The Needs And Resources Of International Torture Survivors Living In The Dallas Fort Worth (DFW) Metroplex:

An Investigation Of Healing And Assimilation Perceived By Center For Survivors Of Torture’s Clients And Staff As Well As The Greater Resettlement Community

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Torture survivors find difficulty navigating through an unfamiliar healthcare and social service system. Many survivors who already face Post Traumatic Stress Disorder (PTSD), anxiety, and depression also endure a secondary threat which leads to re-traumatization through the struggles of acculturation. The aim of this study is to determine: 1. Identify differences and assumptions between service providers’ and clients’ definitions of self-sufficiency; 2. Examine prominent barriers to self-sufficiency that survivors encounter; 3. Pinpoint the survival strategies that survivors use in order to cope with life in DFW; 4. Determine what resources CST staff, area service providers, and survivors feel need to be improved for CST and the DFW metroplex.
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CHAPTER 1
INTRODUCTION

1.1: Organizational Background

Center for Survivors of Torture (CST) was in the vanguard of the national movement of providing specialized care and rehabilitative services to survivors of politically motivated torture through its associations with Proyecto Adelante, where it existed as an independent project from March 1997 forward. Proyecto Adelante is a 30-year-old non-profit 501(c) (3) political asylum program in Dallas, which provides legal services. In January 1997, Dr. Frank Mabee became the first director for Center for Survivors of Torture, which he helped create out of Proyecto Adelante. The center started with five clients from Central America in 1997. Since its inception, CST has provided services to more than 3,500 clients and their families (cstnet.org 2014). While CST has offered a much needed relief to this community, estimates show that there are over 40,000 torture survivors in Texas (cstnet.org 2014) (cvt.org 2014). Furthermore, CST requires extended federal, state, and public funding to expand its resources to this growing unaddressed population.

While addressing the legal needs of its clients, Proyecto Adelante staff found that as many as one-third of clients had personally suffered torture, witnessed torture, or knew someone who had been tortured. The legal staff was unable to address the mental health needs of its clients, which impeded the staff’s legal representation of its torture survivors. The staff of Proyecto Adelante became aware of an international movement to assist this population, which had begun in Denmark in the 1970s, and they determined to implement such a program in Dallas because of the pervasive needs they had discovered. In March 1997, CST was established as a stand-alone non-profit.
The torture survivor assistance movement came to national attention in October of the following through a conference in Minneapolis, Minnesota, which was sponsored by the United States Office for Victims of Crime. The conference was entitled Caring for Torture Survivors and brought together 300 healthcare and human services professionals. In conjunction with this conference, representatives from 14 centers serving torture survivors in the U.S., prominently including CST, assembled for their first national meeting. Two years later, CST's client needs exceeded the capabilities of Proyecto Adelante and required the establishment of a fully independent organization, dedicated solely to serving the specialized rehabilitative needs of torture survivors and their families. In March of 2000, Center for Survivors of Torture was established as an independent non-profit corporation under the State of Texas and applied to the IRS for tax exemption status. In 2005 the CST Austin office opened and continues to grow now providing services at a satellite office in San Antonio.

1.2: Program Mission

The International Rehabilitation Council for Torture Victims (IRCT) estimates that up to 35 percent of all refugees worldwide are torture survivors (irct.org 2011). Currently, the Center for the Victims of Torture (CVT) figures show that there are approximately 500,000 survivors of torture in the United States (cvt.org 2014). CST is the only accredited mental health care provider of specialized torture treatment services in Texas; they earned their international accreditation from the IRCT.

CST provides continuous psychological, legal, medical, social services, basic needs, and acculturation assistance for torture survivors. Survivors of torture need a very specific treatment protocol and CST’s culturally-competent services are free to all indigent asylum seekers and
refugees who request help. Over 85 percent of their clients meet their counseling goals within six months. Survivors have gone on to develop successful coping strategies to combat the physical and mental struggles brought on by their traumatic experiences and to live healthy and productive lives. Immigrants suffer from cultural, linguistic, transportation, economic, and familial support barriers. However, in addition to these issues, torture survivors find difficulty navigating through an unfamiliar medical and social support system.

Federal funding provides only four to eight months of monetary support for refugees. As a result, refugee resettlement agencies must place a heavy emphasis on finding employment and becoming self-sufficient in the most expedient manner. Alas, the case is even more critical for asylum seekers who lack the legal status to work or receive social and medical services in order to support their basic needs. Many torture survivors who already face Post-Traumatic Stress Disorder (PTSD), anxiety, and depression also endure secondary threats that lead to re-traumatization through the struggles of acculturation. CST’s work is vital to the survival and success of both refugees and asylum seekers who have been tortured.

1.3: Stakeholders

Celia Vandegraff, M.A., Executive Director and Kristen Orakwue, LMFT-S., Clinical Director, are the administrative leaders of CST. They were my primary contact with the organization. Both Celia and Kristen’s interest was to determine the satisfaction of staff, clients, and service providers about CST DFW. They have a vested interest in their clients and want them to have a positive experience while also strengthening their relationships with services providers in the DFW metroplex. Their major concern was the confidentiality of clients’ personal information.
1.4: Study Purpose

My applied thesis addressed four research goals among CST staff, clients, and service providers in the DFW metroplex. By analyzing qualitative interviews, I assessed how survivors cope with their duress and developed survival strategies to acculturate themselves.

This assessment benefits CST because no formal evaluation has been conducted to examine its success in satisfying both those who assist and seek its help. The intent of this study is to help CST improve their programming for survivors by offering recommendations based on the data collected. I propose that the outcome for this evaluation is to improve the communication among CST staff, clients, and other service providers in DFW. This research demonstrates an effort by CST to have staff, clients, and service providers express their perspectives in a confidential and sincere manner.

Another goal that I set out to accomplish is to shed light on the survivors’ plight in terms of integrating to life in the United States. Torture survivors are forced to flee from their native countries because of violations to their human rights. This research is significant because often torture survivors are overlooked by the general public, become marginalized, and deemed voiceless. My findings will contribute to the international torture survivor discourse by incorporating a political economic and critical medical anthropology perspective. This framework helps to contextualize the experiences of the marginalized. By painting an ethnographic picture of this population, through the documentation of lived experiences, I will promote social justice for this disenfranchised community.
1.5: Research Goals

I will examine CST’s success in satisfying those who assist and seek the organization’s help. The four research goals explored:

1. Identify differences and assumptions between service providers’ and clients’ definitions of self-sufficiency
2. Examine prominent barriers to self-sufficiency that survivors encounter
3. Pinpoint the survival strategies survivors use to cope with life in DFW
4. Determine what resources CST staff, area service providers, and survivors feel need to be improved for CST and DFW

1.6: Methods

My four research goals were deconstructed into interview questions in order to develop a more comprehensive analysis. These questions were developed as a guide for interviews and are located in the appendices. I then conducted semi-formal interviews with 14 CST staff and area service providers, as well as six clients about their definitions of self-sufficiency, the barriers that survivors encounter, survival strategies, and their satisfaction with CST DFW. Participants took part in interviews that lasted from 30 minutes to an hour. For staff members, I scheduled visits with the CST Austin office. Staff from this office compensated for the limited representative sample in DFW. Study methods also included extensive participant-observation at the CST Dallas office, where I logged over 150 volunteer hours.

Interviews with service providers in DFW consisted of in-person or phone or email exchanges depending on the interviewee’s personal preference. Those service providers interviewed specialized in refugee resettlement, immigration law, psychological evaluation
specialists, expert witnesses, forensic evaluation specialists, counselors, housing coordinators, and social workers. I arranged interviews with area service providers based on both convenience and snowball sampling. The service providers were recruited by way of email and phone lists provided by Celia Vandegraff. I was able to interview both service providers and clients from Dallas and Fort Worth, which offered a representative sample of both major cities.

Clients were recruited out of convenience and recommendations by Kristen Orakwue. The counselors at CST DFW helped to make initial contact with clients. These clients visited the center for counseling sessions and later met with me. I assisted clients with their search for social services and helped them enhance their employability. It was during these exchanges that I was able to build trust and later to inquire about client’s interest in participating in this study.

Recruitment methods for clients were conducted internally through identifying current and former clients of CST. Kristen Orakwue notified clients about this study and referred them to me for specifics. It was my responsibility to inform clients about the study’s purpose, to offer participation, and to engage in informed consent. Prior to recruitment, I selected a list of clients and gave it to Kristen Orakwue. This list was given to the clinical director in order for her to medically determine if these clients were able to participate in the study. Unexpectedly, one of the clients completed an interview and months later requested that their interview be removed from the study. In this one case, the client feared that her information could become revealed and have negative repercussions on her and her family.

Out of the 14 service providers interviewed, six males and eight females participated. Out of the six client informants, there were three males and three females. Five distinct ethnic-cultural groups were represented: Angolan, Congolese, Kenyan, Palestinian, and Zimbabwean. Four clients are currently asylum seekers, while the remaining two clients are a refugee and an asylee.
As mentioned prior, asylees are former asylum seekers who have received amnesty. Figures from CST’s client database show that 69 torture survivors have visited the center from January 2012 to December 2014. Statistics show that five asylees, forty asylum seekers, six U.S. citizens, and seventeen refugees have received counseling support from CST DFW; 65 percent of those clients that have visited CST are current or former asylum seekers. As a result, this research predominately focuses on the struggles of asylum seekers and it will be addressed in the findings section.

After preferred communication was selected, I audio-recorded interviews in order for them to be transcribed and coded for analysis. All participants chose to conduct their interviews in English. As a result, this allowed me the ability to interview without a translator or to use a translated-interview guide. These interviews were intended to last approximately one hour, but interviews varied based on the interviewee’s past experience with CST DFW.

Qualitative data was collected and transcribed into Microsoft Word so that I could conduct open coding. These codes were placed in a codebook and then analyzed for emerging themes. I independently developed codes for all 20 interviews in order to eliminate prescribed codes and themes.

Topics of discussion focused on how survivors define self-sufficiency, the prominent barriers that they encounter, the survival strategies they used to cope with life, the resources survivors feel that they need to be improved in DFW, and lastly their compliments and suggestions for CST.
1.7: Limitations

In order to protect staff, service providers, and clients, personal identifiers were removed from the research. I refrained from incorporating a quantitative survey, because there was an increased likelihood that the survey would compromise the confidentiality of service providers. Demographic information such as age, gender, and profession would have made it possible for stakeholders to identify participants because of how well-connected the service provider community is in DFW. In addition to removing a quantitative element, the interviews conducted were also not a random sample. Time constraints and limited availability prevented the use of random sampling methods that would have resulted in a more representative sample.

At times I struggled to interview clients at the center. In retrospect, I would have relocated my research site to Austin. CST’s resources and staff are located predominately in Austin. As a result, they would have helped me to expedite the data gathering process. Austin has a larger client base and staff that would have assisted in identifying clients. This would have alleviated the struggles of scheduling conflicts in DFW.

While adjusting the research focus to Austin would have made it easier to complete my research, there was also a part of me that did not want to give up on my research purpose to improve DFW. The primary reasons why I struggled to conduct interviews in DFW was due to transportation and financial constraints. Some clients preferred to conduct interviews in alternative methods. Communication preferences varied among clients. I catered to the communication preferences of my interviewees. Some interviewees preferred to respond to questions over the phone or email, while others preferred a face-to-face interaction either in-person or via Skype. Having obligations such as work, children, and the lack of public transportation isolated some
torture survivors from in-person interviews. I was limited on certain questions I could ask clients in order to ensure their psycho-social wellbeing.

My research avoided asking questions pertaining to their trauma experiences. During these interviews, I informed my clients that discussing their traumatic experiences was not necessary for the purpose of this study. I explained the purpose and methods of the study in detail to each potential participant. As stated above, I only interviewed clients that chose to conduct their interviews in English. Furthermore, there was no need for a translator or the need to use a translated interview guide.

If at any time the interviewee wanted to stop or became emotionally/psychologically distressed, I would have ended the interview immediately. Fortunately, this was never the case. My initial interests were to examine the clients’ life stories pre, during, and post conflict in order to find emerging themes. Due to concerns of re-traumatization, the institutional review board of the University of North Texas (UNT) restricted my questions to only asking how clients were adjusting to life in DFW.
CHAPTER 2

CONTEXT AND BACKGROUND

2.1: Literature Review

Anthropologists are interested in the human dimensions of the global process and the lived experience of migrants. Anthropology examines the relationships between society and culture from the macro and micro processes embedded in the cultural dynamic of displacement. Theoretical models of interest in the study of asylum seekers and refugees are political economy, critical medical anthropology, embodiment, and neuropsychological anthropology. These theoretical influences will contribute to developing a comprehensive understanding of the struggles survivors of torture endure and how they develop coping strategies in order to acculturate.

Acculturation for this applied thesis will be defined as a bicultural process that does not require individuals to change their cultural beliefs, practices, and values to the majority group. Moreover, acculturation is a two way cross-cultural exchange. Teske and Nelson (1974) view acculturation and assimilation as two separate and distinct processes. Conversely, assimilation is one-sided process which requires outsiders to lose their cultural beliefs, practices, and values for the majority group. Torture survivors have their own distinct cultural backgrounds while adopting customs, practices, and values from another group. The acculturation process has many outcomes of which could result in assimilation, rejection, integration, and marginalization. The terms acculturation and integration will be used interchangeably throughout this applied thesis.
2.2: Political Economy and Migrant Studies

Eric Wolf’s ethno-historical approach focused on documenting the personal narratives and life histories of non-Westerners. He argued that their perspectives were neglected by anthropological inquiry: “By equation tradition with stasis and lack of development, [Western dualism] denied societies marked off as traditional any significant history of their own [...] [D]iscouraging analysis of intersocietal or intergroup interchanges, including internal social strife, colonialism, imperialism and societal dependency” (Wolf 1982:13). He stressed the overarching effects of capitalistic development on micro-populations incorporating their works within history. Wolf’s research analyzed non-Western communities and how European and North American hegemonic thought controlled the world at large. He argued that a new definition of culture be manifested to include individuals who were not represented by history.

Ideology legitimizes the unequal balance of power within and between organizations and societies. Wolf argued that sociology focuses on the interactions of individuals failing to take into account variables such as: “economics, politics, or ideology as possible sources of social disorder” (Wolf 1982:9). This division of the world into modern, transitional, and traditional societies has affected our understanding of the interrelationships among groups which has limited the analysis of the world’s intersocial exchanges.

Wolf commended anthropology for its critical efforts to understand global interconnections; ethnographic fieldwork has challenged false assumptions about society. However, since the emergence of the field in 19th century there have been attempts by anthropologists to form macro level assumptions about the universality among societies and cultures: “limitations of time and energy in the field dictate limitations in the number and locations of possible observations and interviews” (Wolf 1982:13-14). Anthropologists developed
prescribed developmental models and placed cultures within a vacuum void of political, economic, social, and ideological standing. As a result, anthropologists have been stuck in a theoretical and methodological framework that clings to find the “precapitalistic, preindustrial past in the sinks and margins of the capitalist, industrial world” (Wolf 1982:18). Wolf argued that anthropologists must reevaluate their concepts of us versus the other because the world is undeniably interconnected.

