

Appendices

<i>Appendix 1: Packing Your Suitcase</i>	24
<i>Appendix 2: Phases of Refugee Adjustment</i>	25
<i>Appendix 3: Characteristics of a Good Working Relationship</i>	29
<i>Appendix 4: Universal Declaration of Human Rights.....</i>	30
<i>Appendix 5: Asylum Application</i>	31
<i>Appendix 6: Psychological Effects of Torture and War Trauma on Individuals and Communities and Implications for Social Service</i>	32
<i>Appendix 7: Case Illustrations A and B</i>	34
<i>Appendix 8: Torture Victims Relief Act</i>	40
<i>Appendix 9: Secondary Trauma</i>	42

Appendix I: Packing Your Suitcase

1. Read the following story:

You are a teacher in the country of L. Your partner ‘disappears,’ probably because of his attempts to form a trade union. During the next months you receive several threatening phone calls, and your name appears in a newspaper article listing suspected subversives. When you arrive home from school tonight, you find an anonymous letter threatening your life. You decide you must flee at once and seek political asylum elsewhere.

2. Instruct the class:

You have five minutes to pack your bags. You may only take what is in your house at the moment and what you can carry with you. You may choose eight categories of things. On a piece of paper list your eight categories.

3. Discuss:

Ask each individual to read his or her list aloud.

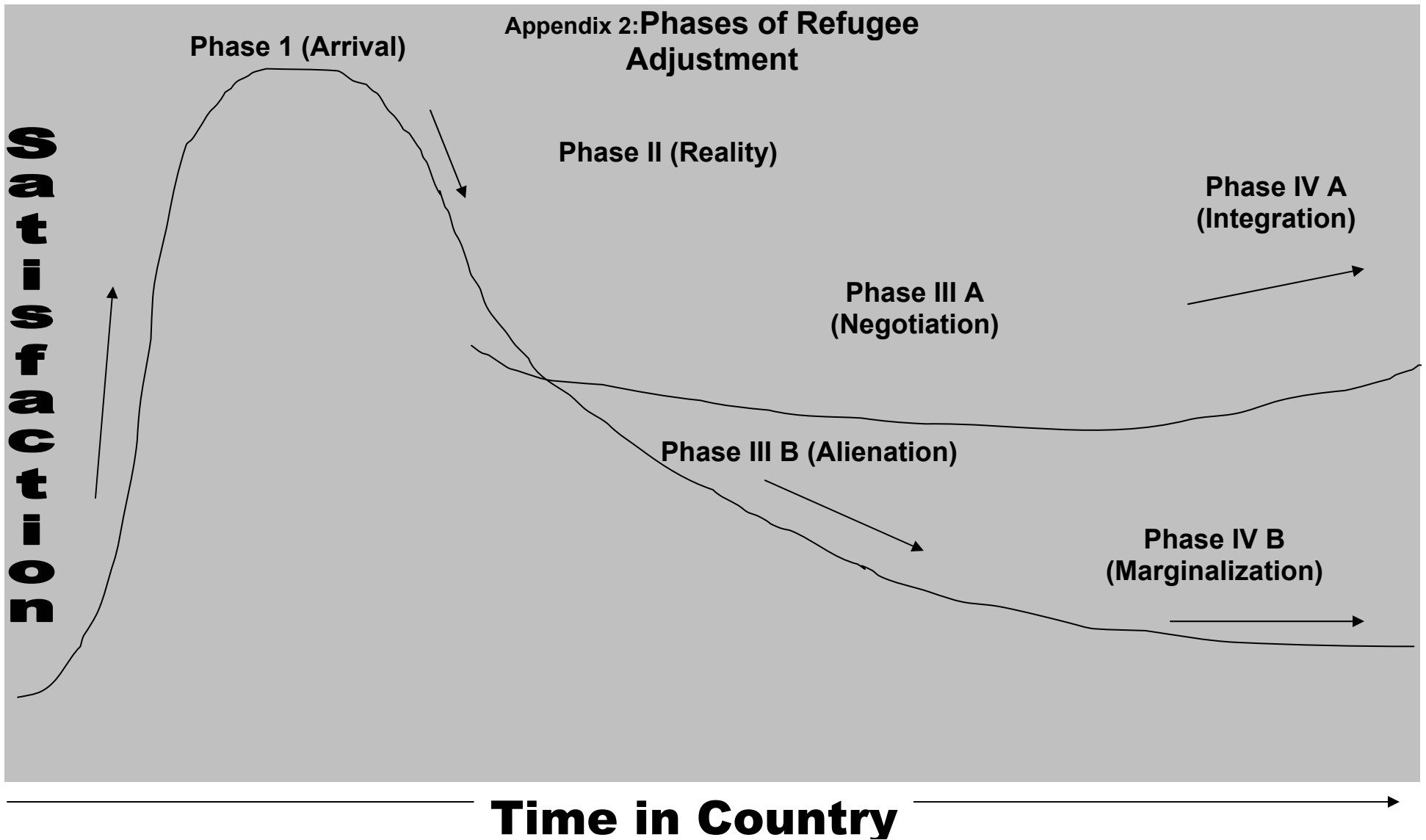
At the end of each reading, **declare** either “Asylum denied” or “Asylum granted,” based on what they’ve chosen to pack.

