THE FLOURISH LAB
Centering Families

Introduction to Family-Based Assessment with Torture-Affected Newcomer Families

A RESOURCE GUIDE FOR PROVIDERS AND SURVIVOR OF TORTURE PROGRAMS

Acknowledgments

Funding

Centering Families is a Center of Excellence within the Flourish Lab at the University of Illinois Chicago. The Center is supported with funding through the National Capacity Building Project, a technical assistance partnership of the Administration for Children and Families, Office of Refugee Resettlement (ORR), Technical Assistance to the Survivors of Torture Program (Award #90ZT0214). The Center is also supported with funding from grant #K01MH128524 (PI: Bunn) from the National Institute of Mental Health. The work product of the Center is solely the responsibility of its authors and partners, and do not necessarily represent the official views of ORR, Administration for Children and Families, U.S. Department of Health and Human Services.

To cite this resource guide:

Bunn, M., Al-Hanoosh, F., Polutnik-Smith, C., Wachter, K., & Hudak, L. (2025) Introduction to Family-Based Assessment with Torture-Affected Newcomer Families: A Resource Guide for Providers and Survivor of Torture Programs. [Unpublished resource guide] Centering Families Center of Excellence, Department of Psychiatry, University of Illinois Chicago.

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The CENTER for VICTIMS of TORTURE
National Capacity Building Project

Administration for Children & Families
Office of Refugee Resettlement

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A RESOURCE GUIDE FOR PROVIDERS AND SURVIVOR OF TORTURE PROGRAMS

Introduction

This resource guide was developed as part of a Center of Excellence called Centering Families led by the University of Illinois Chicago and focused on strengthening the capacity of practitioners, leaders and Survivor of Torture (SOT) programs to support torture- and trauma-affected families and communities. This resource guide provides an overview on psychosocial family-based assessment with torture-affected families including the practical, social, psychological and familial strengths and vulnerabilities of families. Torture-affected families have at least one family member who meets the primary or secondary survivor definition of torture and many have also experienced persecution and other trauma experiences during their forced migration.

This guide brings together information related to many different aspects of family-based assessment. The first part of the guide includes general information on family-based assessment and the second part of the guide reviews different domains of family-based assessment. The purpose of the guide is to offer a range of assessment options for SOT programs that are developing a family-based assessment approach for the first time or programs that want to strengthen or expand existing assessment protocols. Each option will need to be carefully considered as per the service context, staffing resources, and the client, and the family's specific needs and concerns; it is not to suggest that SOT programs should conduct as many assessments as possible with any one family.

In planning family-based assessment, providers and SOT programs are encouraged to consider the following guiding principles:

- Prioritize quality and depth of assessment over quantity of assessments.
- Gather information on the topics that are most relevant to the needs of participants served within your program.
- Assessment must lead to intervention – prior to engaging in assessment, ensure providers have the necessary skills, knowledge, capacity and supervision to interpret and integrate the information gathered, and apply it in practice.
- Assess areas that your SOT program is best positioned to respond given your service setting, staffing expertise, and resources.

Whole Family Approach with Torture-Affected Families

A whole family approach with torture-affected families draws on family systems perspectives and situates individual wellbeing within the context of the family.[1] A whole family approach recognizes torture, trauma and other adversities as experiences that impact the family as a unit, as well as individual members; and primary and secondary torture survivors as integral members of their natal or chosen families, whether present, absent or deceased. Fundamental premises are that families are inherently adaptive and resourceful, can be important sources of strength and support, and have the potential to support coping and healing.

In adopting this approach, programs work with individuals of all ages within a given family to assess needs and provide family-oriented services tailored to the unique cultures, languages and needs of torture-affected families. In using this approach, providers encourage and ensure the age-appropriate and developmentally appropriate participation of all family members in addressing key issues and making decisions impacting their family. This includes working in collaboration with torture-affected families to identify targeted resources and services and supporting families in overcoming hardships and meeting goals.

