

Social Services Part One

Slide 1 - Welcome



Fundamentals of Providing Services to Survivors of Torture eLearning Series



The
CENTER for
VICTIMS of
TORTURE
.....
National Capacity
Building Project

Social Services

OFFICE OF REFUGEE RESETTLEMENT
An Office of the Administration for Children & Families

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Welcome to the Social Services unit in the Fundamentals of Providing Services to Survivors of Torture eLearning Series.



Slide 2 – Lesson Objectives

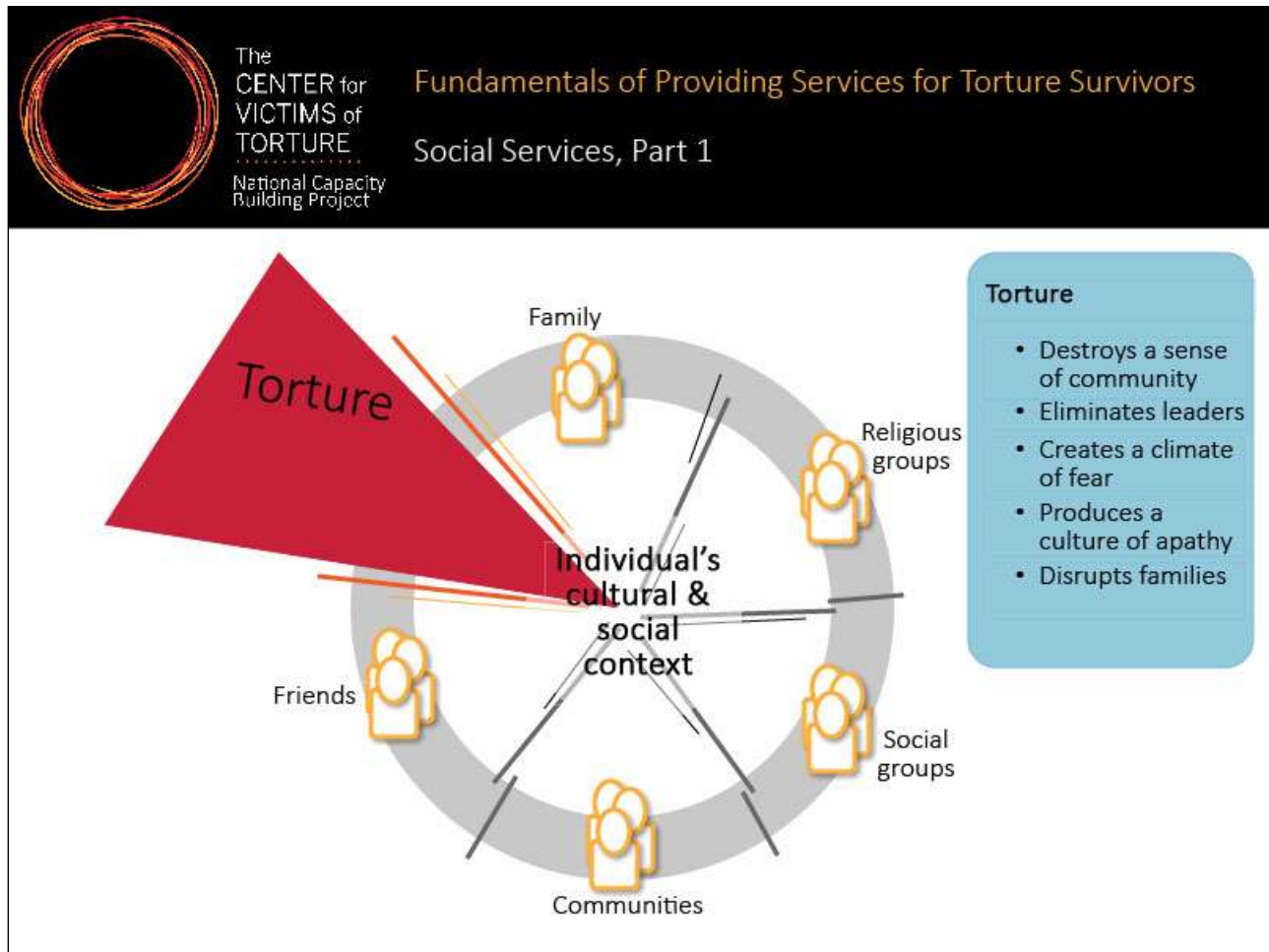


Hello, I'm Heather Tracey, a social worker at the Center for Victims of Torture in Minneapolis. The social service lesson is divided into sections. The first section will provide an overview of the basis of providing social services to torture survivors. We'll begin with a brief discussion of different types of models of social service provision within the torture treatment field, as well as common elements within those models. We will discuss social work theories related to social service provision, including social rehabilitation theory, and how torture can affect a survivor's social functioning. Although people often think of social services with torture survivors as being focused on finding resources for basic needs, this is only one element of this work. It is also important to understand the social effects of torture and how that impacts a survivor's ability to heal and rebuild one's life. We will explore that in this lesson.





Slide 3 – Breaking Connections



It's essential to remember that torture occurs within a cultural and social context. Torture is designed to break connections between individuals and their social environments and to break the bonds of communities. As a result, torture:

- Destroys a sense of community
- Eliminates leaders
- Creates a climate of fear
- Produces a culture of apathy
- And disrupts families.

