

Contexts of Best Practices for Health and Social Service Providers Working with Survivors of War, Torture and Organized Violence: Case Study of a Community Based Research Project

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Context:

- Social location
- “Coming to” social work
- Tensions with academics
- Developing SIRG
- “Coming to” community based research

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**On the merits of being very clear
around the vocabulary:**

**“best practices, contexts of best
practices, elements of best
practices...”**

- “Best Practice” isn’t a set of skills, roles or guidelines offering suggestions about the nature of the best service.
- “Best Practice” is a mindset that encourages the worker to constantly search for a more successful interventive strategy.

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PROJECT OBJECTIVES: (Project Access)

- Identify best practices for health care and social service providers working with francophone survivors of war, torture and organized violence in Hamilton, Ontario
- Offer a series of five (5) workshops for health care and social service providers working with survivors
- Conceptualize and develop a manual for providers
- Develop a pedagogical tool (documentary-video) for service providers

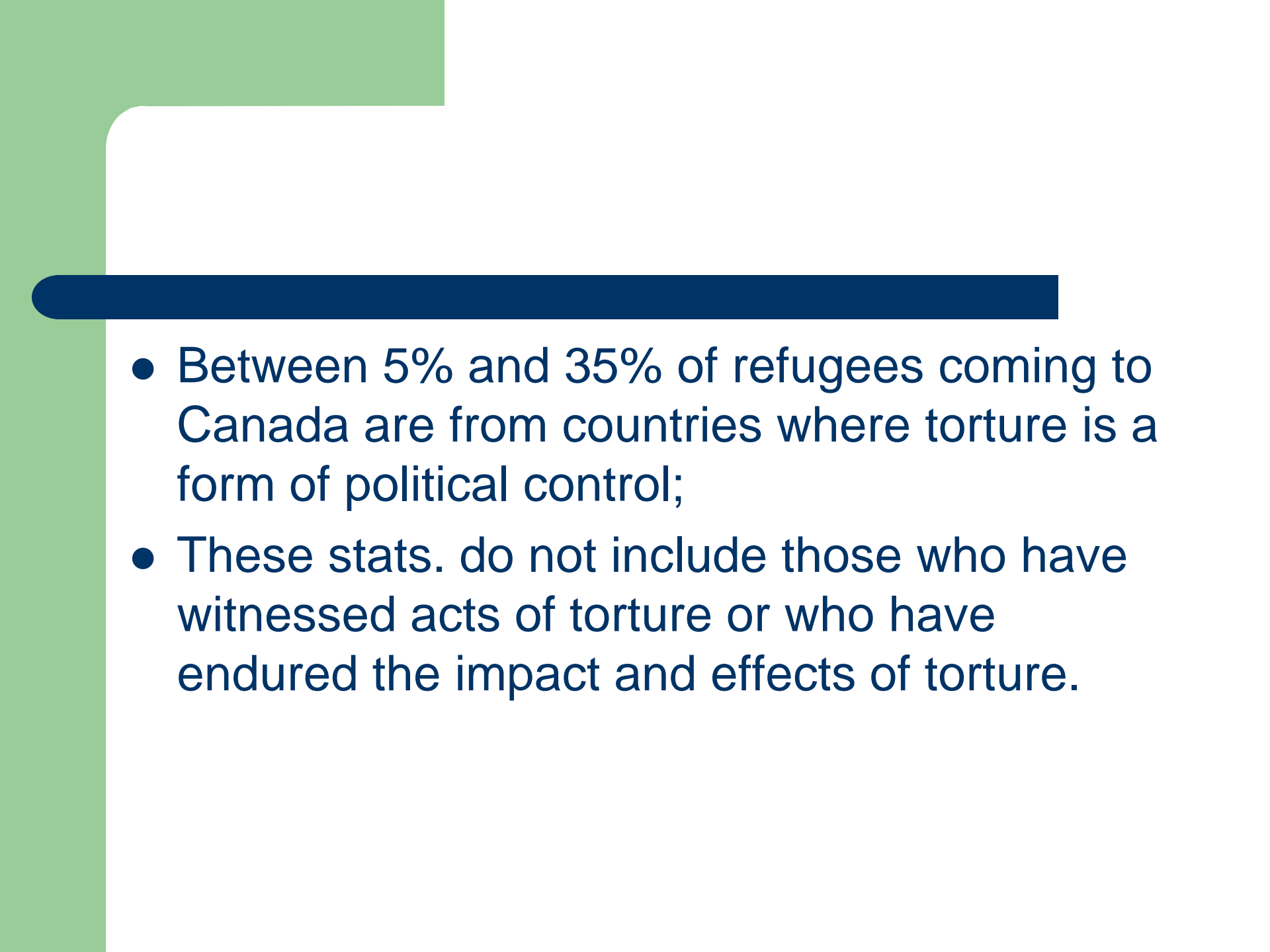
General Methodology:

- Exhaustive review of literature (300p.)
- Series of interviews with survivors
- Series of interviews with service providers
- Series of interviews with “experts”
- Illustration of 14 projects offering programs to survivors
- Identified/illustrated series of evaluation tools for providers
- Two community feedback forums

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- Project began in February 2005 – March 2006
 - Interviews were conducted in Hamilton, Welland, Ottawa, Montreal, Sudbury and Kitchener

DEFINING TORTURE:

- Torture is a systematic act conceived of distorting normal psychological mechanisms of a human being. (Fischman, 1998)
- An intentional act inflicted upon another person in order to obtain a confession, to punish, to intimidate, or manipulate a third party or for any reason based on discrimination. (UN, General Assembly)

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- Between 5% and 35% of refugees coming to Canada are from countries where torture is a form of political control;
 - These stats. do not include those who have witnessed acts of torture or who have endured the impact and effects of torture.

Francophone Immigration Trends in Hamilton:



- Hamilton is the third most important access point for immigrants and refugees in Canada
- Increasing numbers of immigrants\refugees
- Countries of origin: Tchad, Congo, Rwanda, Guinee,
- ******Notable trend of receiving francophone immigrants on second wave of migration from Quebec

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RESULTS

PROFILE OF SURVIVORS:

- 23 survivors were interviewed
- Majority come from Africa (some from the Middle-East)
- 13 women, 10 men
- Research participants – 20 and 69 years old
- 6 families were headed by single parents
- Several awaiting refugee hearing

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- Four of the research participants – second migration from Quebec
 - Several families live without their children

EXPERIENCES OF TORTURE:

- Imprisonment
- Torture by military personnel or armed individuals
- Rape and harassment
- War/genocide
- Witnessing death of a loved one
- Physical abuse (handicapped)
- Experienced living in refugee camp

SOCIAL CONTEXTS OF TORTURE:

- FGM
- Forced marriage

WHAT SURVIVORS SHARED:

- Most of the survivors – did not have difficulties entering Canada
- Only 7 of the survivors had landed immigrant status or citizenship
- Their precarious status - insecurity

CHALLENGES LINKED TO INTEGRATION:

- Learning English language
- Lack of social supports
- Difficulties in “demystifying” – environment (job searches, housing)
- Access to health care – difficulty in accessing French language services
- Re-telling stories of torture

FACTORS FACILITATING INTEGRATION:

- Spirituality\religion
- Services offered by Community Health Centre*****

*** EXCELLENT example of organizational change in the face of diversity

WHAT SURVIVORS WANT:

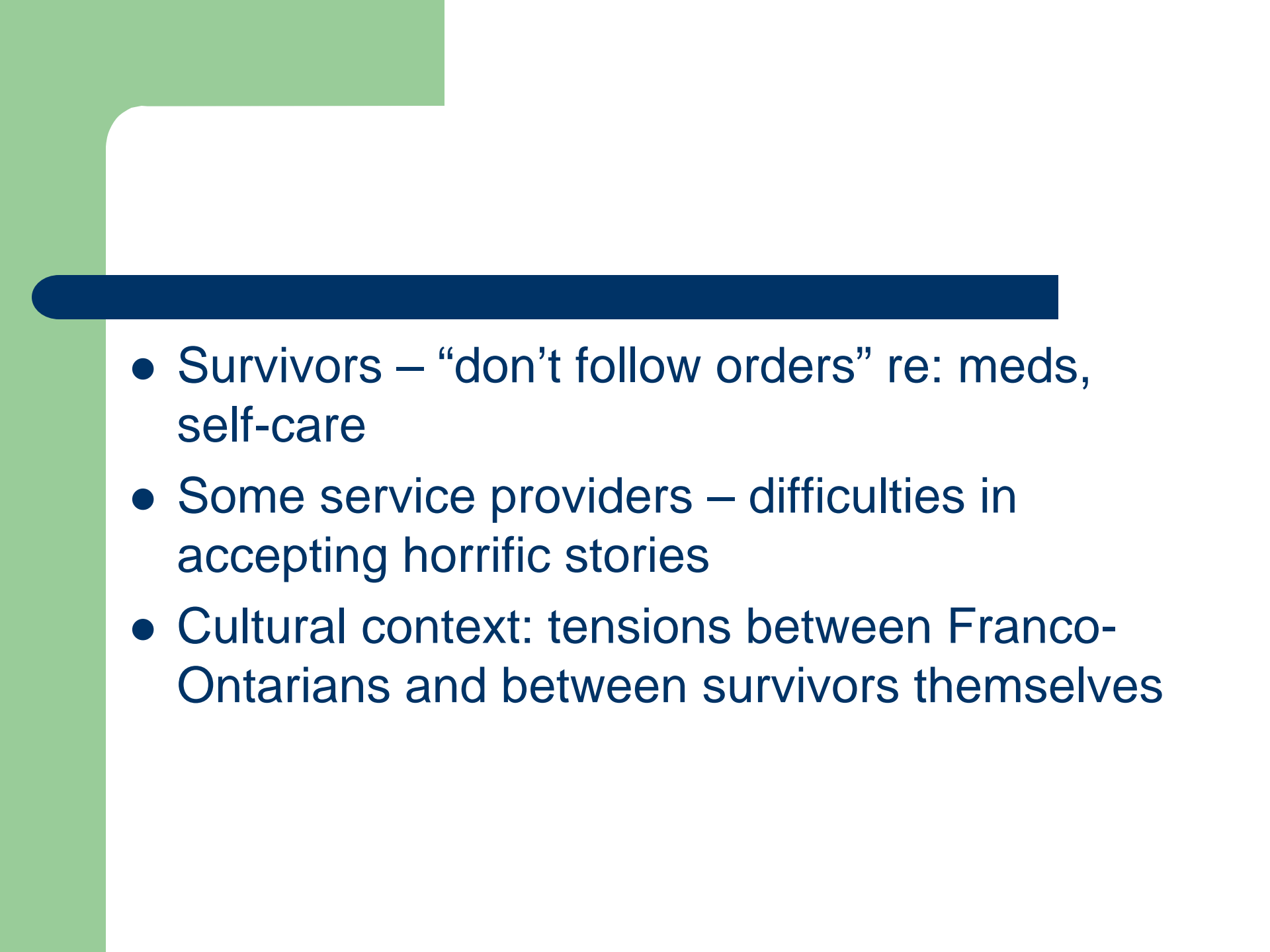
- One stop services for survivors
- Translation - when accessing services
- Recognition of foreign credentials
- Survivors want people to know what they have endured and survived ****

PROFILE OF SERVICE PROVIDERS:

- 24 service providers were interviewed (11 men, 13 women between the ages of 20-60)
- Backgrounds: management, medical, counseling, psychologists, administrators.
- Years of experience: 11 months – 35 yrs

