

Social services: Effective practices in serving survivors of torture

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“The belief in the dignity and worth of each individual and the corresponding belief in individual and collective strength and potential can not be realized fully in the midst of concerns about assessing liabilities. A belief in human potential is tied to the notion that people have untapped, undetermined reservoirs of mental, physical, emotional, social and spiritual abilities that can be expressed.”

Weick, A, et al. (1989).

A strengths perspective for social work practice.

Social Work, 34 (p.352)

A torture survivor’s traumatic experiences may influence their ability to manage their daily lives and capacity to heal. A survivor may have a pressing hierarchy of practical needs for food, shelter, employment and transportation in addition to medical, legal or mental health needs. The provision of social services plays an integral role in promoting a survivor’s well-being. Social services can help make the pieces of their daily life puzzle fit together in a manageable way. These services focus on the survivor’s place in society, promoting health in the broadest sense, and are not solely focused on

symptom reduction.¹ Social, medical, mental health, spiritual and legal needs are interconnected for the survivor. For example, a client on the verge of losing his job and income, a social problem, may experience feelings of inadequacy and despair and an increase in depression, a mental health problem. Prolonged exposure to combined stressful demands and the inability to meet personal goals impacts the well-being of a survivor and can contribute to feelings of insecurity about their new living environment.² While attending to the important medical and psychological needs of the survivor, it is important for the provider to be aware of problems the survivor may be experiencing in coping with their fundamental daily tasks. An inter-disciplinary approach to services allows survivors to utilize their inherent capacity for coping and healing.³

A review of 29 articles which either evaluate specific social services or document them through case studies reveal that there are several promising and emerging social service practices that contribute to the healing process of torture survivors. One randomized controlled trial, considered a best practice, is described in the literature, and much of the other published material on interventions is descriptive reports by clinicians, case studies or small cohort studies without control groups.⁴ Some of the articles

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describe social services provided to asylum seekers who have experienced severe war trauma but not necessarily torture. Table 1.

Creating a Safe Environment

Establishing trust and creating a safe environment are underlying themes in many of the articles that were reviewed. The absence of trust interferes with healing and can aggravate the emotions associated with previous separations, losses, and traumas. For example, establishing and maintaining trust takes time and includes being honest, clear, realistic and precise in receptive and expressive communications.⁵ The relationship between a known, trusted adult who regards the survivor as a whole person is described in an article about unaccompanied asylum seekers in the UK. The authors note emotional engagement takes time to develop, is based on trust, and is effective in promoting well-being. Consent and information sharing formed two of the threads of a trusting relationship. When working with survivors of torture, trust needs to be reciprocally valued by both the provider and the survivor.

Dr. Mary Fabri examines the notion of trust in an article about adjusting the therapeutic framework to accommodate the needs of survivors. She posits “the reconstruction of trust in another person is the first task of treatment. By believing survivors as they describe the horrific acts of torture to which they were subjected, the therapist becomes witness through the process of listening and validating the broken silence.”⁶ Establishing trust can occur by maintaining culturally appropriate eye contact with the survivor rather than speaking to the interpreter, maintaining a positive and open communication style by having attentive and relaxed body language, not being judgmental, allowing the survivor to share their trauma

story at their own pace, and actively listening and asking appropriate and non-threatening questions.⁷

Cultural Competence

Understanding cultural norms and traditions of the diverse cultures that are served by programmes for torture survivors in order to deliver effective services is well-described in the general literature. There are several definitions of cultural competence. For the purposes of this paper, culturally competent care is defined as a system that acknowledges the importance of incorporating culture, assessment of cross-cultural relations, awareness of possible dynamics that may result from cultural differences, expansion of the torture survivor’s cultural knowledge, and adaptation of interventions to meet culturally unique needs on all levels of service.⁸ Cultural competence includes awareness of political and human rights conditions of the countries where torture survivors come from. Cultural competence helps inform service delivery. Understanding a survivor’s cultural needs, traditions and norms and promoting cultural and ethnic identity is an important aspect of holistic services and is a common theme in the reviewed articles.

