

The top half of the cover features a background image of cracked, dry earth in shades of brown and tan. A single white flower with a purple center and green stem is positioned on the right side of the cracked earth. In the upper left corner, the University of North Texas logo is displayed in white, serif font, with a small star between the words 'NORTH' and 'TEXAS'.

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The Cost of Survival: A Needs Assessment of Survivors of Torture and Service Providers

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EXECUTIVE SUMMARY

The Cost of Survival: A Needs Assessment of Survivors of Torture and Service Providers

Executive Summary

This needs assessment was conducted at the request of the Center for Survivors of Torture (CST) in Texas by graduate student researchers from the Master's of Science Program in Applied Anthropology at the University of North Texas from October 2007 through June 2008. The goals of the conducted needs assessment were to gain a better understanding of the needs of *both* refugee and asylum seeker service providers and the clients that they serve, particularly torture survivors, and to provide a flexible model for the future evaluation of survivor service needs.

Key Findings

A survey of service providers uncovered:

- A lack of services for torture survivors in Texas
- A desire for increased service provider training in methods to identify torture survivors
- Satisfaction *with* and use of CST services
- Higher degrees of awareness regarding culturally influenced perceptions, beliefs and behaviors of clients among service providers who work directly with refugees and asylum seekers

The top five barriers to service provision include:

- Lack of funding for services and programs
- Limited time for the identification of survivors of torture, implementation of new programs, and client federal assistance
- The need to respond to conflicting local, federal and international mandates and policies
- Cultural and linguistic communication issues
- Lack of or limited client transportation

Service providers express needs for:

- Increased mental health services for clients
- Collaborations with academia
- Intercommunication among and between service providers
- Continuity of care services for clients including longer term mental and physical healthcare

Clients' top needs include:

- More community outreach from service providers
- More services and time for federal assistance

- More educational services i.e. ESL and job training
- More direction from service providers on how to navigate economic, social service, legislative and healthcare systems in the United States

Recommendations

The researchers recommend the three following easily achievable actions:

- Train service providers to work with survivors of torture and traumatized refugees and asylum seekers
- Increase service provider coordination and community outreach
- Establish communication and collaboration with academia, local businesses, former clients, and local cultural and ethnic communities

Implementation Plan

- Engage mainstream academic, social service, healthcare, political/economic organizations and communities, as well as, additional refugee and asylum seeking service providers:
 - Encourage participation in regional and statewide consortiums of refugee and asylum seeking service providers including: Fort Worth Refugee Providers (FWRP), Dallas Area Refugee Forum (DARF), and Texas Consortium of Refugee Providers (T-CORP)
 - Train service providers in methods to identify, approach, and refer survivors of torture
- Engage the greater refugee and asylum seeking community including former clients:
 - Facilitate the creation of a former refugee and asylum seeker 'Community Council' and 'Community Liaison'



INTRODUCTION

The Cost of Survival: A Needs Assessment of Survivors of Torture and Service Providers

Introduction

The Center for Survivors of Torture (CST) is a non-profit organization whose mission is to provide specialized psychological and rehabilitation services in order to promote emotional, physical, and spiritual well-being for survivors of torture. CST offers holistic programs that focus on the reconstruction of the psychological integrity of their clients in order to balance emotional, spiritual, physical well-being with economic self-reliance and socio-cultural cohesion.

To put the work of the Center for Survivors of Torture into a global context, torture is distressingly common across the globe. Over two-thirds of United Nations member nations use torture either openly or tacitly to control their citizens. The U.S. government estimates that up to 35% of all refugees worldwide are torture survivors. Currently, there are approximately 500,000 survivors of torture in the U.S.A. There are over 35,000 refugees in Texas with an estimated 10,000+ torture survivors. In addition to refugees, asylum seekers in the North Texas areas number over 550.

CST serves what can be considered a hidden population of survivors of torture and other human rights abuses, victims of human trafficking, traumatized refugees and their families. The majority of their clients are diagnosed as having Post Traumatic Stress Disorder or other mental health issues that often become somatized and interfere with their day-to-day functioning. Aside from mental health issues, many of the clients they serve have serious physical health issues, such as chronic pain, hearing and vision loss, loss of limbs, or reproductive health issues. Furthermore, the trauma of torture is compounded by the survivor's flight from his/her native country, and by the challenges of adjusting to a new society and culture.

In addition, CST is a member of several regional and national service provider consortiums and capacity building campaigns. CST is also a collaborative partner in a network of over 40 agencies, organizations, clinics and universities in Texas and Oklahoma which attempts to respond to the special needs of survivors of torture and asylum seekers. Given the complex nature of the relationships between CST, networking service provider organizations and the range of services they provide, the directors of CST requested a needs assessment in order to facilitate their clarification of how best to service the refugee and asylum seeking populations in Texas.



BACKGROUND

Background

Graduate student researchers from the Master's of Science Program in Applied Anthropology at the University of North Texas conducted the needs assessment over nine months in 2007-2008; this report is the result of that work. First, it presents the findings of that research and second, it lays the foundation for further research regarding the needs of the refugee and asylum seeking community, including service providers. CST requested that the researchers assess 1) the needs of both service providers and torture survivors, 2) barriers to service provision and 3) to suggest ways to mitigate service gaps that arise from needs and barriers. It was hoped that the resulting information would be useful in their attempts to:

- (1) Develop new program initiatives
- (2) Seek out sources of funding

The goals of the conducted needs assessment were to:

- Gain a better understanding of the needs of *both* refugee and asylum seeker service providers and the clients that they serve, particularly torture survivors
- Provide a flexible model for the future evaluation of survivor service needs for both service providers and survivors of torture.