Capitalism has spread outward from its original center to all parts of the globe; the centers have extracted the surplus produced in satellite nations to meet the profit margins of the metropolis. The search for profit guides both production in general and specialization in production; profits are generated by primary producers known as proletarians. Wolf recognized the general processes of capitalist developments, while at the same time following their effects on micro populations studied by ethno-historians and anthropologists.

Neoliberal processes were guided by economic profit and the accumulation of capital in First-World nations through the exploitation of Third-World developing countries. Wolf analyzed the greater macro level from a Marxist perspective; while Marx used his theory to study an individual society's inequalities. It was Wolf who determined that the concept of society was questionable, because within a greater political economic view, the world was vastly interconnected and there was an overlap due to globalization.

Migrant populations are displaced because of the political economic constraints in their native countries. Global policies have caused families to disband in order to search for employment in developed countries. Structural violence has forced an influx of migrant populations to seek opportunities that can support their families aboard. Immigrants, in particular undocumented migrants are an issue that remains relevant in public and political discourse.
Current estimates suggest that there are over 12 million undocumented immigrants in the United States (Passel 2008). As much as this is a controversial national issue, transnational labor is a global economic enterprise and national border policies generate and sustain undocumented migration and low-wage labor because of its economic incentives. Labor migration is generated by uneven development and the effects of neoliberalism. What needs to be further examined through in-depth qualitative research is if the American public believes that asylum seekers and refugees are part of this unauthorized status. Does this affect Americans’ perceptions of these two groups integrating into the United States? There are distinct legal differences between asylum seekers and refugees that must be explained in order to understand the complexities that come with working with these populations.

2.3: Refugees and Asylum Seekers

Torture survivors interviewed were disproportionately asylum seekers. As a result, discussion will primarily focus on this group. A common concern for both torture survivors and stakeholders is funding and access to medical and social services. Unfortunately, legal status greatly impacts funding for asylum seekers.

Over the past decade (1999-2009), the presidential determination has allowed for up to 70,000 – 91,000 refugees to enter the U.S. (brycs.org 2015). The United States Citizenship and Immigration Services declares that refugees are unable to live in their home country due to a reasonable fear or proof that they were persecuted.

Refugees must fit the requirements regarding persecution, secure status outside the country, and that their case is of special humanitarian concern to the United States in order to be admissible for legal entry into this country. An individual who has a “well-founded fear of being persecuted
for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of their nationality, and is unable to or, owning to such fear [,] is unwilling to avail himself/herself of the protection of that country” (UNHCR 2015). Common concerns for this definition is that the term “well-founded fear” is subjective. The term refugee is a classification for one individual who has undergone persecution, rather than accounting for individuals displaced by violence and warfare.

Both groups are persecuted, but refugees are offered medical and social services that allow them to fulfill their basic needs for roughly four months. Services vary between each state. For the last decade, the United States has been accepting between 20,000 and 30,000 asylum applicants per year (Burt 2014). Asylum seekers go through an entirely different legal process than refugees, because asylum seekers are applying for refugee status in the United States.

Asylum seekers are individuals “already with in the geographical boundaries of a resettlement country, who are seeking official recognition as a refugee” (Dessouky 2008). These individuals are in the process of petitioning for permission to remain permanently, and they also receive the benefits afforded to refugees. When asylum seekers are denied amnesty, they are either deported, detained, or may stay in the country illegally. If the individual is granted asylum, then he or she becomes an asylee making that person eligible for the same benefits afforded to refugees.

There is a disproportionately higher rate of torture in asylum seekers: “approximately 75-95 percent of asylum seekers are survivors of socio-political, ethnic, or religious persecution resulting in torture” (Dessouky 2008). Stakeholders argue that asylum seekers are at a higher risk of torture because they are often well educated and therefore are seen as threats to authoritative organizations and governments.
It is common for service providers to be frustrated with the public’s perception of this at-risk population. Both groups are migrating to the United States from the same places and for similar reasons. Unfortunately for asylum seekers, they do not follow the standard protocol for refugee status which affects their eligibility. As statistics show, there is a significant need for resources to be allocated for asylum seekers because they overwhelmingly have higher rates of being tortured.

Following the traditional refugee camp protocol is at times impossible. Individuals are not fleeing persecution from their government, but from groups that will stop at nothing for financial gain and power. As a result, many people are caught in the crossfire of conflict.

Without advocacy about the legal differences between these groups, many torture survivors fall through the cracks in regards to obtaining services to fulfill their basic needs. Both groups face discrimination during the resettlement process; they arrive with minimal resources, and are placed in circumstances where they no longer have to fear their past traumatic experiences. But now they have to comprehend a kind of “hospitable hostility” (Rios 2008). However, their experience in the United States is often hostile because of the negative attitudes and treatments of non-English speaking immigrants. In addition, their constant struggles to meet their basic needs create a dichotomous existence which encapsulates the common troubles for survivors.

Anthropologists and fellow social scientists have become involved in the development and reform of asylum seeker and refugee policies through their collaborative efforts with government organizations. It is the research of applied anthropologists that helps to contextualize the reasons for the influxes of migrant populations to developed nations such as the United States. There is a “linked relationship and movements have given rise to the concept of ‘transnationalism’ and recognition of the internationalization of survival strategies” (Okongwu 2000:114). Organizations
such as the World Organization Against Torture (OMCT) have developed statistical measurements to analyze human rights violations. The OMCT determined that there was a significant relationship among poverty, violence, inequality, and the socio-economic dimensions of torture (OMCT 2006). Their published results further support Wolf’s assertion that the political economic landscape is ever present in that “violence is stimulated by inequality and the government’s inability to provide social and economic rights, and that the government’s decision-making ability can be an underlying cause for deteriorating social and economic conditions” (Kobylak 2014).

Technological advances are another cause for structural violence. Paul Farmer argues that medical advances should be utilized to save lives. However, he also argues that marginalized communities do not have their basic needs met because there is a hierarchy of care based on those who those have the financial resources to gain access. It is unfortunate; who has the right to decide which human is able to survive and who is considered “disposable” (Farmer 2005:168)? Both Paul Farmer and Merrill Singer have stressed that all humans have the right to be healthy; it is our moral “responsibility to prevent social inequalities from being embodied as bad health outcomes” (Farmer 2005:178). Both advances in mental health counseling and the availability of health care to marginalized populations should be provided to disenfranchised communities in order for them to overcome both their past and on-going inequalities.

2.4: Idioms of Distress

Idioms of distress are a means for anthropologists to understand the sociocultural experiences and expressions of distress in local worlds:

They are evocative and index past traumatic memories as well as present stressors, such as anger, powerlessness, social marginalization and insecurity, and possible future sources of anxiety, loss and angst. Idioms of distress communicate experiential states that lie on a
trajectory from the mildly stressful to depths of suffering that render individuals and groups incapable of functioning as productive members of society (Nichter 2010:405).

This section focuses on the field’s founders, embodiment expressed through political violence, clinical interactions, and neuropsychological anthropology within the international torture survivor context.

2.5: Foundations

Distress comes in many forms among survivors of torture and often Western constructs do not adequately reflect the range of suffering people face. Over the last 30 years medical anthropologists such as Mark Nichter, Byron Good, and Laurence Kirmayer have accounted for culture specific idioms of distress around the globe. The pioneer of this anthropological perspective is Nichter. He documented the particular distress that Kanarese Havik Brahmin women experienced in South India. Nichter states that “an individual’s sociocultural constraints against and opportunities for expression, alternative modes of expression, personal and cultural meaning and social ramifications of employing such modes, and a person’s past experience and familiarity with alternative modes” (Nichter 1981:402). In the case of Havik women, they were forced to internalize their stress and to “ventilate feelings” in limited socially acceptable contexts.

Good’s (1977) examination of culture bound illness in Iran offered an insight into a rural Persian communities understanding of “heart distress.” It was the convergence of three prominent medical explanatory models that synthesized the Maragheh context and their interpretation of health. It was the hybridization of the Galenic, Islamic, and Biomedicine that developed the constructs of experiences and expressions for illness. “Heart distress” was a generalized term to describe a multitude of symbols that form a connection to an entire network of meaning both collectively and helped guide researchers to understand an individual’s suffering. Through culture
individuals are able to articulate their experience of conflict and stress. This relationship is dynamic and ever changing.

Kirmayer (1989) recognized the political and moral implications of the medicalization of social behavior. He stated that there is a dialectical relationship between society and the individual which contributes to stigma. Biomedicine has its foundation in the diagnosis and treatment of deviant behavior. While diagnosis and treatment serve a pragmatic function they also contribute to a division of power and status. Implementing a cross-cultural comparison towards mental health contributes to an alternative perspective to counterbalance the dualistic nature of Western medicine. Being an international torture survivor, living in the United States, would be considered by Kirmayer to be a deviation from conventional social behavior.

Torture survivors that are forced to flee their countries and attempt to receive amnesty, from the international community, disrupt the natural flow of society. Compounded with their forced departure, this community is marginalized and deemed voiceless from the general public which poses a difficulty for this community to integrate and conform to their new cultural context. Rehabilitation for survivors of torture is a struggle to address both immediate basic needs and overcoming acts of violence imposed upon them. As a result, Nichter demonstrates a valuable case where women must cope with their suffering within the confines of society. Furthermore, torture survivors must acculturate to this new system in conjunction with learning a new explanatory model in regards to their mental health as expressed in Good’s fieldwork.

2.6: Embodiment Expressed Through Political Violence

the theoretical lens of the three bodies which stems from the article: “The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology,” written by authors Nancy Scheper-Hughes and Margaret Lock (1987). In their analysis they discuss three perspectives from which the body may be viewed: individual, social, and political body. These conceptions of the body have influenced the theoretical understanding and epistemological methods of how “health care is planned and delivered” in Western biomedicine (Scheper-Hughes and Lock 1987:6).

These articles offer perspective on how to interpret the turmoil torture survivors have endured. It is through effectively listening to this displaced community that service providers can help survivors navigate through their treatment and resource options. Without unpacking the real reasons for their suffering it is impossible for rehabilitation.

2.7: Neuropsychological Anthropology

The encultured brain is a core concept in neuroanthropology. Our brain develops within a cultural milieu that challenges the current biomedical understanding of neural function in that our neural processes are being compared to those of computers. This approach to understanding mental illness is being generalized, Cartesian dualism is apparent and biomedicine has broken down human experience and function into component parts that can be isolated and fixed. This devalues the unique cultural complexities of the human condition from the local perspective.

Neuroanthropology emphasizes the importance of coming to understand how trauma, stress, and adversity are experienced and interpreted before, during, and after conflict and or trauma. The current model of treating humans is not an accurate model: PTSD is a Western construct and therapy entails “Western ideas of cognitivism, in which trauma is located as an event inside a person’s head, rather than a social phenomenon, in which recovery might be bound up with the recovery of the wider community” (Henry 2006:383). Medical anthropologists have
become critical of this biomedical approach in which clinicians focus on medicalizing the individual, rather than realizing that structural violence has caused their trauma.

Ethnopsychology can be a key element in developing culturally appropriate and compelling psychological treatments. Often institutions focus on addressing the individual’s personal identity, rather than developing a rehabilitation process which is more collectivist. For many cultures the collective body supersedes the individual. As a result, therapeutic interventions that are focused on the collective identity ensure a higher probability that these survivors of trauma will be able to share their similar experiences and stresses. Collective coping, through instilling a communal support system, helps to reinforce resiliency and empower both the individual and their community.

Idioms of distress have made progress incorporating a cultural perspective into Western medicine. It was the established framework developed by anthropologists that helped to translate culture specific suffering. Mark Nichter has stated that the study of idioms of distress has not remained in the halls of academia but actually has served a practical value. This is demonstrated in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) IV and the Harvard Trauma Questionnaire, which bridges the gap between clinical and indigenous discourse. This is an important step in improving anthropology’s relevance in the medical field.

2.8: Closing Remarks

The value of applied anthropology in migrant and refugee mental health is that the discipline stresses a comprehensive model. Incorporating a political economic, critical medical anthropology, embodiment, neuropsychological anthropology emphasis is important for contextualizing the experiences of the marginalized. Further, the field takes into account personal
lived experiences and explanatory models for illness by disenfranchised communities. Applied anthropologists are cognizant of the globalized world (Appadurai 1996). As a result, anthropologists are aware of the political economic factors that shape local communities explanations for illness and that anthropologists must work within this inegalitarian system in order to bring about positive change for torture survivors. Collectively, it is necessary for research in migrant and refugee health to be conscious of the complexity of human culture through the development of an inclusive framework that takes into account both viewpoints.
CHAPTER 3

RESEARCH THEMES

3.1: Emerging Themes

The purpose of this study was to identify and provide CST with detailed findings about common themes that staff, clients, and service providers mentioned during qualitative interviews. Service providers had the ability to openly discuss the strengths and weaknesses of the social and medical services provided to torture survivors. Clients had a platform for their voice to be heard and an opportunity for their insights and opinions to directly influence CST’s program operations. As stated by Kemp and Rasbridge (2004) there are varied cultural concepts of wellness, health, illness, sickness, and disease between the resettled individual and their provider. Many survivors of torture come from countries where they had no exposure to Western biomedicine or social services. As a result, this impacts their understanding and acceptance of navigating an unfamiliar service system. Following my research goals, the themes that will be addressed in the upcoming chapters are:

1. Self-sufficiency
2. Barriers to self-sufficiency
3. Coping strategies
4. Program evaluation
3.2: Self-sufficiency- Overview

The Office of Refugee Resettlement (ORR) defines self-sufficiency in purely economic terms. Self-sufficiency is based on job attainment and ceasing the use of cash and government assistance. However, what the ORR does not account for is how health impacts self-sufficiency.

Survivors find difficulty navigating through an unfamiliar social and medical care system and do not know where to receive help, how to support their basic needs, and develop a support network to rebuild their lives in DFW. This community has gone through both physical and mental health issues, which often goes underreported because of the lack of skilled training for detection and also the delayed effects of culture shock.

It is common for service providers to have a lack of cultural consciousness which could prompt inadequate mental health support. In addition, clients do not understand Western protocol for addressing mental health. Visiting a complete stranger to address their mental health concerns is not conventional. Compounded with clients’ desires to fulfill their basic needs, mental health is often considered a secondary or tertiary need. Social stigma for seeking help for mental health concerns is cross-cultural.

The focus of this theme was to re-define self-sufficiency within the torture survivor context. In some cases individuals may never recover from their mental duress and as a result, some argue that without sustainability in health, culture, education, and socialization survivors will not acculturate. Some argue that it is impossible to expect that a survivor will ever truly recover.

