



PCERII Funded Research

FINAL Report

Providers of Support to Survivors of Torture: Final Report for the Prairie Centre of Excellence for Research on Immigration and Integration

Principle Researcher and Report Author

Dr. Nancy Arthur
Department of Educational Psychology
The University of Calgary

Community Collaborators

Anila Ramaliu
Coordinator
Host Support Program for Survivors of Torture
Calgary Catholic Immigration Society

Diane Fisher
Manager
Community & Education Services Division
Calgary Catholic Immigration Society

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Updated Abstract

This study was a qualitative inquiry into the training and professional development needs of service providers affiliated with the Host Support Program for Survivors of Torture, Calgary Catholic Immigration Society, located in Calgary, Alberta, Canada. Semi-structured interviews were conducted with mental health professionals and volunteers to investigate three key concerns: (a) the impact of working with survivors of torture, (b) ways of coping with their personal reactions to working with survivors of torture and, (c) recommendations for future programming. The findings of this study are organized around six core competency areas for training community-based professionals and volunteers who provide services to survivors of torture. The core competency areas include: (a) gaining knowledge about the refugee experience, (b) assessment and treatment strategies for addressing the trauma of torture, (c) awareness about the parallel process of secondary traumatization, (d) coping strategies for managing vicarious traumatization, (e) developing multicultural competencies for working with refugees from diverse cultural backgrounds and, (f) taking advocacy roles, which address both individual and systemic issues in the refugee settlement process. The core competencies are discussed in the context of coordinated program efforts to respond to the needs of service providers who provide support services to survivors of torture. Recommendations for future program directions are suggested for expanding the network of support providers, training and education, program advocacy, and program evaluation.

Executive Summary

The lack of a universal framework for intervention with survivors of torture necessitates program development for the training of personnel involved with refugee populations. Although there are resources available in the general field of trauma and post-traumatic stress disorder, there are few research-based resources that address the experiences of professionals who work with survivors of torture. Recent attention paid to vicarious trauma in helping professionals suggest that service providers also need to become informed about ways of managing their own reactions to people who have been traumatized through the migration process and through the trauma of torture.

This study emerged as a qualitative inquiry into the training and professional development needs of mental health professionals (n=9) and volunteers (n=5) associated with the Host Support Program for Survivors of Torture affiliated with the Calgary Catholic Immigration Society in Calgary, Alberta, Canada. Semi-structured interviews were conducted with professionals and volunteers regarding their experiences of working with survivors of torture, revolving around three key questions:

1. What is the impact of working with survivors of torture for helpers in both formal and informal support roles?
2. How do helpers manage their personal reactions to working with survivors of torture?
3. What are the training needs of people who provide support to survivors of torture?

Participants were also presented with a chart that outlined symptoms of vicarious trauma. The chart was used as a reference point for inquiry about stressors and ways of coping with reactions to trauma in the helping role. Data collected from interviews was sorted to identify key themes using methods of content analysis.

The findings of this study are organized around six core competency areas for training community-based professionals and volunteers who provide services to survivors of torture. The core competency areas include: (a) gaining knowledge about the refugee experience, (b) assessment and treatment strategies for addressing the trauma of torture, (c) awareness about the parallel process of secondary traumatization, (d) coping strategies for managing vicarious traumatization, (e) developing multicultural competencies for working with refugees from diverse cultural backgrounds and, (f) taking advocacy roles which address both individual and

systemic issues in the refugee settlement process. Recommendations for future program directions for the Host Program for Survivors of Torture include: (a) expansion of a coordinated and multidisciplinary network of volunteers and professionals, (b) training and education regarding general refugee issues, specific topics related to the trauma of torture, cross-cultural competencies in helping roles, and self-care strategies, (c) articulating advocacy roles beyond direct helping roles and, (d) developing future research projects to demonstrate the efficacy of program responses and specific intervention efforts. In summary, programs that recruit community-based professionals and volunteers have an ethical imperative to provide appropriate training. First, support providers need to be adequately trained to respond to the complex and unique issues faced by survivors of torture during the settlement process. Second, support providers should be informed about the risks involved in working with highly traumatized individuals and informed about coping strategies that may mediate adverse effects. Third, as most helping relationships with refugees are cross-cultural in nature, service providers need to be trained to develop multicultural competencies. In order to support survivors of torture in our local communities, programming efforts must also be responsive to the needs of service providers.

