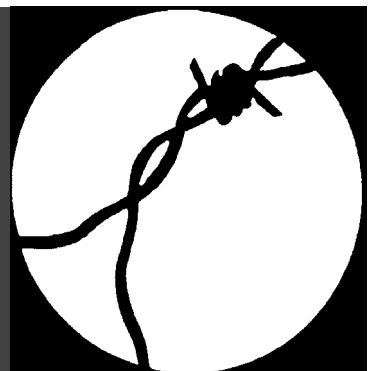


# First Light



A Quarterly Publication of the Canadian Centre for Victims of Torture (CCVT)

Spring/Summer 2003

# First Light

**First Light**, which is published semi-annually, is intended to inform the interested reader about torture, its effects and what we can do in aiding survivors to overcome their experience of torture and war. CCVT views itself as part of a larger global community and is committed to the struggle for human rights, justice and the end of the practice of torture.

We chose to call this publication **First Light** because as the first light before true dawn, it symbolizes the first ray of hope for survivors of torture.

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## Mandate

The Canadian Centre for Victims of Torture aids survivors in overcoming the lasting effects of torture and war. In partnership with the community, the Centre supports survivors in the process of successful integration into Canadian society, works for their protection and integrity, and raises awareness of the continuing effects of torture and war on survivors and their families.

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# Community Practice at the Canadian Centre for Victims of Torture

*By Mulugeta Abai, Executive Director and  
Michele Millard, Volunteer Coordinator*

The Canadian Centre for Victims of Torture (CCVT) was formed in Toronto in 1977 (and was then only the second organization of its kind in the world) by a group of physicians who were associated with the Medical Action Group of Amnesty International. Among the early founders were Dr. Federico Allodi and Dr. Philip Berger, who had begun to see victims of torture as part of their practices. Soon, other physicians in Toronto and elsewhere in Canada started to participate in this work and in the spring of 1978, the Canadian Medical Group of Amnesty International was established. Under its auspices, physicians and their associates received training to treat and document the effects of torture and, in 1979, a seminar for physicians was organized in Toronto. The group embarked on public education and the first paper on working with torture victims in Canada was presented at an international conference in Athens. The founders also traveled to Latin America and frequently spoke on the debilitating effects of torture.

Working with survivors of torture in Toronto, founding members soon realized the need for a structure, a centre where the needs of survivors could be attended. The CCVT was formed around implicit and stated assumptions recognizing both the physical and mental aspects of torture and the need to redress its effects in the areas of personal mental health, difficulties resettling (psychologically and physically), difficulties relating, integrating and contributing socially, and the need to educate and advocate against torture.

Such a paradigm is useful in conceptualizing the two-fold mandate of the CCVT. The first aim is to facilitate links, via referrals, to services in the

community as well as to directly provide services to victims of torture in such a way that victims are not re-traumatized by basic interactions with society, or by the more specific problems that often accompany adjusting to a new country (Abai, 1995). CCVT's work does not stop at mere service provision. Through its referrals, the CCVT is engaged in developing the expertise of other community service providers, as well as creating communities wherein newcomers can be integrated; a holistic approach that explicitly acknowledges the important roles communities play in the healing and settlement process. Other types of linkages are encouraged as well. Specifically, those developed through the CCVT's support group program where participants create linkages not only with service providers, but also among themselves, becoming each other's friend, mentor and supporter.

As previously noted, one of CCVT's goals is realized through a mutual aid approach to individual re-empowerment and social action, again via the group programs, where the strategy is to create an environment conducive to people being able to talk about personal problems as well as the problems of their community. Groups have different combinations and permutations, depending on the needs of the participants. For example, CCVT groups have initially been based on language and gender: separate in the beginning, but brought together when issues of mutual concern were being dealt with. As a second stage, CCVT is currently running gender and ethnically mixed groups and the final step will be to bring all the groups together.

Another type of personal linkage is encouraged between volunteers and clients through CCVT's Befriending Program. While the befriendings are initially one-way relationships, from the volunteer to the client, over time they can become more reciprocal and equity-based. The client befriendeer participates more actively in the structuration and conduct of the relationship. By becoming active and engaged in an interpersonal relationship, it becomes much more probable that the client will be able, in time, to fully participate in Canadian cultural, social, political and economic life, which is, of course, a basic criterion for successful citizenship: "*Citizenship is not limited to the securing of political status, i.e. an attachment to formal institutions, but to the establishment of social ties, the informal relationships that incorporate new members into the day to day life of society.*" (McGrath et al, 1999) Involvement with other people, whether part of a support group or in a one-on-one relationship, creates opportunities for the building of trust and a sense of safety; a view to the future while being grounded in the present; re-creation of friendship, kinship and community with the self seen as being worthy of happiness – these elements must be in place before healing can occur. This technique fits well the concept of locality development in that priority is given to educating participants and nurturing their personal development.

For mental health issues, CCVT facilitates access to mental health and other health services by linking survivors of torture to professional networks. These networks include physicians (general practitioners, psychiatrists and other specialists), psychologists and others who are either familiar with the survivors' country of origin or speak their language. Where necessary, CCVT will provide educational resources to professionals such as front line workers, health care providers, the legal community, other educators, social workers, settlement workers and shelters, to name but a few. This linking and education fosters coordination among agencies, which is important in achieving service ends. Crisis intervention and counselling services have also been made available at the centre as well as art therapy for individuals and groups.

The second aim of CCVT is public education, both at the level of individual and group empowerment, and with the goal of providing educational services to the community at large, including the global community. This concept is crucially centred on the grassroots level – representative of self-help theory as described by Biklen (1983) – and on the practice of thinking globally, but acting locally. For example, with CCVT's group programming, emphasis is placed on the importance of self-reliance and the role of civil society.

At a micro level, CCVT provides education through the individual, and thus to the community on the rights, responsibilities and value of civil society. A web of healthy relationships is created and the group transforms itself into active community members who support one another, replacing the "circles of silence" with "circles of solidarity." At a macro level, community education is strategically provided to create awareness and institutional advocacy with the outer community. For example, the volunteer program recently initiated a theatre project that included volunteers and clients. The group collectively created, wrote and performed a short play on the experiences survivors of torture go through in Canada. Interestingly enough, it was a comedy. The play was performed in front of various audiences: peer, government and academic. The response was overwhelmingly positive and many who saw the play had deep personal responses to it; some because the story was theirs as well, others because it was a part of their family history. Encouraging collective activities such as the theatre project, where groups of volunteers and clients came together and produced something from their own lived experiences, offers significant value as tools for re-empowering survivors. For not only was something created, it was also listened to and validated.