This project builds on a previous need assessment conducted for survivor services in Houston, Texas. The findings of this previous assessment indicated significant gaps in healthcare services specifically for survivors of torture. Major service gaps were found to lie in the physical and mental health arenas. Results of the Houston assessment suggested a lack of torture awareness as a leading barrier to service provision. Service providers there expressed having limited knowledge with regard to screening and assessment methods in order to identify and refer survivors of torture.

The current needs assessment, focusing on the Dallas/Forth Worth and Austin areas, addresses the identification of torture survivors and cultural awareness of service providers and clients. There is strong evidence that documents the fact that torture survivors, diagnosed as experiencing Post Traumatic Stress Disorder (PTSD), often have avoidance issues and do not reveal themselves as torture survivors in the earlier phases of their interactions with assistance agencies. The consequences can be difficult and strategies that aid service providers in identifying survivors earlier are in high demand. Service provider awareness of culturally influenced perceptions, beliefs and behaviors of clients, plays an integral role in bridging the gap between service providers and their clients (survivors of torture). Clients' awareness of cultural nuances in their new country of residence plays an integral role in their ability to navigate socio-political and economic structures within the United States, thus contributing to their self-sufficiency.



METHODS

Methods

Guided by anthropological theoretical and methodological applications, the needs assessment employed a mixed methodology using both quantitative and qualitative data collection techniques.

Data Collection Procedures (*Appendix 4*)

Qualitative (Appendix 4.01)

The researchers conducted semi-structured and open-ended interviews, along with 300 hours of participant observation at healthcare, social and legal service provider organizations in the North Texas and Austin areas. Research participants included refugee and asylum seeking service providers and refugee, asylum seekers and survivors of torture (clients). The researchers also conducted a service provider focus group and a client focus group.

Quantitative (Appendix 4.02)

An online survey was sent via e-mail to service providers across the state of Texas. (*Appendix 1.01 – 1.06*) 37 viable surveys were returned. The researchers defined survey viability in two ways. First, surveys had to be complete and second, the pattern of answers had to indicate consistency. The survey included demographic questions, descriptives of service provision, scales of satisfaction with CST services, cultural awareness, needs, and rates of training in working with and identifying survivors of torture.

Analysis

Survey data analysis included frequency distribution, coding of open survey responses and descriptive statistics of data through SPSS, statistics software. Field notes of participant observation and transcripts of interviews and focus groups were the primary sources of qualitative data. Qualitative analysis included open coding for broad themes and coding using Atlas.ti, qualitative analysis software.

Analysis of both qualitative and quantitative data included triangulation of responses from interviews, focus groups, surveys, statistics and observations to find patterns that lead to overarching themes in the research. Miles, Huberman and Katz (1994) suggest that anthropological validity lies in confirming the “four R’s” of research findings; representativeness, reactivity, reliability and replicability.

Anthropological validity is further increased by connecting three levels of understanding: the meanings and interpretations of research respondents, the researchers’ interpretations of those meanings, and the researchers’

“confirmatory, theory-connected operations” (Miles and Huberman; 1994). Given that all research is shaped by the questions that researchers ask, qualitative researchers use these tools to ensure that the results they present are not overly influenced by their own visions of the world. Using tactics for research validation as described by Miles and Huberman in *Qualitative Data Analysis: second edition* (1994), the data quality was assessed through:

- checking for researcher effects
- checking for representativeness
- checking the meaning outliers and rival explanations
- following up on surprises and making “if than” tests
- replicating a finding
- checking rival explanations
- getting feedback from informants



FINDINGS

Findings

This section addresses overall findings, that is findings that are applicable to the entire torture service provider community. Findings from the service provider and client interviews and focus groups, participant observation and the online service provider survey identified general barriers and needs as well as the following themes:

- Identification of torture survivors
- Communication and collaboration
- Cultural awareness
- Physical and mental healthcare
- Self sufficiency
- Bridging

Research findings, discussed below, begin by addressing needs and barriers, then discuss the larger cross-cutting themes discerned in the order indicated above.

Barriers and Needs

All of the research respondents including both service providers and clients mentioned funding, time, bureaucracy and US policy, lack of trained service providers and staff, transportation and communication issues as barriers. All of the client respondents voiced a need for more staff and suggested a lack of time on the part of service providers as major barriers to service provisions. Service providers also felt that the top five general barriers to service provision include:

1. Lack of funding for services and programs
2. Limited time for the identification of survivors of torture, implementation of new programs, and client federal assistance
3. Responding to local, federal and international mandates and policies
4. Cultural and linguistic communication issues
5. Lack of or limited client transportation

Top Five Barriers

A lack of funding for services and programs inhibits service providers' abilities to support the different functions of their organizations/agencies. Issues related to funding are not only a barrier but also a major need of service providers; a need that when addressed allows service providers to meet other program and service requirements.

"We need money. You know, cause we don't really have enough to function as we do. We've grown, but to get the support staff, the administrative

support staff to support all of these different functions that we do is very difficult. To get funding for that is very difficult for us. That's really our biggest need because that covers a lot of the different departments, but within the specific services; we always need people who speak more languages. You know we could always use more of everything: more legal services, more counseling services, more healthcare services, more case managers doing all this stuff. You know, if there were funding for all of that."