Statement of the Problem

Programs designed to assist refugees with the settlement process must be responsive to the circumstances that lead to involuntary migration (Berry, 1997). It is estimated that more than sixty percent of countries around the world are involved in organized violence and torture (Genefke, 1993). Exposure to organized violence can have profound effects for refugees. On the individual level, the experience of trauma related to torture can result in devastating physiological, psychological, and social effects (Kwong, 1990). Families are impacted through lack of predictability, often violent and sudden separation from other family members, the tragic loss of loved ones, and disruption in relationships that leads to the disintegration of usual roles (Arredondo, Orjuela, & Moore, 1989; Chambon, 1989). Research has confirmed that there are intergenerational effects for the children of parents who have been subjected to torture (Montgomery, Krogh, Jacobsen, & Lukman, 1992). Symptoms related to the trauma of torture can surface during various stages of the migration process and be exacerbated through the strain of adjusting to a new culture (Rousseau, 1995; Strober, 1994). The legacy of torture-related trauma requires professionals to be responsive to refugees' adjustment issues in a new cultural context and to specific issues that emerge from torture related trauma (Arthur & Ramaliu, in press).

Curriculum for counsellors, psychologists, and other helping professionals rarely includes information about refugee populations. Without deliberate efforts to secure knowledge about the needs of survivors of torture, helpers will remain misinformed about issues faced by this group of refugees. There are ethical implications for recruiting helpers to work with work with survivors of torture without providing adequate training. Helpers need to be informed about the potential effects of working with traumatized people and be prepared to deal with the vicarious effects (Munroe, 1995). Efforts to involve community-based helpers to work with refugee populations also require attention to the needs of service providers. There is a growing body of literature that attests to the impact of working with people who have been traumatized. Through witnessing the details of trauma and experiencing the effects on others, professionals are at risk of developing secondary effects that are nearly identical to a trauma response (Figley, 1995; Herman, 1992). Beyond the personal impact for helpers, lack of preparation for managing trauma may result in approaches to helping that have detrimental effects for survivors of torture.

Of further concern is the multicultural context in which programs for refugees are embedded. Given that refugees have relocated from other countries with diverse cultural practices, service providers must have multicultural competencies. Education and training programs for professional helpers have only recently focused on the acquisition of skills for working with culturally diverse populations (Arthur, 1998). Without sensitivity to the ways in which personal values and the values of others impact professional relationships, the effectiveness of interventions with culturally diverse populations may be compromised (Pedersen, 1995; Sue & Sue, 1990).

The lack of a universal framework for intervention with survivors of torture necessitates program development for the training of personnel involved with refugee populations (Arthur & Ramaliu, in press). While there are numerous resources available in the general field of trauma and post-traumatic stress disorder (American Psychiatric Association, 1994), there are few research-based resources that address the experiences of professionals who work with survivors of torture. Consequently, this study emerged as an inquiry into the training and professional development needs of mental health professionals and volunteers in the community for providing support services to survivors of torture.

Methodology

Through collaboration with the Host Support Program for Survivors of Torture at the Calgary Catholic Immigration Society (CCIS), mental health professionals and volunteers from the local community who were known to have experience working with refugees were approached for voluntary participation in the research study. From the professionals who responded, 9 were invited to participate based on two criteria, a) professional designation in the mental health field, i.e., psychology, social work, counselling, and b) experience providing professional services to at least one survivor of torture. From the community volunteers, 5 participated in the research study. A broad range of experience working with survivors of torture in the sample of participants was seen as desirable to capture the needs of professionals with varying degrees of experience. Participants' experience ranged from working with one survivor of torture through to more than 10 years experience working with refugee populations who have experienced organized violence. Given that participants in the study were selected from a highly specialized

program affiliated with one particular agency in Calgary, Alberta, further demographic information is not reported so as to protect the identity of the research participants.

Semi-structured interviews were conducted with the professionals focused on their work with survivors of torture while allowing the themes of participants' personal and professional experiences to emerge (Kvale, 1996). The interview content revolved around three guiding questions:

1. What is the impact of working with survivors of torture for helpers in formal and informal support roles?
2. How do helpers manage their personal reactions to working with survivors of torture?
3. What are the training needs of people who provide support to survivors of torture?

