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“We still have tribalism in the camp”: navigating ethnic conflict in a psychosocial support group

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ABSTRACT

Refugees of differing identities and even feuding factions come together in refugee camps around the world in a mutual search for protection. Physical proximity, however, does not erase the difference and division that preceded their forced displacement. Interpersonal conflict and stress are anticipated challenges for social workers to navigate when providing services in refugee camp settings. In transit camps, where refugees are often only recently removed from the conflict and where they may spend only a few days together, group meetings may be a place where tension and disputes are voiced. However, the group setting at this acute stage of forced displacement also offers a forum for psychosocial support that initiates unity-building. This narrative reflects cross-cultural social work group practice conducted in a refugee transit camp in Uganda, and our efforts to practice critical reflexivity about identity, similarity, and difference in a humanitarian emergency setting.

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We are three social workers of differing social identities who trained across decades, on different continents, and in different theoretical perspectives. Our professional paths joined together in a transit camp in southwestern Uganda, where survivors of war and persecution are registered as refugees with the United Nations High Commissioner for Refugees (UNHCR) in search of safety and protection.

We work and volunteer for a small community-based organization that provides trauma-informed psychosocial services to refugees in the very early stage of their refugee journey – just hours, days, and weeks after flight from war and conflict. Knowing that social work practice is as much impacted by a social worker’s identities as their academic training, we begin by describing our backgrounds and positionalities.

Charity Musiimenta is a Uganda-trained, cisgender female social worker in her twenties who is ethnically Hutu, Mukiga by tribe and from the clan of Basakuru. She advocates for equal opportunities for all refugees with particular sensitivity to religion, ethnicity, culture, and tribe. She ensures that clients are given opportunities to participate in decision-making, she

encourages their active engagement in services, and she tries to make sure that all are provided with basic necessities.

Betsy Miles is a United States-trained, white, French-speaking, cisgender female, recent social work graduate in her twenties who is seeking to strengthen her clinical practice with refugees in the transit camp setting. She thinks critically about the differing identities among herself and refugee clients and the practice of cultural humility and social justice when providing psychosocial services in the transit camp.

Nancy Murakami is a United States-trained, white, cisgender female social work practitioner and supervisor in her forties who prioritizes promoting individuals' resilience, strength, and community while addressing the clinical impacts of psychosocial trauma.

The purpose of this narrative is to share our reflections on the wonders and complexities of culture and promoting justice through cross-cultural social work group practice in an ongoing humanitarian emergency setting. Our narrative is framed by our implementation of a manualized psychosocial group intervention that we developed for refugee transit camps and a particularly challenging group session of the first author, Charity Musiimenta.

The group worker was greeted at her transit camp office door by refugees requesting that she facilitate a group session that day. She had facilitated a psychosocial support group session earlier in the week, and those members had shared their experiences with other refugees who then recognized that they too may benefit from attending one of her groups. She agreed to facilitate a session. She invited refugees whom she thought may benefit from attending a session together with those who were gathered through the efforts of other refugees, and a group was formed.

Finding a space that affords sufficient privacy in the fenced-in camp is a perpetual challenge in both the hot and rainy seasons, but eventually, a spot that provided shade to some members was found. The group worker began the session as she begins all sessions, by asking the preferred languages of the members. Speaking nine languages and dialects, the group worker hoped she would meet the needs of the majority of the refugees who attended that day, but she anticipated she would need to call upon a refugee to help interpret for some members. When she discovered that speaking Kinyabwisha would meet the majority of members' needs but not all, she asked, "Is there anyone who can help us interpret?" One group member volunteered to interpret into both Kiswahili and Lingala, meeting the needs of the remaining clients. The session proceeded.

Social workers place great value on effective communication in clinical practice, recognizing its imperativeness in establishing rapport, promoting the clients' sense of agency within the clinical relationship, and consenting to the care that is offered. Verbal and non-verbal communication is deeply influenced by culture. In situations of differing linguistic capabilities, many

workers recognize that verbatim interpretation may be insufficient and that cultural brokerage may be needed to ensure that the clinician and clients understand the intended meaning of what is communicated.