(Service Provider Respondent)

Another major barrier is the **limited amount of time service providers have for the identification of survivors of torture and the implementation of new programs**. This barrier is further compounded by the limited amount of time available for client federal assistance.

"[Service Providers need to] spend some time with them [clients]...enough time with them to teach them about every thing....it's just their life would be much easier...my life would have been much easier..."

(Former Refugee/Service Provider Respondent)

Political, economic and legislative structural issues also serve as barriers to service provision. System wide limitations related to bureaucracy and responding to local, federal and international mandates and policies contribute to difficulties in service provision.

"There are so many services that are not rare; that are just basic service like healthcare...and so much money is being paid to bomb these countries that we are having the refugees come from because we are dropping bombs on them. It's a cycle and it's disgraceful, really, how little we do for these people...who are survivors and come with these great hopes and they come thinking, you are here you are taken care of and then they are not and they have to fair for themselves. That's very bad."

(Service Provider Respondent)

Cultural and linguistic communication issues included:

- Limited client access to culturally and linguistically appropriate information including written materials and documents for clients
- Limited service provider training in working with culturally and linguistically diverse populations
- Limited availability of certified medical interpreters and translators
- Lower rates of primary language literacy among clients

"There is just no regard for what is culturally appropriate either. For example, men from Middle Eastern societies do not clean. You put them in a hotel to

clean and they already feel lower than dirt. They are okay with their wives cleaning because those are social gender roles and that's what they are brought up with. That's their culture. We can't change that. I could talk to these men till I'm blue in the face and it doesn't matter. So, we have to show them that there are other alternatives and possibilities for job training; money for them to get jobs...we've got to recruit more businesses in the community who understand these things."

(Service Provider Respondent)

Another barrier to service provision includes a **lack of or limited client transportation**. Due to issues of proximity and geographical boundaries, the majority of clients rely on service providers, volunteers or public transit for their transportation needs.

*"You know the sad thing is that *** is so huge, that you know, there's just all kinds of services out there, that I don't even have a clue of and I'm sure that there are other people out there that don't have a clue as to where to go or what to do, and if they did they might not even be able to get over there because of the transportation issues."* (Service Provider Respondent)

Consistent with the service providers, all of the client respondents voiced a **need for more staff and suggested a lack of time** on the part of service providers as a major barrier to service provisions.

"I found that the services helping us but maybe it is because of lots of people, that there is too many people that they can not provide help to all."
(Client Respondent)

"[T]here is not enough to help us with so many things and with so many people. They do not have enough people who work there to be able to help all of the people who coming to America and need service."
(Client Respondent)

Identification of Torture Survivors

All service providers noted that the identification of survivors of torture was greatly limited by:

- (1) A lack of training on methods to identify survivors of torture
- (2) The varying time that it takes for Post Traumatic Stress Disorder (PTSD) symptoms to develop
- (3) The amount of time that service providers have to build rapport and trust with clients

The majority of service providers stated they needed an easily accessible and flexible script or a series of probes to use when they suspect that their client is somatizing psychological issues. Some providers suggested that a longer term clinic that has the ability to screen for PTSD and provide ongoing counseling, which would also conduct home visits and/or have the ability to be mobile, would satisfy several of their needs and address barriers on multiple levels.

Training on how to **identify survivors** often requires service providers to experience different situation in which a client may be suspected of being a survivor. This allows service providers an opportunity to gain a better perspective on what is and is not appropriate.

"It's really through the training process that staff learns what is appropriate and what is not appropriate. It takes a lot of experience. I could bring someone and tell you don't ask them if they have been raped. Don't ask them if they have been tortured. That doesn't really help figure out what to ask to get at those answers."

(Service Provider Respondent)

"We do not know how to identify the problem or how to convince clients that they are in need of a professionals help."

(Service Provider Respondent)

Somatization is a recurrent issue when working with survivors of torture. However, it can be difficult for providers to identify when the physical complaint is a manifestation of a psychological response.

"I would just talk to them about the symptoms because they don't take a western view, that, this, they look at it as this is an emotional response to something that was horrific and under the circumstances it's a pretty normal response; which it was, considering what they have been through..."

(Service Provider Respondent)

Developing relationships, building trust and rapport is one main **issue of time**.

"I think time. Having enough time to really know the clients and see them"

(Service Provider Respondent)

Symptoms of PTSD can **manifest after the time that is allotted** for refugee services and federal benefits.

"... [T]he newly arrived refugee perspective is usually - they're in this new place it's a new opportunity, kind of forward looking and they are trying to suppress what had gone on." (Service Provider Respondent)

Finding time to probe clients is difficult for service providers.

*"I would say for our staff it's mostly just the time and it's like "these are all of the things that I have to do and yet I still need to make time." [I]t just feels like we are checking boxes and we don't want to do that, but to continue to receive funding, we have to. It's taking the time to go beyond checking the boxes."
(Service Provider Respondent)*

*"[W]e don't flat out ask, "Have you had a history of physical torture." Maybe it is something you should do, but usually in the course of what we are trying to do here, it's a time thing. If you start probing are you ready to spend another half an hour on that person."
(Service Provider Respondent)*

Service providers mentioned that one of their greatest needs was a **standard yet flexible list of probes** or training in how to probe for PTSD and other psychological trauma.