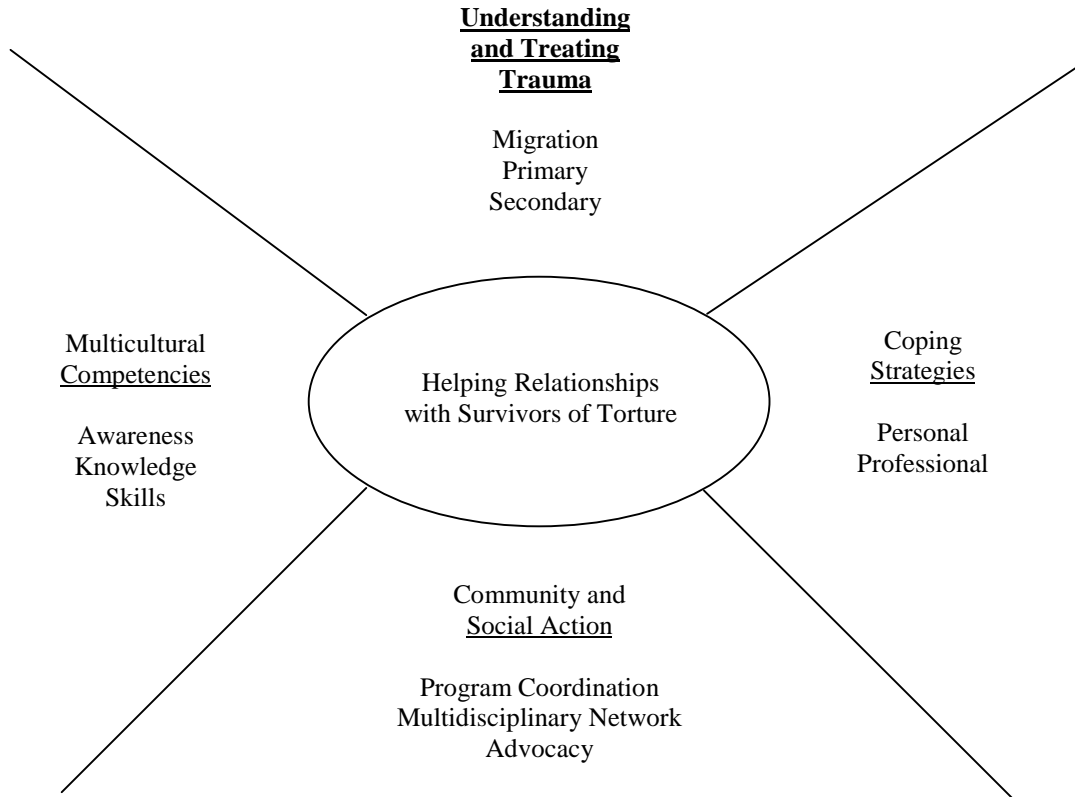
Participants were also presented with a chart which outlined symptoms of vicarious trauma that has been previously reported in the literature on helping professionals (Figley, 1995). The chart was used as a reference point for inquiry about participants' experience with symptoms of vicarious trauma and ways of coping. Data collected from interviews was sorted to identify key themes using content analysis (Denzin & Lincoln, 1994) by the principle researcher and a research assistant trained in qualitative methods. Both the original copies of the interview transcripts and a copy of the theme summaries were provided to all participants. This allowed participants the opportunity to reflect upon their interview responses and to elaborate upon and/or correct information that they personally deemed to be important.

Findings

The findings of this study are organized around identified competencies for training community-based professionals and volunteers who provide services to survivors of torture. This includes knowledge about the refugee experience, knowledge about the trauma of torture, the parallel process of secondary traumatization, coping strategies for managing vicarious traumatization, multicultural competencies, and taking advocacy roles. The model developed for competency training is shown in Figure 1.

Figure 1

Competencies for Providing Support Services to Survivors of Torture



The Trauma of Involuntary Migration

Community programs whose clientele includes refugees are bound to come across survivors of torture during the course of service delivery. It is crucial that service providers are aware of the unique circumstances faced by survivors of torture and the social and political influences that have impacted their migration.