CCVT has also carefully involved clients in social action initiatives. A recent event where clients, staff and volunteers came together was the "Caravan to the Border" where CCVT, along with a coalition of agencies providing services for refugees, went to Niagara Falls Ontario and rallied for refugee rights at the Canadian-US border. Again, opportunities for collective action involving host and newcomer communities pro-

vided meaningful and positive empowering experiences within a safe environment, affording opportunities for political activity and speaking out for those clients who were interested. Other community building social and educational activities include participation in CCVT's annual June 26 event in commemoration of the UN International Day in Support of Victims of Torture as well as other international days such as World Refugee Day and the UN Global Ceasefire and Non Violence Day. This bi-directional educational approach, including professionals, clients and volunteers, is an engendering approach steeped in horizontally structured partnerships with the community, abandoning the more traditional, hierarchical and authoritarian style that is common to many organizations.

The work of the CCVT exemplifies the belief that helping victims of torture integrate into society (in this case, the increasingly multicultural city of Toronto) must include a variety of action goals and strategies such as recruiting volunteers, educating them and bringing them together with a client in a Befriending match. CCVT develops advocacy skills in its clients and volunteers through the matching process. Volunteers, through experiencing their friend's struggles and challenges, become sensitized to and educated about settlement and rehabilitation processes and issues. They can make very effective advocates on behalf of their friend, either actively, or, most interestingly, by witnessing. Accompaniment can be a very powerful act, often mediating the bureaucratic entanglements of officialdom victims of torture and refugees are involved in.

Another important goal of the CCVT is that of resettlement. Resettlement in this case refers mainly to psychological aspects of resettlement as opposed to the physical. Physical aspects include the scars and wounds of the clients, as well as the treatments required for the sequelae

of torture. Psychological aspects can be complex: for example, involving the client's awareness of and confidence in being here in Canada (i.e. being able to live in the present), being comfortable, adjusted, integrated, achieving a healthy level of interaction with the host community as well as their own, and examining whether they have moved from victim status to being an active community member. Again, this goal is reached through mutual aid groups dealing with the issues of resettling in a new country as well as with volunteer involvement, some of whom often help in finding schools for the children and orienting their matches to Canadian culture.

A horizontal linking of relationships between different individuals and groups is created in another way too. Individuals are assisted in

forming links with ethno-specific associations and neighbourhood community centres. CCVT members facilitate interaction between groups and individuals through different activities such as English classes, the Befriending and ESL Tutoring programs, support groups, orientation, computer training, and participation in community events, all of which alleviate feelings of isolation and alienation by enriching their own resources – emotionally, physically,

culturally – so they can become independent and function on their own. This can counter the tendency of survivors to segregate themselves and counter their opting not to become part of the larger society.

A final goal of the centre is community development. The strategy for this works via a social approach focusing on consciousness-raising, grassroots participation, partnership developments and, as stated above, public education. The CCVT moves beyond locality development by focusing its efforts into a continuum of levels of intervention linking the micro level (the re-empowerment of individuals and groups) with the mezzo level (neighbourhood



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and municipality), and macro level development (national and international). On the macro level, the centre has taken on international development through its support of NGOs. This is an important step because, in order to achieve sustainable development, NGO organizations like the CCVT need to work toward coalescing developmental activities to the larger frameworks and resource bases of government.

The CCVT engages in advocacy on behalf of individuals and groups, locally as well as globally. CCVT provides links to advocates or itself advocates directly on behalf of the survivors when requested to do so, especially with regard to resources such as housing, social assistance, employment, health, education, family sponsorships, and so on. Advocating also occurs for those who are still in other countries. CCVT is associated with a coalition of centres that act as advocates for victims of torture in exile or in their own country who may be too endangered to speak out themselves. Those who participate in the above forms of advocacy such as the legal community, various community groups and the international community, among others, also add an educational component, creating awareness of torture and its aftereffects, and the barriers survivors of torture face, whether it is based on race, gender, orientation, income, status, age or any other category.

Thus, CCVT's strategies fall into three areas: locality development, social planning and social action. The action goals pursued and strategies used to bring about change include linking, knowledge of and access to professional resources, mutual aid, educational activities and social action.

## References

- Abai, Mulugeta (1992). The Therapeutic Role of Volunteer Befrienders. Canadian Centre for Victims of Torture Newsletter, 6, May 7-8.
- Allodi, F. and Cowgill, G. (1982). Ethical and Psychiatric Aspects of Torture: A Canadian Study. Canadian Journal of Psychiatry, 27, March, 98-102
- Bekar, L. (1994). An Overview: ESL Survivors. Canadian Centre for Victims of Torture Quarterly, 9, September, 1-2.
- Biklen, D. (1983). Community Organizing: Theory and Practice. New Jersey: Prentice-Hall Inc.
- Bradshaw, C., Soifer, S., and Gutierrez, L. (1994). Toward a Hybrid Model for Effective Organizing in Communities of Color, in Marie Weil (ed.), Journal of Community Practice, 1, 25-41.
- Campfens, Hubert (1994). Syllabus and Resource Materials. Social Work Practice in Community Development and Social Planning. A General Teaching and Learning Guide. Waterloo: Wilfrid Laurier University.
- Campfens, Hubert (1995). Community Development: An International Comparative Study. Practice, Theory, Research, Training. Manuscript submitted for publication.
- Canadian Centre for Victims of Torture (1995). Information Kit. Toronto: CCVT
- McGrath, Susan et al. (1999) The Reconstruction of Citizenship: Lessons Learned from Survivors of Torture, A paper submitted to the Community Development Journal.



# The Visible and the Invisible: Distinct Souls, Parallel Journeys

By Teresa Dremetsikas, Afsaneh Shafai, Nazlije Isufaj,  
Mohamed Ahmed, Thilaga Jeganathan,  
Joan Borja, Ezat Mossallanejad

While highlighting something that is barely perceived is not easy, it is, nevertheless, possible. It is possible to describe many activities and elements of the jobs the counsellors do at the Canadian Centre for Victims of Torture (CCVT), but the review of the work as it relates to clients is not exclusively for the observer to determine. It is a task that can only be accomplished with the input of the people who directly participate in the programs. Therefore, in this article's attempts to provide an idea of the work that CCVT counselors do, we will draw from clients' statements, from interviews with the counselors themselves as well as from self-reflective explanations.

To begin with the visible, we would like to indicate the names of the counselors at CCVT. Their titles and respective educational backgrounds are not visible features, but they can be easily made so by mentioning them:

**Thilaga Jeganathan:** Lawyer from Sri Lanka

**Mohamed Ahmed:** Medical doctor from Somalia

**Nazlije Isufaj:** Educator, nurse and former medical student from Kosovo

**Joan Borja\***: Master of Social Work, University of Toronto, from the Philippines

**Afsaneh Shafai:** Art Therapist from Iran

**Teresa Dremetsikas:** Medical doctor from Mexico

**Ezat Mossallanejad:** PhD in Economics (University of Poona) from Iran

When you read the names, you can immediately be sure we are talking about "visible minorities."