*"There's no kind of policy for or against probing. We don't have an official policy. I think that might be something that I'd like to work with CST on. So that we can come up with like an official policy."
(Service Provider Respondent)*

*"We always come back to the issue of trying to probe for PTSD among newly arrived refugees, is so very difficult because you do not have a relationship established with them. They are much more willing to talk about their pain with urination than some horrible trauma that went on that they are trying to block out..."
(Service Provider Respondent)*

Service providers note that by having a **longer term healthcare program with a mental health element**, barriers to identifying survivors of torture could be mitigated.

*"Those kinds of issues we are equipped to deal with, you know there's a whole continuum of people with some type of mental health issue but, again, the extreme cases that really need close monitoring, we can't do that, we just aren't designed, but we do try to find programs that we can refer people to and, well, there's not much available. Now, that's from a service stand point and I don't really know what can be done about that..." (Service Provider Respondent)
"[W]e have always talked of for years to try to integrate someone with more of a, psychological background to help screen for PTSD and mental health issues,*

and in particular try to identify early torture survivors. We have just never been able to make that happen yet..."
(Service Provider Respondent)

Communication and Collaboration

All research respondents including service providers and clients discussed many issues and barriers relating to communication. While linguistics was frequently mentioned across the board, other types of communication issues arose, such as:

- Cross cultural communication with linguistically and culturally diverse populations
- Educational services available to teach communication skills to clients
- Outreach and collaboration with the community in which the organizations and clients reside including: other service providers, clients and academia
- U.S. perceptions of refugees, asylum seekers and immigrants

Many service providers noted that an increase in: (1) ESL, cultural awareness and job training educational programs for clients, and (2) having a steady flow of interns and research partners would aid in communication, outreach and collaboration.

Findings indicate that all service providers and clients face issues concerning **cross cultural communication** with linguistically and culturally diverse populations.

" [I]t's difficult to get refugees to present themselves as in need of mental health services...[T]hat's another issue, whether they are based on torture, PTSD or just any issue and then you add all of the culture and communications issues. That's the core of it; the cultural issues"
(Service Provider Respondent)

The majority of service providers cite inadequate **educational services** available to teach communication skills to clients. Additionally, service providers note that an increase in ESL, job training and cultural awareness educational services would contribute to bridging the communication gap with their clients.

"[W]e try to cram as much ESL as possible. .We never have long enough and that's unfortunate.... ESL becomes a lesser priority to them. It's a big push to try to get them to come to class after they start working and usually if they don't its unfortunate because they become frustrated with their jobs or maybe they quit because they can't understand and then they get out on the streets and learning English becomes harder and harder the longer they think they can't."
(Service Provider Respondent)

Findings indicate the majority of clients voice a need for more **community outreach** in an effort to help them cope with readjusting and adapting to life in the U.S.

"I just cried and said, just take me back, because they, the resettlement agency told us, 'this is a very bad area, our apartments, where we lived. Across the street is people who just came from prison and you better lock your door three times after 6pm' and I'm like, 'I came from war and this is what I get! I don't feel that I'm very free here.' I was very scared and then with the baby; my husband they found him a job, 3^d shift. So, I'm very scared and the third night somebody knocked on my door at 3am. Looking for cigarettes or drugs or whatever and I'm like 'where I am'..."
(Former Refugee)

In addition to community outreach to clients, several service providers attempt to combat **negative perceptions of refugees and immigrants in the U.S.**

"I try to spend a lot of time in the community and the staff does as well trying to educate the people...if we are talking about immigration then let's talk about immigration. If we are talking about human rights and saving human lives, then let's talk about saving human lives."
(Service Provider Respondent)

"[What] the government does not recognize in the resettlement process is that not everybody wants to come here and become a US citizen. I think from the US perspective, "we are going to give you a great opportunity, we are not going to put nearly enough money into it, but at least we are opening a door for you to become a US citizen. So, you should be very grateful and thankful" and what not. I think that there is a larger proportion than the government wants to admit, and realize that they are happy and grateful to be out of harms way but they don't want to be Americans. If they could go back tomorrow, they would. Sometimes they want that and that is not part of the government's plan at all."
(Service Provider Respondent)

Findings indicate that the majority of service providers note **collaborations with academia** and having a steady flow of interns and research partners would aid in communication, outreach and collaboration.

"[W]ell, I think the first thing we've got to do is, we've got to get academia in here. For any organization like this there is always need for translators, for a steady influx of interns each year. There is no way we could do the amount of work that we do without relying on the volunteers and those interns..." (Service Provider Respondent)

Cultural Awareness

Findings from surveys, interviews, and focus groups indicate that both service provider and client levels of cultural awareness are mitigating factors in the identification, approach and referral of survivors of torture. Service providers “demonstrate their professional competence by making judgments about the behaviors and abilities of others and society, to determine whether or not a person receives particular services within a particular social, political, and economic context. Thus, in healthcare and service interactions there is a doubling effect where judgments about the cultural competence of both the potential service recipient and the service provider’s cultural competence are in interplay” (Fitzgerald et al.: 2005).

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

As Fitzgerald (2005) points out, “in many societies, to behave in ways that are not considered appropriate or normal places a person at risk: at risk of being viewed as a nonperson, at risk of having one’s freedom curtailed, at risk of losing one’s independence. To behave in ways considered culturally incompetent could mean that a person loses the opportunity, sometimes even the right, to make decisions for oneself or others and to have one’s decisions honored and supported” (Fitzgerald et al.: 2005).