Service providers require an understanding about the general processes of becoming a refugee and the trauma associated with that experience. For example, it would be useful for personnel to have an understanding about cross-cultural transitions and the migration process. In general, the greater the differences between the culture and customs practices in the refugee's homeland and the new country of settlement, the greater will be the degree of adjustment required to manage this cross-cultural transition (Berry, 1997). While an understanding of the general processes of culture shock (Winkelman, 1994) and acculturative stress (Williams &

Berry, 1991) is useful, there are important considerations that compound the experience of involuntary migration (Bemak, Chung, & Bornemann, 1996). People who provide services to survivors of torture need to be briefed about precipitating circumstances that lead to migration, events that occur during migration, and the consequences of migration for refugees (Chambon, 1989). A framework for understanding the source of trauma for refugees during stages of migration can be useful for understanding current issues of adjustment (Arredondo, 1986, Stober, 1994).

The participants in the study also noted the importance of becoming informed about the culture and conditions in refugees' specific countries of origin. For individual refugees, this can be received as an indication of care and understanding from helpers. On a broader level, information about the countries from which groups of refugees are arriving can assist in the education of the general community about the circumstances leading to migration.

The Trauma of Torture

Although general knowledge about the issues faced by refugees during stages of migration provides an overall framework, helpers who work with survivors of torture emphasized the importance of becoming informed about torture as a specific type of trauma. Torture is a process that is designed to render victims helpless, dependent, and devoid of all human connection. It is the breaking down of the person's identity that triggers a sequel of physical, psychological, and social effects (Gavagan & Martinez, 1997). The bio-psycho-social nature of torture trauma results in complex symptoms of a chronic nature (Van Velsen, Gorst-Ursworth, & Turner, 1996), with reciprocal interaction effects. Assessment and intervention must be conducted on multiple levels (Westermeyer, 1988a, 1988b). While general knowledge about post-traumatic stress disorder is important in the treatment of trauma (American Psychiatric Association, 1994), the syndrome of torture is a particular type of trauma resulting in complex and varied reactions that require specialized professional knowledge (Van Velsen et al., 1996). Due to the complexities of torture-related trauma, a multidimensional approach to treatment was emphasized. Both professionals and volunteers are integral members of a community-based response required to address adjustment problems in the post-migration stage of settlement. The professionals in the study noted the importance of accessing further training to increase their competencies assessing and treating the complex effects of torture-related trauma. They also noted the importance of

having access to a coordinated program, which supports access to and consultation with a multidisciplinary team of service providers (Arthur & Ramaliu, in press). For volunteers, whose primary role is community integration, there was a parallel need for information and training. Volunteers reported that they were often concerned about the severity of symptoms that they noted in the survivor of torture during the adjustment process. Volunteers were concerned that they did not have the requisite knowledge about the effects of torture and required access to professionals for consultation regarding appropriate ways of responding.

The Parallel Process of Secondary Traumatization

The results of this investigation confirm that the effects of trauma are evident for both professionals and volunteers who work with survivors of torture. Through witnessing the details of trauma and experiencing the effects on others, helpers reported similar symptoms as has been previously reported in studies of vicarious trauma (Danieli, 1994; Figley, 1995; Herman, 1992; McCann & Pearlman, 1991; Wilson & Lindy, 1994). Responses from the participants confirmed that there are difficult psychological, emotional, physiological, and behavioral reactions that must be managed due to the helping role with survivors of torture. The literature on countertransference reactions by helping professionals provides a basis to understand their reactions (Figley, 1995; Pearlman & Saakvitne, 1995). Traumatic countertransference (Herman, 1992) involves overwhelming feelings, painful images, and thoughts related to the survivor of trauma that impair the professional helper's capacity to be objective or fully present in the helping relationship.

The framework of secondary trauma is useful for understanding the experiences of participants who were interviewed in this study. Professionals interviewed for this research confirmed that there are difficult stressors to manage. As one participant stated, it is hard to hear "about the atrocities that humans commit against other humans." Others commented about the severity of symptoms that were trauma-related. Dealing with survivors of torture with severe symptoms, "to work to bring them out of that depression and despair... is very draining." The descriptions of their reactions suggested that both professionals and volunteers struggled to manage reactions such as overidentifying with survivors of torture or becoming detached, angry, or avoidant when the survivors' experiences were personally distressing.