In these ways, torture creates a culture, climate, and community ethos of pervasive fear, distrust, and silence. All of these things affect a person's ability to interact with their social environment and their community. It is important to keep this in mind as we discuss the social functioning and social service needs of survivors.





Slide 4 – Social Workers

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Social Services, Part 1

Core Principals of Social Work

- Promote social change
- Problem-solving
- Empowerment
- Liberation

Family

Religious groups

Individual's cultural & social context

Friends

Social groups


Communities

Although not all social service providers are trained social workers, some of the core principles of the social work profession can guide social service provision with torture survivors. According to the International Federation of Social Work, those principles include promoting social change, problem-solving in human relationships, and the empowerment and liberation of people to enhance wellbeing.





Slide 5 - Theories

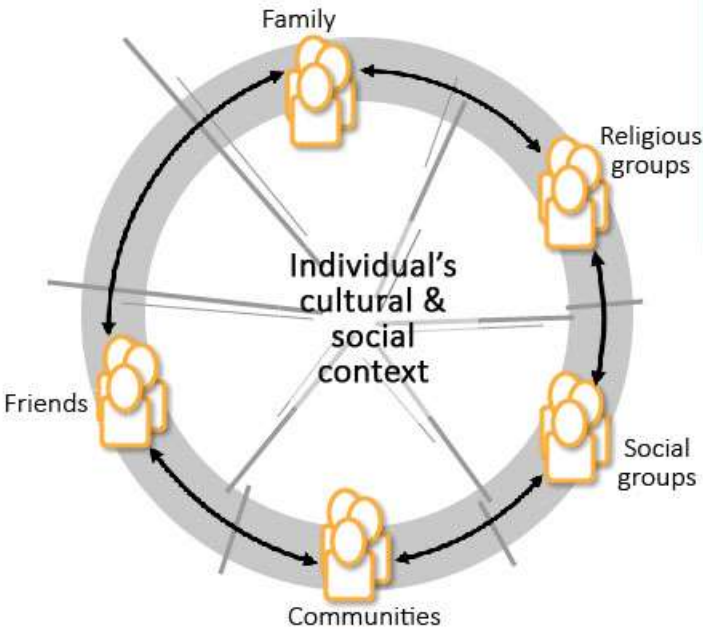


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Social Services, Part 1

Core Principals of Social Work



Use theories and social systems

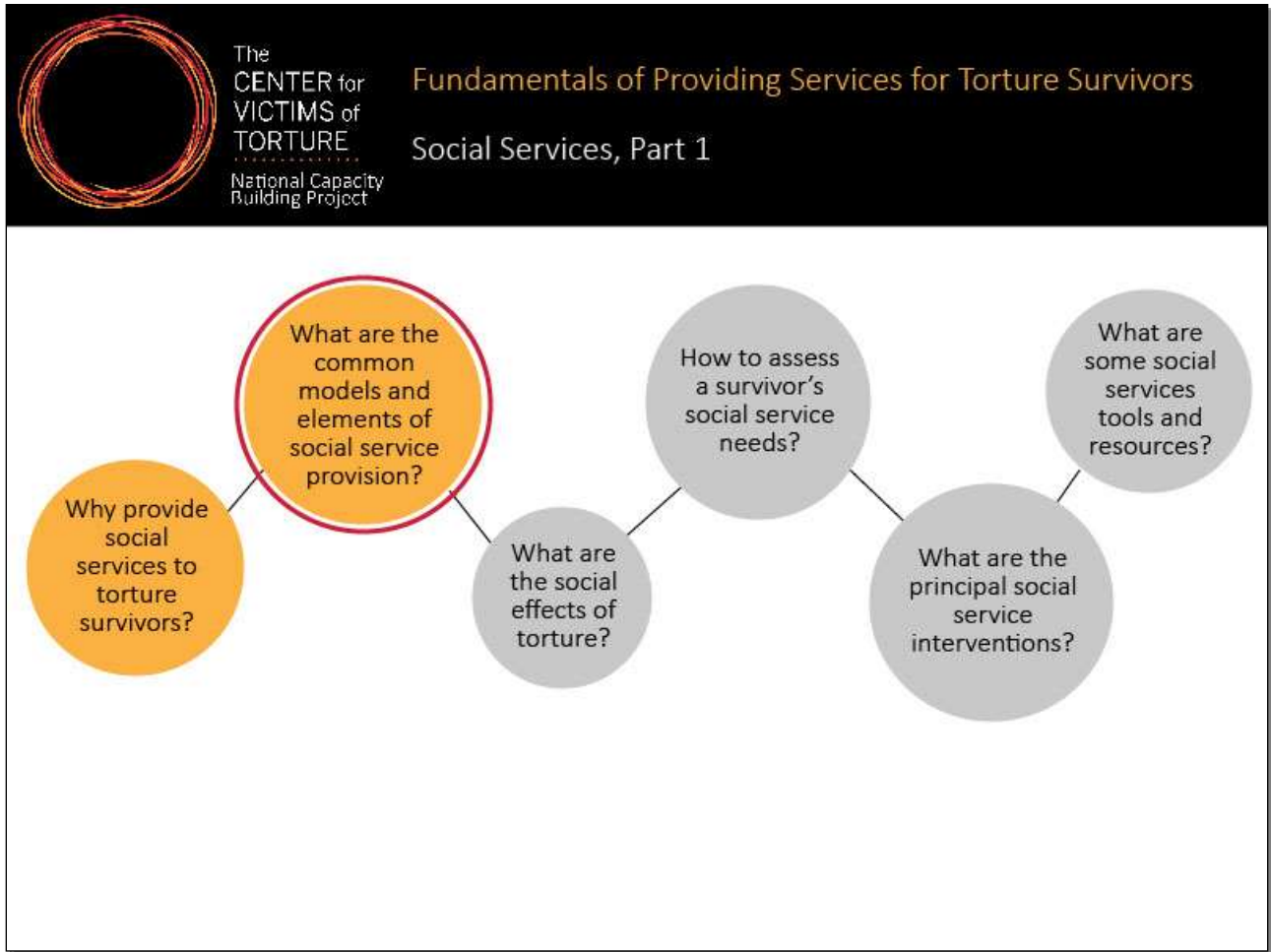
- to meet their needs
- and rebuild connections