Ask participants how they think those judgments were made.

4. Read:

Read the definition of a refugee from the 1951 Refugee Convention or write it on a piece of paper to post in the room. Explain that according to this definition, only those who included either the newspaper clipping or the letter would be likely to prove the “well-founded fear of persecution” required to obtain refugee status.

Source: *Local Action Global Change: Learning About Human Rights of Women and Girls*, by Julie Mertus, Nancy Flowers, and Mllika Dutt. Published by UNIFEM and the Center for Women’s Global Leadership, 1999. Exercise found on page 126.



National Alliance for Multicultural Mental Health, IRSA, San Francisco, Sept. 24-25, 1998.
Courtesy of Dr. Dennis Hunt, Center for Multicultural Human Services, Falls Church, VA.

Stages of Acculturation and Possible Service Implications

NOTE: The following categories of information are not meant to be exhaustive or imply a set linear progression. The process of acculturation is continual and may be affected positively or adversely by new life events as well as developmental stages of life. A person may experience events, exhibit behaviors and have service needs that cut across these stages. This information is provided to give social workers a context from which to assess needs and service implications of their clients.

Physical Events	Psychosocial Experience	Needs & Service Implications
ARRIVAL		
<ul style="list-style-type: none"> ● Reunited with family OR separated from family if asylum seeker ● Located in new home OR precarious status if asylum seeker ● Children enrolled in school ● Initial medical screening OR needs medical care but has no insurance as an asylum seeker ● Case manager assigned from resettlement agency OR dependent upon the charity of others for basic survival needs as an asylum seeker ● Referred for ESL, employment, other services OR in need of these services but may not have access or not be eligible for these services as an asylum seeker ● Paperwork, red tape, print-based requirements 	<ul style="list-style-type: none"> ● High expectations ● Excitement to study, begin work, get to know Americans, a new community OR ● Fearful/nervous about new language, people, community ● Relief to be out of dangerous situations ● Grateful to be safe ● Hopeful for future <i>and/or</i> having a sense of purpose OR feeling overwhelmed, unfocused ● Grateful for support or may be feeling indebted or being exploited by other due to status issues ● Confusion, disorientation ● Mixed emotions <i>and/or</i> ● Numbed out/state of shock <i>and/or</i> ● Anger, resentment or frustration with barriers to becoming self- and family-supporting (language, cultural differences, discrimination, etc.) 	<p>NEEDS:</p> <ul style="list-style-type: none"> ● Assistance connecting with available services and benefits for self and family ● Information about U.S. society and culture ● Assistance understanding and accessing medical and social service systems ● Assistance legally documenting effects of torture ● Assistance connecting with medical and psychological services for documenting or coping with effects of torture <p>BARRIERS/IMPLICATIONS:</p> <ul style="list-style-type: none"> ● Distrustful ● Fearful, anxious ● Unfocused, disconnected, overwhelmed ● Resentful of or angry with limited or systemic barriers to assistance, work, housing, education, etc. ● Restless, impatient
REALITY		
<ul style="list-style-type: none"> ● Culture shock ● Negative experiences ● Losses realized (loved ones, home, culture, country) ● Intergenerational conflict in families ● Cross-cultural values and faith conflicts ● Conflict within refugee communities ● Conflict with Americans and U.S. institutions ● Realization that many obstacles will have to be overcome to have the life they dream of ● For asylum seekers: Long waits during asylum and work permit application processes, with no guarantee of getting them. Continued separation from family. Reliance on charity. 	<ul style="list-style-type: none"> ● Culture shock (awareness of differences from home country—nostalgia, homesickness) ● Awareness of challenges and difficulties ● Disappointment, anger, resentment, frustration ● Feeling overwhelmed, fatigued ● Fear, sense of abandonment ● Preoccupation with losses ● Difficulty concentrating, memory loss ● Memories of traumatic events, flashbacks, outbursts, sleep problems, hyper vigilance, etc. ● Increase of somatic complaints (headaches, stomachaches, heart palpitations, breathlessness, nonspecific joint and back pains, etc.) 	<p>NEEDS:</p> <ul style="list-style-type: none"> ● Assistance connecting with available referral services and benefits for self and family after resettlement agency responsibility has been completed ● Asylum seekers: Ongoing assistance meeting basic needs and getting through asylum process ● Possible referrals for emerging physical and psychological effects of torture and other trauma <p>BARRIERS/IMPLICATIONS:</p> <ul style="list-style-type: none"> ● Ongoing issues of distrust ● Detachment or building anger and resentment ● Fear over loss of control, increased symptoms ● Forgets or late for appointments, lack of follow-through