With hundreds of refugees arriving daily to this camp, the staff simultaneously advocate for trained interpreters to be available and make every effort to ensure high-quality care in the meantime. Social workers also recognize therapeutic benefits of mutual aid, of promoting individual and community resilience, and of facilitating agency of trauma survivors in their own healing. Thus, in a limited-resource setting like this transit camp, refugees do take on service-support roles that benefit fellow refugees and themselves, but this is not without complication. We navigate these situations thoughtfully and critically.

As the group worker consistently does, she checked in periodically with the group to ensure that everyone understood what she was saying in the session through the interpreter. With the basic comprehension of Kiswahili, she also had the ability to do some monitoring of the refugee's interpretation. Midway through the session, a group member asked a question but the interpreter remained quiet. The group worker noticed this immediately and quickly had a barrage of thoughts. *Why is the interpreter not telling me what the group member said? Has the interpreter said something wrong and the member is responding to that? Did the interpreter use vulgar language or a word the member does not like? Can I trust the interpreter in this important role? Have I made a mistake in my words, and do I need to revise something that I just said?* The group worker asked what was said, and she learned that a client had raised concerns about the harassment they have endured in the camp shelter. The group worker recounted to the group what had eventually been interpreted to her. She asked the group if she had received accurate information and then asked if they still accept the interpreter to remain in an interpreting role. The group gave resolute confirmation that the information had been correctly conveyed and that the interpreter was doing a very good job.

With this now shared understanding among all members of the comment, an eruption occurred in the group. Many clients loudly complained in languages the group worker did not understand, members talked harshly and pointed at each other, specific ethnic groups were accused of discrimination and oppression of others and counter-accusations were made. The group worker could understand only portions of the verbal chaos. She had snippets of exchanges interpreted to her – “you are the ones killing our people, you are the ones doing this to our people,” “that group never wants to share food cooked from the same saucepan with us,” “those women never want to share the potties of their babies,” “we still have tribalism in the camp.” *I was so confused. The way they were reacting – I thought they may start fighting. What will camp leadership think I am doing in our psychosocial support groups that*

are intended to unite across difference and promote community-building? Am I promoting conflict rather than solving problems? The group worker had to quickly intervene before tensions within the group further escalated.

From a region of the world where children and young adults do not know life without conflict and war, where one's appearance is a signifier of ethnicity and presumed allegiances, and where skepticism of others is a needed survival strategy, these group members found safety in the psychosocial group to voice feelings and experiences that would be too risky to express in other settings. Following their flights from pervasive violence and terror, they sought safety and validation in this space of refuge. While this clinical situation felt distressing, it was not outside the norms of group process and it offered a valuable opportunity to acknowledge the injustices that the refugees had endured and the opportunities for them to unite in their healing and rebuilding of community.

Consistently, across clinical encounters, the group worker is intentional in her affect, body positioning, language choice and tone of voice. She holds great respect for others and values their individual and collective experiences. Her efforts in group sessions to honor difference but to emphasize unity and shared experiences provide a treatment frame for groups that are diverse in countless and historically significant ways. Knowing that trauma is the reliving of the past in the present, the group worker also recognized the depths of latent content in the exchanges of anger and blame. How she is to proceed will have significance.

Additionally, the accusations made in the group were personal to the group worker as some of the generalized accusations targeted her own ethnic identity. *In my heart I felt scared. Our similarities are not only our language but also my face. I wonder what they think of me and whether they think I am talking behind their backs because I cannot speak to them in their languages. I worried they did not listen to me because they look at me like I am Hutu and I speak the same language as Hutus.* She had not disclosed her ethnicity or tribe to the group, but likely members had presumed what they were.

Navigating similarities and differences in a clinical group is complicated. Assumptions of what is shared and what is different are potentially detrimental to the clinical relationship and the client. Yet, like all people, group workers are vulnerable to biases, personal reactions, social conditioning, and lived experiences. Interpersonal dynamics become even more complicated in a group context and in interpreted clinical sessions. Group workers recognize imbalance and marginalization when some but not all group members can directly communicate with a group worker, but these situations of inequity cannot always be avoided when resources are limited. Acknowledging these barriers and consistently applying strategies that promote fairness and equity are needed in these circumstances.