3.3: Self-sufficiency-Staff/Service Providers

Resettlement agencies must place a heavy emphasis on refugees finding employment and becoming self-sufficient in the most expedient manner. Unfortunately, mental health issues are often undetected and interfere with survivors day-to-day functioning. This challenges the United
States rapid employment policies and economic driven definitions for self-sufficiency. How do survivors of torture come to understand self-sufficiency? Does their understanding align with those of their service providers? This project examines both shared and divided understandings of this end goal.

During my experiences assisting clients, I discovered that one of the clients was a former lawyer and federal prosecutor. As the breadwinner for his family, the client felt responsible for the livelihoods of his family. LB dealt with anxiety and insomnia because of his fear that his children could no longer continue attending school due to their financial hardship. He stated that the only way he could resolve his anxiety, insomnia, and distress was to find any job which would enable him to financially support his family back home. During the exchanges with LB, I could sense the weight of his stress and anxiety as it transferred over through our conversations. It was during these exchanges that I could pick up on the signals which were expressed by a local service provider:

We do not diagnose people ever, but if we do feel they are having emotional trouble such as having trouble sleeping or nightmares we do refer them to counseling (Service Provider).

CST conducts intake interviews in order to create a path to rehabilitation. It is during these 75 minute intake appointments that staff document primary reasons for coming to the center. Clinicians take note of posture, distress, clothing, startled responses, avoidance of eye contact, fluctuations in voice, numbness, and over-excitement. Outside of identifying the client’s mental health needs, clinicians offer information about any urgent basic need requirements such as food, housing, transportation, and long-term primary health care options. This process allows individuals to set wellness goals and work towards attaining self-sufficiency. As one service provider expressed:
The end goal for self-sufficiency should be to provide the resources necessary for these individuals and help guide them through the mental health system with an end goal that they can manage and navigate it on their own (Service Provider).

This general definition offers an idealistic vision of what policy makers strive to accomplish. Self-sufficiency is a concept that is relative to each person, but it is common for service providers to abide to definitions set by grants they receive. Defining service providers, funders, and torture survivor’s measure for self-sufficiency has not been evaluated. Another interviewee was more practical about their definition:

Practically it doesn’t make sense. Refugee resettlement organizations are doing the best they can with the constraints they are given. If I had six months to be self-sufficiency and you dropped me into Burma and said ‘ok you need to have housing’ and let’s say I go during the planting season. I am going to learn how to plant rice, six months go by and I no longer have anybody to ask. I have a house built but now it is time to harvest my rice well who do I ask? Well let me go ask the guy who helped me plant it. No he is not available anymore so it is the same kind of concept (Service Provider).

Personalizing the struggles that this community endures offers a glimpse into how difficult and unreasonable the expectations for self-sufficiency are for torture survivors. Another service provider felt that developing a definition with more tangible application would greatly help the legal system:

When I think of any sort of construct I think about how I can measure it, but it is a cultural concept depending on what people think is self-sufficient. What if a person fled Argentina versus someone who has fled from Eritrea? It is completely different. I often use the term psychological resilience which is a measure of how people deal with stress when they have abrupt loss of a relationship, death, loss of a job and how much resiliency skills of self-sufficiency in terms of their psychological structure they are able to deal with adversity (Service Provider).

Many service providers face challenges prioritizing the needs of their clients’. For the staff at CST they feel that it is providing holistic care that empowers survivors from within.

They are looking for safety and I think they are looking for stability and recovery. They are looking for that sense of being able to say ‘I’m getting back on my feet and I know what that feels like’. The end goal would be quality of life. It is having an inner sense of
coping skill that inner coping level that can help them deal effectively with their life situations (Staff).

However, this at times competes with what staff feels are unreasonable expectations on the part of clients:

There is this perception that when they come to America everything will fall together and that your life will be better instantly. For many of them there is this disillusionment process that comes. They are told America is the land of milk and honey and then you come here and everything is hard (Staff).

For another interviewee they felt that self-sufficiency varied between each survivor:

For somebody that has health or mental health problems I think self-sufficiency for my clients, who do have severe obstacles, for them it is to be able to call a Medicaid ride on their own or being able to get to and from a doctor’s appointment on their own (Service Provider).

After overcoming traumatic experiences, torture survivors may not be able to be a fully-functioning member of society. As a result, simple tasks such as purchasing one’s own groceries and attending appointments could be a form of success. For survivors that have not become completely debilitated by their physical and mental torture, service providers felt that being able to work was the primary goal for obtaining self-sufficiency:

If you ask them what are their goals all of them are going to tell you they want to get their work permit. Many of them have children overseas and they want to be reunited with their family. Success for them is just finding ways to send money. A lot of times their families are in hiding so they want to make sure their families are surviving and that is a huge weight on their minds (Service Provider).

Offering a work permit offers an opportunity to integrate and become a contributing member of society. Allowing survivors to support themselves permits them to rebuild their lives and move forward to overcome their post-traumatic stress:

We used to hear stories of people crying themselves to sleep every night because they felt so alone. They didn’t know when their next meal was coming from and they didn’t have anyone in the world who cared. Now they feel that they are a contributing member of a community and they have friends that care about them. They know that they are stable and I do think there is some level of success that they feel in that aspect (Service Provider).
The most intriguing definition of self-sufficiency was offered by a service provider who felt that survivors could be able to move on from their past experiences by becoming mentors for future torture survivors arriving to the United States:

I think if torture does anything to someone it devalues your being. What gives your self-worth back is the ability to interact with other people on a peer basis as opposed to lack of a better term patron client relationship. Unfortunately, every relationship they have there are in some inferior position. I think there are going to be cases out there where they come full circle and they’re in positions now serving others. Reaching a state where no longer are you just so concerned with your own past experience and help others benefit from your experience (Service Provider).

Remarkably, this service provider’s assertion aligned with a client in the upcoming section. Offering guidance to future survivors was a way for this client to rehabilitate from their experience.

3.4: Self-sufficiency-Clients

Fleeing the Congo, one client left a politically unstable country because they were persecuted for their ethnic background. Fred (fake name) came to Dallas in 2011, because his friend was willing to give him a place to stay. Fred later moved to Fort Worth where he was able to find housing with the DASH Network. They provided him with housing and food as he awaited asylum. His asylum was granted after waiting a year. After receiving amnesty, this client worked odd jobs repairing cell phones before he relocated to Iowa. Fred is now married and just had a baby. With his future full of possibilities, he plans to find his own apartment, apply for his green card, and work for a service agency or hospital in order to provide translation services:

These are the people are physically coming from my home. We come from the same continent, we come from the same country and when they come here they don’t have anything. They don’t have anybody they come to start all over. Knowing my own path from what I went through I know that they will go through a similar situation. I feel I have to show them the way with my experience with them the way we stumble the way we can stay and try to tell them ‘hey if you do this you’ll end up doing the mistakes like me (Client).
It is inspiring seeing this client feel motivated to give back to survivors. Assisting current survivors may allow for this client to have some form of closure from his traumatic experiences. This population has hopes and dreams to move forward with their lives. Torture survivors are resourceful and have transferable skills from their past experiences:

I don’t want to be financially dependent. I have big hopes. When I am allowed to work, I have qualifications to do anything so until that it is difficult for me to pay my rent, utility bills, and phone (Client).

This sentiment was expressed also by service providers. Survivors just want an opportunity to validate their worth. They feel that there is a misconception by the American public that this community does not want to work. It is this misunderstanding about why these individuals have fled their country, which has greatly shaped policy. It is the lack of advocacy for this misrepresented community that impacts their acculturation.

For one interviewee, they were forced to flee Kenya for coming out as a gay man. Death threats caused Mark (fake name) to seek asylum in the United States. The reverend and program director was a gay rights advocate who helped homosexuals come to terms with their sexuality. He fled the persecution of his country for freedom to love whomever he chooses:

If I get my asylum I would like to have my own place, work, buy a car and go to school and get married to same sex (Client).

Definitions for self-sufficiency vary between clients. Most clients share in the collective desire to fulfill their basic needs, but each survivor has their own experiences that shape their goals for stability. Unfortunately for many survivors, they are unable to support themselves and this impacts their mental disposition. The asylum seekers interviewed were influential and self-resilient people. They did not want to rely on the kindness of strangers for help:

It is really tough coming from a point where I was an independent person and then you are reduced to nothing. Where you have to beg for clothing, food, and a place to stay. I don’t
want handouts. Even when I went to CST, I said thank you but I need to do something for myself. The lady I stay with tells me that she can pay for me to clean the house or pay me to watch her kids it is more dignified than just receiving handouts (Client).

All these clients want is an opportunity to prove their worth. They want to restore their lives so that they can once again live a dignified life. It is these aspirations that are a common goal for many Americans. Promoting awareness about this community’s desire to work will help break down barriers because most Americans appreciate individuals who are willing to work for their dreams.

3.5: Self-sufficiency- Closing Remarks

Discrepancies between service providers and clients were between varying definitions of success. Service providers defined self-sufficiency idealistically. Ultimately providers wanted to offer any resource possible to assist in their client’s rehabilitation. Funding restrictions were the common reason for service providers being unable to obtain this goal. Providing clients with a work permit was a practical solution that service providers felt would mitigate basic needs. Conversely, clients’ defined self-sufficiency based on their practical needs. They want to be treated as equals without any special treatment. Most clients in their former countries were not dependent on government assistance and hoped to return to that state of independence.
CHAPTER 4
BARRIERS TO SELF-SUFFICIENCY

This section is defined as the inability for torture survivors to fulfill their basic needs; various barriers restrict clients’ access and ability to navigate social and medical services in order to integrate to life in the United States.

4.1: Cultural Barriers

Cultural barriers are defined as customs, practices, and behaviors that vary cross-culturally. Findings from interviews indicate that both service provider and client levels of cultural consciousness were key to the identification, approach, and referral of survivors of torture as well as abilities to achieve and promote self-sufficiency.

4.2: Perceptions of Barriers- Staff/ Service Providers

Service provider awareness of culturally influenced perceptions, beliefs and behaviors of clients, plays an integral role in bridging the gap between service provider and client dynamics. Clients’ awareness of cultural nuances is crucial in their ability to navigate socio-political and economic structures within the United States, thus contributing to self-sufficiency.

4.2.1: Cultural Sensitivity and Detection

In this section I highlight how service providers identify causes of trouble in clients. Counselors have a developed skill to detect duress in clients. Skills for survivor screening and recognizing behavior cues are a learned skill with on the job training. It is staff’s ability to pick up on subtle cues that help to prevent late detection of Post-Traumatic Stress symptoms:
I look out for non verbals to see what is going on to see what their faces looks like. To see if they look depressed, anxious, or anything. Also I look at their body movements. If they are reserved, relaxed, or calm. The other place I look…is how they answer questions. You can usually tell in their tone of voice and the quality of their voice (Staff).

Another interviewee supported this claim:

There are some clients that are so teeming with anxiety, stress, and discomfort that you can just see it. Others mask it a little better so you know these tools are really important and helpful usually most people spend a lot of time and energy trying to hide or tamp down what their experiences have been (Staff).

Stress as expressed in these examples is present from physical cues:

Staff and service providers with training and experience develop skills to cautiously probe clients to detect issues of mental duress (Staff).

Common indicators of duress for untrained service providers are when someone expresses they have not slept in a week, having horrible nightmares or flashbacks:

A lot of times the refugees and asylees comes in with a lot of somatic concerns. I’ve got headaches, I got neck pains, I’ve got difficulty sleeping, my stomach hurts and anytime that happens you know it triggers for me to talk a little bit about what their lived experience (Service Provider).

Some service providers feel that it can be assumed that all members of this community have gone through some traumatic experience. As a result, it is vital for service providers to able to discern which individuals are in most need of counseling because resources are limited:

Torture survivors have gone through experiences above and beyond just PTSD. I have said for years that I think at some level you could argue that every refugee has PTSD. I mean by definition they all experience trauma not all of it physical but every refugee has psychological loss (Service Provider).

Service providers who work directly with torture survivors must have specific training about the cultural and linguistic nuances of their clients. This experience can be obtained through specialized training from organizations such as CST and later refined with experience. Without individuals that can pinpoint psychosomatic experiences of distress, stakeholders will be unable to provide adequate solutions for rehabilitation.
4.2.2: Perceptions of Counseling

CST staff felt that often there is a negotiation between the aims of the organization’s mission and their client’s immediate needs:

The client defines their goals, but it is always updated in the progress so it not just one time. The first time the client comes in they might say listen I need a job lady or I need money. It is an evolving process (Staff).

Because they can’t sleep all of the symptoms they are coming here because of the symptomology for mental health or they are either coming here because they need a legal forensic report or medical forensic report but part of that the only way we will do it is if they come to counseling (Staff).

Staff recognized that clients must fulfill their practical needs for applying to receive asylum, but in order to complete this task clients need to address their emotional trauma. In agreement with this sentiment a service provider stated:

There is a lack of understanding about counseling services and what can come from it. I think that it derails the therapy process and my counselors discuss that they can be regularly frustrated because patients will come and see them for a little while and because they don’t see market improvement or above the medication they peter out on the counseling side of things but they don’t on the medication. When their medicine is out they will keep appointments, but they won’t always keep and maintain their appointments for counseling services (Service Provider).

An explanation for clients avoiding counseling appointments was that:

Many of our clients see mental illness as weakness and don’t consider PTSD or depression as a treatable illness (Service Provider).

Further, service providers believe that counseling is a Western construct and feel that many survivors do not understand why they would share their most private experiences with a stranger:

It is something which is culturally not the norm. You want me to go bear my heart to a person I have never met before? A lot of times they are much more comfortable with someone who is in their life and have a friendship with (Service Provider).

We are asking them to unearth it and often times they are resistant to that understandably and therapy is a Western construct. Many people intuitively don’t understand why on earth they would reveal personal and painful things to a total stranger (Service Provider).
Survivors of torture struggle to share their experiences because they had their trust violated. These individuals have firsthand experience witnessing the dark side of humanity and many resist to ever place themselves in a vulnerable position again. Even after facing these experiences, staff felt humbled by the strength and willingness of survivors to move on:

Grief and the issue of fairness rarely come up in this population. Fairness and what is right and reasonable is more in Western constructs. The pragmatism of this population is ever present. They want to live. They want to take care of their family and have a good job so they can live and be happy. These people across the board they just want to live. They want to have a job so that can have a place to live and then take care of their family. That is literally all they want (Staff).

Service providers agreed that this outlook on life exists and that with proper counseling survivors can effectively cope with their traumatic experiences. However, there are cases where clients will confront service providers:

I remember witnessing this conversation with an Iraqi man and his case worker. The caseworker said I think you would really benefit from counseling. You have gone through a lot’ and this guy said that ‘you Americans don’t understand how the rest of the world works. When we have problems we go tell our friends and we talk to our friends about our problems and they help us get through it. You Americans want to go pay to talk and once you stop paying them they won’t listen to you anymore (Service Provider).

