IN THE INTEREST OF WORKING WITH SURVIVORS OF WAR, TORTURE AND ORGANIZED VIOLENCE: LESSONS FROM A UNIVERSITY/ COMMUNITY RESEARCH COLLABORATIVE IN SOUTH-WESTERN ONTARIO

Ginette Lafrenière is an associate professor at the Faculty of Social Work at Wilfrid Laurier University and is the Director of the Social Innovation Research Group.

Lamine Diallo is an associate professor at Laurier Brantford and the Co-Chair of the Tchepo Institute which is a research institute dedicated to the study of contemporary Africa.

ABSTRACT

This article examines the highlights of an exhaustive research and training project entitled 'Project Access'. Researchers from Wilfrid Laurier University and a Francophone community health centre (CHC) in Hamilton, Ontario (Centre de santé communautaire de Hamilton/Niagara) came together to understand how the CHC could best respond to members of various cultural communities who were survivors of war, torture and organized violence. The research discovered the need for organizations to adapt their services in ways which were responsive to the particular needs of the survivors. These needs and approaches to mental health care for those who are survivors of war, torture and organized violence are examined.

INTRODUCTION

In 2005, an exciting university/community collaborative unfolded between researchers at Wilfrid Laurier University and a Francophone community health centre (CHC) in Hamilton, Ontario (Centre de santé communautaire de Hamilton/Niagara). For approximately eighteen months (18) an exhaustive research and training project entitled 'Project Access' was engaged in order to understand how the CHC could best respond to members of various cultural communities who were survivors of war, torture and organized violence. The basis of the research was to unearth certain elements of best practices which could enhance the skills of health care and social service professionals working with this particularly vulnerable target group. What the research discovered was the need for organizations to adapt their services in ways which were responsive to the particular needs of the survivors. Demystifying the importance of mental health services for survivors was an especially challenging element which characterized the work of providers. Additionally, creating nurturing physical environments for clients as well as having diverse human resources who were regularly exposed to continuing education and training were important themes which emerged within the research. Attention to issues relative to spirituality or religiosity also emerged as an important determining factor enhancing the quality of the helping relationship with survivors.

FRANCOPHONE IMMIGRATION IN HAMILTON

One of the determining characteristics of immigration patterns in Hamilton/Niagara is the increasing number of Francophone immigrants and refugees moving into this geographic area. Among these newcomers, the majority are coming from Francophone African countries influenced by war and political upheaval. According to the CHC, there are an overwhelming number of people from the Congo, Tchad, Rwanda, Central Africa, Burundi, Guinée and the Ivory Coast coming to Hamilton or are on their second migration from Quebec. The arrival of these 'New Franco-Ontarians' has pushed health and social

services to adapt to this particular clientele which very often is unilingual Francophone and grappling with the after effects of war and torture while attempting to integrate within an Anglophone, mainstream environment. As a result of witnessing the enormous difficulties that many of the stakeholders within these various cultural communities experience relative to the integration process, the CHC in Hamilton decided to undertake an ambitious project in order to best respond the needs of this particular clientele. The leadership of the CHC successfully applied for funding to the Ministry of Health and hence 'Project Access' emerged.

OBJECTIVES OF 'PROJECT ACCESS'

In 2004, the CHC witnessed an increasing number of clients from Francophone cultural communities who seemed to be presenting with an array of issues which characterized them as being somewhat more vulnerable than many other clients of the CHC who were not survivors of war and torture. In an effort to be responsive to this particular group of clients, the CHC endeavoured to take action and engage the following research and training project which held the following objectives:

- Identify best practices in order to best serve Francophone immigrants and refugees who are survivors of war, torture and organized violence;
- Develop a training manual for health care and social service professionals working with this particular clientele;
- Develop a pedagogical training video for all incoming human resources working at the CHC;
- Offer a series of training workshops in order to enhance the skills of health care and social service providers working with this particular clientele.