Physical Events	Psychosocial Experience	Service Implications
NEGOTIATION		
<ul style="list-style-type: none"> ● Begins to understand and accept new environment ● Takes action to move ahead ● Developing English capacity ● Stability and structure in daily living ● Rebuilding social support systems (e.g., affiliation with ethnic group) ● Defining and learning to cope with new roles and identity (e.g., household responsibilities, adult/child and spouse relationships, etc.) ● Coping with dreams, values and behaviors (e.g., job aspirations, involvement in homeland politics, children quickly adopting American lifestyles) 	<ul style="list-style-type: none"> ● Begins to accept losses (including physical limitations caused by torture or war injuries) ● Healing from trauma (learning to cope with fear/guilt for family members back home; coming to terms with the desire and ability to send financial assistance to family back home while taking care of own and family needs in the United States) ● Commitment to succeed, gaining a sense of hope ● Adapting or learning new problem-solving methods to meet the challenges of adjustment ● Seeking more autonomy and independence: a growing sense of determination and control 	<p>NEEDS:</p> <ul style="list-style-type: none"> ● Social services that address needs for autonomy and independence (e.g., educational and vocational training, opportunities for social activities and reconnection with others) ● Possible connection to psychological services to assist the process of grieving losses and dealing with guilt and shame ● Medical services for ongoing care issues <p>BARRIERS/IMPLICATIONS:</p> <ul style="list-style-type: none"> ● Still may experience feelings of frustration or being overwhelmed, e.g., “Will I ever learn this language?” ● Opportunities for acknowledgement and reinforcement of successes ● Ability to set realistic goals and motivation to work for them ● Memory and concentration improvement; better coping with limitations due to torture or war injuries
CULTURAL INTEGRATION		
<ul style="list-style-type: none"> ● Basic needs are being met ● Gaining some mastery over a new language, better understanding of cultural cues ● Integrating the past and present; moving toward the future (in terms of experiences, beliefs, goals, and values) ● Employment and/or economic stability ● Family relationships strengthened ● Community ties established, connection to social support system ● Continuing to cope with ongoing effects of torture and other trauma (physical and psychological) ● Adapting or learning new problem-solving methods to meet the challenges of ongoing adjustment issues 	<ul style="list-style-type: none"> ● Coping with ongoing demands from family members back home ● Gaining a sense of power and control, self-confidence ● Coping with the psychological and physical effects of torture and other trauma as they emerge in new contexts and situations ● Forging a bicultural identity ● Pride in self-sufficiency, autonomy, independence <p>Confidence in strengths and resources, a sense of success and stable future, e.g., “I have a place in this country.”</p>	<p>NEEDS:</p> <ul style="list-style-type: none"> ● Information in order to access services independently ● Medical services for ongoing care issues ● Psychological services to assist with emerging effects of torture and other trauma or life changes in new contexts and situations <p>IMPLICATIONS:</p> <ul style="list-style-type: none"> ● Disengages from services as competency is achieved ● Improved ability to access services ● Connections to social support networks ● May focus on work or education and vocational opportunities