Breaking down cultural barriers is a two-way street between service providers and clients. It is vital to synthesize cultural beliefs, rather than clients resisting therapeutically addressing their distress.

4.2.3: Building Connections

Having cultural awareness is extremely important when serving this population. Without empathy, it is extremely difficult to build trust with a community that has been stripped of their human rights. It is only through developing relationships and rapport that allows service providers the ability to help clients rise above the sequelae of their torture.
For one interviewee, it was their personal experiences that allowed them to build a special connection with torture survivors:

My first exposure to political violations of humans came in the summer I turned 16. I was an exchange student in high school to Chile and my Chilean parents they took me to Argentina where a coup was going on. There were tanks rumbling down the streets and subsequently both of my Chilean parents and one of their three kids were killed by Pinochet’s security forces. I have always exposed to the dark side of human behavior and I knew when I was seven this was the work I was going to do (Service Provider).

Through personal experiences people can build a special bond with a community that is often misunderstood. Another provider stated that survivors are consumed with daily suffering:

The classic scenario of a torture survivor is someone who is everyday consumed by their traumatic experiences. This population is resilient they left that source of persecution so they had enough wherewithal enough togetherness to get here which is not an easy task (Service Provider).

It is apparent in this statement that while these survivors have endured horrific experiences, their spirit to move forward with their lives does not waver. Service providers that work with this population must develop a comprehensive framework to effectively address their needs. Without understanding the multiple levels of the system, providers are not effectively preparing clients to build successful coping strategies:

If you are going to work with torture survivors you have to know all sides of what is going on. You need to know the legal side what do attorneys see are the challenges, you need to know the public health side, and doctors also need to know what the politicians need to know because you will be blind to all the needs then you are going to be really ineffective (Service Provider).

Insights from service providers helps to bridge the gap of knowledge. This information builds a holistic framework for treatment and patient management. Awareness of cultural nuances from service providers and clients plays a vital role in survivor’s ability to navigate socio-political and economic structures within the United States, thus contributing to their self-sufficiency. McKinney states that, “the majority of survivors prioritize their needs or understand their distress
in political or social terms and do not often consider western therapeutic measures as necessary” (2007). As a result, it is service providers’ knowledge of how the ‘system’ works and their clients’ cultural and linguistic capabilities that allow for clients to overcome both their basic needs and trauma. Collaborating these insights with the beliefs of torture survivors in the upcoming section will help to paint a picture for the torture survivor discourse.

4.3: Perceptions of Barriers- Clients

Asylum seekers who are torture survivors are placed in very unique circumstances. This section addresses their personal beliefs and values about their experiences in the United States. These vulnerable people have fled their captors and are now faced with a whole new set of circumstances and must develop coping strategies to overcome new challenges. They have lost their support network, familiarity with cultural norms, struggle with local language, and are forced to seek assistance from kindhearted strangers.

4.3.1: Challenges Navigating System

Survivors of torture who want to receive political asylum are expected to abide to distinct procedures for building their case. It is an overwhelming process for most survivors who are unfamiliar with the legal nuances of this country. A client from the Congo reflected on his experiences:

When you are in the process you really don’t know the outcome. You don’t know if you will be accepted or rejected. You will be anxious. You will hate it because of this complicated long process, but at the end of the day when you are granted asylum you forget about all those difficulties and the time you spend anxious and afraid (Client).

This client was extremely grateful for the opportunity to flee his country and become a US citizen. It is interesting meeting someone who has completed the process. This client was the only person
interviewed who has actually received amnesty. His reaction to this process was one of relief and joy. The future looks bright for him and he is optimistic to move forward with his life.

In this client’s case, he was fortunate enough to receive asylum in about a year. For many current asylum seekers this is not the case. Current clients are now forced to wait an average of one to three years before their cases will be evaluated:

Now they are extending and pushing asylum cases way out and sometimes you are seeking them three years so it used to be a year and now they are seeking them three years out (Service Provider).

In February 2015, The Philadelphia Inquirer stated that there is a backlog of 73,000 unaddressed asylum cases. Clients are forced to live in a state of uncertainty. It is an overwhelming experience that causes survivors to relive their experiences and that can manifest in the form of new problems:

When I was traumatized I tried to brush it off. I was scared of sharing my experiences because I feared being stigmatized. Which caused the issue to never be solved. I never got any help thus the hurt was too much (Client).

Unfortunately for another client, they were not ready to come to the United States:

I thought I was safe I never thought I would have to flee again. Coming here was the worst idea. I always said I wanted to come here to visit, but I would never live in such an environment that is lonely. Whichever African country you live in we got our own way of connecting with the community. Here you don’t even know your neighbor. It is miserable so this was the last place I ever thought I would live (Client).

For this client they were educated and worked in refugee resettlement in Africa. They were aware of the challenges that refugees and asylum seekers faced. After fleeing her home country of Zimbabwe, she became a refugee and later a service provider in South Africa. Witnessing and experiences displacement, she did not want to flee again for a second migration. This client offers a glimpse into the legal issues that both refugees and asylum seekers endure.
4.3.2: Developing Support Network

In this section I highlight on how clients discuss their etiology for distress. Without the assistance of empathetic people, many asylum seekers struggle to meet their basic needs. Faced with an uncertain future, asylum seekers are often in one-sided relationships with caring individuals and this places a major strain on developing relationships. Sally Pillay, program director at non-profit First Friends in New York, has participated in the Lutheran Immigration and Refugee Service (LIRS) pilot program which coordinates churchgoers hosting asylum seekers. She supports this claim that “we rely on the kindness of strangers. You’re asking somebody not to charge any money or anything. It can be a burden sometimes. We have to rely on the generosity of host families” (Hamilton 2014).

For one client, they attempted to reach out to a former schoolmate from back home who now lives in the United States and was unable to receive support. Unfortunately, after the client told her story their confidant panicked:

Once she got to know my situation and what has happened to my life and everything she was scared to help us and one of her sisters who lives [name of country] if they found out then they might get into trouble so she was scared (Client).

Fortunately for another client from East Africa they came to Dallas because:

That was where I had somebody to receive me and give me a place to stay. I moved away when I found my own home through an organization that was helping asylum seekers (Client).

It was apparent that clients often reach out to friends and family members in the United States or serendipitously meet someone who is willing to support them in their journey for asylum.
4.3.3: Re-Traumatization

Along this uncertain road, clients admitted that their mental health status challenged their ability to integrate:

I have been experiencing problems such as: sleeplessness, nightmares, fear, guilt, and general depression (Client).

Being a former assistance director of the World Health Organization (WHO), this client was threatened by her country’s government to launder funds. Her efforts to call attention to this unethical act resulted in her receiving death threats. Fearing for her life she fled:

I faced persecution from agents of the Zimbabwean government. I was threatened and even suffered abuse. I had to flee from my country, thus removed from my birthplace, place of stay, and from a place I could earn a living to come and live at the mercy of others. It’s so depressing (Client).

Marissa (fake name) has been living in Dallas for two years. She was referred to CST from a colleague working at Mosaic Family Services. Most recently she drove down to Houston for her asylum interview. Currently she is anticipating her work permit clearance. Unfortunately, the last time she checked her grace period for receiving work clearance had stopped. She spoke with the immigration officers and they did not know why this happened. While Marissa waits for her work clearance, she stays at home taking care of her two year old. Her husband has a green card and they met in East Africa. They recently married in August, 2014. Marissa is supported by her husband who is an accountant. She relies on her spouse to pay for boarding school fees for her son’s uniform and lodging fees in order to keep him in school.

Marissa’s case was not the only example of a service provider standing in the middle of corruption:

I used to work in a refugee agency where I was assisting people from Rwanda. Their government was after people. I was caught up in the crossfire and my life was threatened.
My son was abducted from school which was a message to back off from my work. One of the refugees was killed and the other one survived assassination attempts several times.

They were government officials who disagreed with their own government and fled. The gentleman that survived the assassination attempt is under 24 hour government protection but there is no guarantee that he is going to be safe. That was the case I was dealing with. They abducted my son they would come to threaten me with a gun at my office. I was nervous for my life and my children (Client).

Karen (fake name) fled South Africa with her two children for the United States in April, 2013. As a Zimbabwean refugee in South Africa, Karen did not have the proper legal documentation to apply for a South African passport. Fortunately for Karen, she was studying in an international studies program through American University. Based on fortuitous circumstances, she was requested to attend her graduation ceremony in the United States. This offered an opportunity for her family to flee South Africa in order to avoid future death threats.

Having a student VISA allowed her family to travel to the United States without any immigration issues. Her immediate hopes were to return to her job in South Africa. Unfortunately this was not the case, her family was forced to apply for asylum in the United States. Karen was able to find someone who would let her family stay with them, but Karen did not realize that this was a long-term situation. Karen is not comfortable receiving handouts. As a result, the women and Karen came up with an agreement that Karen would clean the house and watch the family’s children for the cost of rent. Karen was relieved by this option, because she does not enjoy feeling dependent on others for her basic needs. Most recently, Karen has yet to submit her application for asylum because she was rejected by two service providers. Both organizations felt that her case would not hold up in court. However, Refugee Services of Texas (RST) has decided to take on her case and she is optimistic that they will follow through.

Clients that are forced to relieve their experiences are often are faced with reexamining past traumatic stresses. As a result, when visiting services providers, clients are regularly asked
to re-tell their life stories. For many medical and legal providers, this information is crucial for helping clients receive treatment and build a case for their amnesty:

It was the hardest to talk about my story with everybody. Time to time it brings back bad memories every time even though I told everything to do something. I have told it more than 20 or 25 times that is when I noticed that I am getting my sickness more and more. I keep thinking about it and reminding me of everything (Client).

Another interviewee expressed their difficulty with this experience:

Yeah this is hard sometimes to go over and over the situation. It used to be difficult I remember some of my conversations with [staff member] I was crying and it was so difficult to remember the past it is not really easy. Other people have gone through rape and abuse and they want this information in detail usually for a second or third time it is difficult (Client).

Reliving these experiences is a daily event:

I cannot say how long because some of the traumatic experiences cannot be erased from memory. The scars are both physical and psychological (Client).

For another client who was a service provider in Africa, they were aware of the asylum process and did everything in their power to avoid applying:

If I had a choice I would never, I vowed I said I would never apply for asylum because people don’t understand that applying for asylum takes a lot out of you. You have to relive things. You have to face your trauma and your demons again. Then you have to talk about it over and over again to someone who doesn’t believe that it is true. So people need to understand that seeking asylum is not an easy. It is a challenge that somebody does because they don’t have a choice (Client).

One torture survivor stressed that waiting for asylum caused them to be anxious. They were in a state of liminality where they did not know when they would receive asylum:

It is difficult that is one of the cause of a lot of stress and nightmares and you have needs and you don’t know how to meet those needs because you are not working, you don’t have any money and there is no way to support yourself. It was so stressful (Client).

An explanation for this anxiety was expressed by a service provider:

There’s a real need to pick up on psych PTSD related issues down the road from this initial 8 month period for better or worse. It is truly kind of a honeymoon period that there might be some tremendous psychological challenges and past histories of whatever but when the
person hits here everything is so new that initial health department screening although it is a lot later than it used to be it is still within the first couple of months so it is very unlikely for some of these syndromes to express themselves that early in the resettlement period. So one of the huge gaps I see is what happens in the 6-12 to 18 month window (Service Provider).

This sentiment was also supported by a client:

I started experiencing these concerns when I got to America and realized I did not have sleep and finding myself in deep thoughts. I am getting counseling at CST and I can feel the changes. I have started to talk and get some sleep. I see progress. I wake up early in the morning, pray, read my bible, take a shower, and walk around to learn about the neighborhood. I go to bed late and I do not switch the lights off (Client).

Clients that are forced to relive past traumatic experiences often further exacerbate their current struggles to acculturate. Barriers inhibit survivors from moving on from their past. This is especially pertinent in the upcoming section which addresses how structural barriers permit or restrict clients from integrating.

4.4: Structural Barriers

Structural barriers are defined as government and corporate organizations utilizing their power and economic influence to dictate policies. Formal and informal rules regulate the system and there are physical limitations in the environment. It is the inequality of service locations and care delivery for a region that restricts survivors from rehabilitating. For many service providers they feel the system is built for organizations to compete:

There is collaboration and agencies work together and support each other and where there is a client with an issue we will reach out to other agencies or they will reach out to us but you know all the agencies are competing for the same funding (Service Provider).

This sentiment was also shared by another interviewee:

Non-profits are doing the work that the state is stepping away from. It is inherently dysfunctional because the state should be stepping in and providing. Everybody knows what needs to happen. The state doesn’t want to fund it for political reasons. Non-profits pick up the slack which is great, but inherently bad because the non-profits are competing
for grant money they become inadvertently for profit and competitive with each other which creates a dysfunction system (Service Provider).

It is common for agencies to avoid collaboration because there is no incentive to share resources when trying to validate their importance in a community:

There’s no follow through. I will call and say so and so needs this really badly can you guys work on that? ‘Sure we will get to it”, but it just doesn’t happen and soo much that our clients will say don’t bother calling them they won’t do anything for them (Service Provider).

This frustration discourages both clients and service providers to make effort; this was expressed by a counselor who was trying to help a client renew their Medicaid services:

I had a client who was 60 and with very little education. She doesn’t even read or write Arabic let alone English. I am talking on her behalf with the Health and Human Services people.

They have to get her to say that I can communicate on her behalf so they ask for her social security number, give her birthdate. The interpreter is there and they hear the interpreter helping her and she was weeping with frustration at this process and the minute they transfer you from one department to the next you have to do it all over again with a new person.

She just wanted her benefits back on and we took more than an hour on the phone. It was a disaster. The translator was Jordanian and she said that she could not imagine her grandmother having to go through this. The women was old enough to be her grandmother. It was horrible…this women was like I want to go back to Iraq because at least there I will be able to survive. It is all these built in things that yes you have to protect your privacy but it doesn’t take into consideration these kind of specific cases (Staff).

This testimony demonstrates a lack of cultural consciousness by bureaucratic institutions. Many are not equipped to handle the specific needs of torture survivors. Medical services are not the only concern for this population. One provider developed an innovative and cross-cultural method for helping his clients prepare for structural barriers:

Refugees from Burma call it Se-Galawa which means White person. Galawa means White stranger. So when I to my people they will ask what do we need to bring? And I say Galawa style which means white person style means bring your ID, your social, you I-9, your green card, your lease, you paycheck stub. Those are the papers for some reason
white people need to see these papers a lot. So we just bring these papers and just in case I got Galawa style be ready and they will bring all of those things (Service Provider).

This service provider, rather than becoming defeated by the system, developed a proactive method for educating his clients about being prepared for their service meetings. This feeling toward the system was supported by another service provider:

The system is set up not to work by design. You can’t get angry about it. You just have to figure out what you can do if you get angry and bitter you can wash your hands of it and walk away from it because you just can’t deal with it (Service Provider).