In order to honour these objectives, researchers from Wilfrid Laurier University were called upon to work within a framework of university/community collaboration in order to fulfill the mandate of the project:

- The research team conducted a thorough literature review on the subject of trauma and the contexts of best practices in which to intervene. The literature review enabled us to review hundreds of documents on different types of trauma and ways in which professionals have worked with survivors within organizations dedicated to survivors both in North American and African contexts;
- Sixty key informants were interviewed including 23 survivors, 27 professionals working in health care and social services and 15 experts working in some capacity with survivors of war and torture. Among the experts interviewed, a few were survivors themselves and were now working either as researchers or in the area of health care or social services.
- University/community collaboration was the framework which informed this project and as such monthly meetings were organized between the research team and representatives of the CHC through an advisory committee. The research team met several times with staff and key informants and two community forums were held in both Welland and Hamilton in order to get feedback and share the data collected from all research stakeholders;
- Five all day training sessions were offered approximately every four months during the life of the project and were dedicated to enhancing the skills of the staff of the CHC on the following subjects: organizational change in the face of diversity, how to intervene with survivors of trauma, working with survivors of sexual torture, working with survivors of female genital mutilation (FGM), and models of intervention from five Canadian agencies;
- A short documentary informed by survivors as well as health care and social service professionals was developed in order to highlight certain strengths and challenges which both workers and survivors experience within the context of helping relationships.

RESULTS OF INTERVIEWS WITH SURVIVORS

The interviews with survivors of war, torture and trauma enabled the research team to determine the types of situations which the key informants faced as *survivors,* the challenges linked to their integration into Canadian society, their needs relative to services and support as well as solutions to the various challenges which they experienced.

The various forms of violence which the research participants experienced were either linked to social situations, such as FGM, forced marriages, or to war and organized political violence. Research participants shared stories of being imprisoned, tortured by military or armed individuals, rape and sexual harassment, witnessing the death of a loved one or enduring physical limitations due to torture as well as experiencing trauma due to unsafe living conditions in refugee camps.

CHALLENGES LINKED TO INTEGRATION

The research participants shared stories of being confronted with numerous challenges relative to their integration within Canadian society. Several were still waiting to hear word on their status (i.e. refugee status, landed immigrant status, permanent resident status) which they said augmented their level of emotional and financial stress. Research participants shared the following challenges as most important relative to their compromised ability to integrate within mainstream society:

- Inadequate services linked to learning English;
- Lack of information relative to education and training needs;
- Frustrating lack of recognition of levels of education,

diplomas and work experience in countries of origin;
- Facing discrimination while attempting to access housing;
- Physical or mental issues impeding the ability of survivors to access and maintain employment;
- Accessing health and social services in French;

Despite the difficulties which survivors shared with us, they nonetheless had very clear ideas on factors which could ease their integration within Canadian society. The most important factor was the idea of having a "guichet unique", a one stop space whereby survivors could access services in French for all levels of integration from accessing information for employment, housing, legal aid, health and social services. Not having to relate their horrific stories repeatedly was something which was of the utmost importance for most of the research participants. For many, having to repeat their stories, deal with systemic discrimination, racism and exclusion only served to aggravate their feelings of trauma and stress. Additionally, a very important factor which was shared by most of the research participants (survivors) was the idea that those professionals working in the area of health and social services needed to create spaces for dialogue around the idea of spirituality or religiosity. Finally, survivors want to be heard. It was found that survivors wanted to be able to tell their stories and have the professionals with whom they were working believe their stories and advocate for them. Also, the research participants (survivors) wished to be active stakeholders on boards, or committees which are dedicated to working with survivors in order that they can be agents of their own program development and influence ways in which professionals work with survivors.

RESULTS OF INTERVIEWS WITH HEALTH CARE AND SOCIAL SERVICE PROVIDERS

The health care and social service providers interviewed were primarily from the CHC in Hamilton as well as their satellite service in Welland, Ontario although some who were interviewed worked directly with survivors in other agencies. The professionals interviewed were nurses, nurse practitioners, doctors, social workers, community workers, educators and mental health counsellors. Fifty-one per cent (51%) were female and all research participants had received post secondary education. Most research participants stated that they had never received training specifically related to working with survivors of war, torture and organized violence. Only 25% of research participants shared that they had received some training in working with survivors of trauma and most stated that the training was insufficient or did not specifically relate to survivors coming from various cultural communities. All research participants stated that they would like to receive training and supervision relative to working with survivors of war, torture and organized violence.