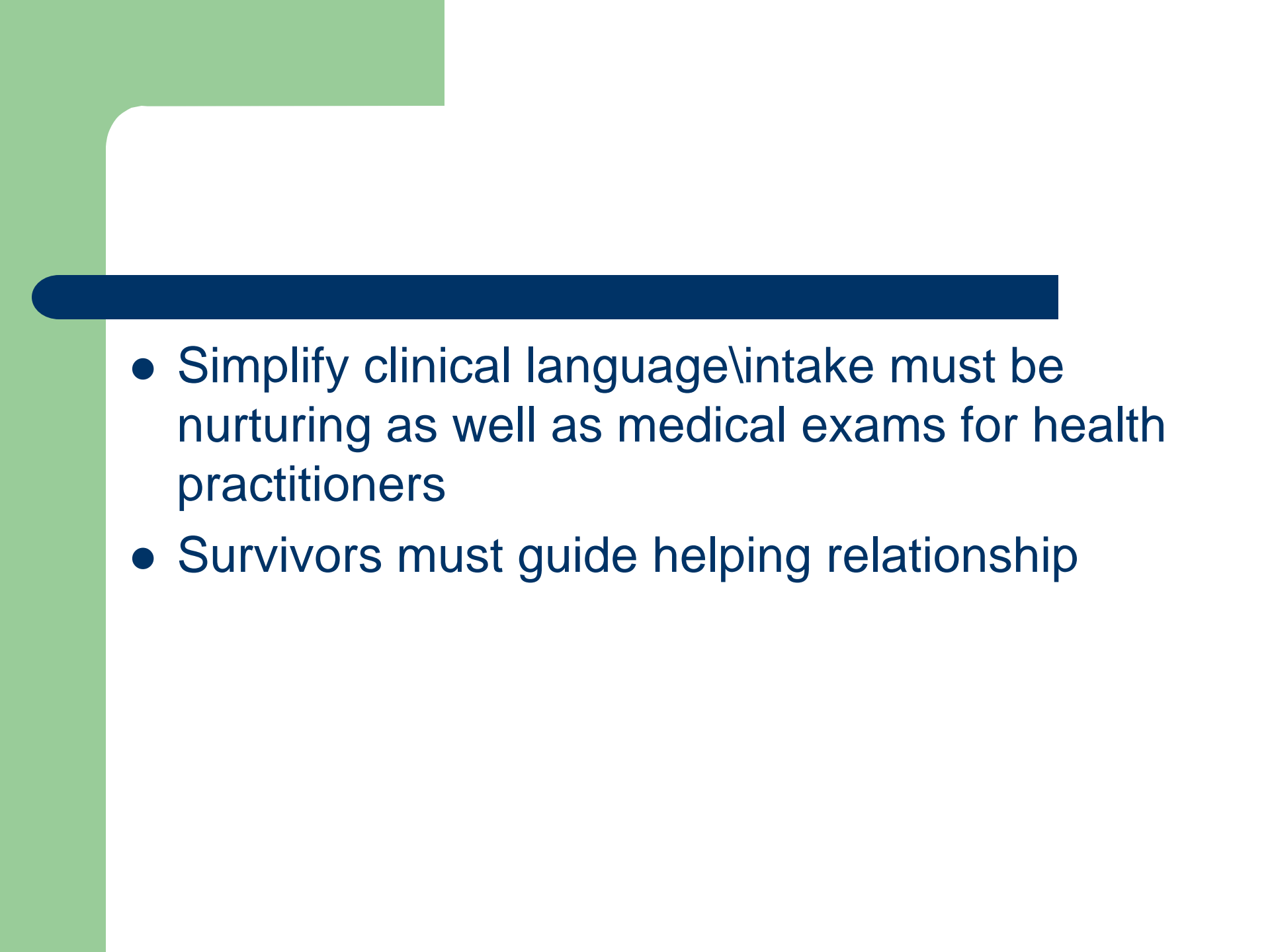
CHALLENGES FACED BY SERVICE PROVIDERS:

- Massive potential – burnout
- High stress levels in workplace (vicarious trauma)
- Communication
- Access to translation services
- Understanding cultural context of survivor
- Huge gaps in services
- Evaluation tools are not culturally adapted
- Counseling – foreign concept to many survivors

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- Survivors – “don’t follow orders” re: meds, self-care
 - Some service providers – difficulties in accepting horrific stories
 - Cultural context: tensions between Franco-Ontarians and between survivors themselves