Homelessness is common and many survivors rely on the kindness of strangers to help support them as they wait for their asylum to be granted. This was supported by several interviewees:

For this group specifically I mean we are taking care of their medical needs so they don’t have a lot of medical needs. The biggest thing I would say is stable and secure housing seems to be an issue (Service Provider).

The DASH network is really the only resource right now a part from homeless shelters and homeless shelters are a short-term fix because all of their long-term programs pretty much universally we found have a work requirement (Service Provider).

While service providers discussed issues with collaborating, cultural consciousness, and frustration with the system, clients emphasized their concerns with public transportation. Transportation is a major concern in the metroplex. As survivors move farther and farther away from city centers they become more isolated:

Transportation was an issue that is true because it was not easy to find people to give me a drive and often I had to take the bus and knowing that I was not working having the bus often was an issue but fortunately CST was providing sometimes with bus tickets they were used only when I was visiting CST for counseling so for moving around and going to places I had to find other ways of buying those bus tickets but I would find help in Dallas because they did not have an office like CST in Fort Worth. The offices that help refugees and asylum seekers are in Dallas (Client).

Clients felt that asking individuals for transportation was difficult at times. For many clients who wanted to visit service agencies, they would have to spend money they did not have on public transportation; not having a job limited their number of times they could visit offices. For another
client, they felt that even if they were able to purchase a car they could not afford to maintain the vehicle:

This is such a large city but public transportation has been a major disappointment. How am I supposed to drive? Even if I was able to afford a car, I couldn’t even drive it (Client).

The state has relied on non-profits to support at-risk groups such as asylum seekers and refugees. This dependence by the state and the competition for resources by agencies has resulted in this marginalized group struggling to meet their needs. Instead of having one location where clients could have all their torture, they are scattered throughout the metroplex, would be the most pragmatic solution. Service providers and clients in the upcoming section collectively believe that a simple solution to addressing the needs of torture survivors is by allowing them to work.

4.5: Economic Barriers

Asylum seekers who are unable to work do not have the means to support themselves or their family. Without being in control of their own personal wellbeing many struggle to address their basic needs. Overwhelmingly service providers feel that the greatest barrier for this population is the lack of a work permit:

I think the biggest gap is not having their work permit because if they have their work permit then they can have a job, they can have proof of being able to pay for health care, they can have an ID, and then all of the sudden the world is opening up to them. They would have access to services. The gap is they just do not have access to resources especially for chronic health issues (Service Provider).

During my efforts to help clients find employment, he discovered that many were overly qualified for positions. However, this did not motivate employers to hire them:

I think that if our asylum seekers were able to get work authorization sooner I think that it would definitely that is the biggest barrier right now to their self-sufficiency. It is significant because one way that asylum seekers are usually different from refugees is that many of them are professionals. They are very resourceful…they have a lot of education and so they are ready to get a job (Service Provider).
One survivor felt that working would allow them to overcome their traumatic experiences:

   If I could go and work and apply my professional skills, and help people who need help I think it will go a long way in helping me change the focus of my day to day life (Client).

Without working these individuals cannot take their minds off of past issues compounded with struggling to address their basic needs. Even after receiving asylum, entering the work force for clients adds another level anxiety:

   One thing I learned that would have been shocking if I was not prepared psychologically before starting work, they told me here in the U.S. when you are new you have to be ready to do anything which presents itself…so you could be doing something different from what you learned in school but if it gives you a way of paying the bills then you’re stuck with it (Client).

In this case the client was unaware of the cultural differences in regards to work in the United States. The lack of cultural awareness at times is overwhelming and can cause many clients to become re-traumatized.

   One client was upset with her issues receiving housing. While she had money to pay for six months of rent, the apartment complex wanted her to validate that she had a bank account to vouch for her income. Another client stated they were able to receive housing and support for their basic needs on the condition that they not seek illegal means of employment:

   One of the rules with [service provider] is that when they are helping support you cannot work. It is illegal and they won’t allow it.

   It was difficult but you just need to be patient I had to learn to be patient and if you risk it through some illegal activity while you are waiting for your paper it will have negative consequences not respecting the laws of the country. So I did not want to be involved in anything illegal so I just wanted to wait until all my paperwork (Client).

Many clients were confused about the United States restriction to work but offered access to free education:

   It is weird they allow your kids to go to school and they don’t have papers, but then you should allow people to work so that they can sustain your family (Client).
A common concern for service providers was helping survivors find employment. Survivors are desperate to support themselves and at times are limited in their options for work:

Employers of refugees typically are not necessarily the most stable places of employment. Meaning every now and then they will clean house. My friends from Burma go to work they call it cellphone, which is not working for Samsung refurbishing cellphones, but they work for a temp agency.

The temp agency gives them no benefits and they have all the control. They can stop you from working at any point so they tend to get away with more they tend to take advantage of our population. Some people say they are afraid to talk at work or they are afraid of going to the bathroom because they never know who or when and where they are going to start firing people (Service Provider).

Language may be a result of clients’ working at less desirable positions:

There are language issues when working under the table often times their language skills are not up to par so there is very narrow places that they can work only someplace where work is available (Staff).

One informant reflected on the current state of the U.S. economy compared to its past:

Jobs are a huge issue and seem to chronically be an issue, because that goes to feeding the family and paying for rent. The U.S. entry level jobs are typically service jobs. The U.S. does not have a lot of manufacturing and production so for entry level jobs you need service and with service you need proficiency in English.

So we have this disconnect between back in the day where you could have put them in a factory and you are putting together all the silly examples you are going to sow these clothes together…well you don’t need to know English (Service Provider).

This shift in manufacturing positions to predominately service jobs has made it extremely difficult for torture survivors to market themselves favorably compared to natives that can articulate and converse fluently.

Another issue that is common for service providers is that when survivors find employment they will cancel counseling sessions. This is a concern because they are not regularly addressing their mental health concerns. It is common for this population to fulfill their practical versus mental health needs:
A lot of times they come to us before they have a job, but once they find a job usually they fall off because they certainly opt for the job over this because it is survival it is a basic need (Service Provider).

Survivors feel empowered and in control of their lives when they are able to support themselves and their family members. Being legally prohibited to work causes individuals to become desperate and take on jobs where employers will overlook their status. This period of forced idleness often perpetuates the survivor’s sense of loneliness and isolation. Many advocates for this marginalized population, stress that employment is an important element in a survivor’s transition into their new lives in the United States. It is complications within the legal system that impedes survivors from accessing work permits. This will be discussed in the upcoming next section.

4.6: Legal Barriers

This section will focus on how legal policies and protocols guide survivors on different paths to obtaining medical and social services. The harsh reality for many survivors is that not everyone will receive asylum. One informant recalled a legal case where one of their clients from Bangladesh was raped in her native country and fled to the United States:

She had unbelievably horrible Post Traumatic Stress and the immigration officers didn’t care (Service Provider).

In order for service providers to assist torture survivors, they build a case that includes a forensic and psychological assessment. Agencies recognize that they are integral in helping their clients corroborate evidence:

Services we offer to this community are general medical care for instance, forensic medical exams for their court cases and mental health care. When we know they are in that boat i.e. that they are coming to us as a referral from either HRI or CST that we do not even ask them to make a donation towards their care because we know they are not able to work (Service Provider).
Medical examinations are costly. Without low-cost or free clinics, survivors and their families would be unable to build their cases for immigration proceedings. Outside of collecting documents for their cases, asylum seekers are faced with finding an immigration lawyer to advocate on their behalf. Clients will receive referrals from service providers, but these contacts do not guarantee that they will have their cases accepted or completed in a timely manner:

I wouldn’t complain they may not be moving at a face pace compared to if you were paying somebody but I am happy with them with their attitude towards everything (Client).

Survivors might have PTSD and it takes trained service providers that can work on getting them:

To function so they can testify in court or advocate for themselves. From my experience you can’t help people heal from PTSD until they have safety. You are not really dealing with what really happened you are in survival mode. So you can’t really treat it a lot of times I have worked with refugees that have been here and as soon as they have gotten safe then they start having nightmares like their mind stopped them (Service Provider).

Clients are often asked to go through their entire life story:

They check everything. When the person interviewed me I got some sickness I was shaking and I couldn’t talk it was like badly shaking then fortunately I had my medicine with me. I said I need to get my medicine and then they allowed me to take my medicine and if you want you can take a breath like that then I started crying I couldn’t stop it was a terrible time (Client).

Torture survivors are often requested to relive their traumatic experiences and this does not guarantee that a service provider with accept their case:

I haven’t submitted my application. It has been quite a challenge because I have visited three service providers before someone accepted my case. What was frustrating is that they never even bothered to tell me why even after making me spend hours telling my story (Client).

Clients recognize the importance of telling their story, but it can be discouraging when lawyers do not feel that their case will be convincing in court:

Immigration issues take a long time to work on a case and your story. You just cannot go and present something. Lawyers need proof they need to be absolutely sure and confident that they are presenting something they have to believe and understand the whole story in
order to help somebody. So for me, I understand what they are doing and appreciate it also because I did consult one attorney who didn’t even listen to my story. They picked a few things and then they were like sorry this will not hold up in court (Client).

Service providers realize that this is a problem in the legal sector. Due to lack of funding, it is common for agencies to dismiss survivors because they feel that the case will not be successful. Another interviewee argued that there is a political economic element that must be considered:

These clients don’t have the money to buy congressman. However, there are those who do have an interest in keeping the working people divided who do have the money to buy congressman (Service Provider).

Dallas immigration courts are characterized as having low acceptance rates for asylum seekers; “for people seeking asylum in Dallas Immigration Court during FY2012, only 36% of those claims were granted” (Mansour 2013). Statistics from the Executive Office of Immigration Review (EOIR), released its annual figures and determined that 56 percent of people nationwide are granted asylum (U.S. Department of Justice 2012). State wide the immigration system is not quickly processing cases:

Cases that are going down to Houston they are not even being scheduled for a court date. The docket has been recently overwhelmed and is taking literally years out before you can get a court date (Service Provider).

Getting asylum status is an extremely rare exception. Most people that apply don’t get it. No matter how severe their cases are but for those who do well let’s see we got the case I was telling you about the Bangladeshi women…it will be going to trail in 2016. The whole system is geared to make it almost impossible to get asylum. It is not designed to provide refuge to people who have a well-founded fear (Service Provider).

Not only are there the political issues of convincing the court system, but there is also a lack of knowledge on how to objectively measure the severity of an asylum seekers suffering:

I have done psychological assessments with refugees and it is more difficult because there are not a lot of established norms or assessment tools because they are not a Western population. They are more globally so there are fewer tools so I taught myself (Service Provider).
As an expert witness, service providers need to advocate for their clients. They need to educate the courts on what these survivors have gone through and also presenting information in a way that does cause them to be discredited:

Assessment is about answering questions if you can understand what questions the courts want then you can give a good assessment. I do an evaluation I go to court and then the judge and the government try to either throw me out as an expert of find problems with my evaluation so usually I have been really successful in testifying because I have done it so much but the process makes a lot of clinicians nervous so teaching people how to do assessments is one piece you also have to be really good at being an expert witness (Service Provider).

Studies have shown that wide fluctuating grant rates by immigration judges may be a result of inconsistency applying the law. Immigration judges are humans and have their own political agendas. In addition, residing in a border state my impact the public’s perceptions of migrant populations. As mentioned prior, Dallas has very low rates compared to the national average. However, they are not the only area in Texas that follows this trend: “the Houston Asylum Office, which handles the fewest asylum applications of any office in the country, granted 23 percent of the cases it heard in November 2011 and 24 percent in December 2011. This puts it below the national average and among the lowest of the 8 asylum offices in the country” (Human Rights Initiative 2012). Political funding comes from wealthy corporations that support their economic agendas to suppress migrant groups for their own economic incentives. The system is built to maintain the status quo and maybe let a few people trickle in for public image. The legal system is not used to help people but to delay and postpone.

Public Perception

Many service providers felt that the political ideology in the United States does not view immigration reform as a priority. American citizens are not informed about these at-risk
populations, and many do not understand that they do not receive any special treatment:

Immigrants and people who have received asylum don’t get more public benefits than anybody else...all that prejudice about how they are just coming here to go on welfare that is just radical groups like the minutemen. It is a lie. They just conjure this up in the service of racism (Service Provider).

Service providers were aware and bothered by the negative perceptions that refugees and asylum seekers endure in the U.S. Since immigration policy is not a major concern for the general public, the United States treatment and legal procedures are established to delay and discourage torture survivors to seek refuge. One client who worked for a resettlement agency in South Africa, acknowledged that this negative sentiment toward migrant population is common internationally:

They don’t think they are human beings. They think refugees are poor people who have no hope who come here to take all our resources and then be a burden on our system. Refugees are independent who can contribute so much to the economy and I know that so for me that is kind of a disappointment (Client).

Offering passage for some individuals is only for appearances, the government wants to make it seem that they are helping these people, but the money that is being invested is not enough to make any major changes. Service providers acknowledge the backlog of the system. They felt that while asylum seekers wait for their cases to be evaluated, clients should be provided with some form of compensation:

The government needs to at least give these people a work permit during their wait period, because if they don’t have a work permit then how are they supposed to survive the country for years? It is just forcing them to accept charity for years or forcing them to work illegally (Service Provider).

Legal battles for survivors is a major concern and directly impacts the psychological wellbeing of this community. Living in a state of limbo keeps this population uncertain about their future which can further exacerbate their mental health turmoil. As a result, this causes them to relive past traumatic experiences compounded with their current struggles to acculturate. Access to culturally specific care that helps clients alleviate their mental duress as they wait for
immigration status.

4.7: Access to Care

This section will address client’s access to physical and mental health services. A common concern for individuals working with the population is cross-cultural communication. Counseling is more than just linguistic communication, speaking a language does not always correlate to people understanding cultural meanings. This was justified by a service provider:

Language and cultural understand/perception are two of the greatest barriers to overcome. Some of our most vulnerable clients are pre-literate; meaning cannot read or write in their own language. This makes referring clients and serving them on a holistic level very difficult (Service Provider).

Service providers stress the importance of long-term care for both physical and mental health. Organizations such as Agape Clinic and CST have offered free health care for asylum seekers in Dallas, but clients in Fort Worth and other parts of the metroplex could spend an entire day traveling by bus and back to receive treatment. Resources that cater to long-term care specific to this population are few and far between. This was expressed by a client:

Getting medical care without medical health insurance is somewhat costly, though there are some facilities which offer services at subsidized rates. But no source of financial support I have had to rely on my husband as far as I could (Client).

An explanation for restrictions to medical care was shared by an interviewee:

If they are not a refugee, they don’t have Medicaid, and they don’t live inside Dallas country I am pretty restricted on what I can do for them.