Core Considerations for Family-Based Assessment

Rooted in this whole family approach, family-based assessment is a systematic process of understanding family needs, functioning, relationships, dynamics and priorities within their broader social and cultural context.[2]

Safety and trust:

Establishing safety and trust is paramount when working with torture-affected families. SOT providers must take time to establish rapport and create conditions that promote a sense of security. This includes being transparent about the assessment process and flexible to the needs and circumstances of diverse families.

Culturally humble and responsive approach:

Family roles and responsibilities, and ideas regarding mental health and help-seeking vary considerably across cultures. During the assessment process, it is important to be open to learning about family norms, expectations, beliefs and practices, and to avoid making assumptions. Individuals may be hesitant to disclose personal information about their family out of a desire to protect their family status and reputation. When working with multiple family members, providers will need to encourage participation in a way that is respectful of family norms and roles.

Strengths-based approach:

Torture-affected families embody diverse skills, strengths and resilience. It is important to approach the assessment process from a strengths-based approach.[3,4] This includes eliciting and highlighting strengths, capacities and resources within and outside the family system including cultural resources, spiritual practices, family bonds and community connections that have endured despite adversity. Taking this approach can also support the development of trust between families and providers.

Trauma-informed care:

It is important to use a trauma-informed care approach when conducting family assessments to ensure that information is gathered in a way that promotes the six principles of trauma-informed care: safety, trustworthiness and transparency, peer support, collaboration, empowerment, and cultural responsiveness. This creates an environment that reduces harm and promotes healing.

Ethics, confidentiality and protection of client information:

All providers who are involved in family-based assessment must adhere to ethical standards to ensure confidentiality and protection of client information. Assessments should only be conducted to guide interventions and services that aim to improve the health and wellbeing of families, not simply to collect data.

Assessment Tools and Approaches

Comprehensive family-based assessment can include structured interviews, standardized instruments adapted and validated for cross-cultural use, observational assessments of family interactions, genograms that map family systems and relationships, and narrative approaches that allow families to tell the story of their family in their own words.

Existing measurement tools can be integrated as part of this broader assessment approach. A limitation is that very few measures have been specifically developed for use with torture-affected families or newcomer populations. Practitioners are therefore encouraged to exercise thoughtful judgment when reviewing and selecting tools, taking into account the unique histories, cultural backgrounds, and circumstances of the families they serve.

The psychosocial assessment process should be flexible, occur over multiple sessions and utilize various formats including individual meetings, family sessions, and separate meetings with different family subsystems as needed and as is possible, depending on the family's circumstances and SOT program resources. SOT providers can use technology to engage other family members when appropriate, accessible and desired.

When working with individual adults, providers can employ a family-based approach to understand the system surrounding that person, even if they are currently separated from their family members or have no immediate need to engage other family members in services.

When working with caregivers who are separated from their children, it is important to understand the circumstances of their children, how they are navigating child rearing responsibilities and how the separation is impacting the caregiver and children's health and functioning.

When assessing children, it is necessary to engage caregivers in the assessment process to assess the child's family, educational and broader social environment.

The family-based assessment process will likely involve different staff members.

Case managers may collect basic information about the family system, and assess practical needs, stressors and areas for further assessment by a licensed mental health professional or referral to outside resources.

Mental health clinicians can assess migration history, traumatic life events, individual symptoms and family functioning.

When combined, the assessment information provides a holistic picture of the family and informs service planning and evaluation.

General Resources Related to Family-Based Assessment

- Screening and Assessment: Considerations for Implementation

Family-Based Measures

- Family Functioning Measures

Conducting Family-Based Assessments: Key Domains and Considerations

In the following sections, we review three different domains of family-based assessment: (1) Family information, basic needs, and concerns; (2) Trauma history, mental health symptoms, and family safety concerns; and (3) Family functioning in the social environment. SOT programs and practitioners are encouraged to tailor their assessment approach to best reflect the needs and circumstances of families and resources and capacities within their program.