In an article that uses an ethnographic participant-observation methodology to explore Buddhism as a support system, services are designed and delivered in ways that match specific religious, linguistic, psychological and social organizational characteristics of Southeast Asian refugees.⁹ This strength-based perspective focuses on the empowerment of the survivor by supporting their positive attributes, coping skills and self-help resources. The services provided are not categorized in western terms, i.e., mental health, medical, social or educational. The social services are combined with traditional services, such as religious celebrations pro-

Table 1. *Social Services: Effective Practices in Serving Survivors of Torture.*

Article	Type of Practice
1 Bower Jr. RD, Pahl L, Bernstein MA. Case presentation of a tattoo-mutilated, Bosnian torture survivor: using a community-based, multidisciplinary treatment network model. <i>Torture</i> 2004;14(1):16-24.	Emerging
2 Carlsson JM, Mortensen EL, Kastrup M. A follow-up study of mental health and health-related quality of life in tortured refugees in multidisciplinary treatment. <i>J Nerv Ment Dis</i> 2005;193(10):654-7.	Promising
3 Ingleby D. <i>Forced migration and mental health: Rethinking the care of refugees and displaced persons.</i> Springer Science + Business Media, Inc. 2005; 13.	Emerging
4 Ryan D, Dooley B, Benson C. Theoretical perspectives on post-migration adaptation and psychological well-being among refugees: Towards a resource-based model. <i>J of Refug Stud</i> 2008;21(1).	Emerging
<i>Creating a Safe Environment</i>	
5 Fabri MR. Reconstructing safety: Adjustments to the therapeutic Frame in the Treatment of Survivors of Political Torture. <i>Prof Psychol- Res Pr.</i> 2001;32(5):452-457.	Promising
6 Kohli RKS. The comfort of strangers: social work practice with unaccompanied asylum-seeking children and young people in the UK. <i>Child & Fam Soc Work</i> 2006;11(1):1-10.	Emerging
7 Potocky-Tripodi M. <i>Best practices for social work with refugees & immigrants.</i> New York: Columbia University Press, 2001.	Promising and Best (compilation)
<i>Cultural Competence</i>	
8 Betancourt JR, Green AR, Carrillo JE, Ananeh-Firempong O. Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. <i>Public Health Rep</i> 2003;118:293-302.	Promising
9 Canada ER. Buddhism as a support system for southeast Asian refugees. <i>Soc Work</i> 1992;37(1):61-7.	Promising
<i>Social Supports</i>	
10 Engstrom DW, Okamura A. A plague of our Time: Torture, human rights, and social work. <i>Fam in Soc: The J of Contemp Soc Sci</i> 2004;291-300.	Emerging
11 Goodkind JR. Promoting refugee well-being: a community based advocacy and learning intervention. Ann Arbor: Michigan State University, Hmong Center, Multicultural Resources and Education, 2002.	Promising
12 Gorst-Unsworth C, Goldenberg E. Psychological sequelae of torture and/organized violence suffered by refugees from Iraq. <i>Brit J Psychiat.</i> 1998;172:90-4.	Best
13 Jaranson JM, Kinzie JD, Friedman M, Ortiz D, Friedman MJ, Southwick S. Assessment, diagnostics, and intervention. In: Gerity E, Keane TM, Tuma F, editors. <i>The mental health consequences of torture.</i> New York: Kluwer Academic/Plenum Publishers; 2001.	Promising
14 Quiroga J, Jaranson JM. Politically-motivated torture and its survivors: A desk study review of the literature. <i>Torture</i> 2005; 15(2-3):1-112.	Promising
15 Ramaliu A, Thurston WE. Identifying best practices of community participation in providing services to refugee survivors of torture: A case description. <i>J Immigr Health.</i> 2003; 4(5): 165-171.	Promising

Article	Type of Practice
16 Thrasher S, et al. Social support moderates outcome in a randomized controlled trial of exposure therapy and (or) cognitive restructuring for chronic post-traumatic stress disorder. <i>Can J Psychiat</i> 2010; 55(3):187-190.	Best
<i>English as a Second Language</i>	
17 McBrien JL. Educational needs and barriers for refugee students in the United States: A review of the literature. <i>Rev Educ Res</i> 2005; 75(3): 329-364.	Emerging
18 Olsen L. Learning English and learning America: immigrants in the center of a storm. <i>Theor Pract</i> 2000;39(4):196-202.	Emerging
<i>Employment</i>	
19 Beiser M, Hou F. Language acquisition, unemployment and depressive disorder among southeast Asian refugees: a 10 year study. <i>Soc Sci Med</i> 2001;53:1321-34.	Promising
20 McBrien JL. Educational needs and barriers for refugee students in the United States: A review of the literature. <i>Rev Educ Res.</i> 2005;75(3):329-364.	Emerging
21 Mollica RF. Assessing symptom change in southeast Asian refugee survivors of mass violence and torture. <i>Am J Psychiat</i> 1990;147(1):83-8.	Promising
22 Pittaway E. "We are sad, not mad": the role of social work in the successful resettlement of refugee families who have experienced torture and trauma. <i>Women in Welf Educ</i> 2002;4:63-72.	Emerging
<i>Housing</i>	
23 Mateman S. Good practices guide on the integration of refugees in the European Union, 1999. Retrieved from ECRE http://www.ecre.org/resources/Policy_papers/516 .	Promising
24 Millennial Housing Commission. Millennial Housing Commission Report, 2000. Available from http://govinfo.library.unt.edu/mhc/MHCReport.pdf .	Emerging
25 National Housing Coalition. Something's gotta give: Working families and the cost of housing, 2005. Available from http://www.nhc.org.pdf7pub_nc_sg_z0405.pdf .	Emerging
26 Olsen L. At home with refugee housing; Mercy Housing, 2006.	Promising

vided at the temple which is considered a safe environment in the community.

