The University of Toronto Faculty of Social Work has always had an impact on communities across the city, but in recent years the Faculty’s influence has expanded to include communities across the world.

“We’re providing leadership in the study and improvement of social problems at the local, national and international level,” says Professor Jim Barber, dean of the Faculty.

“Many of our researchers are constantly crossing national boundaries to compare methodologies, exchange ideas and come up with creative solutions.”

The Faculty’s ongoing research collaborations with countries in every corner of the globe are strategic partnerships with a clear intent, says Barber. “We don’t pursue international connections for their own sake. We want to work with other leaders in the field, wherever they may be, to determine best practices in social work.”

With its location in one of the world’s most culturally and ethnically diverse cities, the Faculty also interacts with the international community at home. “One of our main objectives is to ensure that our students and faculty members gain experience in multilingual, multicultural environments,” says Barber. “Diversity issues are woven throughout the Faculty’s teaching and research, and we’re always on the lookout for how we can improve in this area.”

The recent addition of a number of professors from outside Canada has further increased the breadth and depth of international research at the Faculty. Barber, a native of Australia who arrived at U of T at the beginning of 2003, is just one of these new recruits. In the pages ahead, we profile Barber and several other faculty members—most of whom are new recruits—whose international research is shaping social work practice in areas such as immigration, HIV/AIDS, child welfare and urban poverty. The settings for their investigations range from the Faculty’s front step all the way to Asia, but the social relevance of their work is universal. … continued on page 4
Faculty update
What’s happening around our world of Social Work

Memorial Scholarship for Human Rights Trailblazer
Dr. Daniel G. Hill, founding director of the Ontario Human Rights Commission and the recipient of an MA, PhD and honorary doctorate from U of T, passed away on June 26, 2003. “Dr. Hill will be remembered as a pioneer of the human rights movement in Canada. His dedication to the quest for equality for all people of all backgrounds continues to inspire all of us at the Faculty of Social Work,” says Dean Jim Barber. The family has asked that memorial donations be directed in support of the Dr. Daniel G. Hill Senior Scholarship. The scholarship was established to promote the recruitment and retention of black students and is awarded to a student enrolled in the Master of Social Work Program on the basis of financial need. Academic merit is also considered.

Please send donations in Dr Hill’s memory, payable to the University of Toronto Faculty of Social Work, to the attention of Jody Greenlaw, Associate Director of Advancement University of Toronto Faculty of Social Work, Suite 106A, 246 Bloor St. West, Toronto, ON M5S 1A1.

Fast Facts About the University of Toronto Faculty of Social Work
• Founded in 1914, the U of T Faculty of Social Work was Canada’s first school of social work.
• The Centre for Applied Social Research at the Faculty of Social Work currently administers more than $8 million in research funds.
• Together, Social Work faculty members are involved in approximately 30 international collaborations with countries that include Australia, Belgium, China, France, Germany, Hong Kong, India, Ireland, Israel, Japan, Italy, Japan, Thailand, Turkey, the United Kingdom and the United States.
• Master of Social Work students complete their hands-on learning experience, called the field practicum, in more than 130 community settings across the Toronto area. These settings include social service agencies, hospitals, government ministries and community centres.

Research Funding Highlights
• Professor Nico Trocmé’s Canadian Incidence Study of Reported Child Abuse and Neglect- Cycle II has received over $1 million in contract funding from Health Canada, Bell Canada and the Ontario Ministry of Community. Family and Children’s Services.
• In 2003, the following professors received a total of more than $250,000 in Standard Research Grants from the Social Sciences and Humanities Research Council of Canada:
  - Professor Adrienne Chambon, for research on art practices in social work
  - Professor Usha George, for research on newcomer South Asian women
  - Professors Cheryl Regier and Ramona Alaggia, for research on retribution, restoration and victim healing

Endowed Research Chairs: A National Leader
The generous support of alumni and friends has allowed the Faculty of Social Work to establish an endowed chair— more than any other school of social work in Canada. These chairs are based in key academic areas and play a critical role in allowing the Faculty to remain competitive with the finest public research institutions in the world. The individuals who occupy these chairs are leaders in their fields.