Part 1: Gather Information on the Family, Basic Needs and Concerns

Case managers can collect basic information about the family, and assess the family's practical needs, stressors and areas for further assessment or referral. Especially when gathering biographical information that may be connected to a person's torture experience, remember the importance of creating a safe environment that will assist the family in building trust with the case manager and program.

1. Basic information about the family system

Collect basic information about the family system to develop an understanding about who is in the family, prioritizing members of the immediate family and those who significantly influence the family's functioning. This includes names, ages, and locations of different family members, focusing on their roles and relationships. This includes family members who are living in other places or remain in the country of origin including:

- Intimate partners or spouses
- Children (including children who may be living with the parent or caregiver and those who might be located elsewhere)
- Parents
- Siblings
- Other significant family members or relationships

2. Practical needs and post-migration stressors

For torture-affected newcomer families, their health and wellbeing are greatly affected by practical needs and stressors.[5,6] It is important to assess and respond to concrete needs alongside other areas of intervention and support. Assessment of practical needs and post-migration stressors can include:

- Housing status and stability
- Financial status and needs
- Employment status (including of other family members)
- Healthcare access, navigation, and service use
- Chronic health conditions and disabilities
- Legal concerns
- Food security
- Transportation
- Technology access and use
- Education needs and navigating education systems
- Childcare

3. Priority family concerns

In addition to basic needs and stressors, case managers can collect information on other family-related priorities, concerns and needs.

This can be done using open-ended questions that allows an individual or family to identify needs in their own words. Providers can also inquire about specific concerns or challenge that require further assessment. This can include concerns related to:

- Parenting or caregiving
- Child health, development or social needs
- Intimate partner relationship issues
- Other family relationship issues
- Family safety issues

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Part 2: Assess Trauma History, Mental Health Symptoms and Family Safety Concerns

Building on SOT programs established protocols for assessing mental health, trained mental health professionals can assess how traumatic events and mental health concerns influence the family system and functioning. If safety concerns are identified, it will also be necessary to further assess these issues so that the provider can determine risk and support the family with safety planning.

1. Traumatic events, losses and migration history

SOT programs routinely collect information on torture experiences as well as other traumatic events, significant losses and migration history. Using a gentle, strengths-based approach, mental health providers can take a family systems perspective when collecting this information to understand how these experiences impact the family. For example, providers can assess how key experiences and events have impacted an individual's caregiving capacities, family communication practices and relationships within the family. When assessing migration experiences, providers can inquire about periods of family separation and how the family has navigated staying connected and making important decisions during and following migration and displacement.

Resources Related to Assessing Trauma History and Migration Experiences[7]

- Refugee and Immigrant Core Stressors Toolkit
- NCTSN Trauma-Informed Screening and Assessment Tools
- Family Trauma Assessment: Tips for Clinicians

2. Individual symptoms and functioning within the family system

Trained mental health professionals can collect information on the mental health problems of torture survivors and their family members. Common areas for individual assessment of adult mental health include depression, anxiety, posttraumatic stress, adjustment problems, grief and somatic complaints, suicidality and substance use problems.[8,9,10] For children, mental health professionals assess similar mental health problems as well as behavioral problems, educational concerns, development, and social needs.[11,12]

While assessing symptoms, integrate a family systems approach and explore how symptoms and functioning of individuals influence the family system. For example, how are a parent's or caregiver's mental health problems impacting parenting or adjustment to the U.S.?[13,14] How are children's mental health and behavioral health challenges impacting the family? How are parents responding to children's mental health or behavioral health problems? How are children's mental health symptoms or behavioral health challenges impacting their ability to engage in school and with peers? For comprehensive assessment of children, consider external referrals or school-based resources if providers or SOT program cannot meet the needs of the entire family due to capacity issues.