I have a lot less flexibility on seeing someone who is kind of outside of that classic refugee definition you know has an agency, has Medicaid, and has all of that (Service Provider).

Staff members stated that many clients have never had access to simple pharmaceutical drugs which:
We can help them with sleep and insomnia by just using something as simple as Benadryl. Aches and pain with Tylenol or ibuprofen you know leading them into the proper community services so they can get care. So that is my little contribution to be able to do physical exams and help with adjusting pharmacological (Staff).

Many service providers noted that long-term health care was a major barrier for healing, but also client’s ultimate goal for self-sufficiency:

Providing health care is a continuous process with a lot of clients. They don’t’ have access to medical care and they need it. So whether it’s their primary issues like Diabetes, Post-Traumatic Stress Disorder but then you throw on top of that a: cold, the flu, seasonal allergies, stomach upset then people are constantly dealing with that they come to us for as well so its acute care. With the basic cost of 50 dollars average you know every visit so per patient you know if they come 5-6 times a year it adds up (Service Provider).

Access to medical care is available in Dallas, but a service provider in Fort Worth stated that medical care for survivors of torture is limited:

We serve clients with various forms of mental illness, including but not limited to depression, PTSD, IDD, and Schizophrenia. Unfortunately, there is a lack of mental health resources in Tarrant County that we can refer clients to. One option is the 10th floor at JPS hospital, in which a client has to wait 8-10 hours before being seen by a doctor. Another option is referring them to MHMR, which can also take several months to get an appointment (Service Provider).

In another case the service provider stated that while their services do not cater directly to torture survivors, they are willing to help with counseling services:

They can access our mental health services as well once they become a patient. Our counselors are not specialized in treating torture survivors but they are specialized in dealing with a lot of trauma issues (Service Provider).

Due to the lack of access to mental health services, especially in Fort Worth, providers have resorted to offering support in any way possible:

There is a place for professional counseling but a lot of times just having someone to walk with you through your trauma even if they’re not trained. Just someone saying you’re not alone this recovery process I will be here with you this and I want to be your friend (Service Provider).

Throughout this research, service providers and clients alike attempted to develop coping
strategies in order to mitigate the impacts of both physical and mental health concerns. For most people who were torture survivors, support came from several different sources according to their needs, location to service providers, and availability of resources.
CHAPTER 5
COPING STRATEGIES

This section touches on the broad category of resources where people get information on policies and staff attributes that support clients in order for them to develop survival strategies to cope with life in the U.S. Clients relied on the kindness of strangers. Many would seek shelter from long-distant relatives or friends. They would reach out to churches and mosques who would adopt them. Many survivors were successful in their native country and now have become indebted to complete strangers. This unequal power dynamic was recognized by service providers and they felt that they should build an environment that empowers them to move forward:

These people have no power. So the more we can empower them the better off as far as I am concerned I go out of my way at any opportunity to make them aware of their rights and power they have (Staff).

Inspiring hope is invaluable to the recovery of survivors. For one client, they were a former service provider in Africa and she understood how the legal system worked. While her case was difficult to present to the courts, she felt that many legal offices did not want to take on her case because of its difficulty:

When I look at the way they are going about the investigation I am confident that they are into it. I think giving that kind of hope to somebody not just condemn them like the world has already done you know? I worked in the same area. It is not an easy case but it is workable (Client).

Unfortunately for this client, she went through a series of rejections by service providers. It was after several attempts for legal support that she was able to feel inspired to apply for her asylum. This client went onto critique living in the United States and how she felt isolated because of cultural differences:

All of these developed countries there is something common about them. People don’t socialize. For us if you want to socialize you walk next door. Like now the people I stay with are from Kenya. They say oh she needs to go to the clinic we will come and pick you
up after work and then take you there (Client).

Clients felt that extended community outreach by service providers would help alleviate loneliness and allows survivors the ability to cope with integrating to life in DFW. Clients have had encounters with service providers that have been unfavorable and had negative repercussions on their rehabilitation:

Please do not send anybody like me to that place. They are just tarnishing their time. I was here with my visas and after they had expired my visas they had dragged this…the lawyer asked me five or six questions which I had told them earlier why did you come? When did you come? How many children? Where is your husband? All the same but not important things….I got a very bad feeling because I knew that the attention which they paid for me at that time show me just how interested they are…after two weeks’ time they had sent me a letter that their board of directors rejected my case (Client).

These experiences demonstrate the struggles that clients go through. Fortunately for this client she did not give up and was able to find a lawyer. She was able to explain her legal problem and the struggles her children were facing:

I explained my situation and she felt so sorry about us and she told me I will do this…she also has a small child so she is incredible actually you will have to promote lawyers like that…you need to send clients to her because she is so kindhearted now you can see it right! She took her vehicle to go to Houston she took us there and brought us back. She is a wonderful lady…I have never ever seen not only a lawyer not even my own sisters and brother never would have done that for me (Client).

This client formed a special connection with her immigration lawyer. Her lawyer empathized with her struggles as a single mother. As a result, she waved her legal fees, drove her to Houston for her appointment with the immigration courts, and paid for her hotel. Her experiences offer a glimpse into how survivors cope with economic, legal, and transportation barriers that seem impossible to overcome. Kindhearted individuals who go above and beyond what is expected are what make it possible for survivors to endure their challenges.
Advocacy

Service providers feel that educating the American public about this marginalized population would help in clients’ ability to cope with their acculturation. Through social justice, service providers help the general public understand torture survivors’ intentions for living in the U.S.:

Honestly unlike a lot of the American population they are interested and expect to work. They are not looking for handouts. They don’t want welfare and as soon as they can get off of them they want to let that stuff go (Service Provider).

In order to counteract negative perceptions, interviewees suggested that education is crucial to ending discrimination about this community. Unfortunately, topics such as human rights are not implemented in the education curriculum. Without preparing students about the global suffering of individuals, we are failing generations of students. Educating students to view life through a prism of human rights would greatly improve our tolerance of others and strengthen our relations with the international community.

Services providers argued that there is a barrier of social ignorance about torture. Most people will not have physical or mental torture inflicted upon them. Furthermore, unless people have a specific job or interest in human rights, most people will never be exposed to the dark side of human behavior:

We are a society that has never really learned to face our pain well and so we just try to run from it as best we can. This is the ultimate issue where we as a world are not facing our pain. Honestly what do we do about the fact that over one hundred countries in the world still condone torture? What do we do about that? What do you do as a country about that? Nobody likes to talk about that stuff because let’s just talk about how we can make more money on this sale (Service Provider).

Service providers stressed that torture survivors need to be placed in an environment where they feel welcomed:

I think it helps for folks who have experienced the unimaginable to be immersed as quickly and as thoroughly as possible into the community of human rights activists which
would be at least their initial community of understanding and support. People who do this work without being survivors of torture themselves we all know that doing human rights work is to deal with trauma (Service Provider).

Without the comfort and support of providers that can empathize with survivor’s experiences, they will end up feeling isolated and this will further their state of mental duress:

People systematically experience their mental health condition when they feel alone when people have community support and have legitimate friends those symptoms of trauma, depression, anxiety and all those things are reduced (Service Provider).

Asylum seekers need consistency and stability. A lot of asylum seekers are by themselves and they form relationships with us and having us being there and know that we are going to be around for the duration of their case. That helps them, I have seen clients improve on their outlook on life, and their mental health...you can see them go from being more unstable and concerned and upset to someone who feels like they maybe have found some stability finally (Service Provider).

Broken people that have experienced trauma they might try to convince themselves that they can become self-sufficient but there is going to be a day at 3 in the morning and they are going to say I can’t do this...this pain is to deep and too real. I saw my whole family murdered...I can’t take it for another day. We want to be there to say that you can lean on us. We will be there for you...you are not alone. We love you and we care about you. When it comes from another person it is self-sufficiency it is so much more powerful and it works even studies will tell you that peoples’ perception of stress is dramatically changed by how much friend and community support they have (Service Provider).

Interviewees witnessed tragic cases in which clients were receiving mental health counseling, but without a support network beyond counseling their condition became worse:

For people that have experienced real trauma I feel there is no way of going back to normal. What they have to find is a new normal. I know someone who was not an asylum seeker but she was sexually abused and human trafficked. Her counselor told her you need to put all these sticky notes around your mirror and tell yourself that I am loved. I am beautiful. You know?

All these positive affirmations while deep in her soul she didn’t believe those things. She felt like it was a lie and a joke, because it was coming from someone it was just trying to tell herself and trying to pull herself up by her bootstraps. After only three days she pulled the affirmations off of her mirror and started cutting herself. It felt like such a slap in the face she could feel those things (Service Provider).
Without being able to work, this community at times is lost and they are subjected to spending the majority of their time confined to their houses with little social interaction. Without a support network many cannot deal with their depression and anxiety, which further exacerbates their mental duress. For all the concerns that service providers and clients have with the United States, it is important to point out the influence of faith, friendship, and education which have permitted torture survivors to develop positive coping strategies for successful acclimation.

Faith and recovery

All clients interviewed believed in a higher power. Remarkably, one couple were both pastors while another gentleman, who fled Kenya to the US, was a reverend and persecuted for helping homosexuals come to terms with their sexuality and faith. Religion has helped these individuals face their duress. The belief in a supreme being gives them the strength to struggle through their suffering:

I have received a lot of support from CST, counselors, my husband, and my attorney. I believe in God and I know He has always been there by my side (Client).

My greatest support has been a friend of mine by the name of [church member]. Other support groups have been Living Faith Church, specifically Pastor B and [a staff member] (Client).

 Churches are helping me with the food items, but now I am struggling to pay for electricity. Even for that, Jewish Family Services has paid my whole utility bills [for] last month. I am truly blessed (Client).

I can say most of the people who helped me out were American people from my Church…members were so friendly and they were the ones helping me they would support me by paying my phone bill, supporting with some groceries (Client).
Friendship

Friendships are valuable for helping in the therapeutic process of rehabilitation. A service provider mentioned that many asylum seekers fear sharing that information with other asylum seekers:

We definitely hope that friendships will build between asylum seekers, but what we really have found is that asylum seekers are very nervous to share or open up a lot of times with people who are from their same country (Service Provider). Torture survivors who share too much information with fellow countryman or people from similar regions may have connections to people in power, which could greatly impact the survival of family members aboard who were not fortunate enough to flee. Conversely, a torture survivor pointed out a positive experience of living among other survivors:

When you know that two, three, four people are having the very same situation you encourage each other. Because when you are by yourself you feel that the whole world is against you. But when you look at others and your friend is there going through the same situation sometimes they encourage you and you feel helped (Client).

A solution for building networks with torture survivors is by establishing activity groups geared towards empowering the community:

By joining them together as a group I think they were stronger as a group and more recognizable so when the community started seeing this sub-community form I think that started to change the mentality…Then the community will come together as a group then the clients will come together and provide support to each other (Service Provider).

Education and Acceptance

Asylum seekers struggle to obtain many of their basic needs. Surprisingly in the U.S., public education is free to all children regardless of their legal status:

This country has given my children a good education. I am so happy because it is amazing I give my thanks to this country and its kindhearted people (Client).

It is really tough because I have two children and I have responsibilities but fortunately with school I don’t have to worry about that because the education here is great. They have
daily meals, transportation, and they are treated like everyone else. They are not discriminated [against] (Client).

Offering education to this community has greatly benefited parents, it has allowed them the opportunity to search for employment, attend counseling sessions, while providing downtime from the stress of being caregivers, and the financial constraints of hiring childcare services. The benefits extend to children, they are given the ability to further their education, have access to free nutritious meals, develop language skills, and form friendships with Americans which helps in their acculturation. When I asked clients if they were upset with life in America, many did not have much to complain about:

I am not upset that it took long because there are some people that it takes longer than I so instead I am grateful because I found a place where I feel safe and a place which gives me hope for the future (Client).

America is a country of endless possibilities and survivors realize that fleeing and applying for asylum is the first step to having their basic needs met:

One can find anything starting from basic needs like water, food, electricity, clothing as long as one can afford them. The school system allows all kids to have access to education with transport being provided to and from school. Technology is advanced and there are lots of gadgets as long as one can afford to buy them and pay for the services (Client).

America has a lot to offer but you need to be mobile or have access to computer in order to get help and services I need (Client).

Clients are hopeful that they will be offered the same opportunities to become self-sufficient.

They recognize that the United States is a country of prosperity and one client compares her experiences as a service worker in Africa:

I really don’t have anything bad to say because I am coming from [country]. I was working for and I was fighting for people’s rights. In [country] if someone arrives they don’t even get access to education. There is no social infrastructure (Client).
Support can come from various people, organizations, and faiths. It is a compilation of these resources that allow survivors to manage with their new lives in the metroplex and to become self-sufficient.
CHAPTER 6
NEEDS FOR IMPROVEMENT

This section will evaluate the state of Center for Survivors of Torture in the DFW
metroplex. I was able to discuss the strengths and weaknesses of the organization from the local
perspective. The opinions of staff, clients, and service providers were collected from September
to December 2014. They are a reflection of that time period and changes that have taken place
after this time period will not be represented in these findings.

Findings indicate that staff and providers have mixed opinions about the mission the
organization. Staff recognized the influence CST’s mental health counseling has on clients:

This is an incredible experience. These clients come in almost a fetal position and little by
little they start stretching out and sticking their chest out and shoulders back and start
walking erect again with hope and smile (Staff).

CST publicizes their mission well. They want to offer holistic care for their clients. However,
organizations want a clear understanding on what CST is actually able to offer rather than their
idealized long-term goals for DFW:

I have not been super clear on what is CST’s role. My understanding is that it is some
counseling and some social services. If I have somebody that needs counseling I could
probably go to CST. If they need some social services does CST take just social services
as long as they meet the definition who has survived torture? (Service Provider).

Your mission is to provide counseling. Stay true to your mission and put all that money
into counseling and counsel people here. Other services are diffusing your mission and
making the organization weaker not stronger (Service Provider).

Service providers believe that CST’s primary role for asylum seekers is to serve as a
forensic tool on the path to be granted asylum. While mental health counseling is an important
aspect of the organizations purpose, this is secondary to fulfilling the practical needs of building
evidence for asylum cases:
What CST does more than anything is help survivors tell their story forensically which helps them open up and be prepared to present their case (Service Provider).

CST is a place that helps to build psychological evaluations for clients while they refer clients to the Agape clinic to complete their forensic reports:

We offer to asylum seekers, asylees, and refugees obviously general medical care for instance forensic medical exams for their court cases. The whole reason we started taking on this population and taking referrals from CST was because they had lost their psychiatrist so they couldn’t prescribe medications anymore (Agape Clinic).

While CST is a forensic tool for clients on the path to asylum, clients develop a relationship with staff and realize the benefits of long-term counseling support.