Social services include educational activities offered on weekends to teach traditional language, arts and religion to youth. Recreational activities such as community meals, traditional dance and art classes are offered. Temporary shelter is provided to those who demonstrate a serious need for it. Physical activities and traditional meditation techniques are offered to help focus the

mind and body on the healing process. Food and other donations from the community to benefit the monks at the temple are shared as an expression of generosity, a highly valued trait of Buddhist culture. Social services are planned with the involvement of family members and bi-lingual case workers at refugee assistance agencies. This promising practice of incorporating a client's cultural and religious identity into the social services can be applied to other faiths and cultures.

Social Supports

Establishing or enhancing social support networks has shown reductions in the severity of depressive and post-traumatic symptoms. The ability of torture survivors to support each other can increase understanding of their post-torture world. Survivors of torture are often isolated and disconnected from social relationships. Social service providers can attend to the macro task of rebuilding social and community ties.¹⁰ A UK study interviewed eighty-four male Iraqi refugees in London and measured adverse events and levels of social support. Various validated measures for psychological prevalence of depression were applied and the study found that social factors in resettlement countries, particularly the level of “affective” social support, were important determinants of post-traumatic stress disorder and depressive symptoms, particularly when combined with a severe trauma/torture. The study also found that poor social support is a stronger predictor of depression than trauma factors. The authors concluded that depression in refugees may be alleviated by planned, integrated rehabilitation programmes that include social support and family reunion.¹¹

Other research includes strength-based community support interventions. Addressing the identified barriers of limited free time and language skills allowed greater multiethnic community participation and resulted in decreased stress levels.¹² Several effective, promising community approaches are cited in Quiroga and Jaranson’s desk reference which reviews psycho-social community-based interventions by geographic region.¹³ Support groups that meet on a regular basis, promote positive social interactions, regularly model appropriate expression of emotions, and promote family and cultural values have proven to be effective.¹⁴ Trained volunteers and mentors can be ef-

fective social supports for survivors and is a promising practice described in a review of a Canadian torture service programme.¹⁵ In the absence of a random clinical trial, this would be considered a promising practice.

A UK study investigated whether or not social supports predicted treatment outcome in a randomized clinical trial of 77 male and female patients being treated for chronic PTSD. Participants were randomly assigned to either an active treatment of cognitive restructuring, and/or exposure therapy or relaxation therapy facilitated for the control group. The authors concluded that patients with ‘relatively improvised social support relating to their trauma’ receive relatively less immediate therapeutic benefit than those with higher level of social support.¹⁶ The inclusion of social support as part of a healing approach that includes psychotherapy is therefore considered best practice.

English as a Second Language

Learning English provides survivors with the ability to understand what is happening around them and to be a participant in their new community. English language instruction is provided at some torture treatment centers and at many refugee resettlement agencies providing reception and placement services to newly arrived refugees. A review of the literature indicates that, in at least two studies, there is a positive correlation between English language skills and adjustment to life in the United States. In studying alienation in Vietnamese and Laotian refugees, a study found that participants who demonstrated better English proficiency tested lower on alienation measures than those who were not proficient in English.¹⁷ To help enhance adult learning, ESL instruction is most effective when tied to the daily lives of learners and reflects their experience as family, and community members.

Service providers are encouraged to enroll clients in ESL classes, orient ESL teachers about working with survivors of torture, and identify peer mentors of the same culture to provide ESL tutoring to clients. English classes can be arranged in homes or community centers, rather than in formal schools.¹⁸ Role play using basic language skills can help teach survivors how to use the bus, call the doctor, apply for a job, and undertake other daily life tasks. English language increases employability, another social service that contributes to refugee well-being and is considered a promising practice.