Resources for Assessing Individual Symptoms

- Effective Practices for Mental Health Screening Across Cultures
- Complex Trauma Measures

3. Safety and risk

When indicated, family safety and risk assessments can highlight immediate safety concerns within the family context. This includes assessment of suicidal ideation, family violence, and child welfare issues that need immediate attention.[15,16,17]

Prior to assessing safety concerns in families, it is important that SOT programs develop a protocol to outline steps that will be taken for risk of harm cases including documentation and reporting procedures and triage and referral steps. For cases of intimate partner violence, programs should strongly consider referral and coordination with domestic violence providers. Additionally, SOT programs should develop protocols and procedures to help their staff assess their own safety and risk.[18,19] If a family system is experiencing risk of harm, it can also put the provider in danger.

Resources for Developing Family Violence Protocols

- Bridge to Safety
- Family Violence: Core Concepts for Newcomer-Serving Organizations
- Family Violence Safety Plan Template

For child welfare concerns, SOT programs should ensure that all direct service staff are familiar with mandated reporting requirements and trained in related procedures. Additionally, staff should be trained in identifying who qualifies as a "vulnerable adult" in the state where services are delivered and when they are mandated to report to adult protective services. A vulnerable adult is generally understood as an adult who, due to age, disability, or some other condition, is unable to protect themselves from abuse, neglect, or exploitation.

Resources Related to Child Welfare Issues

- Working with Immigrant and Refugee Families: A Guide for Child Welfare Caseworkers
- Fundamentals of Mandatory Reporting: A Guide for Refugee Service Provider in the U.S.
- Refugee Children Exposed to IPV: Doubly Vulnerable
- Adult Protective Services

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Part 3: Explore Family Functioning in the Social Environment

There are several aspects of family functioning that trained mental health providers can assess, drawing on recent family therapy and family psychology literatures. Mental health providers can tailor their assessment of family functioning to those areas that are most relevant to the family, most suitable for present circumstances, concerns, and priorities, and which their SOT program is well-positioned to provide direct support or refer to external resources.

1. Roles, rules and responsibilities within the family

Clear roles and responsibilities reduce stress and prevent role overload, especially in families coping with illness or adversity.[20] Family roles and responsibilities are often impacted by torture and forced migration in various ways. For example, caregivers may be unable to work due to injury, displacement or work restrictions. Female caregivers may enter the workforce for the first time which may result in changes to household responsibilities or child rearing.[21] Parents often struggle with parenting in the U.S. context and caregiving demands in resettlement.[22] Children may take on additional responsibilities to assist their family with meeting new challenges and demands on the family.[23,24] While these changes often reflect the family's efforts to adjust to new demands and stressors, they may also result in role and responsibility challenges that are stressful to families or create new challenges and family conflict.

Use open-ended questions to assess family roles, rules and responsibilities within the family system and how they have shifted or changed due to migration. Explore adaptations and challenges related to family roles and responsibilities including parenting.

Resources Related to Family Roles and Responsibilities[25]

- Refugees, Asylum-Seekers and Undocumented Migrants and the Experience of Parenthood: A Synthesis of the Qualitative Literature
- Parenting in a New Context: Strategies for Practitioners Supporting Refugee and Immigrant Caregivers
- Child Care Resources for Refugee Service Providers: Ensuring Working Families Thrive

2. Family communication

Clarity, openness, and quality of family communication are important for the functioning of the family.[26] Poor communication is often linked with conflict, disengagement, and mental health problems.[27] For torture affected families, family communication is often impacted by traumatic life events, and periods of family separation[28,29] and can be exacerbated by language proficiency differences between adults and children. Furthermore, torture and adverse life experiences may contribute to mental health problems in parents and children and can impair communication capacities. Families who can maintain open and culturally appropriate communication practices despite adversities often have better long-term outcomes.