To do this, we utilize theories of human behavior and social systems and intervene at the points where people interact with their environments. When we think back to the purpose of torture - to destroy a sense of community, to eliminate leaders, and to create a climate of fear and apathy – it’s clear why healing services for torture survivors need to address the social effects as well as the physical and psychological effects of torture. Simply put, we do this in two main ways – first by helping survivors meet their basic survival needs, and second, by helping them rebuild connections with themselves, their families, and their communities – the environments they interact with.





Slide 6 – Common Models



Now let's discuss a key topic within this lesson: what are the common models and elements of social service provision?





Slide 7 - Various Models

The screenshot shows a presentation slide with a black header. On the left is the logo for 'The CENTER for VICTIMS of TORTURE National Capacity Building Project'. The main title is 'Fundamentals of Providing Services for Torture Survivors Social Services, Part 1'. The central content area has the heading 'Various models of social service provision delivered by' and three orange buttons: 'Case Managers', 'Bicultural Providers', and 'Licensed and trained Social Workers'. At the bottom, there is a blue button 'Click each button to learn more', the text 'When you are done, click Continue', and an orange 'Continue' button.

There are varying models of social service provision within organizations providing healing services to torture survivors, and different types of staff members who provide social services within organizations. Whatever the model within a program, social service providers typically work as members of a multidisciplinary team. Whatever your role might be within your organization, it's important to understand the model of social service provision used within your organization, and what services are provided, and how to communicate with social service providers about survivors' needs.

Case Managers

Some programs use a case management model where the case managers address social service needs, while also coordinating the survivor's appointments with other providers in the organization and community and managing their treatment plans. Not all programs use a case management model in which the social service provider is responsible for coordinating other aspects of a survivor's treatment.





Bicultural Providers

Another type of model is built around bicultural workers - social service providers who are members of the same ethnic community as their clients. This model allows for clients to have someone from their community who speaks their language and understands their culture, working with them on social services issues.