The participants also reported that their reactions shifted over time. Recognizing the importance of “being present” for survivors of torture during their time with survivors of torture. For example, several professionals described a process of anticipation, or tension about what might be revealed during an intensive counselling session. Other participants contained the emotional impact until after counselling sessions. It was at that time they felt a surge of anger or degree of despair about the conditions that were inflicted upon another human being. Both professionals and volunteers reported the lingering effects of their work with survivors of torture. In response to a chart of secondary trauma symptoms (Figley, 1995), participants reported delayed reactions such as loss of concentration, preoccupation, nightmares, crying, headaches, and fatigue. Every participant interviewed commented upon the impact of the helping role on their world view (Janoff-Bullman, 1992). As a result of their work with survivors of torture, participants were challenged to come to terms with the horror about human capacity to inflict pain on others, their personal sense of safety and concern for the safety of loved ones, their sense of competency to assist others, and the value of the helping role to address survivors of torture integration issues.

An interesting finding was discovered through the interviews with professionals and volunteers that has not previously been elaborated upon in other literature on trauma reactions. The challenge to world view appears to have a double meaning for participants. On the one hand, their work with survivors of torture triggered reflection about human potential in negative ways. In contrast, participants were also reflective about the positive discoveries that they had gained through their helping role with survivors of torture. This included examples such as a renewed appreciation for lifestyles afforded in Canada, a sense of commitment to human potential and the capacity to overcome such devastating conditions, and a renewed sense of community spirit in assisting with the integration process. The shifts in world view, prompted by exposure to working with survivors of torture, was reported to be both an affirming and positive source of motivation for continued helping roles. This finding may have an interesting implication for the recruitment of volunteers and professionals to overcome the negative associations that are often made around dealing with issues associated with torture-related trauma.

Managing Vicarious Trauma

A particular interest of this study was the ways in which professionals and volunteers coped with their reactions to working with survivors of torture. Given the literature on vicarious trauma, it was of importance to understand the strategies used by helpers to manage their helping relationships with this population. When asked about how they cope with the effects of working with survivors of torture, professionals identified coping strategies in both professional and personal domains. Coping strategies for professional management included expanding knowledge about the political contexts of refugees, expanding knowledge about treatment strategies for torture-related trauma, cross-cultural communication and healing approaches, gaining knowledge about the effects of torture and related treatment techniques, networking with a multidisciplinary team of professionals, balancing case loads, setting realistic goals for monitoring client change, and debriefing with other professionals about the personal impact of exposure to torture-related trauma. In the personal domain, there were many similarities noted in the key coping strategies used by both professionals and volunteers. These included noticing spill-over effects of trauma reactions into personal relationships, connection and support from family members, self-care strategies for personal health such as exercise, leisure activities that offered a distraction from the helping role, spirituality, revisiting personal values about helping, and avenues to connect with positive aspects of the human condition and the world around them.

The coping strategies of the professionals interviewed for this research project are consistent with suggestions given in intervention programs developed to prevent and treat vicarious traumatization (Pearlman & Saakvitne, 1995; Stamm, 1995; Yassen, 1995). Although previous literature has outlined the importance of effective coping strategies for helping professionals, little attention has been paid to the potential for vicarious trauma in volunteers and the importance of assisting them to develop effective coping strategies. Both professionals and volunteers who work with survivors of torture need to be aware of the secondary effects of torture-related trauma and integrate strategies to maintain their health. Efforts to involve community members to work with refugee populations also require attention to the needs of support providers. Training programs must go beyond providing information regarding the specific needs of survivors of torture. Service providers need a basic understanding about vicarious traumatization and ways to effectively manage the impact in both personal and

professional levels. In order for helpers in various roles to provide effective services to survivors of torture, they must be able to manage the effects of the helping relationship.

A Multicultural Approach to Working with Refugees

Helping roles with refugees are particularly challenging due to the complexities of working in a cross-cultural relationship. In particular, the participants interviewed commented on their need for information about the cultures of the refugees that they were working with. Due to a lack of understanding about cultural differences, they were often left wondering if and how their involvement was actually perceived as being helpful and were concerned about the unintentionally negative effects of their behavior. Given that refugees have relocated from other countries with diverse cultural practices, helpers must be assisted to develop expertise in multicultural competencies.