\*Resigned November 2002

Other visible things are: facial expressions after listening to the stories of clients, hair that was carefully combed in the morning becoming "visibly out of place" by the end of the day, and gestures (such as swallowing, blinking, covering the eyes, raising eyebrows, eye rolling, frowning, stammering, etc.) which tell you of the efforts required to remain composed when speaking to each other about the horrors heard daily. Revulsion is efficiently hidden by maintaining good humour and by supporting each other.

In the corridors of CCVT, you can often hear and see clients relating to counsellors, even making the following comments:

- **Comments that speak of trust:**

"I only want to speak to X"

"I need to talk to you"

**"I will wait until he/she can see me"**

"You are kind, polite and warm, unlike people at Agency X"

- **Comments that speak of relief, a sense of safety and a sense of being understood:**

"Thank God you are here"

"Thank God there is an X-language speaking counsellor here"

"Just from seeing your face I feel OK"

"When I see you, I feel good because I do not have to keep explaining myself over and over again"

- **Indications of unpleasant and/or difficult circumstances and dealings with clients**

"I do not want to talk to X"

"I do not care if she/he is busy. I have to talk to her/him"

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*"It is very urgent that I speak with her/him"  
Phone messages cursing counsellors  
Distressed and loud voices or clients crying inside  
their offices  
Tearful clients entering their offices  
Same client entering the office of a counsellor re-  
peatedly during the day and on a daily basis*

As one of the less noticeable aspects of their work, counsellors must endure listening to clients who are experiencing a whole gamut of emotions: sometimes sad to the point of suicide, angry to the point of irritation and annoyance (and, at times, offense), or desperate to the point of weeping. Equally, clients offer an opportunity for meaningful enjoyment when they share their happiness and achievements (e.g. family reunions, notice of acceptance as refugees, immigrants or citizens). Clients' gratitude is often expressed through bringing small treats, usually shared by all the staff, even though they are frequently addressed to specific counsellors. Treats include chocolates, nuts, baked goodies, flowers, small craft items, cards and letters, to name a few.

Contributions made by counsellors can be difficult to measure. With current methodology fixated on numbers and indices, it is a complex task to give an accurate reflection of the work carried out by the counsellors. When it comes to "the needs of survivors of torture" and "best practices" to deliver services, an organization must strategically balance and often struggle with several issues: principles of justice and respect, confidentiality, ideals, obligations and accountability versus meager resources as well as confronting parties whose prejudiced attitudes oppose CCVT's values and beliefs.

Counsellors spend long hours on various tasks such as listening to horrific stories and even longer hours trying to smooth the way for clients while at the same time maintaining confidentiality, sensitizing others about the issues that victims face, confronting the intolerance of people, assisting clients in crisis and mediating between clients and different parties. An added challenge, of course, is to do all these tasks within a diverse and at times, adverse environment. The tactic in each task must harmonize with the mandate of the organization and the programs available within and outside of CCVT.

To manage time is a challenge that counsellors must face graciously, as they try their best to be flexible and serve people who drop in constantly, showing up

at their doors without appointments with "urgent" matters that sometimes turn out to be trivial when taken out of context. But such trivialities are perceived as extremely pressing in the minds of survivors who may see the situation from a different perspective.

We are still far from developing a way to "evaluate and measure" these activities and to determine how they "impact" the life of survivors. We could go even further and say that the impact is bi-directional and counsellors are definitively transformed after the initial shock of hearing the stories and then daily confronting the enormous bureaucratic obstacles to facilitate access to services for clients.

It is clear that in order to accomplish the job described above, it is necessary to make use of all the assets available within each and every individual involved. A collection of efforts is necessary, each one of them crucial, though not indispensable, for the survival of an organization which operates within a system of collaboration. The CCVT counselling team usually works with the understanding that all members of the team, while not irreplaceable, are very necessary, with each individual making their valuable contribution. Individuals are able to recognize their limitations and acknowledge the talents of others, although such recognition may take time to develop. Such talents include formal training in various fields: social work, medicine, law and psychology. Experience working in the field is also validated and is definitely an invisible asset that provides stability and connection within the group. Counsellors enrich one another with their experience, knowledge, diverse cultures and skills. A challenge remains, however, in how to accurately capture the success and/or failure of such a "strategy", how to convey it and use such information to further enhance it.

Counsellors agree that they must be humble and subtle in the process of the client's adaptation and that this is crucial in assisting survivors in their rehabilitation, but subtlety poses a question that usually puzzles people, including donors: is this imperceptibility due to no role at all? Our answer is that survivors need to take ownership of their recovery process and patronizing practices have no place in it. As counsellors, individuals have to put aside their ego and allow the hurt ego of the survivor to blossom. Often, the counsellor must refrain from doing things "to help" in order to allow the survivor to regain their self-confidence. Such restraint frustrates one's

impulse to do something and therefore, produces some anxiety on the part of the counsellor. Being assertive with clients in a sensitive fashion is almost an art and being assertive with other staff is sometimes a challenge as well. Observers often wonder if this method is really effective or just a useless and passive intervention.

Furthermore, it is common knowledge at CCVT (although not outside CCVT) that judgmental attitudes towards client behaviours are not in the best interest of survivors. Nevertheless, counsellors often have to deal with judgments about their action or perceived lack of action every day. Such judgments can come from clients, colleagues, volunteers and other professionals outside CCVT who are involved in clients' cases. Judgments usually reflect constructive criticism or honest concern, sometimes; however, they may come from a perspective of good intentions but lacking the full story. People associated with CCVT in short-term arrangements are able to get a "quick look" at the work accomplished by CCVT staff. But this view is partial, and does not always allow for a full grasp of the depth and intricacies of the CCVT mission. In any case, humility, flexibility and assertiveness are qualities that all agree are needed in this kind of work.

As described by Nazlje, one of CCVT's counsellors, one of the most difficult things a counsellor must learn is to be quiet and deal with the "*pain of silence*." At the same time, she claims to have learned from her clients one of the most important lessons in her own life: "*to survive and to cope*."

Mohamed describes his work as "*draining and rewarding*," referring to the daily exposure to the clients' strong emotions.

Joan's learning experience from her clients involves "*seeing the best of humanity surviving the worst of humanity*."

Thilaga has developed her sensitivity to the point that she is able to draw her energy from "*seeing the clients' strength to cope and progress*."

Afsaneh copes with the many challenges of her job with a passion to help and faith in making a difference through her firm belief in "*the amazing resilience of human beings to survive no matter what*."