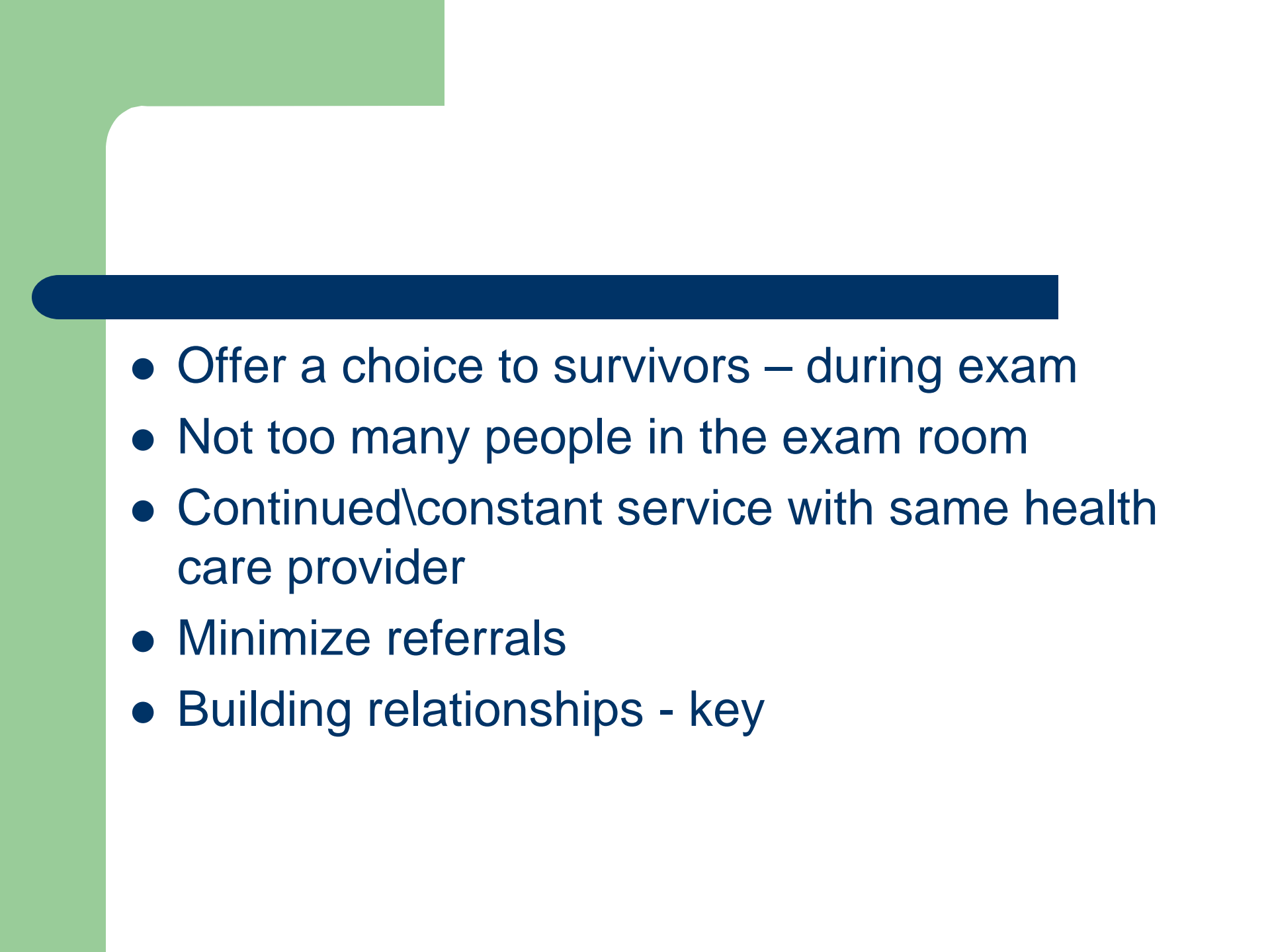
Organizational Change Strategies Adapted to Survivors:

- Development of self-help groups
- Creating comfortable\inviting atmosphere for survivors
- Ongoing supervision and training for service providers
- Group activities – informal
- Advocacy
- Sufficient time – given to survivors

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- Simplify clinical language\intake must be nurturing as well as medical exams for health practitioners
 - Survivors must guide helping relationship