Margaret and Wallace McCain Family Chair in Child and Family
Professor Nico Trocmé
Norman and Honey Schipper Chair in Gerontological Social Work
Professor Elia Marzidou

Sandra Rotman Chair in Social Work
Professor Cheryl Regier
K.K. Leung and Sons Social Work Chair in Multiculturalism
Chair holder to be determined
Royal Bank Chair in Applied Social Work Research
Professor Usha George
Dr. Chen Yi Ching Chair in Housing at the Faculty of Social Work
Professor David Hulchanski

Latest Ontario Graduate Scholarship A Family Tribute
Faculty of Social Work in memory and in honour of Martin’s mother and father, Elsie and Albert Gammack. Elsie and Albert were orphans. They immigrated to Canada in the 1920s and never forgot the separation from their brother and sisters and the difficulties of growing up without the love of family. Martin and Elizabeth Gammack decided to honour Elsie and Albert in this way because they wanted to support the education of social work students who will later work to improve the lives of the more vulnerable segments of our population. It is their hope that the students will work in the area of child care and welfare. Ontario Graduate Scholarships are jointly funded by the Ontario government, universities and private donors.

Why the name Reach, you might ask?
Because social work is an outward-looking discipline that strives to reach individuals and groups in Toronto and around the world through its educational and scholarly endeavours. Coming as I do from the other side of the world, I know that this Faculty’s research has an impact on social policy and social work practice, not just in Toronto and in Canada but, increasingly, in countries around the world. Our students also connect with people from every walk of life in their field placements throughout the local community. And our graduates are leaders in the profession across all fields of practice. Reach will tell the stories of one of North America’s premier schools of social work. It will introduce you to our innovative professors, talented students and accomplished alumni. And it will keep you up-to-date on the latest Faculty news and events.

This issue could only highlight a few of the great minds in our Faculty. So in each subsequent issue, we plan slowly but surely to cover all of our fascinating people and projects. If you enjoy our inaugural issue and would like to continue to receive this biannual publication, please contact casfsuwutoronto.ca or 416-978-5659.

We are committed to a judicious use of scarce resources and will only mail upcoming issues to those who respond by May 31, 2004.*

JIM BARBER

* The U of T Faculty of Social Work respects your privacy. We do not rent, sell or trade our mailing lists. Even if you do choose to receive Reach, you may notify us at any time to change your preference.
Post-diagnosis: Challenging perceptions about serious mental illness

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very so often, Professor Charmaine Williams bumps into former clients from her years working in mental health care in Toronto. Sometimes they’re riding the subway on their way to work. Other times they’re panhandling on the street.

Seeing these two very different outcomes always reinforces her commitment to understanding the psychological and social implications of being diagnosed with a serious mental illness. “The faces of the people that I used to work with are still very much with me when I do my research,” she says.

Williams chose to work in the mental health field after completing her Master of Social Work at U of T partly because of an incident during her undergraduate years. A roommate had a psychotic episode and the experience left an indelible impression on Williams. “That was such a baffling time, with the mysteriousness around what was happening with him, and not knowing what to do or expect.”

The confusion she felt then is typical of a lot of people’s response to mental illness; she says, especially a serious mental illness like schizophrenia. “Many people are scared by what they think they know about schizophrenia,” she says. “It’s hard to speak freely about it. It’s hard to say, ‘I was diagnosed with schizophrenia, but now I’m fine.’ People may not rally around you if you have experienced schizophre-

nia.” For all of these reasons, Williams became very interested in schizophrenia during her six years of practice in general psychiatry at Toronto’s Centre for Addiction and Mental Health and has since explored it in her research.

“It’s just so terribly misunderstood, and the stigma is so severe, so it keeps me particularly interested not just in the illness, but in pushing people’s thinking about it,” she says. Because schizophrenia is defined by a loss of touch with reality, and because it’s often portrayed in the mass media as a deteriorative lifelong affliction, many people assume that it is a hopeless diagnosis.