Teresa thinks that the "*magic formula*" in the rehabilitation of victims of torture is known only by the survivor and the role of the counsellor is to assist

*the survivor discover it within him/herself and for the counsellor to learn from them in turn.*

They confirm Ezat's belief in what Antoine de Saint Exupery said in "The Little Prince": "*The essence is invisible to the eyes; it is only possible to see it with the heart.*"

Everyone agrees, "*Hope is a lesson to learn from survivors.*"

Other invisible things about counsellors may include personal stories that relate to their clients in some way: some kind of encounter with torture, stories of survival, asylum or migration. At his/her own discretion, counsellors may share experiences of survival with their client as a means of encouraging them to talk, and, as a result, some clients come to see their counsellors as role models. In such contexts, communication with clients is at times made easier by the virtue of a shared understanding of experiences, cultures or languages. On the other hand, communication conflicts may arise when people with similar experiences but conflicting views come together, such as ethnospecific differences, political views, religious beliefs, etc. A counsellor usually has the "sense of duty" to recognize his/her limitations in being impartial under these circumstances and she/he would then transfer the case to a colleague, or the client may also request a change. Issues of gender also require similar considerations in terms of deciding who should interact with clients, and how should it be done..

Learning about the issues faced by clients through formal training is an important part of the job. This knowledge is enriched by practical lessons delivered by the clients when they give their stories of trauma and update the narratives with new accounts of racism, discrimination and other obstacles they encounter during the settlement process. Under these circumstances, demonstrating genuine concern and encouraging clients is the general route counsellors take. Such efforts require enormous energy on the part of a counsellor who may feel frustrated when faced with numerous barriers, often bringing about feelings of impotence. Counsellors agree that one of the most frustrating things in their job is bureaucracy, which takes time away from providing direct services to clients. Filling out lengthy forms for all kinds of issues (e.g. housing, immigration, benefits, job applications, reports, statistics, etc.) is part of their everyday routine. Another demand of the job is that some tasks are done by working overtime or on weekends at short notice.

Keeping boundaries is an additional task that can be challenging. When staff interact with clients in social events, it is sometimes understandable that people perceive the relation as a close friendship or even develop a personal attachment and act upon it by extending invitations to visit each other. It is again the counsellor who must learn to establish healthy boundaries in a sensitive way. This can cause distress and requires tact: turning down an invitation without hurting feelings, returning a big present without rejecting the client, accepting a compliment or a small token of appreciation gracefully and discouraging improper remarks from clients, redirecting a person who is not covered by our mandate to a more appropriate place. It is also part of a counsellor's job to deal with people in crisis who may be irritable and unpleasant, especially when they are redirected to other settings.

An additional duty is maintaining confidentiality. This may involve withholding information to people and friends who have good intentions but do not have a right to it. In situations when providing the information may be beneficial to the client, consent should be worked out. Preparing a written consent to obtain information or requiring one from the person requesting the information takes time. Therefore, people and friends become edgy and may decide to go on with decisions that affect the client's life without obtaining the information. Counsellors have to be cautious and creative, and must not destroy opportunities for clients to achieve their goals, but may never disclose information without the permission of the client. This creativity includes pushing for adjournments of hearings, pushing doctors' offices for earlier appointments or encouraging clients to talk on their own to the person requesting information, or convincing teachers or counsellors in other settings about clients' need for understanding. The list goes on and on. Counsellors must also keep in mind the uniqueness of each case and deal with it accordingly.

Reactions of clients pose a challenge and again are as uniquely individual as the torture experience itself. They may involve a sense of going crazy: "*I thought that I was going crazy*" or the opposite: "*I am not crazy, crazy is the person that did this to me.*" People may experience so-called "Post traumatic Stress Disorder" or may

just exhibit some depression. Triggers may unleash severe reactions and people who were previously well adjusted may break down. Counsellors know this and are prepared to deal with each client with compassion, understanding and above all, respect. What goes on behind closed doors; tears shed by counsellors during debriefing sessions, discussions that involve recounting the unspeakable horror, discussions to arrive at a consensus in difficult cases are more examples of the invisible work of the counsellors. Validation of the stories is achieved in many ways: listening attentively in a non-judgmental way and providing a safe atmosphere, reassuring the client about his/her right to feel what he/she feels, offering a platform to disclose if he/she wants to do so with freedom to choose their own means of expression. For example, through art and during special events that provides them with an opportunity to express themselves by singing, dancing, story telling, poetry or speaking in public about their concerns and issues.

A major source of growth for counsellors is the resilience of the clients. This creates an effect of "longing for more of it" and despite the stress, devotion comes from it. Consequently, in many cases, the job is usually accompanied by a personal dedication to social and global justice that goes beyond the walls of the centre. Counsellors agree that the support of other members of CCVT staff and volunteers is invaluable in these day-to-day activities. The holistic approach is also being practiced at a personal level and counsellors are careful to support each other to avoid vicarious traumatization.

The work of the counsellors at CCVT is, without a doubt, challenging and stressful. To encounter the effects of torture each day requires strong people to be able to "give hope after the horror" and to be able to re-energize themselves by nurturing feelings of care and trust inside themselves and towards other members in the team. Hopefully, they can inspire these feelings in their clients and assist them in the healing process as well as to motivate them to continue their own journey, free of pain.

# Being the Caregiver at CCVT

*By Thilaga Jeganathan, Settlement Counsellor*

As caregivers, we have many different experiences that I think should be shared from time to time. Sharing enables us to learn, educate and unburden ourselves.

The people we see here at the Canadian Centre for Victims of Torture are part of all of us in Canada. No other classification should be imposed on them. They are not "these others." The experiences they go through and the challenges they face are the concerns that are addressed and responded to by the CCVT so beautifully. The caregivers at the Centre are very unique. We face many challenges but it also brings much satisfaction and great rewards. The experiences are as varied and individual as the care-giving staff is.

As we all know, refugees and survivors of torture are people who didn't choose to be in this situation of leaving behind their whole identity to seek refuge in another place and having to overcome many barriers to re-establish at least part of their lost identities. The major concerns they come with are health issues, settlement issues and social support issues that are part of the aftermath of their traumatic experience.

Initially when people come to us for help, almost 50% of them come without a clue about who we are because they are referred to us by a third party, who give very little or no necessary information other than being told to approach us for help. They come with a great many needs. When they come they are already governed by a new and challenging government and social system. We share their sense of helplessness and their frustrations, and, putting aside our own

frustrations and helplessness with the system, try to put all the available resources in place to help them in addressing their needs.

The most vulnerable group we work with, and most affected by the system, is the refugee claimant. I feel they are discriminated against and kept from enjoying the facilities to which all others who live in Canada have access. I also believe that those who are welcomed and given the eligibility to claim refugee status should not be restricted in accessing services to meet their more basic needs.

One example is the limitation of their health care coverage known as the Interim Federal Health Program (IFHP). This coverage remains in place until a claimant's status is determined, a process which can take several years. The people who are covered by IFHP are not able to access specialized medical services for more than one session unless otherwise requested by the health professional taking care of that person. For example, a person who is in need of some ongoing professional psychiatric treatment or therapy is unable to have it unless it is pre authorized, a very bureaucratic process few physicians and health care workers care to be involved in. This is but one situation where the caregivers at CCVT play a big role in hunting for available and appropriate resources and in the meantime having substitute with other available support system at CCVT to relieve the pain and stress experienced by the person.