Degrees of cultural awareness were assessed in reference to the frequencies in which survey respondents marked their:

- Understanding of cultural influences on perceptions of health and well-being
- Maintenance of organizational contacts with people within the communities they serve
- Efforts to address the communication needs of individuals within the communities they serve
- Participation in professional development activities that focus on working cross-culturally
- Provision of information and resources to the greater community about refugees and asylum seekers

Limited degrees of cultural awareness refers to the frequency in which survey respondents marked they did not/ rarely understood cultural influences or provide information to the greater community, did not/barely maintained

contacts with or addressed the communication needs of the communities they serve and never/seldom participated in professional development activities.

Higher degrees of cultural awareness refers to the frequency in which survey respondents marked they understood cultural influences fairly/very well, sometimes/regularly provided information to the greater community, did fairly/very well in maintaining contacts with the communities they serve, sometimes/regularly addressed the communication needs of the communities they serve and sometimes/regularly participated in professional development activities.

The survey revealed the following degrees of cultural awareness among service providers:

- **Cultural awareness among service providers who work directly with refugees/asylum seekers**
 - Higher degrees of cultural awareness = 2:4
 - 50% of service providers rate as having higher degrees of cultural awareness
 - Limited degrees of cultural awareness = 1:6
 - One out of six service providers rate as having limited degrees of cultural awareness
- **Cultural awareness among healthcare service providers who work directly with refugees/asylum seekers**
 - Higher degrees of cultural awareness = 4:5
 - Four out of five healthcare service providers rate as having higher degrees of cultural awareness
 - Limited degrees of cultural awareness = 1:5
 - One out of five healthcare service providers rate as having limited degrees of cultural awareness
- Healthcare service providers have higher degrees of cultural awareness than social service providers

Service provider cultural awareness contributes to bridging the gap between service providers and their clients. **Efforts of service providers to increase degrees of cultural awareness** within their organizations/agencies often take a more indirect approach to cultural education.

*"[W]hat do I do personally in terms of trying to educate the people here? Sometimes, I feel like it is too intimidating to them, if I sit down and try to formally have a session on, 'Ok, we are going to talk about Iraqi culture.' So I have tried to do more of an indirect way, by circulating papers, and letting them take the initiative to read it and for the most part they do."
(Service Provider Respondent)*

Clients' cultural awareness contributes to their ability to navigate socio-political and economic structures within the United States. Alongside coping with past traumatic experiences, the majority of clients experience culture shock associated with readjusting and adapting to a new culture.

"[W]hen coming here everything is so different and they not know how to do anything and they are stressed and they can not learn the language or it's so improving country that they can not cope with suddenly, they have culture shock because of the change and they feel like they are helpless. So, but when I stay for gradually, I realize this is the way because I search and search and then I found it. So, I know that I have it is the real place, that we can have a better life and the real government and the real churches and the real people that we have met. We appreciate the people in America and the system here, but some things we feel like some things need to be changed here."
(Client Respondent)

Physical and Mental Healthcare

The majority of service providers mentioned specific **barriers** to physical and mental healthcare. The leading barriers are:

- Clients' physical health
- Limited availability of mental healthcare service for both service providers and clients, as well as, client somatization stemming from traumatic experiences
- Clients' lack of understanding of healthcare systems and lower health literacy

The majority of service providers mentioned specific **needs** related to physical and mental healthcare provision. The most frequently mentioned needs include:

- Care for caregivers which includes service providers and all others who provide support for survivors
- Wellness programs for both clients and service providers
- Client family health and planning programs
- Continuity of care
- More trained healthcare service providers

The **physical health of clients** is a major concern of providers. If a client is not physically healthy then that prevents the client and the service provider from focusing on other aspects of resettlement.

"We are seeing people like the Burundians who have been in refugee camps since 1972 and they haven't had healthcare. They have serious medical needs that probably could have been avoided had they access to healthcare."
(Service Provider Respondent)

*"Refugees today are sicker than there were 20 or 30 years ago and the need for healthcare is huge if not one of the largest areas of need."
(Service Provider Respondent)*

Clients in general are in need of more **culturally aware mental healthcare**.

*"[T]he mental health services we do aren't necessarily couched in the Western concept of mental health. We don't talk in those terms to clients. Clients are just not going to think in those terms. They are going to say, I'm not crazy."
(Service Provider Respondent)*

Lack of understanding of somatization is a barrier to mental healthcare. If a provider is not aware of what somatization is, a serious mental health issue can be overlooked.

*"Clients are not going to be presenting mental health issues. They are going to be presenting backaches or other stomach troubles..."
(Service Provider Respondent)*

Service Providers also need a way to stay mentally healthy in order to prevent burn-out, and **secondary traumatic stress**.

*"I cried all the way home, that day and after being in the field for 28 years, I don't get that upset that easily. I grieve over people because, I know, I don't like to see anyone hurt. It bothers me that people are hurt everyday in this world that we live in. I, especially, hate to see children hurt because they are so vulnerable and have so little control... I've burned out a couple of times and kind of had to back off and do something different for a while."
(Service Provider Respondent)*

Clients' **health literacy and general understanding of U.S. medicine** vary greatly. This can limit how healthcare is sought out and can even pose a health threat.

*"[W]hen [clients] find out there is another medical provider out there that is going to give them services they don't tell that provider that they are already receiving services somewhere else, because they think that it will limit what they can get so they start stockpiling drugs and duplicating drugs."
(Service Provider Respondent)*

"Sometimes they [clients] don't even understand that they are being given the same medicine because one has a generic name and they think it is two different

medicines. It is not, so they end up double dosing, those kinds of issues are out there quite a bit."