In the counselling literature, multicultural competencies have been articulated in three domains, a) awareness, b) knowledge, and c) skills (Sue, Arredondo, & McDavis, 1992). Awareness refers to developing an understanding of the ways in which cultural values and biases influence ways of operating in professional relationships. Socialization to particular cultural values influences the ways professionals establish norms for appropriate and inappropriate behaviors (Daniels & D'Andrea, 1996). Knowledge competencies refer to developing familiarity with the values and beliefs of refugees whose cultural backgrounds differ from one's own. Knowledge of the customs of the cultural community to which the refugee belongs may provide a general direction for understanding individual perspectives. With general cultural knowledge, the style of the helper may be matched to consider the cultural and personal expectations of clients (Arredondo et al., 1989; Bemak, 1989; Strober, 1994).

Without awareness of the effects of culture on personal and professional practices, helpers may unintentionally behave in ways that are offensive, if not racist, in working with people from culturally diverse backgrounds (Pedersen, 1995). Further, failure to understand the precipitant cultural factors experienced by refugees may result in a negative bias in the diagnosis of adjustment issues such as mental health, physical symptoms, or family interactions (Malgady, 1996). The danger here is that lack of familiarity with the influence of culture on one's own behavior and the behavior of others, may have a negative impact on the helping relationship. The participants in this study showed a wide range of appreciation for the importance of

considering cultural influences on both their own behavior and the behavior of refugees from diverse cultural backgrounds.

Multicultural skill competencies refer to helpers' capacity for effective cross-cultural communication and working in ways that bridge cultural differences and enhance the helping process for refugees. Knowledge about general cultural practises needs to be balanced with skills for assessing cultural salience and acculturation styles of the individual (Berry, 1997; Grieger & Ponterotto, 1995). Helping survivors of torture requires that people be culturally responsive with interventions that make sense to refugees. This includes educating refugees about methods used in North America as well as incorporating coping strategies that are relevant to their original cultural (e.g., D'Avanzo, Frye & Froman, 1994). A key area for future programming efforts identified by participants was the need for further training in multicultural competencies for working with refugees from diverse cultural backgrounds.

The Advocacy Role of Helping

The participants interviewed for this study stated that their work with survivors of torture had prompted their interest in taking a more global approach to their work. They mentioned an increased interest in world politics, serving on committees of organizations that influenced policies regarding refugees, and in finding ways to call public attention to organized violence and torture. Attention to the socio-political contexts of refugees was viewed as important for understanding the experiences of individual clients and to address the issue of torture through social action. Several participants mentioned that their interests might be encouraged through information and training about how to be an advocate and avenues for expanding that role. These responses have important implications for the formal training of professionals and volunteers for helping roles with refugee populations.

The absence of curriculum for helping professionals about the experiences of refugees and issues such as torture and human rights violations (Bemak et al., 1996; Williams & Berry, 1991) is confounded by lack of training about ways to address their socio-political contexts. Without deliberate efforts to secure knowledge about the needs of survivors of torture through professional development workshops, case conferencing and training, professionals are likely to remain misinformed. For example, most mental health professionals are trained to provide direct services through individual or family interventions. Programs organized around the needs of

refugees must consider the importance of social action at local community, national, or international levels. In the community arena, the establishment of working relationships between various professional groups can be a bridge for assessment, consultation and referral services to address client needs (Arthur & Ramaliu, in press). At national and international levels, professionals can seek out organizations that are actively involved in refugee work. Through participating in organizations that impact policy and program decisions regarding the health status of refugees, mental health professionals and volunteers from other professional disciplines can contribute to primary prevention approaches that address organized violence (Williams & Berry, 1991).

Program Recommendations

Participants were asked their opinions about ways to improve a community-based program for responding to the needs of survivors of torture. Their suggestions have been clustered into four areas of program recommendations: Expanding the support network, education and training, advocacy roles, and research projects. The suggestions listed in Table 1 are expanded in the discussion.

