

CHAPTER 4



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SOCIAL SERVICES

CREATING
SERVICES FOR
TORTURE SURVIVORS

SOCIAL SERVICES

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the Resettlement Process
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*My community is my support.
Without my community, I am nothing.*

—SOMALI WOMAN IN MINNESOTA

Torture occurs within a cultural and social context. It breaks the connections between individuals and their social environment. It separates the bonds of communities.

Social work interventions, therefore, are directed at individuals, their families and immediate environments, community, social, and functional groups, and policies and systems. These are accomplished through direct service, resource development, community interventions, education and training, research, and public policy work.

The provision of social services to survivors of torture is administered by workers with a wide variety of educational foundations and life and work experiences in an assortment of settings.

While this chapter is written for professional social workers, the material is appropriate for social services providers regardless of background, training, or specific tasks.

In addition, some of the material covered in this chapter transcends the boundaries of disciplines and pertains to mem-



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LIBERIAN REFUGEES in Sierra Leone.

bers of other professions. All readers are invited to take what they need from the information offered.

Providing appropriate and effective services to torture survivors requires a degree of expertise in four core fields:

- Knowledge of the story of refugees and asylees — before, during, and after the violence
- Understanding of the nature of torture and its long-term effects on survivors, their families and communities, and the professionals who work with them
- Cultural work with traumatized people
- Best practices for working with interpreters

This chapter augments the information concerning the core competencies presented in Chapter 3. A discussion of social work interventions during resettlement and in the political asylum process, sample scenarios illustrating the impact of the effects of torture on accessing social services, and guidelines for cultural competency and for working with interpreters and clients are included in this section. A brief note on policy work and a summary conclude the chapter.

FOR MORE INFORMATION

Information for clinical social workers can be found in **CHAPTER 6.**



SOCIAL WORK INTERVENTIONS DURING RESETTLEMENT

During resettlement, social workers assist refugees and asylees by establishing trustworthy, caring, and healing relationships. Interventions should respect cultural and individual differences, address survivors' priorities, and give choice and control to the survivors.

Social work facilitates re-empowerment and capacity-building of survivors in four main categories of concern: 1) stabilization 2) social support 3) education and 4) personal and economic independence.

STABILIZATION

Having a degree of safety and having access to food, clothing, and housing are essential to stabilization. Laws and systems in the United States can make providing for essential survival needs extremely difficult without support systems; torture survivors are often completely dependent upon others for meeting basic needs. Social workers assist survivors in identifying options, community resources, and ways to overcome barriers in their individual stabilization processes while developing the ability to meet basic needs on their own.

Efforts are focused on helping clients with the following:

- Gaining political asylum to avoid return to country or situations of danger
- Obtaining resources to meet basic needs of food, clothing, housing, transportation, etc.
- Sustaining personal safety through education and skills development.

SOCIAL SUPPORT

Social workers help survivors expand and use social support systems to aid in recovery. By building consistent and trustworthy connections with clients, social workers help them decrease feelings of mistrust and increase the ability to form meaningful relationships with others.

Most survivors are separated from loved ones and sometimes social workers can help them locate and safely communicate with family and friends. These connections are critical to survivors' peace of mind and ongoing recovery. Some survivors say uncertainty about the fate of their families makes them feel worse than the torture.

Social workers help survivors establish networks of social support in their new communities through service referrals. For example, referrals to English classes provide clients with opportunities to build friendships with fellow students as well as with the volunteers who may offer tutoring or transportation to class.

EDUCATION

Survivors come to the United States with varying levels of education, training, work experience, and professional rank, which may not be recognized in this country. Pursuing education in the United States can help build self-esteem and confidence, as well as a foundation for employment.

Social workers offer access to the following opportunities to survivors:

- Language classes
- Job training or recertification in a profession or trade
- Resources for higher education
- Systems to support educational



"If I give you all of my truth, I give you all of my power."

— VIETNAMESE REFUGEE

efforts (such as financial, counseling, and rehabilitative aids and referrals).

PERSONAL AND ECONOMIC INDEPENDENCE

Independence is seen from a variety of perspectives—from being able to make choices to becoming economically independent. Social workers assist survivors as they learn about the new culture and access employment opportunities, job training, higher education, and entitlement programs for those with disabilities. As survivors gain independence in the various facets of their lives, the roles of social workers diminish.

Examples of client goals in this area include the following:

- Attaining self-sufficiency and meaningful roles in economic and community life
- Enhancing self-identity through relationships and activities that rekindle feelings of pleasure or competence
- Renewing a sense of mastery through the ability to negotiate new systems and deal with life crises in new setting.