Employment

Ability to participate in the labour force affects the healing process. Torture survivors who are undocumented may be exploited by the labor market¹⁷ because of their immigration status. Some trauma survivors may not physically or mentally be able to work. The type of work a torture survivor is involved with may help or hinder the healing process. Dr. Richard Mollica in his book, "Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World", describes work as a "psychological life raft", assuring the survivor that he or she is not completely helpless. He describes how work gives survivors an opportunity to have an income and be productive and also provides a concrete time and place where they regularly report, the camaraderie of fellow workers and an overall sense of purpose and value.¹⁹ Dr Mollica's work also illustrates the nexus between social supports and employment and the importance the latter has on the former. In a 10 year study conducted on language acquisition, unemployment and depressive disorder among Southeast Asian refugees in Canada, researchers concluded that for men in particular, unemployment increased risk for depression.²⁰

Housing

Securing and keeping a place to call home is a universal need. Affordable and safe housing fosters self-sufficiency, brings stability to families and supports overall growth.²¹ Inadequate housing is a common problem presented to social service providers by torture survivors and refugees. The issues range from housing shortages, discrimination by landlords, long travel distances to appointments, schools, employment, services, groceries, etc and the expenses incurred by moving in and paying rent. Housing is often expensive and according to a 2005 study, represented upwards of 50% of an immigrant family's monthly income.²² More often than not, survivors rent the least expensive apartments they can find in areas that may already be economically depressed and crime-affected. Housing stressors may contribute to the maintenance of psychological symptoms and hinder the acculturation process. No significant evidence-based studies on social service housing practices for survivors of torture or refugees have been conducted. Mercy Housing, a refugee housing assistance agency, has published a guide of promising practices, "At Home with Refugee Housing Resettlement to Integration." The guide provides case studies, a list of housing resources and helpful ideas on how to identify safe, clean and affordable housing.²³ Similarly, the European Council on Refugees and Exiles' (ECRE) Good Practice Guide on Housing provides a snapshot of several European refugee housing programmes and methods to find housing for clients.²⁴ In the absence of evidence-based housing practices for torture survivors, such guides can be useful to inform providers about enhancing survivors' sense of safety and belonging and to grow a social network and community connection.

Summary

The available literature suggests the importance of implementing a variety of social measures with special emphasis on social supports, employment and housing. These services contribute to a torture survivor's healing process by addressing practical needs and reducing the stressors of everyday life that can affect even the most resilient. They can also help torture survivors function and regain self-sufficiency. An inter-disciplinary approach which includes a strong social service component has been documented in a number of studies to be most effective and considered a best practice. The need exists, however for research to evaluate the effectiveness of most practices in various social service domains, including vocational rehabilitation, education, food security and nutrition. The systematic documentation of social service practices will provide valuable contributions in the areas of programme evaluation, policies and procedures, and evidence-based practices.

Learning Points

The provision of social services plays an integral role in helping torture survivors heal. These services are inter-connected with a survivor's medical, mental health, legal and spiritual needs. It is important for the provider to be aware of problems the survivor may be experiencing in coping with their fundamental daily tasks. An interdisciplinary approach to services allows survivors to utilize their inherent capacity for coping and healing.

Cultural competence must be a guiding principal in our work with survivors of torture. Being knowledgeable about and acknowledging the importance of a client's cultural heritage, conditions in their county of origin, individual educational level, norms and traditions and perceptions about social

services must all be taken into consideration when developing and providing services. Culturally competent services must be adapted to meet the individual needs of the client.

The sense of trust for most survivors of torture has been broken because of the physical and mental trauma to which they have been subjected. Creating a safe environment is an important first step in establishing a healing relationship with survivors of torture. Trust takes time to develop and includes being honest and open in your communication, allowing clients to share their trauma story at their own pace, and being non-judgmental. Establishing and maintaining trust creates a safe environment which allows the healing process to manifest itself.

Highly Recommended Readings

- Carlsson JM, Mortensen EL, Kastrup M. A follow-up study of mental health and health-related quality of life in tortured refugees in multidisciplinary treatment. *J Nerv Ment Dis* 2005;193(10):654-7.
- Mollica RF. Assessing symptom change in south-east Asian refugee survivors of mass violence and torture. *Am J Psychiat* 1990;147(1):83-8.
- Potocky-Tripodi M. Best practices for social work with refugees & immigrants. New York: Columbia University Press, 2001.
- Quiroga J, Jaranson JM. Politically-motivated torture and its survivors: A desk study review of the literature. *Torture* 2005; 15(2-3):1-112.

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 22. National Housing Coalition. Something's gotta give: working families and the cost of housing, 2005. www.nhc.org/pdf7pub_nc_sg_z0405.pdf.
 23. Olsen L. Learning English and learning America: immigrants in the center of a storm. *Theor Pract* 2000;39:196-202.
 24. Mateman S. Good practices guide on the integration of refugees in the European Union. 1999. www.ecre.org/resources/Policy_papers/516.