(Service Provider Respondent)

Navigation of the U.S. medical system and the common practice of **'referring to refer,'** also described as **'Refugee/Client/Survivor Shuffle,'** are observed as difficult for clients.

"[Multiple clinics], (one that accepts Medicaid and one that does not), confuses the patient, so something like that happened this morning, there was a patient that went all the way down there and a student was taking some and this person jumped in and that person was still being treated here, and they got there and just wasted a morning going over there when this person was just turned around and sent back here. It is an on going problem."

(Service Provider Respondent)

Care for caregivers and mental health services for those who care for survivors of torture seem to be over looked.

"[W]ell, that brings up a caregiver issue, most likely these people will have come with some form of a support network and this support network becomes or has been responsible for them and there's very, very limited services available to these caregivers."

(Service Provider Respondent)

Service providers noted that creating **wellness programs that involve clients and providers** can be a way to promote physical and mental health.

"[G]oal setting you know some activities and rewards. I think it is good for anyone, very open like no one would feel bad for not doing it but if you did do it you know you would get a day off. There were definite. It would be easy to institute it and it involved some learning..."

(Service Provider Respondent)

Service providers noted that teaching **family health and planning** could benefit the client community.

"They don't even want to talk about something like birth control, but they know that they have too [many] kid[s] and they don't know what to do. So, we try to somehow educate them. Okay, it's not that you will never ever have one, but you don't need to have a child every single year, here is birth control so that you can take break for a few years and then you can do it again if you want. Just take a break." (Service Provider Respondent)

Service providers note that many clients need **continuity of care** and long term specialized mental and physical healthcare.

*"Problems that are going to be associated with long term monitoring and care that address, [and] specialize in both the rehabilitation and maintenance, because they need on-going, and, often specialized, service provision."
(Service Provider Respondent)*

Service providers also note that having **more trained healthcare service providers**, especially specialists would satisfy needs.

*"Definitely more people, more staff, more case managers because we get more and more new arrivals, more and more refugees and asylum seekers who have even more needs... they are coming more and more with more health issues and they can not even finish with these health issues...there is just not enough mental health specialists or forensic specialists."
(Service Provider Respondent)*

Self Sufficiency

All of the service provider respondents and several client respondents cited self sufficiency as both a need and a barrier. Two of the leading challenges service providers face in relation to self sufficiency include: (1) ways self sufficiency is conceptualized and defined and (2) identifying the needs of their clients' based on responding to these external mandates and definitions. Oftentimes clients are forced to work several jobs in response to policies of self sufficiency and this in turn creates challenges with balancing cultural readjustment/adaptation, family networks and physical and emotional health.

Findings indicate that government policies force service providers to prioritize client's needs based on self sufficiency and rapid employment "and seem to expect refugees and asylees to continually rewrite their fates anew, never looking back at either their past jobs and skill or their past identities" (Keles :2008). "Policy thus needs to better recognize that there is more to serving any refugee's or asylum seeker's needs than mere issues of biological survival and that short term solutions may not provide long term stability" (Keles: 2008).

The majority of service providers cite variations in **definitions, measurements and understandings of self sufficiency** as both a barrier to and major gap in service provision.

"I think the major gap is in the definition of self-sufficiency. In the different ways that is defined and by who is defining it. Several of our grants measure self-sufficiency differently. The definition that we have, I think, it doesn't include; it stops at employment. I think it would include everything from

understanding the environment around them to understanding what to do if there is an emergency or if something new happens..."(Service Provider Respondent)

The majority of service providers face challenges in identifying and **prioritizing the needs of their clients' based on responding to external mandates,** definitions and conceptualizations of policies associated with self sufficiency.

"[S]elf-sufficiency, what does that actually mean? You know if they did not address their major health issues, they did not learn English...you just say, 'Okay. They are self sufficient?' No!"
(Former Refugee/Service Provider Respondent)

"When we have to tell someone at 6mths, 'we are still here to help you, but your case is closed.' I don't think that all of their needs are being met. I think we try to go beyond as much as possible, but I just think adjustment just takes longer than 6mths." (Service Provider Respondent)

Findings indicate that the emphasis on self sufficiency often results in clients working more than one job. Clients' responses to these policies of self sufficiency create **challenges with balancing cultural readjustment/adaptation, family networks and physical and emotional health.**

"Refugees have to be self-sufficient. They [refugees] have to start working and then they end up neglecting themselves and no one tells them that they need to care for themselves. They don't have the time to address serious health issues, because they have to start work...So, the biggest need it to get self-sufficient, sometimes that is a conflict with ESL training, and even medical stuff."
(Former Refugee/Service Provider Respondent)

"Just because the refugees and asylees are expected to be self sufficient between 3 and 8 months! That is appalling! [H]ow can we expect people who don't even know anything about our society, who have no idea how to access any kind of social services. They don't even know what is expected at a job or they don't even know about paying rent or utilities. They don't know so many thing. So, to expect them to know all of this in such a complex society like ours in such a short time is appalling!"
(Service Provider Respondent)

Findings indicate that service providers emphasize self sufficiency to accommodate **government policies and federal guidelines.**

"It is all the federal guidelines. They have certain reports that they have to submit to the government, so a lot of it is 3 months. A lot of them [clients] get rent support for three months and then they are on their own. So the agencies have a high priority on getting people working. The biggest need is for self-sufficiency."