The counseling process has helped ease some of the pressures and getting involved in much mind occupying activities like going to work and producing satisfactory results. I am very grateful that I was referred to CST where I could go and sit down and talk to someone who did lend an ear and discussed my issues and help me cope with the different problems that I presented at all given times. This actually continues up to now. I have moved from a state where I was all tears to a state where at least I can smile and be thankful for the gift of life (Client).

Client retention is dependent on forming a consistent and deep connection with clients:

I still have issues or problems that cloud my mind but the severity is not the same as before. They have pleasant and loving staff members and they are warm-hearted (Client).

I think my problems and issues should be treated as follows: confidential, someone who is not judgmental, someone ready to hear my story, and in case of referral to professional place (Client).

This relationship is crucial for CST to not only offer clients a short term psychological evaluation for their asylum cases, but offer long-term support that does not end after asylum is granted.

Financial Constraints

Service providers recognize the issues that the organization has endured over the last few years. Funding has inhibited the organization from better serving its clients and providers.
Agencies in the metroplex value CST and were outspoken about wanting to help support CST as it re-establishes itself in the community:

I am hopeful that Dallas has a full time function CST. It is a big loss when they are not here. It wouldn’t be hard to recreate a strong vibrant CST in Dallas (Service Provider).

Service providers want CST to know that they appreciate their work and that they are not alone in rebuilding the organization to a full capacity operation. Funding was a common topic of discussion for CST staff. Since the Office of Refugee Resettlements rejection of funding in 2012, the organization has been limited in services offered to the DFW metroplex:

We had lots of funding and then we did not get our funding and then we really went into a kind of crisis mode. When we got our score back they were erroneously scored. It was just wrong so we protested of course. We held a national advocacy protest.

1000 people wrote to the ORR on our behalf and I did get to talk with the head of the ORR and he was unaware of what happened to Texas and not happy. But they were unable to go back and score 29 forms again. So the main issue was the way they were scored and the fact that there was no recourse. And that is why we are unstaffed. And I just sucked it up. There was no other options (Staff).

Unfortunate setbacks and competition for financial resources has been a humbling experience for CST. This has caused the organization to re-evaluate programming and diversity its funding options. Political economic shifts, as a result of the Great Recession (2008-2010), forced many non-profits such as CST to make changes to their goals and daily operations. Comparing the current CST to the past is unreasonable because:

CST started out with getting 450,000 from the ORR and they had all kinds of money. The people that started at CST were in a different economy (Service Provider).

Not only did CST deal with economic reforms, they have also relocated their executive headquarters. After the passing of their former executive director, the organization relocated its administrative center to Austin.
CST’s Role Discrepancy in DFW

Moving administrative operations has resulted in a heavy emphasis of reaching out to community partners in Austin. Distance between Austin and Dallas has created a geographical barrier between stakeholders in Dallas and CST. With the headquarters being located in Austin, many service providers in DFW feel that it has affected their relationship with CST. Without a full time operation, open nine to five and Monday through Friday, many service providers have not reached out to the organization for services:

If there was a stable office here in Dallas is the main thing. Since there was that kind of big loss in funding that happened in 2012, I haven’t referred any clients to CST. With our asylum seekers it can be really difficult to get them into counseling in the first place because it is obviously up to them whether they want to engage or not. But once they make that decision, they establish a relationship with someone it is very hard for them to start over with a new counselor.

It is important for us to know that when we refer a client there that there is stability there is consistency. And that was what was great about CST before that we really liked about the organization is that that they did see clients for as long as they needed to be seen. That was great for asylum seekers because many of them do have mental health needs that seem to be well served by seeing someone for a year or a bit longer (Service Provider).

Organizations are aware of CST’s ability to care for torture survivors, but they are hesitant to give referrals. For many refugee resettlement agencies in DFW, they want CST to demonstrate that they are consistently committed to this population. As a result, this may be a reflection of asylum seekers being overly represented in this sample. Asylum seekers do not have many options on where they can receive services. However, refugees have access to social services and counseling programs covered by insurance. While resettlement agencies may not be offering specialized counseling for their clients, they are confident that alternative programs will offer reliable services:

Parkland has an indigent health care program called Health Plus and we refer a lot of our clients to sign up for that. They do have to provider certain documents, photo ID, and there is usually a requirement to pay something as well when they go to receive that care but usually our clients can get plugged in (Service Provider).
Parkland Victim Intervention Program and Rape Crisis Center providers counseling for victims of violence like family violence and sexual assault. They also see our clients as well for free. I don’t even know if they have to sign up through Health Plus to be seen (Service Provider).

CST could show that they are fully participating by expanding their working hours, hiring full time staff, and participating in local activities. Some providers feel if they are not fully investing in this community, then they should give their funds to an organization that will provide full-time care:

I think they have to express a willingness to want to be here. They got to want it. They have to want to interact with the powers that be in this community. There is a network here that would gladly get involved on their behalf to restart or reinvigorate them, but it’s not going to happen without leadership from down there that says we need to be in Dallas and work with this community (Service Provider).

Organizations want to feel appreciated by CST for their services. Service providers are investing in the care of CST clients and do not feel that their work is being noticed:

Collaboration is a two-way street instead of a one-way superhighway running directly towards utilizing my resources and no one else’s. Every organization I collaborate with if I send them a referral then they are taking something off my hands that I would normally be taking care of which means I am a donor. In regards to CST, [organization] is a major donor to their organization but we are not treated as such (Service Provider).

Service providers in the metroplex perceive that CST’s presence has diminished significantly over the last few years and want them to participate in local meetings. In addition, improving collaboration and communication between service providers is necessary in order for CST to provide their clients with much needed services:

I feel that participating with the Dallas Area Refuge Forum would offer visibility which is such an important thing just having the face as opposed to somebody’s email address. The network is there and it is all about establishing trust relationships. Agencies are protective of their clients, they take it on a personal level and professionally. They don’t want to refer someone to an organization that they don’t have 100 percent confidence in (Service Provider).
Staff Retention

Recent turnover has been a major issue for the DFW office and service providers have noticed that it has impacted services to clients:

Working alongside CST for a number of years one of the things that has been kind of a barrier with CST is that they have had a lot of turnover. You get to know somebody and they’re not there and are you accepting patients now or not there seems to be inconsistency and with that insistency you kind of start expecting inconsistency so why am I going to why bother at that point (Service Provider).

CST staff feels that turnover is just a recent concern and does not reflect the history of the organization:

We didn’t have a turnover for a long time but I think well the one thing was spending but the other was the clinical director changed and I think when the clinical director change then we changed clinicians because it is a different leader (Staff).

Clients appreciate CST’s counseling services. Many realize that it is important to reflect on their past in order to move forward with their lives:

I needed counseling. I wanted to sit with someone who would listen to me and without being judged because of my ethnic group and sexual orientation. I wanted a quiet place where I can sit and reflect my life and what I want to achieve. CST was a place to get information on how to get my asylum. It is also a place to be around where people love me for who I am (Client).

When I started my life here I felt hopeless. I tried several times to commit suicide. [staff member] made my mind right. CST is just like my own family members. They make me feel more comfortable and they said [client] you deserve a good life. You will get your life back. [staff member] gave me a lot of strength and I thought yes I have three children I cannot give up my life (Client).

I am very grateful that I was referred to CST where I could go and sit down and talk to someone who did lend an ear and discussed my issues and help me cope with the different problems that I presented at all given times. This actually continues up to now. I have moved from a state where I was all tears to a state where at least I can smile and be thankful for the gift of life (Client).

CST provides an invaluable service to the DFW community. They are the primary source for specialized counseling, psychological evaluations, and a great referral source for clients. Many asylum seekers who visit the center are desperate for any services and realize that with limited
staff and office hours, it is hard to get all of their services addressed in one place. They visit the center for mental health, another center for their long-term physical care, another place for legal, and food pantries throughout DFW for basic essentials:

For me it seems like they did not have much resources to do so many things they wanted to do. You could see that [staff member] really wanted to do something but she was limited because of the resources. If the organization could have two or three different locations that would be very good because there are so many people that just want to have somebody that could listen to them. It is very frustrating for refugees and asylum seekers they just need to have somebody that can listen to their stories, listen to them and go with them through the process (Client).

While CST offers a safe space for clients to reflect on their experiences, the organization struggles to offer extended resource support. Clearly defining what resources are currently available and finding partners that can compensate for other resources will greatly benefit this population.

Define Resources Available

Confusion about available resources may be a reason for survivors are unable to gain access to services. Staff members from CST addressed this concern:

They are usually coming for social services but they don’t know that we provide them. The other organizations know that we do that but most people refer because they know that their hands are tied for no other mental health services and they know our services are free and most are pretty happy about that (Staff).

Clients feel that CST is not open all the time and that there are not enough staff members to serve this population. It is hard to get a hold of counselors when they are in sessions:

The number of staff working in the office is too little. Sometimes there was only one counselor and when they were in session she could not attend to phone calls or people who came in during a counseling session. The only way sometimes you can communicate with the counselor during working hours is by text message. Sometimes you feel as if you need to talk to someone and yet you need to wait until they call you back. There is need for someone to come in and attend phone calls, or people who come in during a session (Client).
Suggestions for Improving Services

It would be difficult for CST to be open 24 hours or seven days a week. Interviewees felt that some solutions to this problem would be to set up a hotline, have a mobile counselor who could visit clients in remote areas, and set up a support group which could perform daily activities such as gardening, art classes, journaling, and yoga. These support program ideas would allow survivors a space where they could take ownership over projects, develop new skills, and an opportunity to build trust with other local survivors. Outreach programs that are client-regulated empower a community that has lost its freedom of choice. These programs could offer a stepping stone for survivors to rebuild their new lives. Fortunately staff members are on the same page with their clients:

We need to have a full-time person working there doing counseling and a full-time person working there doing or at least a part-time doing the administrative work in Dallas. Also, I would like to have a floating counselor or social worker that could do provide services remotely all over Texas (Staff).

Offering mobile services or even mental health counseling for areas in Fort Worth is important for CST’s expansion, but one interviewee stated that they tried in the past and it has been unsuccessful:

In the past I have had problems with the people in Fort Worth. I am willing to hire a clinician to work in Fort Worth but they have to pay for it. They want us to do it for free but we can’t do it for free. We sent three clinicians and a student to [service agency] then I found out that they asked some clients for money for payment. I ended that and I said we can continue to come here but we are not going to do it for free. Especially if you are going to be charging our clients. And so that has never been resolved (Staff).

Collaboration is political and past transgressions impact how organizations conduct business with other service providers. CST has a finality of resources and is a business that must allocate its funds logically.

Efforts to engage with the community should include regular communication, two-way appreciation for services that complement one another, and community involvement. Elements
for success that were identified by service providers, clients, and staff members have seven fundamentals for effective care for torture survivors: consistency, environment, accessibility, mobility, interdisciplinary teams, cultural awareness and community involvement.
CHAPTER 7
CONCLUSION

Findings from this research project indicate that self-sufficiency was not purely defined in economic terms by the interviewees. Evaluating clients based on their ability to find employment and self-reliance alone does account for how impaired mental health impacts torture survivors’ aptitude to rehabilitate from past traumatic experiences. Both physical and mental torture interferes with survivors’ day-to-day functioning. In agreement with this sentiment, service providers sympathized with clients’ experiences. Ideally, staff and service providers wanted clients to have access to any resources necessary for them to develop coping strategies, with the end-goal being that they can manage and navigate the system on their own.

Self-sufficiency should be individual-specific, because not all survivors will be able to become fully-functioning members of society. For individuals that are able to therapeutically overcome their duress, incentives for them to receive work permits would offer the most practical solution for these torture survivors to rebuild their lives and address their basic needs. Clients supported the need for a work permit. They did not want to be financially dependent on other people. In addition, being unable to support themselves negatively impacted their ability to cope with life in the United States.

Survivors did not want to receive underserved special treatment. They fled to the United States with the intention of avoiding religious, ethnic, and sexual persecution. In addition, they consider the United States to be a country of wealth, as well as a place where they could work and support their families. They are not asking for anything unreasonable.

This research also identified significant barriers that impeded survivors from accessing social and medical services in order to integrate into life in the United States. Both staff and
service providers were concerned that clients did not understand the Western construct of counseling. Without breaking down this cultural barrier, many survivors would not seek assistance for their post-traumatic stress. Cases for mental health concerns may go undetected, because many survivors will mask their suffering during the early stages of acculturation. Furthermore, initiatives for community outreach will not only build a support network for current clients, but also allow service providers to be in immediate contact with torture survivors who are unaware of those services that are available in DFW.

For clients that are already receiving services, it is vital for service providers to maintain long-term communication with clients in order to monitor their progress. CST’s focus on reaching out to clients demonstrates this organization’s effort not only to help in their client’s rehabilitation, but also to mitigate survivors’ loneliness. Unfortunately, it was common for these clients interviewed to not visit the center for months at a time. This had detrimental effects on their mental state.

Structural barriers negatively affected clients because organizations had no economic incentive to collaborate with other resettlement agencies. The lack of cultural consciousness by government institutions has caused this rift in partnerships. Government regulations establish an environment that forces non-profit organizations to compete for federal funding, rather than promote collaboration that would make services more efficient. However, government agencies are more concerned with individuals who manipulate social services for their own selfish means. This distrust has forced individuals who need services to go to extreme lengths to validate their need. Unfortunately, this lack of understanding can often force clients to relive past traumatic experiences, further exacerbating their current struggles to acculturate.
Asylum seekers are unable to work legally in this country. As was mentioned in the self-sufficiency section, restricting survivors from accessing work permits is a major barrier to clients’ rehabilitation and their ability to have their basic needs met. The lack of generated income directly impacts this community’s access to care. Not only are there geographic barriers to clients who need mental health and primary care, but also clients must seek out health clinics that will sympathize with their inability to pay for services. These health care facilities are few and far between, and they force non-profit organizations to compensate for the lack of allocated state and federal funding.

Coping strategies have helped survivors of torture to navigate the unfamiliar medical and social service resources of the United States. Staff and service providers stressed the importance of establishing an environment that promotes safety and stability, and empowers clients to positively rehabilitate themselves. Service providers are building a support network that is often lacking in the DFW metroplex. Community outreach programs and client advocacy are two efforts that clients offered to CST. Educating policy makers and the general public about this disenfranchised community will both ameliorate negative stigma and promote initiatives that discuss human rights issues in schools.

Faith, friendship, and access to education were three themes that clients discussed during interviews. The belief that God has a plan in survivors’ lives was a means for coping with their torture. While mental health counseling is an effective means for clients to overcome their duress, it is important to holistically include faith-based institutions. The power of faith has innumerable qualities for rehabilitation that can complement clinical health methods. In addition, counseling with specialized staff is invaluable, but establishing support networks beyond professional relationships between staff and client helps to build a community beyond the help of CST. Clients
that are incorporated into a community will not only acquire knowledge about American cultural practices, but also alleviate their psychological issues such as anxiety, depression, and suicidal ideation. As Richard Lester states (2013):

A traumatic event […] sheers us off from our expected connections with others, [and] from our perceived social supports, from our basic sense of safety, however locally construed. Whether this happens in sexual abuse, war, death, [or] torture, […] [these are] experiences that radically sever regular, everyday modes of basic human connection and relationship [that] bring us face-to-face with the limits of our own existence. Through human relationships, a traumatized person retethers to the world (754).