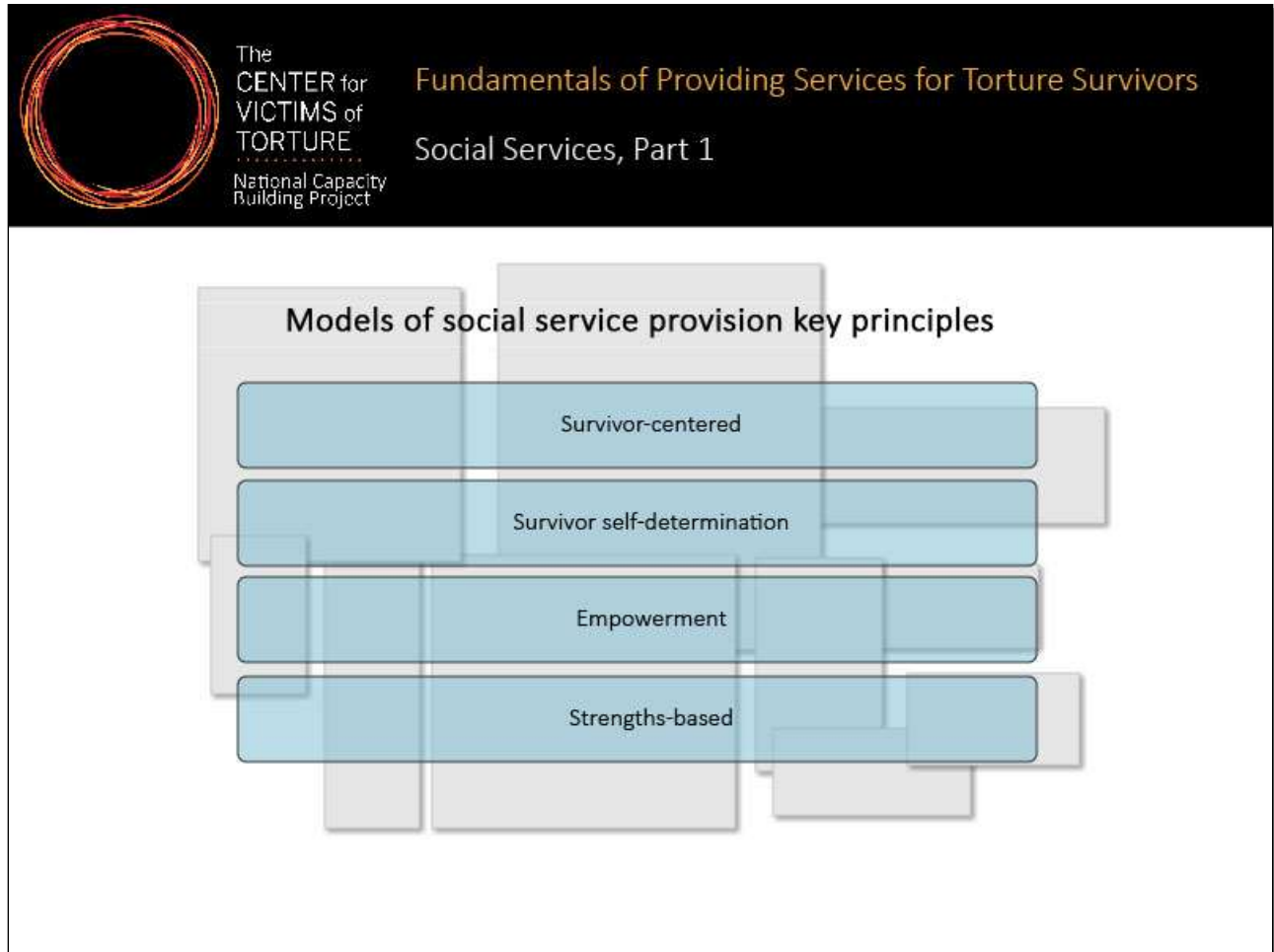
Licensed Social workers

Other programs use trained and licensed social workers to address social rehabilitation goals and social service needs of survivors.





Slide 8 – Four Models

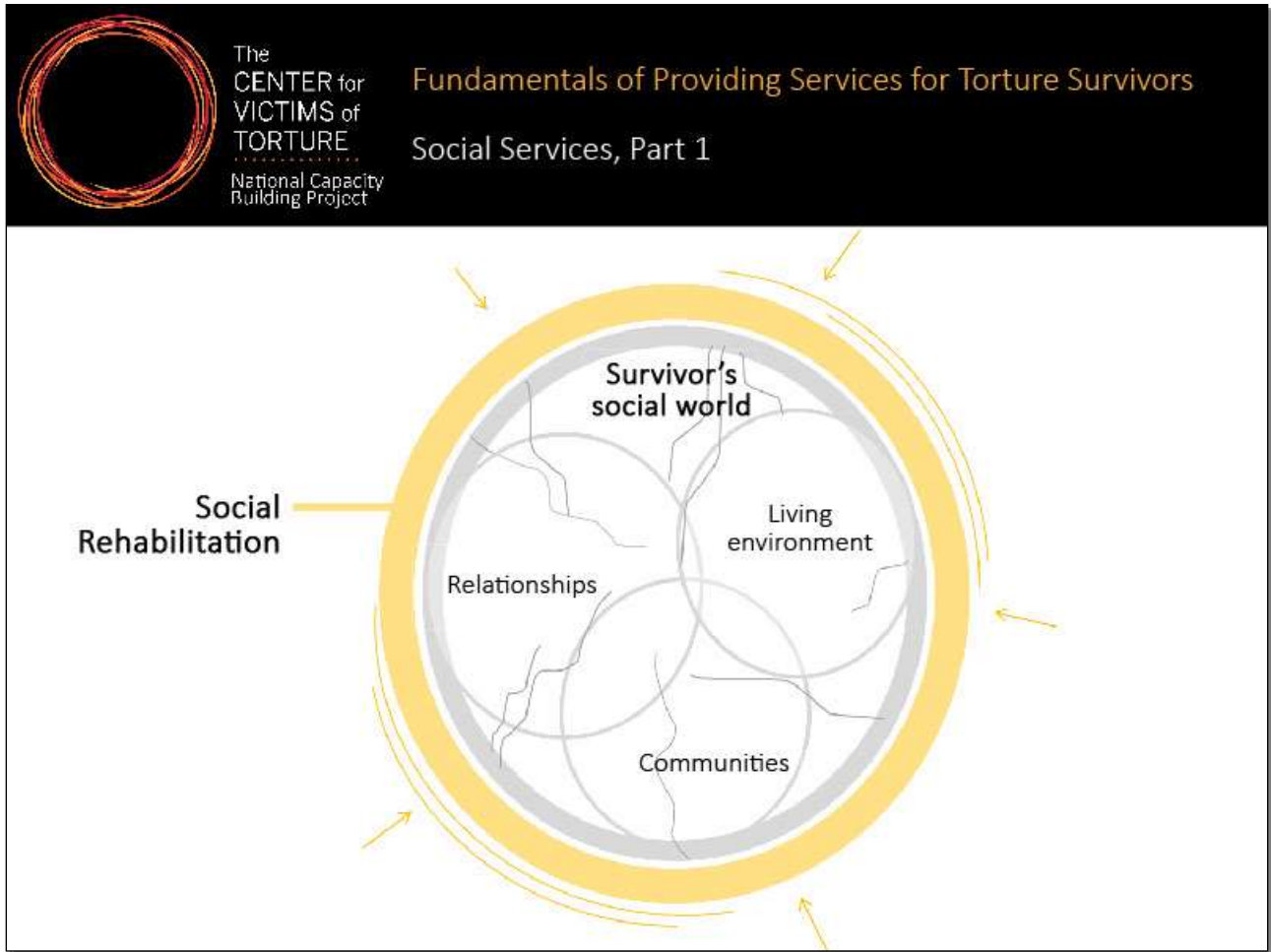


All social service models should be built around key principles, which by this point in the course will be familiar to you, since they underlie all areas of service provision. They should be survivor-centered. The best interest of the survivor and his or her healing is the focus of all treatment planning and intervention. They should emphasize self-determination, allowing the survivor to make choices for him or herself and be involved in treatment planning and goal setting. They should consciously seek opportunities to empower survivors rather than making them overly dependent on services, providers, and others. And they should be strengths-based, focusing on the survivors' strengths despite the difficult situation they might currently be in. It's important to remember the inherent strengths of the torture survivors we work with, which are evidenced by the fact that they survived their torture experience and have made their way to the U.S.