The caregivers always need to do extensive research on available resources, which, unfortunately, remain very limited. This can be frustrat-



ing. Supportive Counselling works quite well with those who come to us looking for medical and psychiatric assistance through our network of medical partners. Through this work, we come to know our clients. A trust and comfort level develops and increases, leading to more regular meetings. As a result of these encounters, our client's stress level decreases. But the caregivers always observe the fluctuating waves of a client's life situations. When financial burdens weigh heavily, poor living conditions bring hopelessness, delays of status determination or when immigration procedures confuse them, or the client is triggered as a result of disastrous incidents in home countries and in other countries, caregivers are expected to bring about magical solutions. Some clients get upset with us because of frustrations, and unrealistic expectations, but our experience allows us to help them navigate these difficult times. At times we must be extremely patient and use certain techniques to re-balance the vulnerable situations of clients as well as to overcome our own vicarious traumatization. This is always a challenge, but most of the time the outcome is very rewarding.

It's so wonderful to see our clients when they come to the office; excited to announce a happy resolution of a particular problem we had been working on. When their immigration hearing process comes to an end and our client is now a person with legal status, we see a remarkable change in their emotional state of mind and this brings out new hope and progress for other aspects of their lives here in Canada. But then, we

also see the opposite. A client has been denied their refugee claim. The burden is passed on to the caregiver again.

The next rewarding stage is when these individuals regain their self-esteem and end up pursuing higher education or getting a good job or seeing their children progress smoothly or when happy family reunions happen.

In addition, women - single mothers, young women who have been raped, widows, women who have been treated as second class citizens in their homelands - little by little become important individuals here. Often, these women take on the job of running the entire family. When problems arise, they manage them. The role of the caregiver is to provide some direction, support and assurance on how problems might be overcome and situations be improved. The self-support groups we run at the centre do give opportunities for these women to regain their self-esteem, to make their own friends and to be confident. But it still is not an easy life for the women who settle in a new country. They face new challenges especially in dealing with their children. Some women do not realize that their kids can become neglected as a result of their own adaptation problems or due to the aftermath of their past trauma. This results in some damage to the well-being of their children and the family. We caregivers come across children who have moved out of their homes, developed behavioural problems at home or at school, are evincing many withdrawal symptoms, blocking emotions, showing aggressiveness, loss of interest, and so on. These issues affect the whole family in many ways. It's not an easy job for caregivers at CCVT to resolve these complications, even though we have developed different programs to address these issues as much as possible. Here again we acknowledge the support we get from our network members with gratitude.

When caregivers deal with the issues of men, women, children or the elderly, we rely on our creativity to act sensitively according to the needs of each individual. When men access services for the aftermath of their traumatic experiences, it is a real challenge for them to talk openly or ask for help. Most of them are always in denial. In some cases, it is very sad to see these men who have had wonderful lives with leadership roles and who are in need of counselling or therapy sessions reject offers of services at the centre or

anywhere else and continue to live with depression and we caregivers can only helplessly watch as their personalities are being destroyed. One client was referred to for a psychiatric assessment (this is a report that details the trauma he has suffered as a result of his torture). He wanted to assure us that he was not suffering from a mental illness. He repeatedly denied that he was psychologically affected by the traumatic experience. We in turn assured him that we thought no such thing. But we also wanted him to know that stress, worry, and sleepless nights are to be expected after the upheaval of leaving behind the family and a lifetime of friends, leaving behind a threatening government and arriving in a new country, uncertain of what the future holds. It was made clear to him that stress is in fact a normal reaction to a difficult situation. On many occasions, the caregivers recognize the needs for the survivors to open up and to accept more support. But many survivors tend to be in denial.

The destruction of the humanity of a person by torture and war is unacceptable. CCVT caregivers deal with such individuals who have experienced torture or war and tackle their situations with due respect in order to properly care for them and make clients feel comfortable. The informal setting and the casual conversation technique used by us make them feel very comfortable. Still, we come across different personalities who have different coping skills. We caregivers are trained quite well by the senior staff to respond with sensitivity, adding to the skills we already come with in [for example, appropriate education and relevant experience].

Caregivers face different issues when dealing with government sponsored, and family sponsored immigrants when compared with refugee claimants. Immigrants and Convention refugees are fortunate in terms of Canadian immigration procedures. Most of them have access for settlement help and trauma related medical help or counselling which do not have anything to do with Immigration status problems. Many of us feel the refugee claimants go through a secondary trauma in attaining their refugee status. When we come across trauma-related issues, it is so sad to realize how humans destroy humanity, and how torture results in complications that cannot be easily resolved. It is amazing to see how people continue to live with fresh memories of the past trauma and yet try with a maximum of effort and to the best of their

coping skills to go forward and pretend to be normal or convince themselves that they are normal. It is an unconscious struggle with which they live forever.

Another group we come across are those who succeed in settlement and go forward without too much difficulty, and who only access us when some triggers occur. Then their emotional state of mind is turned upside down and they can end up in a situation worse than what it was on their arrival to Canada. Again the caregivers are expected to make changes and we do. It's a cycle with many challenges and is resolved through the work of the entire team of CCVT including network members, volunteers and the staff.

To conclude with my personal experience at CCVT, it has been a real challenge for me to deal with the issues of survivors from around the world on a daily basis for the past nine years. However, I have to admit that it is so rewarding and satisfying to feel that you are playing a role in the life of a needy human being and you can make at least a small positive change. In addition, every day is a new learning opportunity, adjusting to all stressors and specially-related issues coming from the government policies in place, wearing different hats to act in different capacities such as educators, technical staff, therapists to each other, and so on. Of all, the best is being the caregiver.





# **CCVT Support Groups: A Model of Community Healing**

*By Joan Borja, Teresa Dremetsikas, Afsaneh Shafai, Nazlije Isufaj,  
Thilaga Jeganathan, Mohamed Ahmed, Ezat Mossallanejad*

As part of its commitment to assist survivors in their healing process, the Canadian Centre for Victims of Torture (CCVT) began its Mutual Support Group program in 1989, with the creation of a support group for Somali women. Since then, CCVT has organized numerous groups for men, women, youth and children from diverse communities.

### **CCVT Mutual Support Group Model**

As with all of its programs, the CCVT Mutual Support Group Model is consistent with the agency's holistic and community-based philosophy. CCVT recognizes that the experience of torture and war results in trauma to communities as well as to individuals. Therefore, programs for survivors ought to address the healing process on both personal and group levels.

The self-help model was chosen over the psychotherapeutic model for several reasons. First, the self-help model places more of a focus on community support and empowerment, in addition to individual healing. Second, many non-Western cultures have a negative view of psychotherapy. The self-help model is more immune to such stigma, since self-help groups are less clinical in orientation and may be seen as an extension of traditional support networks. Third, unlike the psychotherapeutic model, social interactions outside the group are encouraged in order to increase group morale and community cohesiveness. Fourth, self-help groups emphasize common shared experiences and promote the exchange of knowledge about coping and problem solving skills. Lastly, the group leader in self-help groups is seen as more of a facilitator rather than an expert and the participants' own expertise and empowerment is highlighted.