(Service Provider Respondent)

Bridging and Bridgers

Bridging/Bridgers describe processes which or people who transcend levels in organizational structures, geographical location, and/or lived experience as a former refugee, or asylum seeker and current service provider. The majority of service providers interviewed were 'bridgers' in their job roles and duties.

A majority of service providers described bridging as an advantage and disadvantage, while continuing to voice the need for more bridging. Bridging is described as advantageous in that the service provider has a better understanding of what is needed/available on various organizational and interpersonal levels. Refugee/asylum seeker service providers, who are former refugee/asylum seekers themselves have greater knowledge of the way the 'system' works and are able to understand on both cultural and linguistic levels.

Bridging is described as disadvantageous in that the more levels that a service provider bridges the more likely they are to be overworked. The frequently changing refugee/asylum seeker demographics create new and evolving communication issues even among refugee/asylum seeker service providers who are former refugee/asylum seekers themselves. There also remains the more serious potential of re-traumatizing the refugee/asylum seeker service provider.

Service providers note that it is important for all service providers to have an **understanding of what clients' lives are like.**

"[T]hey [nursing student volunteers] just don't have a grasp on what the real challenge is... [They] just aren't exposed to thing like what it means to take the bus. I mean just something as simple as that is difficult unless you actually go through the process of [it]...I don't think that it is that they have bad attitudes or anything, it is just a matter of just grasping those things."

(Service Provider Respondent)

Service providers who work in an urban and rural setting encounter difficulties in bridging ideologies and organizations across **geographical boundaries.**

*"[I]t's a small town mentality too because *** used to be a lot smaller than it is now. All the work with refugees and non-profits are sort of congregated down town and there are some good groupings that are together, like there is a*

coalition of refugee service providers...you know we get together, but it's always the same people...it's hard to reach out to other organizations or foundations..."
(Service Provider Respondent)

Having **former refugee/asylum seeker service providers can be advantageous** in helping clients to resettle and navigate systems.

"[H]aving staff members who were former refugees themselves that is absolutely the way to go. Especially when getting into issues like mental health and history of torture, it is far more likely that someone is going to open up if they speak the same language, if they can communicate culturally as well as linguistically."
(Service Provider Respondent)

"Fortunately with other languages that we have, especially [a former refugee] with Farsi and Arabic there has been a constant need. Not just from Iraq but from Africa as well. So he has been a real valuable player."(Service Provider Respondent)

Conversely, service providers also note **disadvantages to having former refugee/asylum seeker service providers.**

"[She] is a former refugee too. She actually came through the program when I was doing TB testing. Even though she was hired through [another program] she always had kind of an allegiance to [our program] and when these other two new [employees] came on it was difficult for them to establish their jurisdiction over her because she had been [receiving refugee services from our program] for so long."
(Service Provider Respondent)

"That is a problem with all refugee organizations, you hire someone to help you with that wave and they get real good with working in the system and working with the bureaucracy, but then that wave stops and then a new group comes in..."
(Service Provider Respondent)



RECOMMENDATIONS

Recommendations

The following recommendations are ways to mitigate service barriers, gaps, and needs of service providers, refugees, asylum seekers, and survivors of torture. Each recommendation includes a concise action outline that can be molded to create a locally specific action plan.

Mitigating Major Gaps

Written documents in as many languages possible (Appendix 3)

- Provide client with a two-sided copy of all paperwork, one side English the other side in a language in which they are familiar
- Ask if clients would like to fill out paperwork independently or with assistance
- Give clients opportunity to review the paperwork
- Design websites to be in at least 4 (excluding English) of the most widely spoken languages in the world; Arabic, Chinese – Mandarin, French, Spanish, Russian *Ethnologue, 13th Edition, Barbara F. Grimes, Editor. © 1996, Summer Institute of Linguistics, Inc.*

Join local consortia such as the Dallas Area Refugee Forum, Fort Worth Refugee Providers, or establish a consortium based on these models.

- Facilitate collaboration and communication between service providers
- Potential to provide additional funding or program establishment
- Provide a forum for training seminars for service providers
- Creates organizational focus

Add members of the client community to the board of the organization and to the consortia. This does not necessarily imply one of the organizations' former clients, but a member of the communities the organization serves. i.e., local ethnic merchants and businesses, members of local cultural and ethnic groups.

- Ensures that the voices of clients are heard and information is disseminated through multiple means
- Builds awareness of cultural knowledge, beliefs, and perceptions to organizational development
- Facilitates client empowerment and self-sufficiency by placing value on the ideas, beliefs, values and perceptions of what the community needs and wants

Program Initiatives

Web design

- Add a link on website for a "Call for Researchers"
 - Brings in practicum, thesis, and dissertation students
 - Make sure that the researcher knows that the research must be applicable
 - Will facilitate publication in peer reviewed and popular magazines, journals and books
- Add links to other service organizations (i.e., Center for Survivors of Torture)
- Make GoodSearch.com the home page and main internet search engine for the organization
 - Fifty percent of the revenue generated from advertisers is shared with your nonprofit organization
 - It is estimated that each web search will generate approximately \$0.01 for the designated organization.

