). Rethorizing empowerment-through-participation as a performance in space: beyond tyranny to transformation. *Signs*, 30 (4), 2037-2067.

abilities, age, race and other social factors (Nelson & Prilietensky, 2005, n.p.). The idea is that it is the community that has to change by performing the act of inclusion (Nelson & Prilietensky, 2005, n.p.).

Closely tied to the principle of participation in community work is the principle of collaboration. The word collaborate is used frequently and rather loosely in community work. Hence, it is worth more carefully articulating what it means to collaborate with community members. Collaboration refers to working together with others towards the creation of something. Participation is a word that can be used to gloss over the limited degree to which community members have actually been involved in a project in which they participated. Collaboration has connotations of much more sharing of the work and responsibilities. The root of the word contains the words “labour” meaning work, and “co” meaning together (Collaboration, 2011). To collaborate could be operationalised as thinking, planning and working together towards a shared outcome. It may be useful to use the word collaborate rather than participate as it connotes a higher degree of involvement of the community.

Dialogue involving conscientisation is a fundamental part of the process of participation or collaboration. As previously stated conscientisation is “an active process of dialogue in which there is a gradual decoding of the world, as people grasp the mechanisms of oppression and dehumanisation. This opens up new *possibilities for action*. The new knowledge of the surrounding reality leads to new self-understanding about the roots of what people are at present and what they can *become in future*.” (Martin-Baro, 1986 cited in Burton & Kagan, 2005, p. 68, my italics).

Six criteria for evaluating the effectiveness of citizen participation in community organisations are given by Crosby, Kelly and Schaefer (1986 cited in Zimmerman, 2000, p. 54):

- Pluralistic representation;
- Skill-training and shared information for decision making;
- Equal input at all stages of the decision-making process;
- Long-term evaluation of costs;
- Adaptable methods so several different tasks and decisions can be worked on;
- Being seriously considered in final decisions.

Another tool for evaluating and reflecting on the degree of involvement and control that community members have in an intervention is provided in the addendum at the end of this paper.

Reflection

While action and reflection and further action is a familiar process to TTP, this may not be so for the community members. Very often reflecting on a project happens in the office, without the participation of the beneficiaries. Reflection should be integrated into processes of engagement with community members. The role of the community worker is to create a situation where people can stop their daily tasks and critically reflect on what they are doing. By putting in place a regular cycle of action and reflection, a community group can constantly celebrate successes and critically consider the causes of problems and failures. This can increase their capacity to make effective changes in their daily lives. Inputs are important in the action-reflection cycle. In detail, the cycle is as follows: we take action, observe this, think about it and solicit inputs on it during the reflection phase, and then plan to take

further action, and so the cycle continues. Inputs for the reflection phase could be information, models of analysis, inspirational material and images. Inputs must be seen as starting points for discussion and dialogue, not as holding the answers to the problems (Hope & Timmel, 2003).

Ethics that guide TTP's community work

There is no universally accepted code guiding and regulating the work of community facilitators, especially those who are not registered with professional bodies. As such, it is useful for TTP to outline a clear ethical code to which all community facilitators are bound when employed at CSVR. The following list of ethical principles and guidelines draws on the basic elements of the ethical codes that guide professionals in this field and overlaps with the values and principles listed above.

The following three overarching ethical principles are drawn from the ethical codes that apply to psychologists in South Africa,

- Upholding the dignity and autonomy of all persons;
- Non-maleficence, that is, the practitioner should take all reasonable steps to avoid causing harm to anyone with whom they work;
- Beneficence that is, the practitioner should “do good” or engage in activities that are beneficial to others (Haynes, 2005).

Ethical principles for interacting with the community

- Gain informed consent from community members for their participation in interventions and research.
- Discuss confidentiality and its limitations at the outset.
- Be transparent - community members should have a clear explanation of the project in relation to funds, methods to be used, and other relevant issues.
- Respect participants' rights including dignity.
- Be conscious of equality and respect diversity.
- Be mindful of the rights of 'vulnerable' groups, for example children and the elderly.
- Be accountable to community members not just the donors and your organisation.
- Take a stand against torture and violence.

Ethical principles for conduct when doing the work

- Self-awareness and reflexivity including consulting with colleagues, attending supervision and documenting work in process notes.
- Integrity which includes truthfulness, maintaining boundaries, ensuring competence, avoiding conflict of interests.
- Professional responsibility to society which means engaging in activities that build knowledge and benefit society.

Ethical principles for doing research in community work

- The primary purpose of community research should be to meet community needs.
- Research should be done on the issues and problems that are stimulated by the community.
- Researchers should select methods that meet the needs of communities.

- Evaluate the effects of change on the individual or group.
- Yield products that are useful to the community.
- Use research as a tool for social action.
- Reporting and publication - acknowledge the community members' contribution in all reports and publications. Acknowledge that knowledge is co-produced (Bhana & Kanjee, 2001; Heller et al., 1984 cited in Bhana & Kanjee, 2001, pp.150-151).

Conclusion

Undertaking an overview of theories of community work has been an important part of the process of informing TTP's community work model to address torture. The social action approach has been identified as the overarching approach to be adopted with specific application strategies being drawn from Latin American liberation social psychology and the ecological model. These models suggest particular principles for working in communities which are relevant to and overlap with principles already used by TTP. The most important of these are listed and discussed in this paper. On the basis of these principles, ethical guidelines have been developed to which all community practitioners at CSVr are expected to formally commit and adhere. While they have been proposed and listed in this paper they are still to be finalised and formally adopted by the organisation.

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Addendum

This is an extract from a form called “Evaluating the Transformational Potential of a Community Program”, developed by the City of Port Phillip’s Community and Health Development project (cited in Nelson & Prillettensky, 2005, Chapter 8, n.p.):

Using the rating system provided below, please evaluate the project on the different dimensions presented:

presented:							presented:						
0		1		2		3		4		5			
Don't know		Very little		Little		Some		Considerable		Great			
								0	1	2	3	4	5
VALUE-DRIVEN PROCESSES													
To what extent is the project helping to													
5. Create opportunities for community members to have voice and choice													
6. Create opportunities for community members to experience personal health and growth													
7. Establish an atmosphere of acceptance where people feel welcomed, supported and appreciated													
8. Create tangible opportunities for community partners to collaborate with others in matters affecting the program													
9. Create processes that recognize the ability and right of individuals to define their identity and their needs													
10. Foster processes that benefit not only the individual community partners but also the community at large													
11. Promote equal access to resources brought about by the partnership													
Subtotal:													
VALUE-DRIVEN OUTCOMES													
To what extent is the project helping to													
12. Foster the ability of community members to pursue their chosen goals in life													
13. Promote opportunities to develop physical and emotional well-being through acquisition of skills and behavioural change													
14. Foster community settings where people can give and receive support, caring and compassion													
15. Promote dialogue whereby citizens have meaningful input into decisions affecting their lives													
16. Create or strengthen vital structures that meet the needs of entire communities													
17. Promote the fair allocation of bargaining powers, resources, and obligations in society													
Subtotal:													