Social work literature names various main objectives for group programs. Some of them include:

- supportive,
- educational,
- promotion of individual growth,
- therapeutic,
- social/recreational,
- self-help,
- healing,
- experiential,
- discussion

CCVT groups are designed to tackle all of these objectives, with a particular focus on the supportive, educational, growth and healing aspects.

The groups are aimed at expanding individuals' social support networks as well as building community empowerment. Newcomers who may have lost touch with their community as a result of their experience of trauma and flight are able to reconnect with each other through such groups. CCVT groups are also highly educational and informational. CCVT staff and speakers from other agencies provide workshops on various settlement issues and increase participants' knowledge of social service systems and other community programs in the Greater Toronto Area. Such groups also encourage individual growth, by rebuilding self-esteem and renewing participants' belief in their own skills and knowledge. Moreover, CCVT groups also incorporate therapeutic (e.g., art therapy) and recreational (e.g., games, cultural & heritage events) activities into the group sessions. Indeed, the CCVT Mutual Support Group Model illustrates a truly holistic and multifaceted approach to promoting individual

and community healing.

## A True Community Effort

Another trademark of CCVT mutual support groups is the involvement of the entire CCVT. Settlement counsellors are responsible for initiating, planning and promoting the group as well as dealing with the logistical details of the group sessions. Doctors, psychiatrists, psychologists and lawyers associated with CCVT Medical and Legal Networks as well as CCVT's Art Therapist have participated in various groups as co-facilitators, consultants and guest speakers. CCVT volunteers have also shared their knowledge and talents as guest speakers (on topics such as yoga), entertainers (e.g. as storytellers) and child care assistants. Other co-facilitators (i.e. language-specific and culture-specific) have enabled CCVT staff to break down linguistic and cultural barriers and to create a culturally sensitive environment during the group sessions. CCVT clients themselves contribute their invaluable wisdom and talents to the group sessions, and are very much encouraged to be actively involved in the design, organization and evaluation of the groups.

As a continuum of empowerment, the groups have been and remain instrumental in connecting individuals with the community as well as unique links that allow survivors to recover their capacities, actual and potential, and participate fully in society. The facilitator encourages contact with other external groups working on common issues, and, in this way, coalitions are built. Such coalitions often progress to political action and when they are successful, the achievements of goals generates a sense of accomplishment, which consequently enhances self-confidence and therefore contributes to re-empowering the individuals involved.

It is not a new finding that groups are an enriching experience for all participants. Facilitators, other staff, volunteers and even the speakers learn during presentations and exchanges, which are usually very interactive and permit the flow of knowledge in all directions. As a result, CCVT has learned that each group is unique and all maintain a connection with a common background: "trauma," therefore there is also a common goal: "hope after the horror."

## A Brief History

As previously stated, the history of CCVT Mutual Support Groups begins with the Somali Women's Group, which was organized in 1989, co-facilitated by a CCVT settlement counsellor, a physician from the CCVT Medical Network and by a public health nurse. The main focus of the group sessions was to meet the support and educational needs of CCVT's Somali women clients. Facilitators covered a range of settlement topics, including housing, immigration and employment, which the women highlighted as their areas of concern. Parenting was also identified as a pertinent issue, and the "Nobody's Perfect" parenting course was incorporated into the group sessions. Moreover, a Wen-Do women's self-defence course was also included, to help the participants deal with their fear of violence and improve their assertiveness skills.

The groups have since been expanded and the model applied to other communities. Groups were organized for separate genders for the Iranian, Sri Lankan, Ghanaian and Spanish-speaking communities. As in the Somali Women's Group, emphasis was placed on the support and informational aspects of the sessions. This time, there was also a new focus placed on recreational, social and cultural heritage activities. For example, the activities of the Iranian Men's Group included field trips to the Iranian Community Centre (for Movie Night and Poetry Night) as well as picnics. Such events enabled participants to reconnect with and celebrate their cultures, which undoubtedly contributed to their overall well-being.

The sudden influx of Bosnian (1992) and Kosovar (1999) refugees in huge numbers led to the creation of Family Groups. In addition, separate gender and age-specific groups (for adults, seniors, youth and children) were run as well. In this manner, families could come together to CCVT and have their support, educational and recreational needs met in a manner appropriate for their respective ages and genders. Some adult groups were made up of both genders; however, men and women were separated during discussions of sensitive issues. Art therapy and play therapy activities were essential aspects of the children and youth groups.

Continued growth of the model incorporated mixed gender, cultural and linguistic aspects as evidenced in CCVT's most recent groups (2001-2003). The Kosovar Family Group was renamed the "Albanian Family Group", to also include Albanian clients. The groups for Latin American women gathered together women who spoke a common language, yet came from many different countries and who were proud to share their cultures with each other. The African Women and African Youth Groups brought together participants of differing religions, cultures and languages. Such groups presented new challenges and contributed unique insights in running multicultural support groups. The most recent Iranian group requested to have sessions for adults of both genders together, they wanted an opportunity to explore and negotiate the perception of the opposite gender in terms of oppression and imbalance of power in order to overcome gender stereotyping. Women had the chance to vent their resentment towards oppression by men in a safe environment and men had the opportunity to learn, understand and show their appreciation, at the same time encouraging re-empowerment of the women participants.

Facilitators continued to be creative in designing cultural and recreational activities, respecting the uniqueness and initiatives of each group: example of this, are the Albanian language class for Albanian kids, sewing classes for Somali women and African drumming for African youth.

### **Feedback and Evaluation**

Group participants were asked for their regular feedback, either through verbal discussions or brief questionnaires throughout the course of the group sessions. Participants' response to the groups has been overwhelmingly positive, as evidenced by the following statements:

- *"Since I started coming to the group, I don't feel alone and stressed out like I was used to. Being together with my own people, I started thinking about positive things and values of myself and my country and I got to know that there are many who went through the same experience as I. I build my self-*

*confidence, I am able to contact immigration officers, my social worker, my teacher, by myself. I feel more oriented and secure thanks to CCVT, which has played a unique role to my personal development and cultural adjustment. And I hope that CCVT would continue to do groups like this."* (Albanian Family Group)

- *"I like the program because I was able to socialise and get together with other Somali-speaking women."* (Somali Women's Group)
- *"This was a great experience to realize how important it is for men and women complementing each other. This has to be the way."* (Iranian Mixed Adult Group)

### **Observations from Facilitators:**

There have been some interesting findings consistently repeated in almost every group, cutting across cultures from the first group of Somali women to the most recent Albanian group.