Slide 9 – Social Rehabilitation



“Social rehabilitation” is the term used to describe the process of mending or rebuilding the survivor’s social world, including relationships with others, the community, and the living environment. Along with meeting basic survival needs, this social rehabilitation is essential to helping survivors function more successfully in their lives and should be integrated into the social services provided to torture survivors. If we think about it, we’ll see that every interaction we have with a torture survivor is an opportunity to contribute to this mending and rebuilding process. Now let’s apply this concept to a particular person.



**Slide 10 - Mohamed's Story**

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Social Services, Part 1

Mohamed's Story

Mohamed is a 45-year-old Iraqi man and is a Shiite Muslim. He is married and is the father of three children – a 14-year-old son, a 12-year-old daughter, and a 9-year-old son. Mohamed was trained as an engineer in Iraq and worked in a government ministry for 10 years before he was persecuted, detained, and tortured for his opposition to Sadaam Hussein's regime. Mohamed was detained for 14 months in an Iraqi prison during which time he experienced beatings, electrical shocks, and sexual torture. Upon Mohamed's release from prison, he went into hiding and was able to flee to Saudi Arabia where he lived in a refugee camp for three years. After Mohamed's flight from Iraq, his wife and children were targeted and threatened and his wife was detained and tortured for six months in an attempt to get information about Mohamed. During this time, the children were taken into hiding by extended family members.

At this point, I would like you to listen to Mohamed's story and then we will reflect on Mohamed's situation.





Slide 11 - Reflection


The slide features a black header with the logo of The Center for Victims of Torture (a circular orange and red pattern) on the left. To the right of the logo, the text reads: "The CENTER for VICTIMS of TORTURE National Capacity Building Project". Further right, the title "Fundamentals of Providing Services for Torture Survivors" and subtitle "Social Services, Part 1" are displayed in orange. Below the header, the main title "Mohamed's Story" is written in large orange letters. The central content is a grey rounded rectangle containing a large orange question mark on the left and the text "What people, systems, and environments might Mohamed interact with in his daily life?" on the right. In the top right corner of this rectangle is a small icon of a hand writing on a notepad. In the bottom right corner is a white button with a drop shadow that says "Click to open Mohamed's Story."

We just discussed the importance of social work intervening at the points where people interact with their environments, as well as the importance of rebuilding a survivor's social world. Please take a few minutes to reflect on Mohamed's situation. Then write down the people, environments, and systems that Mohamed may interact with in his daily life.





Slide 12 – Social Effects



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Social Services, Part 1

Mohamed's Story



What people, systems, and environments might Mohamed interact with in his daily life?

Possible answers include:

- Family system (both immediate and extended)
- Mosque and religious community
- Iraqi community living in the area
- Children's school
- Employer & co-workers
- Employment counselor & agency that employs the counselor
- Medical professionals
- Landlord and/or apartment manager
- Subsidized housing program
- County & economic assistance programs staff
- Neighborhood

Click
to open
Mohamed's
Story.

You've taken a moment to consider the people, environments, and systems that Mohamed interacts with. They could include:

- Family system (both immediate and possibly extended)
- Mosque and religious community
- Iraqi community living in the area
- Children's school
- Employer and co-workers
- Employment counselor and the agency that employs the counselor
- Medical professionals
- Landlord and/or apartment manager
- Subsidized housing program
- County economic assistance programs staff
- Neighborhood