Table 1
Program Recommendations

Community Support Network	Education and Training	Advocacy	Research Projects
Expand volunteer program and networks of professionals	Community awareness through information dissemination	Securing funding	Interventions strategies
Multidisciplinary approach to program resource personnel	Curriculum inclusion in professional programs	Education about advocacy roles	Efficacy of program efforts
Case conferencing	Access to specialized resource centre	Expanding advocacy roles	
Opportunities for supervision and debriefing	Specific topics for workshops: <ul style="list-style-type: none"> • Cross-cultural training • Crisis management • Assessing and treating torture-related effects • Political education about situations in other countries • Self-care and coping strategies 		
Stronger linkage between volunteers and professionals			
Define boundaries between volunteer and professional roles			
Mentoring program involving integrated survivors of torture			
Pivotal role of program coordinator			

Expanding the support network

Participants in the research project emphasized the importance of taking a multidisciplinary and multidimensional approach to the integration of survivors of torture. In terms of formal service provision, it was emphasized that the complexity of issues faced by survivors of torture requires professionals from a variety of disciplines to become involved. Although the focus of the

research project was on mental health professionals, a strong emphasis was placed upon the importance of developing a professional network of resources for consultation and referral, i.e., medical, mental health, legal resources. A secondary implication of this recommendation has to do with helper's willingness to become and stay involved in working with survivors of torture. The severity of issues presented by survivors of torture can result in a drain on the resources of one professional, volunteer, or service agency. In order to feel supported in their work, helpers must have access to a network of resources. Likewise, the needs of survivors of torture require programs to consider the various roles that helpers can provide in community settlement. While professionals have a critical role to play in addressing torture effects, volunteers play a pivotal role in the larger integration process. Volunteers emphasized the importance of having access to professionals for consultation about issues that are beyond the scope of their personal expertise. At the same time as programs establish stronger linkage between volunteers and professionals, there needs to be clarification about the boundaries between those roles. It is the preference of volunteers to have direct access to professionals for consultation. However, professionals may have concerns about the time required and lack of financial remuneration paid for this role.

All participants emphasized the critical role of the program coordinator. There needs to be an identified person who has responsibilities for responding to the needs of survivors of torture through coordinating applicable community resources. This coordinating function is viewed as essential for bringing together the volunteer and professional resources that are required to meet the needs of individual survivors of torture. In turn, the program coordinator has a key role in responding to the needs of service providers. This can take the specific form of organizing case conferences and matching volunteer and professional helpers who require specific expertise.

In targeting the expansion of a volunteer program and network of professionals, it is important to consider the role that survivors of torture may play. For example, refugees who are further along in the integration process may provide an important function as role models for others who are new to Canada. The development of a mentoring program, matching survivors of torture, was a specific recommendation for program expansion.

Education and training

The success of programs directed towards integration and settlement services requires public awareness regarding the unique needs of refugees and survivors of torture. This involves general

education and efforts to raise awareness in the local community. It is also essential that curriculum in professional training programs contain information regarding the migration process and education about working with people who have experienced trauma. Therefore, contact with local college and university programs is recommended to advocate for curriculum content changes.

Beyond formal education programs, there is a need for specialized knowledge about the trauma of torture that is best addressed through professional development workshops and intensive training sessions. Community-based volunteers and professionals require access to written materials that are organized around working with survivors of torture and that are located in a central location. The specific topics identified by participants in the research project for further training and information included the following: Cross-cultural awareness and interventions, crisis management, understanding and treating the effects of torture, political and advocacy education, and self-care and coping strategies.

Advocacy.

Participants in the study underscored the importance of secure funding to continue programming efforts directed at survivors of torture. They also mentioned the need for assistance to develop advocacy roles to support the program. Examples of this included how to lobby for funding, the types of community involvement that would serve as effective advocacy, and roles in the larger socio-political structure that would continue drawing attention to human rights violations. Although professionals and volunteers are more established in the local community, it is important to find ways of including survivors of torture in advocacy roles. The power of their stories authenticates advocacy roles and also serves to empower people through direct involvement in programming efforts.

Research projects

The growing attention to trauma and the specific trauma of torture is not matched by research that outlines specific intervention strategies. There is a need to demonstrate the efficacy of programs that are designed to meet the needs of survivors of torture. Continued efforts are needed to uncover the specific ways in which community-based programs can best address the unique needs of survivors of torture during the settlement process.