Physical Events	Psychosocial Experience	Service Implications
ALIENATION		
<ul style="list-style-type: none"> ● Inability to use (or lack of access to) transportation ● Poor physical health ● No escort (if culturally required or psychologically needed) ● Isolation (e.g., homebound women taking care of small children or elderly or other issues) ● Mental-health issues ● Intergenerational conflict ● Possible domestic abuse ● No supervision for children or role reversals: children take on adult roles to interface with outside community ● Boredom, unemployment/underemployment ● Dependency on others (for communication, transportation, basic needs, etc.) 	<ul style="list-style-type: none"> ● Anxiety, fear, reluctance to leave home ● Having no energy to or no interest to “take on” the outside world ● Isolation and withdrawal ● Despair and sadness over losses (family, status/old roles, language, culture, way of life, homeland, etc.) ● Fear about succeeding in making a new life in the United States ● Wish to return home regardless of the danger ● Suicidal thoughts 	<p>NEEDS:</p> <ul style="list-style-type: none"> ● Assistance connecting with available referral services (e.g., public assistance, social security disability, traditional healers, other community resources, etc.) ● Referral to mental health agency specializing in working with refugees and/or survivors of torture <p>BARRIERS/IMPLICATIONS:</p> <ul style="list-style-type: none"> ● Difficult to engage OR over-attached to or dependent on service provider ● Difficult to reach by phone; lack of follow-through with appointments or tasks ● Barriers to services, e.g., no transportation, no escort, childcare difficulties, mental health or physical health issues, etc. ● Frustration/anger over barriers and processes ● Anger/resentment over having come to the United States
MARGINALIZATION		
<ul style="list-style-type: none"> ● Strong involvement with institutions, incl. legal, child welfare, police ● Asylum process may still be unresolved ● Instability: In temporary housing or moves often, can't keep employment or unemployed ● Dependent seldom leaves home ● Family conflict: Taking on negative roles, adults isolated from community support, youth involved in gangs or crime ● Substance or domestic abuse ● Difficult experiences with racism or other forms of discrimination or re-victimization 	<ul style="list-style-type: none"> ● Hopelessness: Has given up hope of acculturating or having a positive role in the United States ● Resentment/negative attitude ● Despair and sadness over losses; increases in chronic depression or suicidal ideation ● Difficulty getting or providing emotional support to self or family, yet may be dependent on family members to meet basic needs ● Disconnection from sources of support 	<p>NEEDS:</p> <ul style="list-style-type: none"> ● Assistance connecting with available community referral services (e.g., needs accompaniment and/or transportation to service providers, traditional healers or other community resources) ● Referral to mental health agency specializing in working with refugees and/or survivors of torture <p>BARRIERS/IMPLICATIONS:</p> <ul style="list-style-type: none"> ● Very difficult to engage

© Adapted from Immigration and Refugee Services of America

3-25-99

Refugee Mental Health Conference
Washington, DC

Appendix 3: Characteristics of a Good Working Relationship

Number 1:

Consistency and predictability of the relationship

Number 2:

Showing a caring attitude, genuineness and warmth

Number 3:

Accepting fluctuations in the person's behavior which may include caution, suspicion, clinginess, dependency, 'testing' the worker, and anger

Number 4:

Conveying knowledge of the refugee experience

Number 5:

Preparing for sessions

Number 6:

Maximizing the person's control in the relationship

Number 7:

Limit-setting

Number 8:

Ability to listen

Number 9:

Gender sensitivity

Number 10:

Respecting confidentiality

Adapted from *Rebuilding Shattered Lives*, 1998, Victorian Foundation for Survivors of Torture, Inc.

Appendix 4: The Universal Declaration of Human Rights

Now, therefore THE GENERAL ASSEMBLY proclaims this Universal Declaration of Human Rights as a common standard or achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms:

- | | |
|-------------------|--|
| Article 1 | Right to equality |
| Article 2 | Freedom from discrimination |
| Article 3 | Right to life, liberty, and personal security |
| Article 4 | Freedom from slavery |
| Article 5 | Freedom from torture, degrading treatment |
| Article 6 | Right to recognition as a person before the law |
| Article 7 | Right to equality before the law |
| Article 8 | Right to remedy by competent tribunal |
| Article 9 | Freedom from arbitrary arrest |
| Article 10 | Right to a fair public hearing |
| Article 11 | Right to be considered innocent until proven guilty |
| Article 12 | Freedom from interference with privacy, family, home, and correspondence |
| Article 13 | Right to free movement in and out of the country |
| Article 14 | Right to asylum in other countries from persecution |
| Article 15 | Right to a nationality and freedom to change it |
| Article 16 | Right to marriage and family |
| Article 17 | Right to own property |
| Article 18 | Freedom of belief and religion |
| Article 19 | Freedom of opinion and information |
| Article 20 | Right to peaceful assembly and association |

Appendix 5: Asylum Application

1. APPELLIDO _____ A# _____
2. PRIMER NOMBRE: _____
3. FECHA DE NACIMIENTO: _____
4. PAIS, CIUDAD DE RESIDENCIA: _____
5. OU GENYEN FANMI NE ETAZINI? _____
6. KISA YO YE POU WOU: _____
7. KI PAPYE IMIGRASYON FANMI OU YO GENYEN ISIT:

-
8. KI LAJ OU? _____ KI SEX OU? FI GASON
 9. ESKE OU ANSENT? ___ WI ___ NON
 10. ESKI OU GEN AVOKAWI ___ NON
 11. NON-AVOKA-W? _____
 12. HA RECIBIBO ALGUNOS PAPELES DE LA MIGRA?
Cuales son? _____
 13. OU JAM AL NAHOKEN JYMAN? ___ WI ___ NON
 14. CANTIDAD DE FIANZA: _____

Adapted from *Uprooted: Refugees and the United States*, David Donahue and Nancy Flowers, Alameda, CA, Hunter House, 1995, p. 20. Taken from *Local Action Global Change: Learning About the Human Rights of Women and Girls*, Julie Mertus with Nancy Flowers and Mallika Dutt, published by UNIFEM and the Center for Women's Global Leadership, p. 191.

Appendix 6: Psychological Effects of Torture on Individuals and Communities and Implications for Social Service

A. Psychological Effects on Individuals

There are no "unique" effects of torture that are not seen in human responses to other extreme traumas. There is a wide range of responses to torture. They include:

1. Damaged trust
2. (Learned) helplessness
3. Shame and humiliation
4. Disorientation and confusion, shock, denial, and disbelief
5. Rage
6. Chronic fear and anxiety disorders
 - a. Posttraumatic stress disorder (PTSD)
 - b. Other anxiety disorders: panic attacks, a generalized state of anxiety and various phobias
7. Depression
8. Other mental health outcomes: brief reactive psychosis, somatoform disorders, organic impairment, substance abuse, sexual dysfunction

- **Damaged Trust**

IMPLICATIONS FOR SOCIAL SERVICE: It can be a challenge to understand the depth of the person's distrust. It can take time for someone to be able to talk about deeper needs other than basic survival needs. Even in a safe, care-giving environment such as a treatment center, the process of building a relationship takes time.

- **Learned Helplessness**

IMPLICATIONS FOR SOCIAL SERVICE: It negatively affects the ability to think for oneself, express oneself and take action on behalf of one's needs, desires, and hopes.

- **Shame and Humiliation**

IMPLICATIONS FOR SOCIAL SERVICE: Can make it difficult for people to acknowledge their current situation to the point where some may not talk about their lack of even basic survival needs such as food, shelter, clothing, lack of resources for transportation, etc. They may feel shame and humiliation for having to accept charity or difficult living situations.

- **Disorientation, confusion, chronic fear, and anxiety**

IMPLICATIONS FOR SOCIAL SERVICE: Common events in the asylum and resettlement process are likely to cause disorientation and confusion. There may also be elements of coping with fear and anxiety that were adaptive responses during the time of torture that the survivor continues to utilize long after the torture that may no longer be helpful in their current life situation. For example: clients may be terrified of the interpreter (from the home country) or a person who needs to elicit information from them (e.g., doctor, social service provider, police officer or attorney, etc.). The processes for receiving services or benefits such as long waits at clinics or social service agencies, INS interviews or court hearings, as well as events or other stimuli in the environment can trigger intense physical and emotional distress.

- **Rage**

IMPLICATIONS FOR SOCIAL SERVICE: Rage may interfere with the ability to remember, to think clearly, and to express oneself. Clients may also be sensitive to perceived or real differential treatment among clients. Many survivors are frightened by the force of their own rage.

- **Depression**

IMPLICATIONS FOR SOCIAL SERVICE: The major implication of depression for those who work with survivors can be the effects on memory and concentration. There is often a mental dullness that is part of depression; people think more slowly and more poorly. It is well documented that depressed individuals do worse on IQ and other cognitive tests than they do when they are not depressed. Their memory and concentration problems (which are also part of PTSD) can be exacerbated by stressful situations, such as processes for gaining services and benefits. Memory and concentration problems also make language learning, any academic studies, job training and other cultural adjustment life tasks more difficult.

B. Psychological Effects on the Community

1. Culture of fear, distrust, and discordance
2. Culture of apathy
3. Culture of isolation and silence

IMPLICATIONS FOR SOCIAL SERVICE: Persons coming from communities where torture is practiced, regardless of whether they themselves were tortured, are affected by torture and repression in ways that can make it very difficult to trust others and to disclose sensitive information.