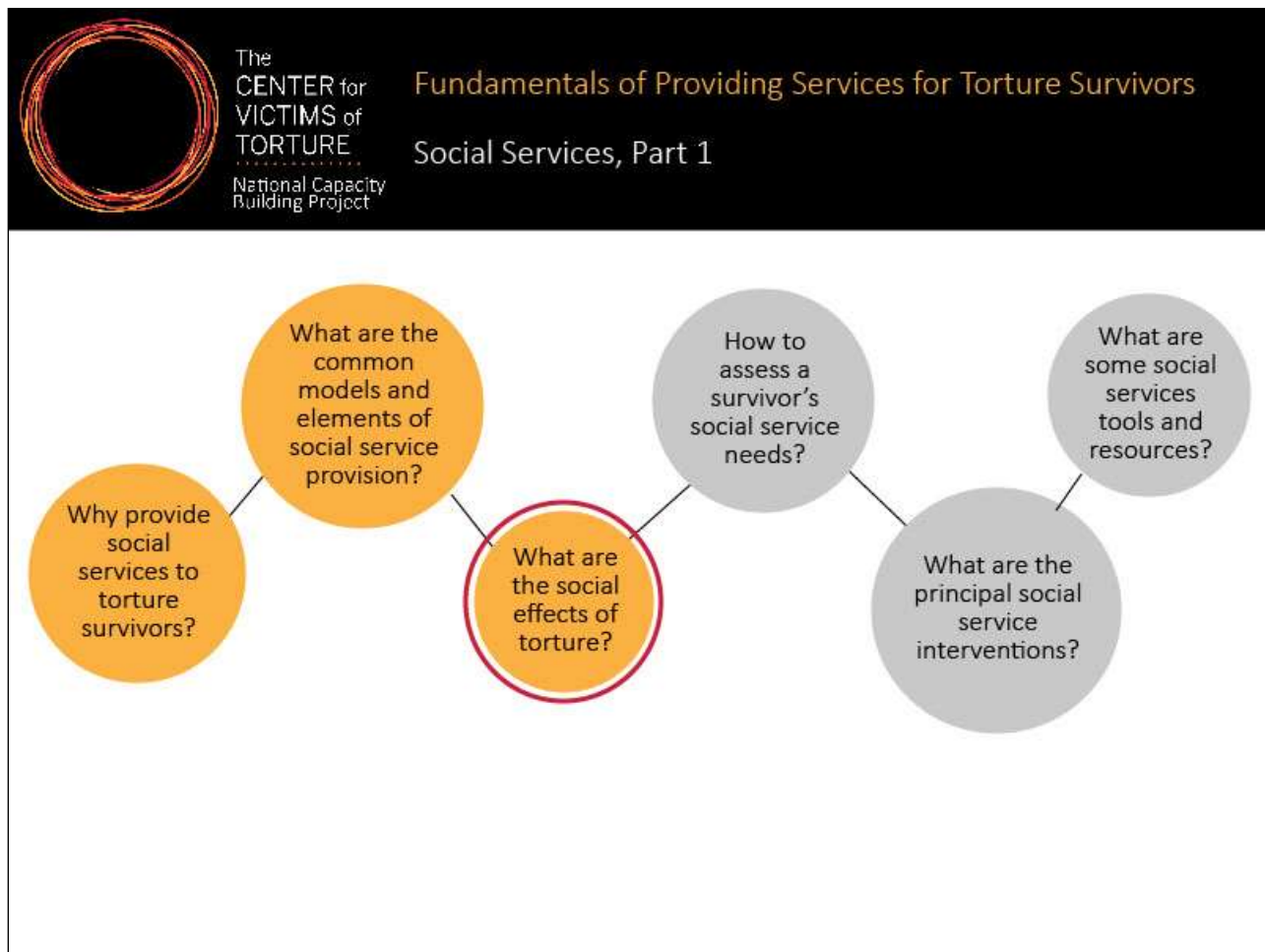


You may have thought of others as well. We can readily see the wealth of challenges and opportunities that daily life presents, both for basic survival and for social functioning when interacting with so many systems. The more aware we are of this complexity, the better able we are to help survivors meet those challenges.





Slide 13 – Social Functions




This section of the social service module will provide an overview of common social effects of torture, how these might manifest in a survivor, and examples of social service interventions that can be used in these situations. This section demonstrates the reality that many issues torture survivors face overlap between service areas, and providers working in different roles may engage in similar or interconnected interventions. It is important to understand these effects because it can affect a survivor's social functioning at very basic levels and can affect social service provision. You'll see that some of the interventions discussed here are more psychotherapeutic in nature, and will be most appropriate for social service providers who have that training. At the same time, we know that survivors will often talk with their case managers about intimate personal and interpersonal issues, because they trust them. This requires staff not trained in psychotherapy to be able to respond supportively, while staying within the limits of their training and responsibility. Using supervision and referrals can help in managing these situations effectively.





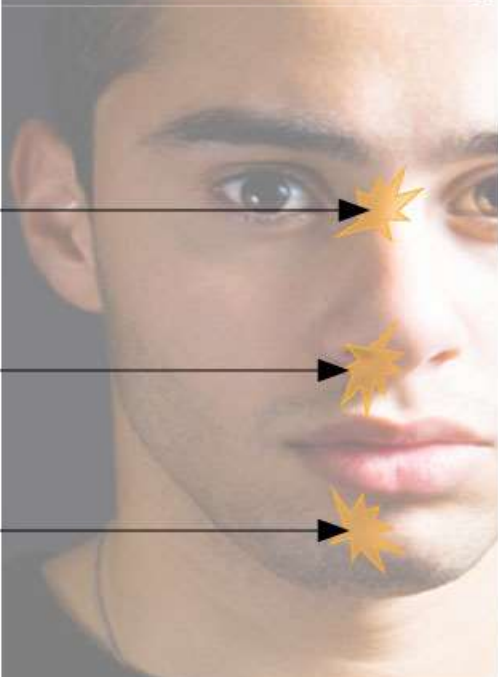
Slide 14 – Mohamed’s Story


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Social Services, Part 1

Individual’s social functioning

Torture can impair social functioning by:

- Disrupting a natural ability to interact comfortably with others and the community
- Interfering with the ability to rebuild, renew, repair and maintain relationships
- Negatively impacting other dimensions of a survivor’s overall wellness



Possible Interventions

- Work towards relationship building with someone outside of family which could lead to further relationships in the community
- Recommend socialization group in your organization like knitting, sewing, or education groups

Humans are social beings. Torture is an interpersonal trauma, inflicted by people on other people. As such, it inevitably impacts social functioning. The degree of impairment will vary, but for many it severely disrupts the natural ability to interact comfortably with others and the community. Mohamed’s wife is an example of how fear and lack of trust can impede social interaction - not just for her, but also for her family. An interpersonal trauma requires an interpersonal dimension to healing. A possible intervention with the family may be to provide the family with a volunteer from your program that can visit once a week for socialization or English tutoring. Helping his wife begin to develop a relationship with someone new and to develop a sense of comfort, may help her begin to believe that people can be trusted and not everyone will hurt or betray her.