Assess family communication practices including how the family stays in touch (if separated), how openly needs can be expressed and how support can be accessed when in distress or facing problems. Approach these questions with cultural humility as norms and expectations regarding parent-child communication and spousal communication will vary by culture.

Resources Related to Family Communication[30]

- Disclosure and Silencing: A Systematic Review of the Literature on Patterns of Trauma Communication in Refugee Families
- Parenting a Child Who Has Experienced Trauma

3. Problem solving, strengths and coping

Families vary in their ability to adapt to new external stressors and circumstances, address problems collaboratively and work to resolve conflict. Families that adapt organizational patterns and coping practices in response to stressors often show greater resilience which can promote family stability and adaptation over time.[31,32] Explore family strengths including individual, familial, and communal strengths. Explore the family's efforts to cope and solve family challenges. This can be done using open-ended questions and supported through structured tools.

4. Warmth, affection and closeness in familial relationships

Emotional closeness and a sense of belonging are important for healthy family functioning, though norms related to how this is expressed will vary across cultures.[33,34] Experiences of torture, family separation and displacement may disrupt attachment bonds within families and strain family closeness.

Warmth, affection, and closeness in familial relationships can be assessed through observational techniques, self-report questionnaires, and interviews with adults and children.[35,36,37]

5. Supports and resources

Access to social, financial, and community resources support family wellbeing and adaptation during stress, transition and adversity.[38] Yet, very often, supports and resources are disrupted by displacement and resettlement.[39]

Assess the family's supports and resources considering a broad range of potential social relationships, connections, and informal and formal support systems needed and available. Assess barriers to building social connections and accessing available supports.[40]

Resources Related to Supports and Resources[41]

- A Scoping Review of Social Support Research Among Refugees in Resettlement
- Promoting Integration Through Social Connections
- Fostering Community Connections for Newcomers: Building Social Capital
- The Effects of Torture on Families and Communities

6. Family resilience and meaning making

Families who create shared meaning, sustain a positive outlook, or draw on spiritual and cultural resources often show enhanced resilience in adversity.[42,43]

Assess the family's efforts to make meaning of their life experiences. Assess if and how spirituality or religion play a role in the family system and contributes to family meaning making.

Resources Related to Family Resilience and Meaning Making

- Resilience and Child Traumatic Stress
- Family Resilience and Traumatic Stress: A Guide for Mental Health Providers

Part 4: Identify Family Goals

1. Family goal setting

Family assessment culminates in family goal setting where the provider and family work collaboratively to identify goals to support their individual and family functioning based on the information gathered.

Approach goal setting as a flexible process that will evolve and change as the needs and conditions of the family changes. Goals may initially focus on meeting basic needs – food access, housing, employment, education, transportation, medical attention – and pressing family concerns such a reunification with children before other family-related needs can be addressed. When identifying goals, consider priorities and goals for their family now and in the future. Reflect on resources within and outside the family that are needed to assist with meeting these goals. Support the family with understanding that your work together will be a process that takes place over time. This can help build a safe and secure connection between the family and provider.

Resources for Family Goal Setting

- The Family Partnership Process: Engaging and Goal-Setting with Families

Limitations

It is important to approach family-based assessment in a culturally appropriate manner. There may be limitations to assessing a whole family if there are contexts in which family norms, power dynamics, or safety issues limit participation. While many resources have been developed to support family assessment, few of these have been developed specifically for torture-affected families. Be cautious when utilizing existing tools and resources developed for other populations and carefully consider adaptations that may be needed to improve fit and relevance.

Conclusion

Family-based assessment offers a structured framework for understanding the needs, priorities, and dynamics of torture-affected families. These assessments should be grounded in a whole-family approach that recognizes families' inherent resilience and unique strengths. When practitioners maintain adaptive and reflective processes, they create space for families' cultural contexts and the evolving social environments that shape their experiences and challenges. By centering these principles, family-based assessment can effectively support each family's distinct goals, identity, and overall wellbeing.

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