

The Interdisciplinary Care of Torture Survivors: Context, Culture and Provider Wellness

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Bellevue/NYU Program for Survivors of Torture



- Founded in 1995
- Over 5,000 men, women and children served
- Over 100 countries represented in our client population
- Help to rebuild the bodies, minds, and spirits of people who have been tortured or persecuted.
- Holistic, interdisciplinary, resilience based approach

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Extreme Challenges Experienced by Torture Survivors and Refugees

- Multiple losses
- Ongoing effects of recurrent/reinforcing trauma
 - Social dislocation; war; trauma; torture; internally displaced in home country; flight and relocation in neighboring country; refugee camps; immigration processing; resettlement in USA
- Individuals will respond to these stressors in different ways

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Physical and Emotional Scars of Torture



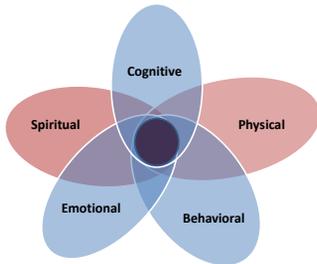
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Common Reactions to Torture and Refugee Trauma



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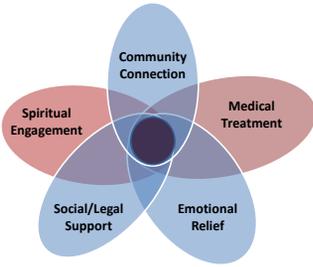
Spheres of Marginalization

- Educational Functioning
- Social Service Provision (logistical/financial)
- Legal Advocacy
- Vocational/Professional
- Social Functioning



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Interdisciplinary Approach to Healing



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Trauma-Informed Approach to Service Provision



- Safety
- Empowerment

"It does not have to be therapy to be therapeutic."

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Culturally Syntonic Interventions



- Ex. "La Famille Africaine"
- Allowing our clients to lead/teach
- Needed – not just needy

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Complex Cultural Beings

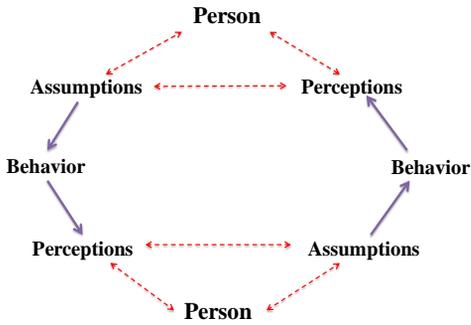


Multiple Reference Group Identities:

Race; nationality; ethnicity; social class; religion (or lack thereof); gender; age; SES; "developed" v. "developing" world; level of education; sexual orientation; urban v. rural; physical (dis)ability; linguistic group; professional identity; trauma history?

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Dynamic Cycle of Cross-Cultural Communication



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External Salience

The impact one's identities have on their history and experience of the world

- Examples:
 - N. Ireland
 - Mauritania
 - Guinea
 - Tibet



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Personal Salience

It is more important to know what sense someone makes of their reference group identities than to simply know what those identities are.



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Assumptions of Similarity

• Not always best to assign refugees to clinicians from their home country or culture;

- Potential for a "Collusion of Silence"
- Stigma; or negative beliefs about the quality of services
- Differing views by people from similar backgrounds
- Safety issues



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Mediating Factors



- Role and history
- Perceived opportunities and hierarchies
- Immigration
- Political strength of the community
- Acculturation
- Trauma

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The Power to Define

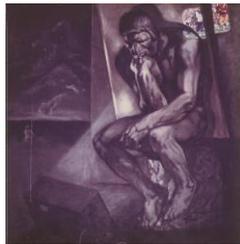


- Important in all areas of functioning and service provision
 - Adaptational and security behaviors
 - Educational choices
 - Career choices and behaviors
 - Decisions regarding substance use/abuse
 - Sexual risk-taking behaviors
- Personal v. Societal Conceptions

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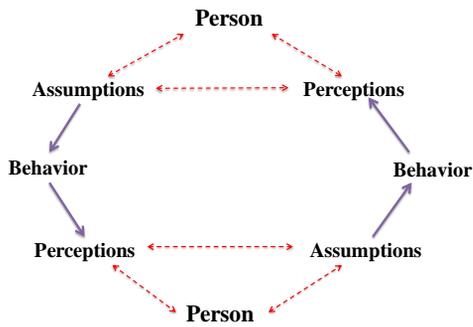
Self-Knowledge as Service Providers

- Complex racial/cultural beings;
- Multiple reference group identities
- Our baggage, strengths, preconceptions are brought into the room
- "Cultural Competence" is more of a process than a place



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Potential contributing factors

- Feeling that we are doing something “small” that will not affect the root causes of the problem
- Conflicted feelings; ambiguity (clients may be victims and perpetrators)
- Inadequate resources and equipment
- Frustration with bureaucratic/political systems
- Marginalization - Isolation
- Direct personal/familial effects of the traumatic situation
- Feeling less than competent in interactions with clients
- Doing things we are not trained for – “Mission creep”
- Feelings of failure

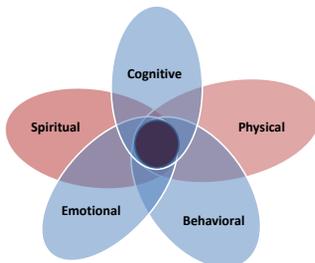
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Frequent symptoms:

- Fatigue, sadness, depression
- Cynicism, discouragement, “compassion fatigue”
- Hyper-arousal, sleep disturbance, nightmares related to trauma material
- Somatic problems: headaches, stomach problems, joint pain
- Feelings of helplessness, denial, anger and rage
- Maladaptive coping methods

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Interdisciplinary Approach to Provider Wellness



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Prevention and treatment:

- Supportive relationships with colleagues, family and friends
- Feelings need to be openly acknowledged and resolved
- Do not pathologize these reactions (normal reactions to abnormal stressors)
- No collusion of silence

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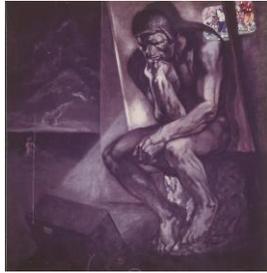
Positive Impact on Providers:

- **Compassion Satisfaction:** positive impacts of caring for another
- **Vicarious Resilience:** "Positive meaning-making, growth, and transformations in the therapist's experience resulting from exposure to clients' resilience in the course of therapeutic processes addressing trauma recovery"
(Hernandez, 2007 p 27)
- **Self-compassion:** "responding to our own suffering in a soothing, healing way" (Neff, 2003, p. 44).

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Setting Realistic Expectations

- “Allowing ourselves not to know...”



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Behavior v. Perceptions



“We control what we put forth, but have no control over how we are perceived”

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Processing - Sublimation

Conduit v. Container

Making time v. finding time



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Accepting Praise/Appreciation

“It’s like the warmth of the sun...”



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Rejuvenation - Inspiration



- “Teaching others to build boats...”

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Making Meaning - The Learning Curve Continues...



Wisdom, Courage, Hope

- Utilizing the experiences and insights of our clients
- Learning from the successes and challenges of other programs’ interventions

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