Participants begin friendships with each other that go beyond the group. The bonds created among participants are often referred as family bonds and continue in time well after the sessions are over. It is common to hear a staff commenting about having met or receiving calls about two or more clients that continue to meet two five or even more than 10 years after the group is over.

Some of the participants in the women's groups show a noticeable change in the nature of their interactions with each other as well as with the staff from the first sessions as compared to the final sessions. At the beginning, participants are hesitant to even speak, but towards the end, they show attitudes that reflect self-confidence. Some staff observations in this regard include noticing changes in the way a particular client walks and greets in the street; with head up instead of down, welcoming rather than avoiding any contact as was usual before attending the groups or a woman who was initially suicidal bringing her resume

requesting assistance to find a job and then offering her services as a volunteer at CCVT. As noted by the facilitators of the early groups and reiterated by recent ones: "there seems to be a transition from 'victim' to survivor." "It is great to see the 'metamorphosis' of people."

## Future Plans

In the future, the CCVT Mutual Support Program will continue to evolve and respond to the ever-changing needs of diverse clients. Plans include the initiation of more mixed cultural groups for adults, youth and children. Indeed, such groups will promote not only individual and community healing, but also intercultural understanding and harmony.

## Sources

Blakeney, J., da Costa, G., and Jama Dirie, F. *Mutual Support Group Model: The Basic Premises*. Toronto: CCVT.

Blakeney, J., Jama Dirie., F., and MacRae, M.A. "Empowering Traumatized Somali Women: A Support Group Model for Helping Survivors to Cope". In Price, K. (ed.), *Community Support for Survivors of Torture: A Manual* (pp. 50-58). Toronto: CCVT.

Sugiyama, J., and Soheila, R. (1993). "Iranian Men's Support Group". *CCVT Newsletter*, April 1993 (#7), pp. 18-19.

Toseland, R.W., and Rivas, R.F. (eds.) (2001). *An Introduction to Group Practice (4<sup>th</sup> ed)*. Boston: Allyn & Bacon.

Facilitators of some former and current groups, their reports and verbal input:

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# **Brief on the Proposed Bill C-18: Citizenship of Canada Act**

**For the Standing Committee on  
Citizenship and Immigration  
Hearing, February 10, 2003**

## **I. Introduction**

The Canadian Centre for Victims of Torture (CCVT) aids torture survivors to overcome the lasting effects of torture and war. Working with the community, the Centre supports survivors in the process of successful integration into Canadian society, advocates for their protection and integrity, and raises awareness of the continuing effects of torture and war on survivors and their families. The CCVT gives hope after the horror.

The above mandate prompts CCVT to offer its contributions with regards to Bill C-18: Citizenship of Canada Act. We feel that the Bill should consider, among other things, an exhaustive approach to the Canadian national and international human rights obligations. It should be at par with instrument such as the Canadian Charter of Rights and Freedom, Crimes against Humanity and War Crimes Act, Universal Declaration of Human Rights, UN Convention on the Reduction of Statelessness, the UN Covenant on Civil and Political Rights, Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment, and the 1998 Statute of Rome for the International Criminal Court.

In the brief, which will follow, the CCVT has limited its contributions to address areas of Bill C-18 that concern torture survivors. We feel that there are other organisations with expertise in highlighting on other sections of the proposed legislation.

## **II. Acknowledgement**

We strongly feel that the new millennium has created new challenges for our country as one of the leading pioneers of the fundamental rights of humankind. Citizenship is one of the most fundamental rights – the right to have rights. It is official membership in a particular state. Therefore, it is of utmost significance for a free and constitutional state like Canada to be a community of equal citizens. Canada is proud of its global human rights leadership as well as its deep-rooted humanitarian and compassionate traditions. Both these require that our legislators consider special considerations for the naturalization of survivors of war and torture as well as the mentally disabled, seniors, minors and people with permanent disabilities. It is against Canadian morality and its human rights commitments to enact a citizenship law that brings about a brand of two-tiered citizenship. The gap between born and naturalized citizens should be narrowed down; naturalized citizens should not feel discriminated against; the citizenship act should promote a sense of belonging in each and every Canadian regardless of place of birth; no human being should be treated as a “political pariah.” Citizenship is a right, not a privilege. Citizenship would be of no value if it could easily be obtained in the first place and be easily revoked or annulled later. While it is important to struggle against violence and terrorism, it should be acknowledged that terrorism is not necessarily an evil external to us. We caution you against any further tightening of Canada’s Citi-

zenship Act. He new Bill C-18 has gone too far in its attempt to deal with suspected terrorists. It should be balanced with fundamental Canadian values. Terrorism not only annihilates people and destroys property; it also has an ominous and devastating impact on values. As Canadians, we are facing a great historical ordeal. We must continue to adhere to our most basic principles.

### III. Basic Points

Following are the broad areas the CCVT would like the Standing Committee to consider before a clause-by-clause study of the Bill:

1. The significance of Canadian citizenship as a basic right that cannot be granted or taken away in an arbitrary manner. Canadian citizenship should not be approached as an instrument of control against naturalized citizens;
2. The Bill should not only be at par with international human rights standards, but also go beyond them as a gesture of Canadian global leadership on human rights;
3. There should be no discrimination between born and naturalized citizens of Canada as a future guarantee of racial, ethnic and social harmony;
4. Special attention should be paid to the principle of non-refoulement to torture enshrined in Article 3 of the CAT and the ruling of the Supreme Court of Canada on Suresh (2002 SCC-1), which stipulates that “international law generally rejects deportation to torture, even where national security interests are at stake;”
5. The Citizenship Act should guarantee that nobody would remain at risk of statelessness;
6. As a centre working against torture and for rehabilitation of its survivors, we strongly believe that torturers, war criminals and people who have committed crimes against humanity should be prosecuted and punished. Therefore, denial, revocation and annulment of citizenship should not act as a substitute for punishment;
7. Deportation and removal should not be used as a short cut for resolving Canadian security problems. There is a tendency in Canadian Immigration history to keep peo-

ple in limbo for different reasons including security suspicion. Living in a state of limbo is detrimental to individual health and the psychological health of the society. The Citizenship act should not keep people in prolonged orbit.

### IV. Areas that CCVT confirms

In very general terms, Bill C-18 has a comprehensive and holistic approach to the question of Canadian citizenship. The most positive contribution of the Bill, in our view, is its approach to the concept of citizenship. We are proud if the fact that Canada enjoys one of the world's most progressive laws of citizenship. It has liberally and progressively combined both principles of *jus sanguinis* (personal citizenship or citizenship based on blood relationship) and *jus soli* (territorial citizenship or citizenship based on the right to be born in a certain country). We are pleased that under Bill C-18, all babies born on Canadian soil as well as those born to Canadian parents abroad are regarded, in principle, as Canadian citizens. We also agree with a three-year waiting period for obtaining Canadian citizenship and find it quite positive and progressive in comparison with many other countries. This is specifically useful for victims of torture who are in danger of retraumatization as a result of living in prolonged limbo. We would like to acknowledge that Bill C-18, which is currently before your respected Standing Committee, is in several points an improvement over Bill C-63. It has, for example, accepted automatic citizenship for children born to refugee claimants. This will definitely contribute towards the CCVT's endeavours in the rehabilitation of its survivors of torture.

