Measured Impact Webinar
Leadership and Resilience Among Survivors of Violence and Torture
Léonce Byimana, TASSC
Omar Bah, Refugee Dream Center
July 18, 2018
National Capacity Building Project

1. Articulate a deeper understanding of the role colleagues who are survivors of torture play in the torture treatment field.
2. Understand the importance and benefits of integrating survivors of torture into your organization’s planning, governance, outreach, and development.
3. Learn how to integrate survivors of torture into your organization’s planning, governance, outreach, and development.
4. Understand how the resilience, past experiences, and non-clinical sharing of survivors’ stories can benefit both programs and survivors themselves.
Leadership & Resilience Among Survivors of Violence & Torture

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Disruption of protective factors
- individual factors, collective family values and identity, education status, community network, religion and culture

Increase in risk factors
- migration, loss, grief, economic insecurity, family separation

Reaction to the Traumatic Experience

Economic stressors
- Housing
- Employment
- Health insurance
- Transportation

Acculturation stressors
- Language barriers
- Isolation
- Pressure from ‘home’
- Culture shock, culture clashes
- Power differential

(Barthold, et al., 2014; Wu et al., 2009)
Results of Challenges

- Loss of housing
- Loss of jobs
- Unnecessary visits to ER
- Domestic violence
- Overcrowding/over-dependent on friends or relatives
- Failure to turn up to appointments
- Substance Use/Misuse - alcohol, drugs
- New smoking habits
- Dangerous eating habits

(Choi, 2013)

Stigma & Traditional Beliefs

- Transnational (traditional medicinal herbs, jujus etc.) medicine as alternative mental healthcare
- Unfamiliarity with western mental health system
- Religious or traditional religious and spiritual prayers
- Embarrassed by adjustment challenges & mental health needs
- Stigma of mental healthcare associated with shame – as ‘stain’ on the reputation of family
- Misconstrued notion of causes of mental illness

(Choi, 2013)

Stigma & Traditional Beliefs persist

- Not wanting others to know about their business
- Suspicion & mistrust due to past traumatic experiences
- Condescending attitude toward counseling/Western mental health system
- Macro & micro aggressions by providers
- Lack of enough culturally agile/aware health providers
- Lack of understanding of the Western health system (e.g. health insurance, regular appointments)

(Murguía, Peterson & Zea, 2003; Wyanden et al., 2005)
Gender

- Challenges related to resettlement in a new country
- Women are often regarded as homemakers
- Women often have children thus making it harder to travel to service locations
- Includes insecure immigration status

(O’Mahony & Donnelly, 2013)

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Protection of The Self

- Yearning to regain one’s humanity
- Need for liberation
- Facing challenges and overcoming stigmas calls for growth and resilience

“When people are oppressed, they struggle against those who made them so. In order for such struggle to have meaning, the victims seek to restore their humanity.”

Freire & Macedo (1998)

Resilience - Healing as the “Deepening Phase”

Characteristics of resilient people
- Tolerant to stress
- Adaptable
- Optimistic
- View stress as an opportunity
- Recognize that there are limits to what they can control
- High in self-efficacy

(Carrer & Davidson, 2003)

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Resilience (Cont.)

“...For the people who present high levels of resilience, they often present tolerance to stress and thus interpret their experiences as gray skies being clouds passing over.”

(Eltington, as in Asgedom, 2003, p. 49)

“Adversity causes some men to break, others to break records.”

(Ward, as in Asgedom, 2003, p. 54)

Characteristics of the Adjusted

- Resilience
- Integration
- Sense of community
- Ability to maintain jobs
- Having less stress symptoms
- Having a voice
- Ability to change agency

- Ability to transform and inspire
- Passion
- Sense of closure and moving forward
- Sense of purpose
- Posttraumatic growth
- Forgiveness and helping others

Empathy
Voice
The Survivor Leader
Knowledge
Posttraumatic Growth
Leadership & Resilience Among Survivors of Violence & Torture

Léonce Byimana
Torture Abolition and Survivors Support Coalition (TASSC)
July 18, 2018

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Survivor’s role at TASSC

ELECT THE BOARD OF DIRECTORS (June)
SURVIVORS AS BOARD MEMBERS (4 OUT OF 9) + Executive Director
CONSULTATION OF SURVIVORS DURING STRATEGIC PLANNING
COMMUNITY OF HEALING PLATFORM

Application:
Community of Healing

- Once a month, Survivors meet and share experiences, challenges and solutions
- They also talk about services they receive at TASSC and at other facilities where we refer them when needed
- They make recommendations about what services they want and how those they receive can be improved
Preferred response: Collaborate