Direct interventions in order to bring survivors of torture into a community of caring individuals, will greatly impact their integration. Education is a resource that was not overlooked by clients; three survivors were single mothers that were truly appreciative of free education. In Texas where clients were unable to address most of their basic needs, education offered them a glimmer of hope for their children’s future.

The final purpose for this applied thesis was to examine CST’s significance in the DFW metroplex. Collectively as interviewees, the staff, service providers, and clients believed in the potential of CST. They have witnessed the influence that CST has had on rebuilding the lives of torture survivors. Staff and service providers are aware of the political economic factors that have limited CST over the last few years. Both groups realize that DFW is a better place when there is a fully-functioning CST. In order for CST to reestablish itself as a fully-functioning agency in DFW, service providers would like the organization to show a commitment for collaborate with community partners, open their doors to allow for a full capacity, and to incentivize staff to become fixtures in this community. Service providers have expressed that they are willing to help support CST in their revitalization. Clients supported the claims of staff and service providers. They felt that CST DFW demonstrated a willingness to serve its clients, but at a limited capacity. Solutions for improving CST’s role in DFW will be addressed in the upcoming section.
CHAPTER 8
RECOMMENDATIONS

Recommendations for these sections came from patterns of responses that came from staff, collaborating service providers, and clients. Emerging suggestions for improving the coping strategies of survivors were that service providers improve advocacy that would allow clients to have access to work permits while they are waiting for their cases to be addressed. As stated prior, there is a large backlog as to the time immigration courts are finalizing asylum cases. A simple solution for immigration courts to take pressure off of catching up on their caseload, is to offer work permits for clients that have to wait one to three years. While asylum seekers would be unable to have access to medical and social services available to refugees, this would still allow them the financial means to seek employment.

Cultural perceptions of mental health counseling are an unavoidable circumstance of working with international torture survivors. CST offers culturally conscious care that helps to break down these cultural barriers for seeking mental health care. However, not all agencies are as skilled at addressing this population. As a result, many survivors of torture do not have their mental health concerns addressed. Furthermore, CST could play a significant role in advocating for clients in DFW. Establishing themselves as the authority on torture survivors will offer a marketable avenue for future funding. Promoting torture survivor education can take place two fold. First, CST can provide yearly training to service providers in the area. Secondly, they can establish mobile counselors who could visit communities with high refugee and asylum seeker populations to recruit potential clients. Furthermore, this will bolster the organization’s presence in Dallas Fort Worth and increase client numbers that are crucial for quantifying services to board of directors and grant opportunities.
Mobile units would not only help to eliminate cultural stigma, but also improve access for clients who are geographically restricted to accessing care in Dallas. For many clients residing in Fort Worth it can take them an entire day to visit the office in Dallas. In addition to reestablishing a mobile satellite office in Fort Worth, clients suggested a hotline for clients who need counseling beyond the traditional nine to five hours. As mentioned in the coping strategy sections by a service provider, clients will have moments at three in the morning where they will be overcome by their duress and it is important to offer services, especially to individuals that rely on CST as their only form of emotional support. These suggestions will cost money, but developing a support group for fellow clients to meet at the center for group activities would be dependent on donations for art, gardening, and athletic supplies. Volunteers could supervise activities and this would allow fellow survivors an opportunity to socialize and build a support network. Programming would provide a safe space for activity but would not obligate clients to share past experiences.

The final recommendation that would greatly help CST increase services for clients would be to improve networking with faith based institutions. Not only do religious institutions have financial resources and in-kind donations that could help clients, they also have communities of individuals who could support clients in a shared spiritual friendship. Isolation and lack of emotional support beyond clinical domains can further exacerbate re-traumatization. While mental health counseling will help clients address their traumatic experiences, faith can help to complement these services. Not all clients will need support from non-secular agencies, but having access to this community will improve services and access to potential clients.
APPENDIX A: DATA COLLECTION INSTRUMENTS

Qualitative Interview Guide for CST Clients

You are being asked to participate in a research study which involves interviewing torture survivors in order to collect interview data. This information is expected to help CST understand who their clients in the DFW area are, and what current needs they have.

You will be asked to participate in an investigation of the needs and resources of international torture survivors in the DFW metroplex. Participants will consent to individual interviews. Participants will take part in a series of interviews which will vary from 30 minutes to an hour.

If you’re ever uncomfortable for any reason and would like to stop participating, that is OK, just say so. You may also skip questions that make you uncomfortable. I will record the interview and your data will be stored according to a coding number, so your responses will remain confidential. Do you object to me recording? We do not anticipate any risks or benefits to study participants, but hope to learn more about how to better serve clients at CST. Do you have any questions?

1. What concerns are you currently experience that have brought you to CST?
2. Why do you think these experiences are occurring?
3. When did you first experience these concerns?
4. Do other people face these similar problems?
5. How long do you think they will last?
6. How do you think your problems should be treated?
7. Who has been your support?
8. Tell me about your experiences at CST?
9. What are the strengths and weaknesses of CST’s program?
10. What is the best way CST can help you?
11. Are there other things that you wish CST could provide?
12. Would you like to continue coming to CST?
13. Are we your first service provider?
14. Who directed you to CST?
15. Now that you’re in America, what opportunities do you have for education and/or work?
16. Has it been easy / difficult getting medical care in DFW?
17. What problems have you experience getting care in DFW?
18. Describe a “normal day” living in the United States?
19. What aspects of American life have been enjoyable and which have been difficult?

Qualitative Interview Guide for CST Staff/Service Providers

You are being asked to participate in a research study which involves interviewing torture survivors, CST staff, and service providers in order to collect interview data. The research project will focus on practical development aims such as 1. How do survivors of torture define self-sufficiency; 2. What are the most prominent barriers that torture survivors encounter in DFW; 3. What are the survival strategies use to cope with life in DFW; 4. What resources do survivors feel need to be improved upon in DFW.

You will be asked to participate in CST’s investigation of the needs and resource of international torture survivors in the DFW metroplex. Interviews will take part in one interview for the duration of 30 minutes to 1 hour. If you’re ever uncomfortable for any reason and would
like to stop participating, that is OK, just say so. You may also skip questions that make you uncomfortable. I will record the interview and your data will be stored according to a coding number, so your responses will remain confidential. Do you object to me recording? We do not anticipate any risks or benefits to study participants, but hope to learn more about how to better serve clients at CST. Do you have any questions?

1. What services does your organization offer to asylum seekers, asylees, and refugees?
2. What mental health services are available to your clients?
3. Do your clients need access to mental health counseling services?
4. Do you think the mental health needs of your clients are being met? If so/or not in what ways?
5. Where do you feel service gaps lie?
6. How do existing mental health services address the needs of refugees and asylees?
7. What are things that your organization looks out for when assessing the mental health state of your clients?
8. How does your organization determine when one of your clients is having mental health issues?
9. What does organization do about it?
10. What would you like to see happen in regards to mental health services for refugees, asylees, or survivors of torture?
11. What could improve the DFW system?
12. What should be the end goal for “self-sufficiency” in regards to mental health?
APPENDIX B: EXECUTIVE SUMMARY

Evaluation Purpose and Questions

The intent of this study was to help Center for Survivors of Torture (CST) improve their programming for survivors by offering recommendations based on the data collected. The outcome is intended to improve the communication between CST staff, clients, and service providers in Dallas-Fort Worth (DFW). My four research goal were to:

1. Identify differences and assumptions between service provider and client definitions of self-sufficiency
2. Examine prominent barriers to self-sufficiency that survivors encounter
3. Pinpoint the survival strategies survivors use to cope with life in DFW
4. Determine what resources CST staff, service providers, and survivors feel need to be improved for CST and DFW.

Interviews were both ethnographic and qualitative in nature; these methods allowed area stakeholders the opportunity to express their perspectives confidentially.

Findings

1. Self-sufficiency was not purely defined in economic terms. Evaluating clients on their job attainment and self-reliance alone did not account for how health care supports the torture survivors’ ability to rehabilitate. Service providers and staff felt that self-sufficiency could be obtained by offering unlimited holistic care, creating a legal definition that is both cross-culturally and client specific, and improving access to work permits.

Clients stressed that a part of obtaining self-sufficiency was to be protected from religious, ethnic, and sexual persecution. Definitions varied among clients, but most shared in the collective desire to fulfill their basic needs. All clients interviewed wanted an
opportunity to prove their worth and restore their lives so they can once again live a
dignified life. Providing clients with a work permit was a practical solution that all
stakeholders felt would help clients meet their basic needs.

2. Concerns about the cultural barriers to integration focused on varying interpretations by
CST staff, service provider, and clients about the nature and mission of CST’s services.
Staff and service providers were concerned that clients did not understand the Western
construct of counseling. CST staff also felt that there was a needed negotiation between
the aims of the organization and their clients’ immediate needs. For the client, meeting
basic needs and building a case for asylum was their priority.

During the process of building forensic reports, clients established relationships
with counselors which convinced them to value counseling services. In addition, clients
realized that they were often required to relive past traumatic experiences, during the case-
building process, which could further exacerbate their struggles to acculturate. It is the
complications within the legal system that impedes survivors from accessing work permits.

The harsh reality for many survivors is that not everyone will receive asylum.
Dallas and Houston immigration courts are characterized as having extremely low asylum
acceptance rates. Studies have shown that wide fluctuating grant rates by immigration
judges may be a result of an inconsistency in applying the law.

3. This research addressed how staff, providers, and clients attempted to develop coping
strategies in order to alleviate the impacts of social and medical barriers. Staff and service
providers stressed the importance of establishing an environment that promotes safety,
stability, and empowers clients for positive rehabilitation. Faith and access to education
were two topics that clients discussed during their interviews. Clients did not mention any
long-term self-guided coping strategies. This may be a result of those language and cultural limitations which restricted me from interpreting their ways of coping with acculturation. Furthermore, clients were unable to find reliable means to overcome their distress, because the system is built to restrict them from accessing social and medical services which would allow them to effectively rehabilitate.

All clients interviewed believed in a higher power. Remarkably, one couple were both pastors while another gentleman, who fled Kenya, was a reverend and persecuted for helping homosexuals come to terms with their sexuality and faith. While mental health counseling is an effective means for helping clients to come to terms with their duress, the power of faith has innumerable qualities for rehabilitation that can complement clinical health methods.

In the United States, where clients were unable to address most of their basic needs, education offered them hope for their children’s future. Three survivors were single mothers that were truly grateful for free education. Access to education greatly benefited parents, because it allowed them the opportunity to search for employment, attend counseling sessions, have downtime from their stress of being a caregiver, and helped to alleviate the financial burden of hiring childcare services. Children were able to further their education, have access to nutritious meals, develop language skills, and form friendships with Americans which helped in the acculturation process.

4. Staff and service providers felt that the resettlement system is built for organizations to compete for resources, rather than to collaborate with them. Service providers and staff expressed the lack of cultural consciousness by government institutions. These agencies are not equipped to handle the specific needs of torture survivors. A pragmatic solution
would be to have only one location that deals with this community, instead of numerous non-profit institutions scattered throughout the metroplex. Overwhelmingly, all stakeholders felt that the greatest barrier for this population was the lack of a work permit. Clients felt working would allow them to overcome their traumatic experiences. During this period of forced idleness, survivors often feel intense isolation and loneliness.

Service providers stressed the importance of long-term care for both physical and mental health. Access to low-cost healthcare resources are present in Dallas, but in Fort Worth and other parts of the metroplex clients can spend the entire day traveling by bus and back to receive treatment. Due to the lack of access, especially in the Fort Worth area, providers have resorted to offering mental health support beyond counseling.

Recommendations

These findings reflect the opinions of staff, clients, and service providers, and were collected from September to December, 2014.

Elements for success that were identified by stakeholders:

- Consistency
- Welcoming and safe environment
- Accessibility
- Service mobility
- Interdisciplinary collaboration among agencies
- Cultural awareness
- Community engagement

1. Re-educate service providers and clients about CST’s mission and services.

CST should develop a clearer representation of what services they are currently offering. Unfortunately, service providers and clients believe that CST’s primary role for asylum seekers is
to serve as a forensic tool on the path to being granted asylum, rather than being the leader in comprehensive counseling services.

2. Establish full time operations in DFW.

There is a need for CST to be open Monday through Friday, 9-5. It is important to also engage in local activities with other service providers in order to re-build partnerships.

3. Collaboration is a two-way street.

Appreciating service providers’ investment in the care of CST clients is significant for strengthening relationships.

4. Mobile counselor/care units.

CST should develop a grassroots initiative that will help to eliminate cultural stigma and improve access to care for those clients that are geographically isolated. For many clients living in Fort Worth, it can take an entire day to visit the office in Dallas. Reestablishing a mobile satellite office in Fort Worth would dramatically improve outreach and client retention.

5. After hours hotline.

A positive step would be to add an emergency hotline in order to field calls and provide support services beyond normal office hours.

6. Peer-support group.

Design a peer-support group which would offer activities such as art, athletics, gardening, and trips to low-cost sites throughout DFW. These activities would help to alleviate loneliness and isolation for clients. Volunteers could supervise those activities which would allow fellow survivors an opportunity to socialize and build a support network beyond CST. Programming would provide a safe space for activities, but would not obligate clients to share past traumatic experiences.
7. Partnerships with faith based institutions.

While mental health counseling helps clients address their past traumatic experiences, faith can help to complement these services. Redeveloping and finding new partnerships with local religious organizations will help to develop support networks beyond CST. This will reduce isolation and the lack of emotional support that some clients experience. Religious groups not only offer a community of shared interests, but also have financial resources and donations that can assist clients in meeting their basic needs.

8. Work permit advocacy.

CST should develop a national/state plan of action in order for clients to have access to work permits while they are waiting for their cases to be addressed. There is a large backlog for asylum cases being granted. A possible solution for immigration courts, in order to take pressure off of the caseload backlog, would be to offer temporary work permits or a special work program for clients. While asylum seekers would be unable to have access to medical and social services available to refugees, this would nevertheless still allow them the financial means to seek employment and build self-worth.

9. Become the voice for torture survivors.

Establishing CST as the authority on torture survivors would offer a marketable avenue for future funding. Promoting torture survivors’ education can take place twofold: first, CST could provide yearly training to service provider awareness for this population; second, provide authorized mobile counselors who could visit neighborhoods with high volumes of asylum seekers and refugee populations in order to recruit potential clients. This would bolster the organization’s presence in DFW and increase the client numbers which are crucial for quantifying services to the board of directors and generate funding opportunities.
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