“Society has a vision of schizophrenia that’s very narrow, with few possibilities. People diagnosed with it sometime don’t see other options and end up functioning with-
in that narrow space, or other options might not be available to them. The messages they hear are: You’re going to be sick for the rest of your life. You’re never going to be like everybody else. You’re not going to have a job and you’re going to have to live on very little money.”

So it’s no surprise to her that some people who receive a schizophrenia diagnosis don’t accept it and opt out of the available treatments. Society’s negative attitudes about the diagnosis and about people with schizophrenia help to shape a person with schizophrenia’s perception of his or her worth and competence, Williams says.

But not everyone with schizophrenia is overwhelmed by these odds. Recent research proves that many people who are diagnosed with schizophrenia can partially or fully recover. “Even mental health care professionals have to remind themselves that the statistics say that one out of every three people who receives a diagnosis of schizophrenia will never have to come back to the hospital.” It’s a reality check for Williams who had to do herself when she was practicing. These days, she tries to help remind her colleagues in mental health care of this message through the articles she publishes and presentations she makes in the community.

“A lot of my work is about tweaking people’s thinking about clients with serious mental illness and about how we work with them in practice.” In the past, social workers tended to err on the side of caution when dealing with people with schizophrenia, for example by automatically helping them to apply for long-term disability insurance. While this may be warranted sometimes, she says social workers also have a responsibility to address and avoid the potentially harmful social stereotypes associated with the illness.

“It’s partly about an openness to other possibilities and how we talk to our clients about why we’re planning certain interventions and what the future holds for them.”

In addition to her efforts to educate students and men-
tal health care professionals about the social construction of disability in schizophrenia, Williams is also very active in tackling racism and oppression in the mental health care sys-
tem. Her concerns about access and equity grew out of some early experiences in practice. “When I found myself thinking, I wouldn’t want a member of my family to be in this situ-
ation, I felt I had to do something about it.” She developed and evaluated an educational intervention to increase cultural competence in social workers for her doctoral thesis at the Faculty of Social Work and continues to build on this early research.

There is ample research evidence showing that ethnoracial and ethnocultural groups often receive inadequate or inap-
propriate mental health care, and having observed this herself, Williams became involved in community and organiza-
tional development to combat the problems. She provides continuing education work-
shops for professionals who want to increase their awareness of the issues around providing equitable, appropriate care. Transforming the system will be a long and incremen-
tal process, but she is happy to report that there is high demand for this type of workshop because many agencies and professionals are interested in making positive changes.

Williams knows firsthand that a lot of people “fall through the cracks” of the mental health care system. Sometimes it’s because of their race/ethnicity, sometimes it’s because of society’s low expectations for their recovery, but it’s never because the system doesn’t care, she says.

“The system just isn’t equipped appropriately yet and the people who work in it don’t have the tools they need.” She’s optimistic because she believes that the system is capable of change, and she looks forward to a future where more people will get the help they need and be on their way to recovery.

“I’ve had the opportunity to spend time with people who have found ways to live lives that are fulfilling, despite serious mental illness. They have families and friends. They contribute to our communities. They have reasons to get out of bed in the morning. They’re so much more than just their illness.”

“Schizophrenia is just so terribly misunderstood, and the stigma is so severe, so it keeps me particularly interested not just in the illness, but in pushing people’s thinking about it.”
PETER A. NEWMAN

No magic bullet: Preparing for an HIV vaccine

It could be 10 years or more before initial HIV vac- 
cines become available, but Professor Peter A. Newman says public health leaders worldwide need to start planning now how they’ll introduce a vaccine into high-risk groups. “If a vaccine comes and we’re not ready, well, we’ll lose many more people getting infected and dying,” he says. “What a tragedy that would be.”

While scientists are working to produce a viable vaccine, Newman and his research team are on the forefront in trying to understand the behavioural issues that will help or hinder vaccine adoption. Their findings indicate that there is a real and widespread fear of vaccine-induced HIV infection, for example. It doesn’t matter that, with certain types of vaccines, this is scientifically impossible, he says. “In some ways the truth with a capital ‘T’ is of less consequence—it’s what people believe that we have to work with.”