- Establish an environment of meaningful sharing of power and decision-making as much as possible
- Diminish feelings of power differences between helper and client
Preferred response: Empower

• Work with survivors to make progress towards autonomy and self-sufficiency (Victims vs Survivors)
• Create clarity around what will be done, by whom, under what circumstances, and at what cost

Culturally-valid Amharic versions of Assessment questionnaires

• Collaboration
  – Society for the Psychological Study of Social Issues (SPSSI)
  – TASSC
  – Working with survivors and skilled interpreters
• Ask the right questions with the right wording

Updated Questionnaires

• Know more about survivors’ wellbeing
• Track changes in symptoms and experiences
• Tailor services to best meet the survivors’ needs
• Provide a valuable resource for agencies working with Amharic-speaking survivors
Refugee Dream Center

Founded on the philosophy of:

- Connecting the survivor community
- Survivors helping fellow survivors
- Established credibility through the right messenger

Refugee Dream Center

- Founded & headed by former refugee & torture survivor
- 60% of board are refugees and/or survivors (8 out of 13 board members)
- 5 of the 8 fulltime staff are survivors
- Both direct services & advocacy
- Host to ethnic community groups
- Host to college based associations

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**Adult Education Methods**

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<thead>
<tr>
<th>Goals</th>
<th>Assumptions</th>
<th>Inputs</th>
<th>Target Population</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage 50 refugees a year in continuing ESL</td>
<td>Access to ESL services provided via Refugee Dream Center [RDC] staff</td>
<td>Refugees resettled between 6 months and 5 years</td>
<td>ESL classes, tutoring, workforce development training</td>
<td>Critical development in ESL skills</td>
<td>Successful integration into American society, employment</td>
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**CASE MANAGEMENT METHODS**

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<tr>
<td>Provide case management services to one hundred (100) individual cases.</td>
<td>Access to case management services provided via RDC programming.</td>
<td>RDC Staff; Community Organizations &amp; resources.</td>
<td>Refugees resettled between 6 months and 5 years.</td>
<td>Intake and Needs Assessments; Appropriate referrals.</td>
<td>Access to essential services.</td>
<td>Successful integration into American society.</td>
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**YOUTH PROGRAM METHODS**

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<td>Provide fifteen (15) refugee youth, and fifteen (15) American youth access to services.</td>
<td>Access to key services emphasizing college prep and after-school activities.</td>
<td>RDC Staff; Community Organizations &amp; community leaders.</td>
<td>Refugees resettled between 6 months and 5 years; American youth from local high schools.</td>
<td>1. Refugee Youth Dream 2. Homework Helpers.</td>
<td>Essential Life Skills development; College preparation.</td>
<td>Youth accepted into college and/or jobs; build new friendships, obtain scholarships, none involvement in crime-related activities, community service.</td>
</tr>
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**Benefits**

**American Youth**
- Exposed to global cultures
- Enables them to expand their understanding of different populations
- Cultural attainment
- Embraze diversity
- Fulfill community service needs
- Become advocates for the cause of refugees and human rights.

**Refugee Youth**
- Mental health
- Trauma intervention
- Resilience building
- Help integrate into American society
- Improve English language skills
- Minimize/eliminate trauma
- Maximize/eliminate gang and crime-related involvement
- Encourage high school completion
- Encourage college application and entrance
- Build storytelling skills.
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Goals

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<th>Provide health literacy services to forty-five (45) refugees</th>
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<td>Access to critical health literacy services provided via RDC programming</td>
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<td>RDC Staff partnering with community organizations</td>
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<td>Refugees resettled between 6 months and 5 years</td>
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<td>Journey to Health sessions; In-Home Wellness visits; Mental Health Counseling</td>
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<td>Critical development in health literacy and skills, and posttraumatic growth</td>
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<td>Successful integration into American society</td>
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Assumptions

- Access to critical health literacy services provided via RDC programming
- RDC Staff partnering with community organizations
- Refugees resettled between 6 months and 5 years
- Journey to Health sessions; In-Home Wellness visits; Mental Health Counseling
- Critical development in health literacy and skills, and posttraumatic growth
- Successful integration into American society

Inputs

- Refugee Health Screener – 15 (RHS-15)
- Adapted by RDC
- Changed the response options on the scale from 5 to 3
- Changed the scoring numbers
- Eliminated several words and phrases that are culturally confusing
Journey To Health

45 Participants

Home Wellness Visits

105 Home Wellness Visits

Mental Health Counseling

300 individual sessions; 30 supervision hours; 6 groups

References