Appendix 7: Case Illustration A

Man from the Middle East

Background: Mr. M is a 40 year-old Muslim man from a country in the Middle East. Mr. M came to the United States in 1995 as a refugee. Mr. M was imprisoned three times in his country of origin. He was imprisoned for a total of four years. The first time he was imprisoned for one and a half years. During that imprisonment, he was beaten with fists and sticks and was hung by his wrists to the point that he lost consciousness. He was imprisoned a second time for two years and again was tortured, was beaten at least weekly and was imprisoned in solitary confinement for long periods of time. Mr. M sustained scars from the beatings. The third time he was imprisoned, he again suffered severe beatings and treatment but was released after six months with a severe leg injury. He managed to escape and his family joined him in a refugee camp in another Middle Eastern country. He and his family spent four years in the refugee camp prior to arriving in the United States. Mr. M is married with seven children aged two to 15.

Presenting Problems: Mr. M's complaints include: constant pain in the leg where he was injured; inability to sleep at night because of "flashbacks"; nightmares and fears of someone coming to look for him and killing him; intrusive thoughts and heightened startle response; and depression and worry about his family back home—his mother and other siblings are still living in a refugee camp in the Middle East and two brothers are still in prison. Mr. M suffers from low energy and poor motivation. His concentration and memory are fair and his appetite is normal. He experiences anxiety symptoms, saying that he has "trouble trusting people." He avoids watching violent TV programs that remind him of the torture. When he is depressed or angry and smokes a cigarette. He smokes about a pack of cigarettes per day but does not drink alcohol. Mr. M talks about feeling that he was brought to the United States under false pretenses. He said he was promised disability support services including door-to-door transportation and financial support. He feels he was promised a hero's welcome but instead was given

poverty, ridicule and bureaucratic red tape. Mr. M is angry because he was also promised that his extended family members would be able to join him in the United States after three months but this process has taken more than five years, without results.

Family Situation: Mr. M's family receives a MFIP (Minnesota Family Investment Program) cash grant and food stamps each month. He works a minimum-wage, part-time job but his ongoing financial and housing difficulties are very stressful and humiliating for him. Mr. M and his family of nine live in a small three-bedroom, one-bath apartment. Mr. M's eldest son is getting into fights at school and Mr. M feels that the school is not protecting his son.

Language Interpreter Needs: Mr. M has some basic English skills but feels most comfortable communicating with an Arabic interpreter, especially in situations that are in any way stressful to him. His wife speaks almost no English after five years, due to being confined in the home taking care of small children.

CASE ILLUSTRATION A: QUESTIONS

1. What issues can you identify from this case study that may derive from the individual's experience of torture?
2. What kinds of barriers does this person face in the resettlement process?
3. Identify the systems currently involved with this client.
4. If this person were your client, how might you approach him?
5. What other systems or services may you want to engage in order to meet the needs of this client?
6. How might the problems and issues presented by this client impact your work and ability to meet this client's needs?
7. What other concerns and needs might be present regarding other members of this client's family and social support system?
8. What areas of support and/or strengths might be utilized?
9. How might torture and war trauma have affected Mr. M's community? What could this mean for him and his family?
10. Are there social policy issues that should be addressed in order to meet the needs of this client and others with similar issues and concerns?

Case Illustration B

Woman from Bosnia

THE CASEWORKER SPEAKS:

I'm just so frustrated. I don't know what I can do for this client. She's doing OK by all our standards - she's met our goals, she's employed, her apartment is clean and neat, but she's just not thriving, you know. She seems so sad all the time; I feel bad when I leave her apartment. But I can't do anything more for her. I don't have time, and I don't need to - she's met all our goals, as I said before.

My client's name is Elena. She's a 42-year-old woman who came to the United States as a refugee three years ago from Kosovo. Her son, Boris, who was 18 at the time, came with her. Her 22-year-old daughter will join her here in a few months. I would think that would make her happy to have her daughter here to keep her company and help her out.

Elena has a job with benefits at a local hotel. She speaks English and she gets by with her money. Her son is a "slow learner" and has not been able to read and write. He speaks basic words in Bosnian and can communicate his needs to his mother. He can stay by himself in the apartment. He smokes a lot. I think he got lost once when he went out, but the police found him and brought him home.

I know things were hard for her in her country. She was imprisoned for a few months, I think. She stays up late at night, smoking. She should relax here now, I think, because she is safe. I don't know what it is that bothers me about this case. It's just that, you know, something isn't right for her. I'm not sure what I could do to help even if I knew what it was I could do.