ROLES OF SOCIAL WORKERS DURING THE ASYLUM PROCESS

Torture survivors who do not come to the United States with refugee status may apply for political asylum. Because asylum is so important in a client's life and because it is a compli-

cated and arduous process, clients experience considerable stress and anxiety. A social worker, often as a member of a team, takes on the roles of teacher, coach, and advocate/troubleshooter within the asylum process, alleviating anxiety for the client and keeping the process running smoothly.

TEACHER

Although attorneys usually explain the asylum journey to clients, social workers provide further definition of the process, while taking into account limited English, memory problems related to trauma, confusion, etc. In addition, social workers help attorneys understand the long-term effects of torture for clients and how those consequences affect attorney-client relationships.

COACH

As social workers develop trusting relationships with clients, they encourage and support clients' efforts to tell their stories to the attorney and the asylum interviewer. Social workers offer reassurance during the entire process of application, interview, and waiting for the results. In certain circumstances, a social worker accompanies the client to the interview and — with the asylum officer's approval — sits in on the interview with the client to provide emotional support.

ADVOCATE/TROUBLESHOOTER

A social worker helps clients resolve conflicts within the process. The client may be unable to communicate frustration with the attorney and may not be able to resolve the conflict for one of the following reasons:

- The client sees the attorney in a position of power and does not want

FOR MORE INFORMATION

For more discussion of collaboration between attorneys and social workers, see **CHAPTER 7**.



to upset the attorney and jeopardize their relationship, feeling this might endanger the outcome of the case

- The client does not want to take time from the attorney, who may be providing services pro bono, and he or she feels indebted to the attorney
- the client may feel shame and embarrassment after telling the attorney the details of her or his torture and persecution history.

The social worker helps clients problem-solve or propose strategies to avoid pitfalls within the asylum process. For example, the social worker and the client strategize on how to get important documents and evidence from the country of origin that may be important for the case.

IMPACT OF TORTURE IN ACCESSING AND PROVIDING SOCIAL SERVICES

Torture affects many relationships by damaging the well-being of its victims and destroying the expectation that people relate to each other with decency and kindness. The long-term effects of torture may severely tax the survivor’s capacity to access resources and services. In the next section, several case examples illustrate the effects of torture and the corresponding implications for social work.

DAMAGED TRUST

A client from a Middle Eastern country repeatedly asked the social worker a question concerning family reunification. Although she received an appropriate answer, she asked another staff member at the rehabilitation center the same question. In addition, an interpreter at the center who is from the client’s community informed the social worker that the client checked the social worker’s credibility by asking others

in the community about her.

IMPLICATIONS FOR SOCIAL SERVICES:

It can take a long period of interaction in order for a client to be able to talk about needs deeper than basic survival needs. Even in a safe, care-giving environment such as a rehabilitation center, the process of building a relationship may require testing and time. Survivors judge the trustworthiness of the information given by the worker in part through the consistency of responses to themselves and to other clients.

LEARNED HELPLESSNESS

A West African client asked the social worker to do many tasks for him and showed little initiative in providing for family members. When prompted to contact prospective employers on his own, he did not follow through with the phone calls or visits.

IMPLICATIONS FOR SOCIAL SERVICES:

A survivor may be afraid to act because of the previous harsh consequences for any mistake such as an incorrect answer. Learned helplessness damages the ability to think for oneself, express oneself, and take action on behalf of one’s needs, desires, and hopes. The social worker may respond by offering choices and opportunities for successful completion of tasks.

DISORIENTATION, CONFUSION, CHRONIC FEAR, AND ANXIETY

A client from Laos appeared to lose focus and became bewildered during an asylum interview. A Kurdish client was terrified of an interpreter from his home country and did not show up for subsequent appointments at the clinic. A torture survivor refused to work at the airport because of the presence of police and others in uniform on the job site.



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“My client can’t sleep and I can’t sleep.”

— SOCIAL WORKER AT TORTURE REHABILITATION AGENCY



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"None of us had anticipated how helpless we would be in the face of our cultural differences. Words meant one thing to Americans and something else to Afghans, translations aside."

— AFGHANI REFUGEE
IN THE UNITED STATES

IMPLICATIONS FOR SOCIAL SERVICES:

The social worker helps survivors cope with the environment and elements out of their control by helping them to recognize and normalize stress-producing stimuli and their responses. The worker attempts to eliminate potential stressors, such as long waits at clinics or social service agencies or encounters in classrooms with others from the survivor's country.