Newman’s research also suggests that the introduc- tion of an HIV vaccine could lead to a “lighten- ing-up” of safer sex practices that might subvert the vaccine’s ability to control the AIDS epidemic. “It’s not surprising because we know that after the new AIDS drugs came out there was some elevated risk behaviour. And this has also happened in some peo- ple participating in HIV vaccine trials,” he says. “It’s very unlikely that an HIV vaccine will be close to 100 per cent effective, he says, so education and risk reduc-
tion interventions will be crucial to help people understand that the vaccine is not a magic bullet. “It’s not either/or, a vaccine or behavioural preven- tion. We need both.”

Newman has almost 15 years of experience in the HIV/AIDS field, going back to his first job coun- selling patients at San Francisco General Hospital’s AIDS program in the early 1990s. “There was a white board up in that clinic, and week after week there would be at least 20 names on it of people who had just died.” Going into AIDS research was a nat- ural choice, he says, because it seemed to offer more possibilities to effect broad changes.

Since shifting his career path, Newman has stud- ied diverse populations at high risk for HIV/AIDS. For his doctoral degree at the University of Michigan, he examined sexual risk behaviour among gay and bisexual youth. As a National Institute of Mental Health postdoctoral fellow, he helped imple- ment a community-based HIV prevention program for sex workers in Northern India.

Newman has been at U of T for almost two years now and continues to expand his research on HIV vaccine preparation. Most recently he has begun stud- ies in Thailand and local Toronto communities. “A vaccine might look different to a 20-year-old gay kid in Toronto or a sex worker in India or a woman in Thailand whose husband is her only risk,” he says. “Different audiences require different messages and different education to be able to make an informed and intelligent decision.”

IZUMI SAKAMOTO

New horizons: Shedding light on cultural adaptation

Professor Izumi Sakamoto knows from personal and professional experience that adapting to a new cul- ture is rarely simple or predictable, and her research is helping social workers gain a more sophisticated understanding of this complex process.

Sakamoto left Japan in 1993 to pursue graduate studies at the University of Michigan on a prestigious Fulbright scholarship. The isolation she felt in her early days there eventually influenced the whole course of her research career. “I just felt marginalized...
in general, not connected with the American stu-
dents,” she says. When she realized that many inter-
national students on campus shared her struggles, she
founded and directed the International Families
On our way. Sakamoto came up with research questions she wanted to explore further in her doctoral thesis. The outcome of this eventual research on Japanese academic migrants’ cultural adaptation was a new theoretical model of what she calls “cultural negotiation.” While traditional con-
cceptions of acculturation are static and straightforward, her model is fluid and ever-changing. Depending on
their social circumstances, she says, immigrants may constantly fluctuate between accepting and resisting
their new and old cultures.

Since coming to U of T in 2002, Sakamoto has been building on this research by investigating the cultural
negotiation process of one of the largest newcomers
to Canada and Toronto—skilled immigrants
from Mainland China. Her pilot study, funded in part by a
Royal Bank Foundation and the Social Sciences and
Humanities Research Council of Canada, revealed that
multiple factors such as gender roles, employment sta-
tus, and financial needs. “China is going through rapid changes as it
shifts to a market economy, and there are many per-
sonal and social implications that are not immediately
apparent from the ground up to provide them with what they want and need.”

Albania to Zambia and Everywhere in Between
The Anti-Racism, Multiculturalism and Native Issues (AMNI) Centre
One of the first things visitors to the Faculty of Social Work see when they walk in the front door is the AMNI Centre. This promi-
nent location reflects the Centre’s importance in the Faculty and its goal of being a welcoming, accessible place devoted
to issues of equity and social justice.

Since the AMNI Centre’s founding in 1995, it has been a place for students, faculty members, researchers and members of the community to find resources on diverse racial and ethnic populations. The Centre is part of the Faculty’s broader Diversity Initiative, which includes minority student recruitment and retention, faculty recruitment and development, community outreach and research.

One of the AMNI Centre’s most signifi-
cant research achievements is the Cultural Profiles Project, funded by Citizenship and Immigration Canada. Over the last few years the Centre has developed easy-
to-read, yet richly detailed, profiles of 102 countries spanning the globe. The profiles appear in the form of individual booklets and offer social service providers and regular Canadians insight into immigrants’
diverse backgrounds. To date, over one mil-
lion of these booklets have been distributed across Canada.