THE REFUGEE SPEAKS:

I worry all the time. I lie awake at night and worry. I worry not for me, but for my children and for my mother and father. You see, my son is scared. He doesn't understand why we are here. He wanders out of the apartment and tries to find the airport. He wants to go back to his home in Bosnia. Sometimes he seems mad at me because I brought him to the refugee camp and then to America. He doesn't know anyone here and I think people laugh at him. He feels that. Back in our village everyone knew him and he had some small jobs with shopkeepers.

My parents are still in our country. They didn't want to come to safety; it's not good where they are. But they said they wanted to die in Bosnia. I miss them. I wish I could see my mother right now and smell her cooking in the kitchen. It's not good talking on

the phone - we all just feel bad afterwards. They cry a lot because of my daughter. They took care of her when I was separated from my children and taken away by the soldiers.

Ana. I worry so much about my darling girl. She was so full of life - so beautiful! I wake up screaming sometimes when I dream about her. What they did to me in prison does not compare to the brutal rapes and beatings she endured when the soldiers came. I am not sure it is right to bring her here. She could still get hurt again if she stays in our village, but here we have no one. I think the noises at night near the apartment may scare her and I think she may be afraid of the men who hang out by the front door to the building.

I am glad that this country lets me be here where I am not in jail, but I do not think America can help my children.

CASE UPDATE:

Ana arrived, reunited with mother and brother, and moved in with them. The caseworker found her a job in a cafeteria. She began to “fall apart” within weeks, did not show up for work, and fought with her mother. She was irritable and unable to sleep. She often cried uncontrollably.

Her brother became more upset. He began leaving the house frequently. Sometimes two or three days would pass before the police would find him and bring him home.

Ana threatened her brother with a knife in a rage. The neighbors called the police. Ana had to be sedated and was hospitalized in a locked unit in the county hospital. She spoke little English and her mother depended on others for rides to visit her daughter. Ana was released after several weeks. She is now your client.

CASE ILLUSTRATION B: QUESTIONS

1. What are the characteristics of torture that you can recognize from this case study?
2. What incidents described in this testimony can be assigned to the past?
3. Identify present concerns that preserve trauma for the family members.
4. What do you anticipate may happen for Ana in the future if no interventions are offered? For Boris? For Elena?
5. In your capacity as a social worker at a particular agency, what could you do to help this family?

Appendix 8: Torture Victims Relief Act

For the first time, federal funds have been made available for the treatment of torture survivors.

The Torture Victims Relief Act (TVRA) (PL 105-320) was passed in 1998 to assist victims of torture in the United States. Legislative support was led by Senators Rod Grams (R-MN) and Paul Wellstone (D-MN) and Congressmen Christopher Smith (R-NJ) and Tom Lantos (D-CA).

For fiscal year 2000, Congress appropriated the funds authorized:

\$7.5 million for the Department of Health and Human Services (HHS) to assist treatment programs in the United States.

\$7.5 million for the U.S. Agency for International Development (USAID) to support foreign treatment centers

\$3 million as a contribution to the UN Voluntary Fund for Victims of Torture

While Congress appropriated \$3 million for the U. N. Voluntary Fund for Victims of Torture in fiscal year 2000, the administration reprogrammed money and increased that contribution to \$5 million. A senior Department of State official cited the strong support of the Minnesota congressional delegation as a key to making that increase.

Report language for the appropriations bill encouraged the Department of Health and Human Services to support nongovernmental organizations specifically established to assist torture victims. The administration has decided that the Office of Refugee Resettlement will administer the Health and Human Service funds.

The Torture Victims Relief Act is the first comprehensive U.S. program to address the needs and hopes for recovery of torture victims. It recognizes that

- the effects of torture are long-term both on the individual and the society;
- repressive governments use torture as a weapon against democracy;
- support for the centers abroad is an effective way for the United States to support democratic movements throughout the world;
- the many torture victims living in the United States should be provided with rehabilitation services.

Appropriations Support Members of Congress, Martin Olav Sabo (D-MN), and Congressman John Porter (R-IL) helped obtain the appropriations. Sabo was a member of the House Appropriations Committee and advocated for both the domestic and international appropriations. Porter chaired the Health and Human Services Appropriations Subcommittee and included the \$7.5 million for U.S. centers in his appropriations bill. Senators Arlen Specter (R-PA) and Tom Harkin (D-IA), Chairman and

Ranking Minority Member, also assisted in the Health and Human Services Appropriations Subcommittee and included \$7.5 million in their appropriations bill.

Re-authorization of Support

The Torture Victims Relief Act reauthorization bill passed and signed into law in 1999 for fiscal years 2001, 2002, and 2003. Legislative support again led by Senators Rod Grams (R-MN) and Paul Wellstone (D-MN) and Congressmen Christopher Smith (R-NJ) and Tom Lantos (D-CA).