Because torture can interfere with the ability to rebuild, renew, repair, and maintain relationships and damage the survivor’s ability to resume a full life, it can thus impact how successful the survivor will be in finding and keeping employment, learning in school, and fulfilling family and community leadership roles. Mohamed’s fear of those in authority roles has affected his ability to maintain employment as this creates conflict with his managers. These conflicts have been difficult to repair when they occur. A possible intervention in this scenario would be to connect Mohamed with a vocational rehabilitation specialist who could provide both





support and assistance in finding Mohamed appropriate employment to match Mohamed’s skills and that would be an appropriate work environment for Mohamed’s symptoms. The counselor could be someone that Mohamed would develop a relationship with and also someone that could assist in resolving potential conflicts with employers.

The inability to reconnect with others and the community can negatively impact other dimensions of a survivor’s overall wellness, including the psychological, physical, and spiritual aspects of their being. Because Mohamed’s wife fears others from their community, she is reluctant to attend mosque or have her children attend. This affects their spiritual life to an extent and the social isolation this fear creates also affects the psychological wellbeing of all the family members. Again, the possibility of helping his wife begin to develop a relationship with someone outside of the family would be one intervention to work towards. This could lead to her feeling safer venturing further into the community and interacting with others more in the future. Some torture treatment programs and community programs offer socialization groups, ranging from knitting and sewing to education groups. These may also be a helpful intervention for Mohamed’s wife as she continues to work toward more socialization.





Slide 15 - Reflection

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Fundamentals of Providing Services for Torture Survivors
Social Services, Part 1

Mohamed's Story

How has torture affected the social functioning of Mohamed and his family?

Click to open Mohamed's Story.

Please take a few moments to pause the presentation and reflect on the following question and write your response in your journal. Once you have completed this activity, click the forward button to continue.





Slide 16 – Negative Effects

The slide features a black header with the logo of 'The CENTER for VICTIMS of TORTURE National Capacity Building Project' on the left and the title 'Fundamentals of Providing Services for Torture Survivors Social Services, Part 1' on the right. The main content is titled 'Individual's social functioning' and is overlaid on a photograph of a person's face. It consists of four rows of text boxes. The left boxes are pink and list negative effects, while the right boxes are yellow and list interventions. Red starburst symbols connect the two columns.

| Negative Effects | Interventions |
|---|--|
| Loss of roles, status, place in social structure | Volunteering or openly discussing |
| Conflicts with others | Explore cause of conflicts |
| Estrangement from loved ones | Reassure torture not their fault |
| Lost & impaired relationships Unwillingness to develop new relationships | Provide consistency, predictability, warmth, empathy |

Throughout the course we have discussed physical, psychological, and spiritual effects of torture. Torture also impacts social functioning. As we learned from the triple trauma model, the consequences of torture stem not only from the torture itself, but also from the massive disruptions and losses that follow in its aftermath. The more fully we understand these, the more clearly we notice when they are causing difficulty to survivors and the more we can support survivors to overcome them.

One major effect of torture, commonly provoked by forced uprooting from one's home, one's country, and one's whole life, is the loss of roles, status, and place in the social structure of the family, workplace and community. Openly discussing the loss of roles and status helps the survivor understand and name these losses and think about ways to compensate for them. The legacy of torture often contributes to interpersonal conflicts – in the family, workplace, community - which in turn have serious consequences for social functioning.

Remember the example of Mohamed from the vignette in the last section of this module. It can be helpful to explore what the survivor believes might be causing the conflicts. It may be a lack of trust, secrets that have





been hidden, or the survivor feeling as if he or she is being treated differently than others. Open discussion between provider and survivor can lead to possible solutions. For family and marital conflicts, therapy might be an appropriate option and a referral would be important. For conflicts within the job or community, the social service provider may be able to do some advocacy and exploration with the employment supervisor or others to further understand the issue and problem-solve towards some resolution.

Often survivors don't discuss their torture with their families and loved ones. Secrets are kept and they suffer alone with their symptoms. The family members know the person has changed and may make assumptions about what has happened but the silence between family members can be very difficult. Loved ones may be afraid to ask about what happened and how the survivor is feeling and the survivor may be afraid to tell the loved ones what happened out of shame. Helping survivors understand the torture that occurred was not their fault, and that the symptoms they are experiencing are normal, can relieve guilt and stress. These fundamental points can be made by any concerned provider at the appropriate moment, and survivors may benefit from hearing them repeated in different contexts. These conversations may also give the survivor both language and courage to begin discussing their situation with their loved ones, creating an opening for improved social functioning.