The research participants shared the following challenges and barriers which according to them, compromised their ability to work with survivors in an effective manner:

A. COMMUNICATION

Communication was identified as the most challenging element of the work which characterized the relationships which professionals entertained with survivors. Several health care and social service providers felt that they did not have the necessary tools to adequately diagnose a client and several felt that they were unsure in being able to assess if someone had been tortured or not. Many shared feelings of inadequacy and frustration given that they did not know many of the cultural practices of certain clients and that assessment tools, particularly as it related to mental health, were culturally inapplicable to the clients which they were seeing.

Issues with accessing interpreters who could translate judiciously the thoughts and feelings of survivors was an issue for several service providers who felt that many ideas and information were lost in translation, thus compromising yet again the way in which they could provide adequate service. Challenges with having family members act as interpreters as well as individuals uncomfortable with the vocabulary of health and trauma were also cited as being frustrating factors which impeded adequate service provision.

B. PROFESSIONAL COMPETENCY

Several service providers shared stories of feeling inadequate and at times vulnerable as they did not feel that they were providing adequate services to survivors. Several experienced survivors as uncommunicative, uncooperative relative to following and carrying out medical requests (i.e. taking medication, following through on other tests, etc…). A few service providers shared thoughts of feeling manipulated at times by survivors and had difficulties believing their stories. Others still, shared feelings of being horrified and overwhelmed by survivor stories. There is at times, tension and friction between service providers and survivors whereby an aura of mistrust permeates both actors in the helping relationship.

C. DEMYSTIFYING MENTAL HEALTH SERVICES

For several health care and social service providers, a most frustrating element of their work is trying to explain and demystify the legitimacy of mental health services to survivors. According to the providers, not only do many survivors not know how to navigate the

health care system generally, there is a feeling that survivors do not understand the scope of mental health services in particular. This idea is confirmed by some of the survivors we interviewed who resist the idea of being stigmatized as being "crazy" (their words) and thus do not wish nor seek mental health services despite the fact that many present with symptoms related to trauma and post traumatic stress.

Other issues relative to religiosity and spirituality, vicarious trauma amongst service providers, and addressing tensions between Franco-Ontarians and Francophone immigrants were highlighted within the context of the research as important issues which needed to be further explored if service providers were to be able to adequately respond to survivor needs.

The most important element which emerged from the provider interviews was the need for ongoing training and supervision relative to the specificity of survivor needs.

LESSONS LEARNED

This project was and is important for all stakeholders who wish to enhance services dedicated to survivors of war, torture and organized violence. What we have learned from this research is immeasurably important on many fronts. We have learned that:

- Working within a framework of university/community collaboration is an imitable form of community based research as it creates spaces of equity and personal agency for those who are most affected by the research;
- Survivors wish to be heard and want health and social service structures to honour their voices and experiences in ways which do not treat them as exotic elements but as invested stakeholders who can enhance the design and spectrum of services deployed towards immigrants and refugees, many of whom are survivors of war, torture and organized violence;
- Health and social service providers must engage dialogue with their funders, managers, supervisors and boards of directors in order to fully commit to the arduous task of re-examining the ways in which services are dedicated to survivors and that these services are redesigned to be more responsive to the needs of survivors. Concretely this means being able to dedicate more time to survivors within intake and helping relationships, providing comfortable and nurturing physical spaces which will minimize the chances of triggering survivors, and providing training and supervision opportunities to health and social service providers in order to enhance service delivery. With regards to Francophone providers and survivors, creating spaces for dialogue between Francophones "de souche" and Francophone immigrants and refugees is imperative in order that socio-political spaces are shared and that harmonious alliances can be developed;
- Mental health services must be holistic and honour traditional forms of healing; this may include creating spaces for religiosity and spirituality or creating spaces for advocacy, truth and reconciliation initiatives or by expanding services which could include art, music and other forms of complementary therapies;
- Honouring the different ways in which mental health services can reach out to men, women and children must be considered in order to effectively provide services to various groups of survivors; paying attention to the gendered realities of survivors is crucial in order to address issues relative to trauma and PTSD;
- Breaking down the misguided elevation of one form of practice (clinical) over another (community) in social services is crucial if providers wish to effectively work with survivors; this means that creative community based healing initiatives should be considered and informed by survivors in order that veritable healing can take place;
- Health and social service providers should be encouraged to embrace the merits of research and ongoing evaluation of their practices in order to document and share promising practices with various stakeholders working with survivors of war, torture and organized violence.