On June 29, 1999, Congressman Christopher Smith (R-NJ), the principal sponsor of TVRA in the House of Representatives, introduced the Torture Victims Relief Reauthorization Act (HR 2367). This Act (PL 106-87) was adopted by Congress and signed into law by President Clinton on November 3, 1999.

This law extends and increases the authorizations of TVRA for fiscal years 2001, 2002, and 2003. In each of these fiscal years it authorizes:

- \$10 million is authorized for domestic treatment centers;
- \$10 million for foreign centers;
- \$5 million for a United States contribution to the United Nations Voluntary Fund for Victims of Torture.

NOTE: This amount of funding in no way meets the needs of all torture survivors, but it is a beginning of the support that is so desperately needed. Treatment centers will need to continue to rely on the generosity of individuals to support their programs for many years to come.

Appendix 9: Secondary Trauma

Secondary trauma is the term that describes the range of psychological and physiological effects seen in those who work intensively with traumatized individuals, the effects of being exposed to horrific stories and the emotions they arouse. Experts have referred to these effects as vicarious trauma, burnout, exhaustion, and counter-transference, all of which are covered by the umbrella term "secondary trauma," and all of which overlap their descriptions. If, as in the view of many, no one, no matter how skilled or mature, is immune from these effects, trauma phenomena take on particular importance.

- Counter-transference, a concept rooted in psychoanalysis, describes a therapist's emotional re-connection to his/her own past triggered by exposure to a survivor's trauma history.
- Burnout and exhaustion refer to the general psychological strain of working in often overwhelming situations where the demand for help is greatly disproportionate to its supply. Helpers trying to provide for the often-infinite need of traumatized populations are typically unwilling to relinquish their posts until the point of physical exhaustion.
- Vicarious trauma describes a substituted experience of trauma in therapists and others caused by intimate work with trauma survivors. It can manifest itself in short-term symptoms generally experience while working with individuals, or as long-term alterations in the therapist's own beliefs, expectation and assumptions about him/herself and others. Symptoms may often parallel those of trauma survivors themselves. A provider's susceptibility to vicarious trauma is shaped by both the characteristics of the situation and the helper's unique psychological makeup.

Frequent symptoms:

- Fatigue, sadness, depression
- Cynicism, discouragement, loss of compassion
- Hyper-arousal, sleep disturbances, intrusive nightmares related to trauma material
- Somatic problem: headaches, joint pain, abdominal discomfort/diarrhea
- Feelings of helplessness, denial and disbelief, anger, and rage

Contributing factors:

- The correlation between refugee status and political and social problems may make helpers feel hopeless about the potential impact of their work upon the root causes of violence and anger.
- Conflicted feelings and issues of trust are typical where survivors may be both perpetrators and victims.
- Communication difficulties, relating to both culture and language.
- Inadequate resources and equipment.

Prevention and treatment may include:

1. Supportive relationships with family and friends
2. Relaxation techniques: formal methods, such as meditation and deep-breathing exercises, or informal methods, such as listening to music
3. Physical exercise
4. Rotation through different types of work activity
5. Mandatory intermittent work-free periods (days, weeks).
6. Good nutrition and adequate sleep; avoidance of excessive use of stimulants, such as sugar and caffeine
7. Professional support systems, such as peer support groups
8. Psychological debriefing after crises: a forum for reviewing the experiences of working with survivors and experiencing conflicting feelings of fear, frustration, and success that may accompany such work

Adapted from: UNHCR Guidelines on the evaluation and care of victims of trauma and violence. 7/94

Questions for Small Group Exercise

1. What have been some of your reactions to working with refugees, especially those who have suffered severe trauma and political violence?
2. What stands out as having been the most difficult experience with a refugee and what were your reactions?
3. Since you have been doing this work, have you in any way thought differently about the world, human nature, or life in general?
4. What stresses or pressures in the workplace, or with coworkers, have made it difficult to perform your job?
5. What effect, if any, has your work with refugees had on your relationships with your family or friends?
6. Have any of your work experiences evoked thoughts or feelings about your own personal experiences or those of someone close to you?
7. How has your work with refugees affected you in positive ways?
8. Describe three familiar coping strategies or things you do to renew and restore yourself in response to stress at work.

Andrea Northwood, Ph.D., CVT

These interview questions are a modified version of questions designed by Jack Saul, Ph.D., and NYU/Bellevue Program for Survivors of Torture.