RAGE

The force of his own rage frightened a client from Eastern Europe. A miscommunication with the instructor in his English class put him "over the edge" and he left the classroom in an angry state. He hurt himself by banging his head repeatedly against the wall in the restroom in the building.

IMPLICATIONS FOR SOCIAL SERVICES:

Rage is contained under the surface and explodes under trying circumstances. Rage interferes with the ability to remember, to think clearly, or to communicate with others. Clients are sensitive to perceptions of differential treatment within the social service network. While acknowledging that anger is understandable given the client's experiences, the worker helps clients take actions apart systematically and build a new view of the situation.

DEPRESSION

A young adult from Southeast Asia was not doing well in a job-training program. He did not retain new information and appeared to be unmotivated. In addition, he overslept

and showed up late for class frequently although his mother said he went to bed early each night.

IMPLICATIONS FOR SOCIAL SERVICES:

Symptoms of depression may make language learning, academic studies, job training, or cultural adjustment tasks difficult. Stressful situations, such as court appearances or asylum interviews, exacerbate symptoms. Medical intervention or psychotherapy may improve functioning.

CULTURAL COMPETENCE

When social workers gain awareness of their culturally derived reactions, assumptions, and values, cultural competence begins. In seeking such awareness, workers open themselves to learning from clients the meaning survivors derive from their past and present life experiences, and the meaning they place upon new relationships.

Cultural competence is an ongoing process, as the National Association of Social Workers points out in *Standards for Cultural Competence in Social Work Practice* (2001):

Cultural competence is never fully realized, achieved, or completed, but rather cultural competence is a lifelong practice for social workers who will always encounter diverse clients and new situations in their practice. Supervisors and workers must have the expectation that cultural competence is an ongoing learning process integral and central to daily supervision.

Social workers should monitor a number of contextual dimensions during the course of interactions with clients. These include non-

FOR MORE INFORMATION

For more discussion and resources related to cultural competence, see **CHAPTER 3**.



verbal signals, communication styles, power and role differences, gender and age factors, the physical and environmental settings, and the significance of self-disclosure and the expression of feelings.

In addition, providers should note the ways in which clients perceive problems or challenges and ways in which they view giving or receiving assistance. Knowledge of the larger relational, historical, political, and religious systems in which clients are set is important.

BEHAVIORS AND CULTURAL DIFFERENCES

Behaviors reveal differences in cultural values. It is not possible to “see” the inner workings of thought processes but one can observe behaviors. Each person may attribute a different meaning to a specific behavior, thereby creating barriers to building relationships. The scenario to the right highlights different perceptions of time that caused misunderstanding and frustration for client and worker.

Using open-ended questions may help gather useful information about the meaning of a client’s behavior. For example, “When would you come to meetings with someone like me if you were back in your country?” and “What would you do in your country before the violence if you were unhappy at work?”

WORKING WITH INTERPRETERS

Interpreters are essential to the rehabilitation process. They are the voices of both the clients and social workers, who would not be able to communicate clearly otherwise. In addition, the method of interpreting provides a unique opportunity to model relationships, connection, and respect.

The following guidelines are helpful for social workers working with interpreters. Included are examples of likely scenarios and conversations among a social worker, a client, and an interpreter.

1. TO ENSURE GOOD COMMUNICATION, take time to introduce everyone and explain each person’s role. Explain what the role of social work is in relation to other professionals at the agency.

SOCIAL WORKER: Hello, (name of client), it’s good to meet you. I’m (your name). I’m a social worker here. I’ll be working with you on your everyday needs and concerns, as well as assisting you in reaching some of your future goals. For example, other clients have been concerned about places where they can get food, or understanding the process of getting their work permits, taking language classes and finding a job so they can help their families back home. Just as your doctor assists you with physical pains or other medical concerns, I’m here to help you with the choices facing you here in the United States.

INTRODUCING INTERPRETER: This is (interpreter’s name). She or he is here to help communicate your needs and concerns with me so I can better understand and provide you with support or information that can help you to make the choices that you believe are best for you.

2. INFORM THE CLIENT THAT the interpreter will interpret everything said in the room. Try to give an example that illustrates this for the client. If the client does not want something to be known, she or he should not say it to the interpreter.

SOCIAL WORKER: How are you able to meet your financial needs for such things as shelter and food?

INTERPRETER: How are you able to



A client did not arrive for scheduled appointments at the right time or even on the right day. The social worker viewed this as an attempt to show disrespect for the social worker’s time and a lack of interest in the rehabilitation effort. The client, however, operated from a different frame of reference. In his country, it is customary to arrive when you arrive. Many circumstances can hinder the speed of the journey, such as tropical rain, flat tires, or family obligations. The night before a scheduled appointment at the clinic, he had not slept. Falling asleep in the early morning, he awoke late and came to the clinic past the appointment time. On another occasion, he came to the clinic on a day when he felt most confident facing the outside world. The client operated on a system that valued arriving when one was able to do so.

meet your financial needs for such things as shelter and food?