### V. Areas we oppose

1. We oppose the provisions outlined in Bill C-18 that gives discretionary power to the Minister of Citizenship and Immigration and the Governor in Council to deny, revoke or annul citizenship. As representatives of the Executive, they have acquired the role of the judiciary in certain areas without due process for defendants and leaving any chance for them to appeal negative decisions. Our expertise in dealing with victims of torture and war leads us

to believe that it is highly complicated to decide whether citizenship was acquired genuinely or illegitimately. The bill itself has anticipated problems that might arise in this vital area. There are many genuine refugees and torture survivors who are undocumented due to their struggles against their oppressive governments. The genuineness of their documentation could be challenged for many years after obtaining their landed status or citizenship. With the passage of time, they may never find themselves in a position of remembering events of their remote past. In addition, contradiction, evasiveness, lack of concentration, memory loss, and uncooperativeness are common among torture survivors who are suffering from PTSD. This should not result in revocation or annulment of the citizenship of these most vulnerable groups.

2. We note the inadequacy of an effective remedy and lack of access to an independent and competent tribunal for people who will be in danger of losing their citizenship. The bill should have a long-term perspective looking into the possibility of a European-style hard-line minister who receives the Immigration portfolio. Today we have a good-hearted and responsible Minister of Citizenship and Immigration. The country's political atmosphere could be changed down the road. The Citizenship Act should leave no room for abusive or arbitrary decisions. Our experiences show that bureaucrats in Immigration departments are people who enforce the Minister's authority. Concerned with consolidating their own power, some of these bureaucrats may abuse ministerial discretionary power at the cost of the suffering of most vulnerable peoples.
3. In the case of torturers, war criminals and people who have committed crimes against humanity, it is our strong conviction that revocation or annulment of their citizenship should not replace punishment. We do not believe that the deportation of these elements to other countries will per se resolve these global problems. In this context, prosecution should be considered as an utmost priority. Revocation of citizen-

ship could be considered in such exceptional cases when extradition to the country of origin is necessary for the sake of initiating a full investigation and obtaining all necessary documentation. Even in this extreme and exceptional case, the defendant should be guaranteed a meaningful judicial process. There should be utmost vigilance that removal or extradition of this category of people does not lead to their impunity.

4. We believe that renunciation of Canadian citizenship should not similarly be an easy process. It should not leave room for torturers, war criminals and people who have committed crimes against humanity to escape Canadian prosecution and punishment.
5. We strongly encourage transparency of the Citizenship Act. Terms such as "flagrant and serious disregard for the principles of values underlying a free and democratic society" should be clearly defined with concrete examples and provision of specific cases. There should also be recognition that, under a specific desperate situation, mental health patients and victims of severe torture and trauma may unconsciously say something that she or he does not mean.
6. We disagree with the provision that offences committed outside Canada should be treated in the same way as those committed in Canada. Our experiences show that under tyrannical governments, it would be hard to draw a demarcation line between prosecution and persecution. Writers, journalists, artists and human rights activists are normally prosecuted as dangerous criminals and even terrorists.
7. Losing Canadian citizenship will have serious implications for third parties, especially family members. There should be a relatively short period of time (3-5 years) for stopping any action towards annulment or revocation of citizenship if the person accused of wrongful action has acted responsibly and has contributed toward the social, economic, cultural and spiritual uplift of Canadian society.

## VI. Our special request

We demand a clear-cut, transparent legislation with special reference to Canadian international obligations, specifically the Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment, the same way the Immigration and Refugee Protection Act does. With more than 25 years of ongoing services to victims of torture, we specifically request the following considerations:

1. Access to Canadian citizenship for victims of torture and war who are

unable to learn either of the Canadian official languages and pass the necessary citizenship examinations due to their PTSD or mental health problems. This, in our opinion, should be mandatory and not left to the discretion of the Minister.

2. Victims of torture and war should also be exempted from acquiring adequate knowledge of Canada.
3. We recommend removal of discrimination, in terms of the residency requirement between landed immigrants and

Convention refugees. We propose that Convention refugees become eligible for Canadian citizenship after 3 years, similar to people with permanent residence status.

### *Lost*

*I embrace the silence  
just like an old friend.  
I covered up myself with the screaming  
glass,  
me and my shadow on the wall.  
She was a child of the quiet moon  
with stars in her eyes.  
I got cold,  
I wonder if I'll ever feel  
warm again.  
I believe I've lost myself.*

*Dean Raskovic*



## CCVT Programs and Services

### 1. Settlement Services

- Includes information/orientation, interpretation/translation, counselling, employment-related issues and referrals to resources relating to the economic, social, cultural, educational and recreational facilities that could contribute to the initial settlement of the client.

### 2. Mental Health

- **Counselling**
- **Individual and Group Therapy, Mutual Support Groups**
- **Crisis Intervention:** suicide attempts, breakdowns, family problems, etc.
- **Art Therapy**
- **Coordinated professional services:** doctors, lawyers, social service workers provide treatment, documentation and legal support

### 3. Children/Youth Program:

Intake/assessment, settlement services, mental health services, recreational and empowerment activities that incorporate conflict resolution, mentoring, peer support and story-telling

### 4. Volunteer Program

- **Befriending** to assist survivors in rebuilding their connections to others as well as to the greater community.

- **ESL Tutoring and Conversation Circles** to help students learn and practice their English.
- **Escorting and interpreting** for survivors at different appointments (medical, legal, social).

### 5. Public Education

- responds to numerous requests for information, assistance and consultations on torture and the effects of torture as well as regularly producing resource materials

### 6. Refugees in Limbo

- Providing services to refugees in limbo that include counselling, assisting in sponsorships, family reunification and other immigration-related issues.

### 7. Language Instruction and Training

- LINC/ESL classes specially designed to address the needs and realities of the survivor of torture (concentration, memory, depression, triggers)
- Computer training: basic and intermediate levels

### 8. International Projects:

CCVT is associated with a coalition of Centres which support victims of violence, repression and torture, in exile or in their own countries

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**Any comments or thoughts about *First Light*?**  
**We warmly welcome letters to the editor!**

Just mail your comments to:  
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Or email them to: The Editorial Committee c/o mmillard@ccvt.org

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oppression who have sought refuge  
here in Canada.



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### **CCVT MONTHLY GIVING PLAN**

You can pre-authorize small monthly deductions on your credit card. It's so convenient, most of our Monthly Giving members hardly notice their small monthly donation, but it allows them to contribute more. CCVT can plan better knowing how much money to expect each month. And, because we save on paper and postage, more of your contribution goes directly toward helping torture survivors.

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