Dissemination Activities Associated with the Project

1. Letters announcing the research project and inviting participation mailed to all immigrant and refugee serving agencies in the Calgary community.
2. Research project announced at the Professional's Network of the Calgary Catholic Immigration Society Host Support Program for Survivors of Torture.
3. Keynote speaker at Calgary City Hall ceremony to commemorate the United Nations international Day in Support of Torture Victims.
4. Feature article on research project published in University of Calgary newspaper, *The Gazette*.
5. Workshop presentation on the results of the research project, *Vicarious Traumatization in Working with Survivors of Torture: Managing the Helping*, to Professional Network of the Calgary Catholic Immigration Host Support Program for Survivors of Torture.
6. Five conference presentations:

Arthur, N. (1998, March). "Providers of Service to Survivors of Torture." Paper presented at the conference of the Prairie Centre of Excellence for Research on Immigration and Integration, Calgary, AB.

Arthur, N. (April, 1998). "Competencies for Providing Counselling Services to Survivors of Torture." Paper presented at the annual meeting of the Western Psychological Association, Albuquerque, NM.

Arthur, N., Fisher, D., & Ramaliu, A. (June, 1998). "Critical Support Services for Survivors of Torture." Paper presented at the annual meeting of the Canadian Traumatic Stress Forum, Toronto, ON.

Arthur, N. (July, 1998). "Multicultural Competencies for Working with Survivors of Torture." Paper presented at the International Conference on Multiculturalism, Edmonton, AB.

Oudji, S., & Arthur, N. (May, 1999). "Coping Strategies for Counsellors Exposed to Vicarious Trauma." Paper to be presented at the national meeting of the Canadian Guidance and Counselling Association, Calgary, AB.

7. Three publications:

Arthur, N. (1998). "Multicultural Competencies for Working with Survivors of Torture." In A. Richardson (Ed.), International Multiculturalism in 1998: Preparing Together for the 21st Century, (pp.3-12). Edmonton, AB: University of Alberta.

Arthur, N., & Ramaliu, A. (In Press). "Crisis Intervention with Survivors of Torture." Crisis Intervention and Time-Limited Treatment.

Donaldson, L., Hiebert, B., Pyryt, M., & Arthur, N. (In Press). Making Transitions Work. Calgary, AB: Detselig.

In the third publication, the principle researcher is the sole author of a chapter on cross-cultural transitions.

8. Curriculum in Professional Training Programs

Readings on the transition experiences of immigrants and refugees are now included in a graduate course that the principle researcher instructs through the Department of Educational Psychology at the University of Calgary, EDPS 693.06, Diversity and Individual Needs. Dr. Anila Ramaliu, Coordinator of the Calgary Catholic Immigration Society Host Program for Survivors of Torture has participated in four classes as a guest speaker.

9. Community Access to the Final Research Report

A copy of the final research report, minus the dissemination plan, will be forwarded to Calgary Catholic Immigration Society. The report will be housed in their resource library and accessible to community agency personnel and volunteers.

10. Updating of Library Resources

Assistance was provided through this project for the updating of the data base of materials related to survivors of torture at the Calgary Catholic Immigration Society. This library is accessible to members of the local community.

11. Future Dissemination Plans

A) International Conference Presentation (TBA)

B) Preparation of three more manuscripts, (a) an expansion of the model of competencies for providing support services to survivors of torture, targeted at an international journal in the field of counselling psychology, (b) a summary of coping strategies used by professional helpers, targeted at a national journal in the field of counselling psychology, and, (c), a manuscript addressing the needs of volunteers to understand the process of vicarious traumatization and effective coping strategies, targeted at a national journal in the field of volunteer services.

C) Thesis Research

The research assistant on the project, Shahin Oudji, is scheduled to complete her Master's Thesis, using part of the data collected from professional helpers regarding their stress and coping responses in working with survivors of torture. The completed thesis will be

housed in the Department of Educational Psychology library at the University of Calgary, and accessible to other graduate students and faculty members.

Conclusion

The report has focused on the experiences of community-based mental health professionals and volunteers who provide services to survivors of torture. The lack of a universal strategy for addressing torture-related trauma requires that attention be paid to the training of people who provide support services to refugee populations. This includes an understanding of the migration experience, the reciprocal influences of trauma in the helping relationship, and ways of coping with the secondary effects of trauma. Helpers must also be assisted to consider the ways in which culture influences the counselling process with people who have migrated from different countries. Through offering opportunities for professional development and training related to the refugee migration and the trauma of torture, it is hoped that community awareness and involvement in the integration process can be increased.

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