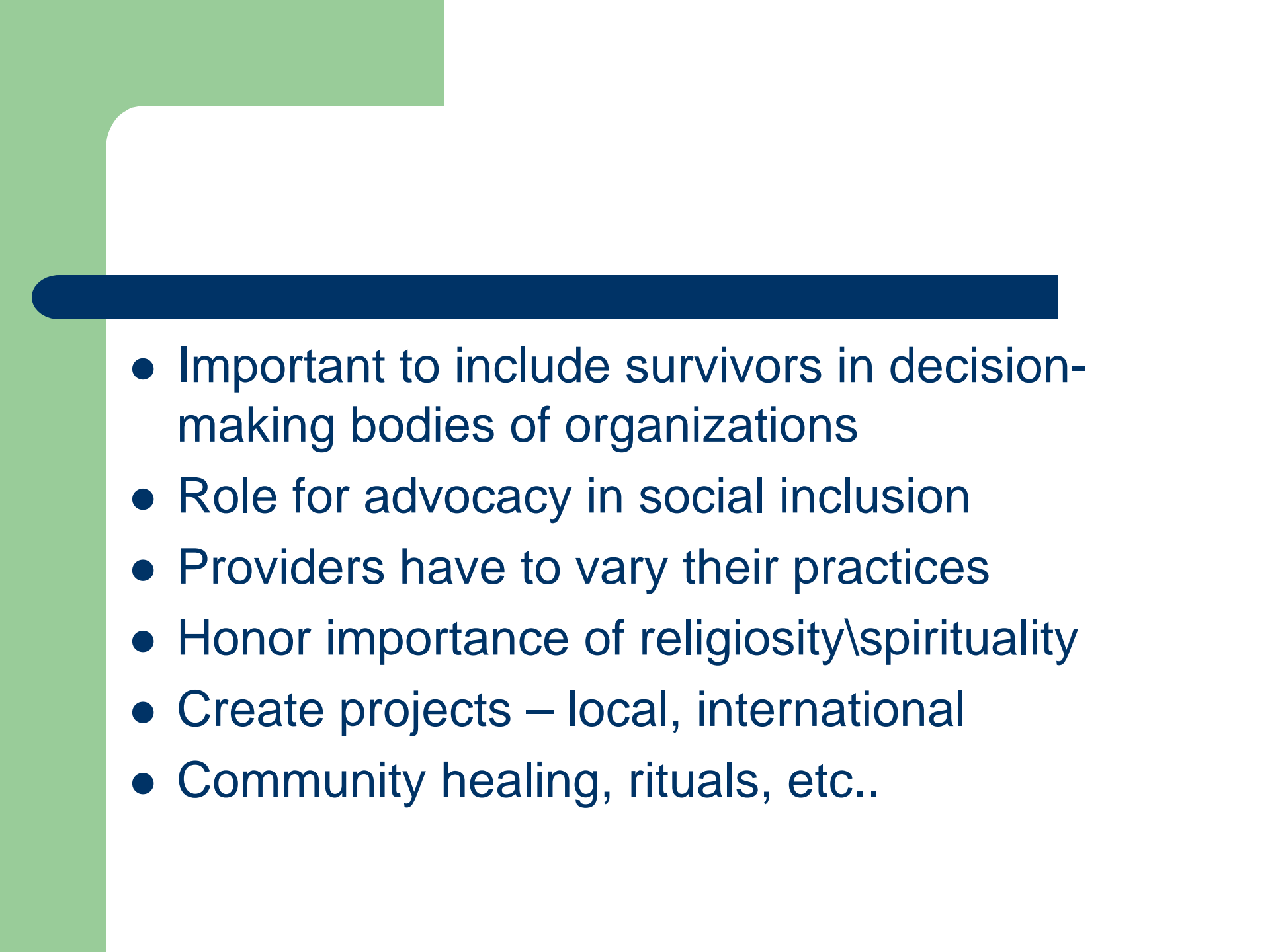
Health Care Workers:

- Attention to physical surroundings
- All instruments – in sight
- Comfortable temperature
- Avoid making survivor wait
- Explain their role and what they are going to do
- Be aware of triggers

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- Offer a choice to survivors – during exam
 - Not too many people in the exam room
 - Continued\constant service with same health care provider
 - Minimize referrals
 - Building relationships - key



Social Service Providers:

- Providers need to be self-reflective – diversity
- Be aware of vicarious trauma
- Open to continuing education
- Value notion of empowerment

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- Important to include survivors in decision-making bodies of organizations
 - Role for advocacy in social inclusion
 - Providers have to vary their practices
 - Honor importance of religiosity\spirituality
 - Create projects – local, international
 - Community healing, rituals, etc..

Lessons learned -

- Work with survivors – textured
- Need to understand Quebec – second migrations
- Importance of honoring -
Religiosity\Spirituality
- Organizational change*****
 - Occurs naturally, often without clearly articulated guidelines from management

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- Organizational change is a process which should be nurtured by several stakeholders;
 - Research is key in assessing evolution of organizational change;
 - Desire to “change” is also a process – can be supported by academic stakeholders;

- In the case of the Hamilton War and Torture project, the organizational change is imitable:
 - Honors survivors as stakeholders
 - research as legitimate tool of exploration
 - Education for ALL human resources over 8 months IMP.
 - Human resources reflect community residents – members

- Organizational change while clumsy, awkward, stressful, etc... nonetheless honors creativity in responding to survivor needs
- Recognizes the specificity of survivor needs (i.e. men, women, children)
- Honors various forms of therapy
- Recognizes legitimacy – space for spirituality
- Imp. to honor community based healing as a legitimate means of “intervention”



Thank you!