The Cultural Profiles are available online at http://www.settlement.org/cp/index.html


In general, not connected with the American stu-
dents,” she says. When she realized that many inter-
national students on campus shared her struggles, she
founded and directed the International Families

One of our main tasks is to
find ways to develop affordable, accessible urban health care.”

With support from the Shastri Indo-Canadian Institute, an educational enterprise funded by the Canadian International Development Agency, Hulchanski and George are collaborating with a research team headed by Dr. C.A.K. Yesudian of the
Faculty of Social Work.
Sheila Neysmith
Provisions for the new economy:
Recognizing women’s unpaid community work

Robert MacFadden
High touch in high tech: The marriage of social work and information technology
Rachel Zhou
Stories behind the stigma: Exploring the daily lives of people living with HIV/AIDS in China

On a December day back in 1997 when Yanqi (Rachel) Zhou was working as a journalist in Beijing, she was assigned to interview a man dying from AIDS. Today, the third-year doctoral student looks back on that encounter as the pivotal moment that led to her current research on the life experiences of people living with HIV/AIDS in China.

Before she met him, she was sure she would not interview a man dying from AIDS. To her, AIDS was a taboo topic, something that elicits feelings of shame and fear. However, once she met him, she was on a mission to change the stigma surrounding HIV/AIDS.

The man she interviewed was a 42-year-old man named Hong. He was the first one to show his face in the Chinese media. He was the first to be open about his HIV diagnosis, and his bravery inspired others to follow suit.

Zhou was struck by Hong’s courage and compassion. Even the nurses who worked in other wards in that hospital were terrified of him. What affected her most was not only his personal misery, but the pervasive fear and lack of knowledge about HIV/AIDS in China.

The Ministry of Health in China estimates that there are 1 million PLWHAs in the country. Though this is a relatively low number in a population of almost 1.3 billion, the Joint United Nations Program on HIV/AIDS reports that China is currently experiencing one of the most rapidly expanding HIV epidemics in the world.

While public education campaigns have somewhat improved the situation in China in recent years, many PLWHAs still keep their disease a secret and do not seek improved the situation in China in recent years, many PLWHAs still keep their disease a secret and do not seek health and social services, says Zhou. Her goal is to explore their daily lives and needs from their own perspectives and use this information to help develop social work interventions such as family support networks and counselling programs.

In the summer of 2003 Zhou went to China and interviewed the main sources for her dissertation project, including frontline professionals who work with PLWHAs and two men living with HIV. She was warned that the two men might be somewhat withdrawn, but once they recognized her openness and acceptance they were willing to share their stories.

One man told her he was immediately fired after his employer learned of his diagnosis. The other man cried while telling her that he had not dared to kiss or hug his only child after his diagnosis five years ago, even though he knew that HIV could not be transmitted through this type of contact. These pilot interviews allowed her to gain access to the community of Chinese PLWHAs and laid the groundwork for the next phase of her research.

Even though she’s only about half-way through her doctoral program, Zhou is already thinking about what comes next. “I want to translate the knowledge developed through this research into action,” she says. “I really hope my study can contribute to possible changes in these people’s day-to-day lives, even just a little bit.”

Dr. Bernice Bell
Life lessons: A career devoted to learning about learning

Dr. Bernice Bell

In the more than 40 years since Bell graduated from U of T in 1960, she has dedicated her life to the education of future social work professionals who work with people living with HIV/AIDS in China.
Bullies are big, tough boys who push around the smaller kids on the playground, right? At least that’s how they tend to appear in the public imagination. But what about a popular girl who relentlessly teases an underage boy? Yes, both counts, says Professor Faye Mishna, whose research is revealing just how complex and confusing bullying really is.

“People pay attention when bullying is dramatic and involves violence,” says Mishna, “but if it’s more indirect or involves social exclusion, I don’t think people realize how bad it can be.”