CLIENT: Don't tell her that the person I live with got me a job with a friend, just tell her that my friends help me.

INTERPRETER: Don't tell her that the person I live with got me a job with a friend, just tell her that my friends help me.

3. EXPLAIN TO THE CLIENT THAT THE interpreter will speak as the client. At first this may sound odd to the client, especially with languages that are male/female gendered. A male interpreter may be speaking from the female perspective or vice versa.

SOCIAL WORKER: Are you married?

INTERPRETER: Are you married?

CLIENT: Yes, I have a wife and one child.

INTERPRETER: Yes, I have a wife and one child.

4. LET THE CLIENT KNOW INTERPRETERS are included in the agency's confidentiality agreement. Make it clear that the social worker and the interpreter will not share any information outside the agency. Clients need to know that information about their care and treatment is shared among agency staff who are providing their care and treatment. Explain clearly the purpose of the release of information form and why they are asked to sign the form each time information is to be shared outside the agency.

5. EXPLAIN TO THE CLIENT WHY providers speaking directly to him or her and not to the interpreter. The conversation should not focus on the interpreter. The client needs to feel that she or he is being helped.

DO: Do you need help paying this bill?

DON'T: Ask him if he needs help paying this bill.

The interpreter is not ignored, however, as the interpreter is an essential part of the healing process. Model with the interpreter a respectful relationship; this can help the client to rebuild



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trust in human interaction and relationships.

6. INFORM THE CLIENT THAT INTERPRETERS are instructed not to introduce their own information in a session; they interpret only what is said by the client and the provider. There may be exceptions to this. For instance, an interpreter may know that the client has suicidal or homicidal thoughts. This knowledge is critical for the client's care and well-being and needs to be communicated to the social worker immediately. They may also need to provide a critical piece of cultural information to help the provider understand the context and ensure the meaning is accurately conveyed.

7. DEFINE ACCEPTABLE WAYS OF communicating between interpreter and client. Explain to clients it is inappropriate to call interpreters at home. If the client needs to contact the interpreter, an English-speaking friend can phone the agency. That friend may leave a message for the interpreter to call the client, or the client may leave his or her name and phone number very clearly in her or his own language and the interpreter will return the client's call. At times it may be possible to arrange a conference call so the client, interpreter, and social worker can talk together.

8. MODEL SPEAKING IN A NORMAL voice to the client (not too slow or too fast and not too loud or too soft). Explain that the following will facilitate mutual understanding:

- Talk in short sentences to allow for accurate interpretation
- Ask one question at a time
- Decide on a convenient “stop signal” that everyone can understand and feel comfortable using

9. USE WORDS, NOT JUST GESTURES, to convey meaning. Take time to explain that interpreters need words in order to give the most accurate interpreting of what the client wishes to convey.

10. DO NOT USE IDIOMS, TECHNICAL words, or cultural references that are difficult to interpret or understand. (Some concepts may be easy for the interpreter to understand but very difficult to interpret.)

- Idioms: slow as molasses, pain in the neck, top dog
- Technical terms: PTSD, somatic
- Concepts: mental health, Social Security, income taxes, rental agreements

PUBLIC POLICY WORK

Resolution of public policy issues locally, nationally, and internationally is an essential goal of social work with torture survivors. Social workers may choose in their own professional lives to specialize in direct services work or to focus their efforts exclusively on social change through policy work.

However, social workers in direct practice develop a vision of the larger issues that affect their clients.

John F. Longres (1990) reminds us that

direct service workers need to find ways to contribute to social change and to feel these efforts have positive impacts on the institutional policies that affect their clients. These actions may take place on a local level, such as advocating for greater community resources for low-income workers or for *pro bono* medical services for survivors.

Social workers may support agencies that work with state, national, and international governments to shape public policy that will help torture survivors build better lives. They may help clients become active with such organizations. The appendix directs the reader to some of these resources.

CONCLUSION

Social work practice is influenced by a core set of professional values. These core values are the foundation of the unique perspective and mission of the profession and include:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

By embracing these core values and building knowledge and skills in the four core competency areas, social workers provide appropriate healing services for torture survivors. The assistance they offer empowers their clients to rediscover the self-esteem, competence, confidence, and sense of potential that the torturers tried to take away. ■

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