After understanding a sufficient amount of what was being said, the group worker reestablished her facilitating role. She spoke first about unity and togetherness in the shared identity of *the refugee*. In the camp, people are not segregated; staff do not tell refugees to line up by appearance, ethnicity, tribe or language, and refugees are not separated in the shelters or in our psychosocial groups. When refugees get on a truck at the national border to come to the camp, the drivers do not say they are picking only the ones who speak a certain language. Staff aim to treat everyone equally because they are all *persons of concern*. At the camp, they are encouraged to come together as one and leave behind the discrimination that separated them before. The group worker reminded them that they are in another country. She told them about how the rules of Uganda guide them now, how the rules and laws are different than in parts of the Congo, and how they have shared rights as camp refugees.

In this instance, the group worker faced the challenge of responding to conflict in the group that was deeply rooted in decades of ethnic tensions and violence. Allowing group members to continue on without intervening could be detrimental to the safety and well-being of the group. On the other hand, it would not be possible to resolve these conflicts that have deep historical roots in this single session. Thus, the group worker decided to use psychoeducation.

Psychoeducation can be a powerful tool in providing explanation, structure and cohesion to a group. Additionally, it increases group members' sense of agency and empowerment which are critical to recovery from interpersonal trauma. The group worker educated the group on the rules and laws in Uganda and their identity and rights as refugees in the camp. As she does at the beginning of all group sessions, the group worker also educated clients about support groups and their intention to promote community healing and rebuilding. In doing so, she not only provided important information to the group but also worked to empower and unite them as refugees with shared purpose.

The group worker extended the time of the session to help members regulate before departing – in hopes of preventing the conflict from reigniting in the camp shelters that evening. After the session, the group worker went to camp leadership and also later brought the experience to consultation with the second author and clinical supervision with the third author. The group worker was scared of what was going to happen in the group but also concerned about camp leadership's reactions to the experience. The group worker is very well respected in the camp and recognized as helpful to refugees. *But, if there is fighting among group members or conflict in a group, the blame will fall on me. Leadership may think I brought the conflict to the group and may not look at the group as the importance of talking to people as refugees but as a group worker bringing more conflict among refugees.*

When the group worker shared the experience with the camp leaders, they responded supportively and recommended strategies to ensure her safety.

Additionally, plans were made to proactively acknowledge the potential impacts of differences among refugees in the camp's larger sensitization meetings and to encourage refugees to come together as one in the camp. The use of consultation and clinical supervision was also critically important to the group worker, as it is for any social worker practicing in a humanitarian emergency setting.

Exemplified in this clinical experience, social workers in the camp are frequently confronted with overwhelming need, complex clinical cases, and ethical challenges that necessitate critical reflexivity as well as guidance and support from colleagues and supervisors. After discussions with the camp leaders and consultation and clinical supervision from the other authors, the group worker felt better prepared to facilitate future group sessions and more specifically to navigate discussions of cultural differences.

Conclusion

There is growing movement in the humanitarian emergency field toward mental health and psychosocial support for individuals and communities that is more broadly accessible and is more collaborative and strengths-based. The use of psychosocial support groups in a transit camp is one innovative example of early intervention that empowers individuals and communities to be leaders in their own individual and collective healing. However, as evidenced by this clinical experience, providing group services to survivors of war and conflict so soon after their forced displacement can be challenging. The injustices of oppression and community violence are still so acutely felt by newly registered refugees because of both trauma and socio-political history, but circumstances force survivors to live alongside others who may represent the aggressor or the oppressor.

By increasing knowledge of psychosocial health, building skills to manage distress, and promoting connection with others, this group aims to support social change in communities of great cultural diversity and pervasive mental health stigma, violations of trust, and exploitation of difference. Recognizing the similarities and organizing around shared experiences may be one antidote to the divisive differences that drive so many of our world's humanitarian emergencies.

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Disclosure statement

No potential conflict of interest was reported by the authors.

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