Because of the betrayal and losses many survivors experienced, they can be afraid to extend themselves emotionally to others and to develop new relationships for fear of being hurt or betrayed again. This can lead to social isolation. As we've emphasized before, the relationships they develop with their providers can be a model for them in learning to trust and feel safe in developing new relationships in the future. This is one reason why it's important to provide consistency and predictability, as well as warmth and empathy, within the working relationship. It's also very important to be able to plan for a thoughtful termination of services or transfers between providers (if the client is ending services or a provider is leaving), so that the survivor can experience a planned goodbye, unlike the endings to many relationships in their past.





Slide 17 – Negative Effects

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Fundamentals of Providing Services for Torture Survivors
Social Services, Part 1

Individual's social functioning

| | |
|--|--|
| Loss of roles, status, place in social structure | Volunteering or openly discussing |
| Conflicts with others | Explore cause of conflicts |
| Estrangement from loved ones | Reassure torture not their fault |
| Lost & impaired relationships | Provide consistency, predictability, warmth, empathy |
| Unwillingness to develop new relationships | |
| Learned helplessness/lost sense of competence | Offer choices & support to complete tasks |
| Dependency | Find ways to alleviate these feelings |
| Shame & guilt | Normalize & educate about experience in U.S. |
| Disorientation in ability to contribute | Explore options to contribute |
| Inability to trust others | Provide consistency, follow-through |

Learned helplessness can be the result of being put in the position during torture of having to make “forced choices”, knowing that there will be harsh consequences for the “wrong” answer. This can lead to a fear of making decisions or taking actions on behalf of one’s self. This damages a survivor’s ability to move forward in education, employment, or daily life choices related to basic needs. Providers can help by offering choices, support, and opportunities for successful completion of tasks.

Dependency is a difficult issue for survivors to deal with because most survivors were successful and self-sufficient before their torture and their flight into exile. Many survivors struggle to provide for themselves and their families when arriving in the U.S. due to lack of work authorization, trauma symptoms, lack of English language, and culture shock. Feeling and being dependent on others can add to a sense of shame for some survivors. It is important for social service providers to help survivors find ways to alleviate these feelings of dependency, despite the fact that they may not be able to work or earn an income.

One example I could think of was a survivor who was living with acquaintances from his home country whom he met after coming to the US. He depended on them for food and housing, and felt both embarrassed and





worried about the burden he caused them. I helped him access a community food shelf program that allowed him to bring food into the home and contribute to the family in that way. And at the same time, he developed skill in dealing with the organizations and resources of his new community. Social service providers can also help the survivor brainstorm other ways to contribute to the household, such as helping the host with household duties or childcare. This is important partly because it's often true that the host family is making a significant sacrifice to care for an additional person, and resentment, or even asking the survivor to move, does occur.

As we just discussed, often survivors feel a sense of shame or guilt for being dependent on others or not being able to provide for their families while waiting for their work authorization, or not being healthy enough to work. Survivor and family members' unrealistic expectations of what life would be like in the U.S., the asylum process, and lack of economic opportunities, often add to these feelings. Normalizing this experience for the survivor can help. Sometimes providing education to family members here or back home can also help alleviate pressure from family members who do not understand why the survivor isn't providing for them.

Disorientation about how to meaningfully contribute can happen as the result of loss of status, being in a new environment, and not feeling safe to engage with others and the community. A provider could help a survivor explore ways that he or she could contribute to the community through volunteering in an organization or their religious community. Many cities have organizations that will match people's volunteer interests with organizations needing volunteers. This is also a good way for survivors to use professional skills in the U.S. while waiting for work authorization. This can be a way for survivors to reconnect with both themselves and their community. Volunteer activities also provide good employment references for when a survivor receives his or her work permit. For some survivors, religious and spiritual resources, such as a church, temple or mosque, can provide an opportunity for meaningful involvement in the community, and at the same time help them reconnect to the internal spiritual life that has often been a central factor in sustaining them. Of course providers should support survivors to think through and follow their best instinct in deciding where to get involved. Many survivors don't trust being around people from their own country. For them a spiritual community apart from their own national or ethnic group may feel safer, and can also help with integration into their new community.

Torture affects a survivor's ability to trust others, including sometimes the providers they are working with. Consistency is very important in developing trust, so it is important for social service providers to follow through on what they say they are going to do for a survivor and to be careful not to promise things they will not be able to deliver. Lack of trust may also affect a survivor's willingness to follow-through on a resource, because he may be afraid to meet a new provider or have to give personal information to a new organization. Accompanying the survivor on his first visit or sharing information you may know about the agency, may help him feel more comfortable.



**Slide 18 – Conclusion**

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Fundamentals of Providing Services for Torture Survivors
Social Services, Part 1

1 Think of a situation you've encountered with a survivor where you observed some of the social effects of torture and its aftermath that we've identified in this section. If you don't have a personal example, refer to the vignette of Mohamed and his family. What are the effects you noticed? List at least two.

2 What challenges or problems have those effects created in the survivor's social functioning, including relating to you?

Click to review Mohamed's Story.

Now, please take a few minutes to pause the presentation and write your thoughts on the following questions. Once you have completed this activity, this lesson will end. Go back to open the next lesson.





Slide 19 – Proceed to Social Services Part 2

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Fundamentals of Providing Services for Torture Survivors
Social Services, Part 1

Congratulations, you have completed the eLearning on Fundamentals of Providing Services for Torture Survivors: Social Services, Part 1.

There is no assessment for Part 1. There will be an assessment at the end of Part 2.

Proceed to Social Services, Part 2