Mishna’s interest in bullying was sparked by her PhD research involving group therapy for children and youth with learning disabilities. When she asked the young people what they found helpful about group therapy, several of them remarked on the fact that they didn’t get harassed or rejected by the other kids in the group. “What really struck me was that they all talked about how nice it was to be treated like a ‘human being for once,’” she says.

She knew from 15 years of experience in the field of children’s mental health that having a learning disability makes kids vulnerable to bullying, but until that moment she had somehow not fully appreciated just how front and centre the problem could be. “Then I had the obvious realization that bullying shouldn’t be a part of their lives, and that they needed adults to intervene,” she says.

Since that time, Mishna has made bullying an integral part of her research program. With funding from the Social Sciences and Humanities Research Council of Canada and co- operation from the Toronto District School Board, she is currently leading a study that examines the issue from the perspectives of Grade 4 and 5 victims of bullying, their parents, teachers and school principals. It’s a fresh take on the subject because most research has focused on bullies, not the bullied, and few studies have explored the perspectives of those directly involved.

The study’s pilot findings show that a number of factors make it very hard for both the victims and the significant adults in their lives to determine when an incident constitutes bullying. Even when they agree on the basic definition of bullying—a form of aggression where there is an imbalance of power between the bully and the victim—they often can’t identify it when it’s happening to them or right in front of them.

When bullying is non-physical, or when the victim is considered to be at fault, the study found it tends to be downplayed. “There are essentially two kinds of victims,” says Mishna. “The first is meek, quiet, shy, sensitive and tends to cry easily—they’re a classic target. And then there’s the provocative victim who annoys everybody.”

The common thread among all the victims comes down to one thing: difference. “Any kind of difference can be a target,” she says, whether it’s a learning disability, appearance, race or, sometimes, that she simply is wearing glasses. As far as gender, the traditional assumption that more boys than girls are involved in bullying doesn’t hold true, she says. “Until recently, some of the ways girls bully haven’t been recognized as bullying. Instead girls have been depicted as ‘tarty’ or ‘catty’, when in fact their behaviours represent the ways girls may tend to bully.”

Another factor that complicates the identification of bullying is that it can occur within the context of a friendship. This was one of the study’s unanticipated findings, says Mishna. Parents and teachers involved in her research struggled to unravel the meaning of aggression when it happened between children considered to be friends.

“Adding to the difficulty of recognizing bullying is simply the fact that victims seriously underreport it. It’s like any kind of abuse,” says Mishna. “Kids are ashamed and many don’t want to talk about it, so they often won’t unless you specifically ask them. And they don’t want to tell adults, because they’re scared telling will make it worse.”

She says the psychosocial toll bullying takes on victims can be serious and potentially long-lasting. “For kids, being accepted is so central, and when they’re not it interferes with all aspects of their development—social, emotional, academic and psychological.” Her earlier research found that children can grow to accept the idea of being rejected and may start to feel inferior and blame themselves, a harmful propensity that can later affect their adult relationships.

“I remember one girl from the study who said, in a matter-of-fact way, ‘People can’t stand me because I’m very annoying.’ It’s really heartbreaking. So what we must try to do is show these kids that it’s not OK to be treated this way.” Other victims said that their situation had improved, but when she probed them she would discover that they meant being bullied twice a week compared to twice a day.

The teachers involved in Mishna’s study are very interested in the study’s findings because they are often on the frontlines when it comes to dealing with bullying in schools. While they have recourse to established policies on violent bullying, several of them commented on the lack of clear direction when they are confronted with more subtle forms of aggression.

Social workers are in a unique position to intervene, she says. “While they need to become more aware of bullying, social workers are trained to recognize the complexities of the problem, particularly with relational bullying.” One of the main objectives of Mishna’s research is to contribute to the development of social work practice principles for addressing bullying. Armed with this knowledge, social workers and educators navigate the tricky path of intervention. “It’s just not as simple as coming up with school guidelines. It’s not a clear-cut issue.”

It’s like any kind of abuse. Kids are ashamed and many don’t want to talk about it, so they often won’t unless you specifically ask them.”

Faye Mishna
Not your average bully: New perspectives on schoolyard aggression