Create competitive internships

- Offer diverse internships in grant writing, research, language studies, policy development, health care, web design, marketing/public relations
- Contact ethnic and cultural organizations as well as academic organizations to solicit interns

Create lecture and/or film series

- Establish a presence within the community through
- Offer lectures and/or film viewings to universities to facilitate collaboration and dissemination of information to the public
- Use as opportunity to publicize internships, or calls for research
- Present through various organizations and communities
- Opportunity to utilize collaborations through consortia

Sponsor booths at community activities

- Arts and Music festivals – sell client and service provider art
 - Funding source
 - Opportunity for community outreach and education to the public on migrants, refugees and survivors
- Job/Intern Fairs

Focus and/or establish healthcare clinics:

- Establishing clinic within the community
- Avoiding the typical "clinic" setting, make it more like a home
- Have the ability to be mobile
- Have community outreach (house calls)

- Utilize healthcare students and student researchers
- Utilize members of the refugee/asylum/immigrant community as staff and volunteers (i.e., *promotoras* - health advocates, translators, administrative assistants, Appendix 4.101)

Create health and wellness programs for service providers

- Help to prevent burn out
- Help to manage secondary traumatic stress
- Model behavior for clients
- Increases service provider retention and may prevent high turn over

Specific CST Recommendations

Internships and Research

- Recruit interns with interdisciplinary educational/professional backgrounds
- Recruit interns have background in research
- Recruit grant writer/research intern to take on the research element to a CST service provider bulletin
- Recruit policy and non-profit management intern

Web Design

- Include all general web design recommendations above
- Have outside designer
 - Many ad agencies work with non-profits
 - Decentralizes job duties
- Provide link for service providers
 - Provide synopsis of how to probe for PTSD
 - Secondary Traumatic Stress info and check sheets
 - Lists of psychologists, psychiatrists, and counselors
- Provide link for clients
 - PTSD information and relaxation techniques
 - Secondary Traumatic Stress info and check sheets for care takers
 - Links to community activities and organizations

Policy

- Develop policy to help prevent duplication of services and medications
- Develop policy to refer local clients who do not have Medicare, or Medicaid to
- Develop policy to collaborate with VIP on service provision

Train Members of CST

- Receive training on the administration of testing instruments, therapy methods or techniques from *outside* organization that specializes in that

particular instrument, method or technique, i.e., The Harvard Trauma Exam.

- Receive training on identifying Secondary Traumatic Stress
- Receive training on appropriate communication techniques for working with survivors of varying cultures

In receiving training on these topics from outside sources, **CST service providers can gain a multi-faceted and holistic understanding** of the topic and then share that with other service providers in outside organizations.

Create a Stronger Board

- Recruit board members from local businesses, academic institutions, former or current service providers, the refugee and/or asylum seeking community, and experienced non-profit entrepreneurs
- Recruit board members from outside of Dallas County to facilitate needs in other communities that CST provides services for including:
 - Austin
 - Houston
 - Ft.Worth
 - El Paso

Secondary Traumatic Stress

- Create professionally edited and published by accredited agency
- Disseminate to wider audience
- Provide alternate source of funding
- Create version for non-service provider care givers



SUMMARY

Summary

Findings

Service providers indicate major barriers to be:

1. Lack of funding for services and programs
2. Limited time for the identification of survivors of torture, implementation of new programs, and client federal assistance
3. Responding to local, federal and international mandates and policies
4. Cultural and linguistic communication issues
5. Lack of or limited client transportation

Service providers indicated major needs to be:

1. Increased mental health services for clients
2. Collaborations with academia
3. Intercommunication among and between service providers
4. Continuity of care including longer term mental
5. Physical healthcare services for clients

Clients revealed needs to be:

1. More community outreach from service providers
2. More services and time for federal assistance
3. More educational services, specifically, ESL and job training;
4. More direction from service providers on how to navigate economic, social service, legislative and healthcare systems in the United States

Over all findings identified the following themes:

1. Identification of torture survivors
2. Communication and collaboration
3. Cultural awareness
4. Physical and mental healthcare
5. Self sufficiency
6. Bridging

Limitations of Research

Due to the expansive scope of the research and the linguistic abilities of the researchers the challenges to and limitations of this needs assessment reside in the issue of time. In particular:

- Reaching/accessing the large culturally and ethnically diverse:
 - Refugee/asylum seeking population
 - 'Hidden' population of survivors of torture
- Regional and geographic boundaries
- Coordinating the availability of service providers and researcher

Suggestions for Future Research

As often happens with detailed research endeavors there are elements of this report that have lead to suggestions for future research. These include:

- More in-depth research for entire five state area
- More in-depth research in to previous waves of refugees and asylum seekers and how they have adapted to the United States
- Research on the generational effects of PTSD and STS
- Research on how to influence policy change on a system wide level



APPENDIX

Appendix 1. Survey Finding Details N=37

A 1.01 Service Provider Organizations Represented

Education	1
Medical Clinic	4
Psychological Services (only)	1
Public Health	6
Social Services (general)	8
Social Services/Psychological	1
Social Services/Resettlement	4

A 1.02 Geographical Areas Represented

Amarillo	2
Austin	5
DFW	17
El Paso	1
Houston	7

A 1.03 Languages Spoken by Service Providers

French	5
English	36
Arabic	3
Spanish	12
Albanian	1
Amharic	1
Bosnian	2
Fulani	1
Somali	1
Swahili	2
Malagasy	1
May May	1
Serbo/Croatian	1

A 1.04 Years worked with organization

1-5 years	15
11-20 years	1
30 years	1

41+ years	1
6-10 years	10
Less than 1 year	4

A 1.05 Years worked directly with refugees and/or asylum seekers

1-5 years	7
20 years	1
30 years	1
40+ years	1
6-10 years	8
less than 1 year	3

A 1.06 Ethnicity of service provider respondents

African American and Korean	1
Albanian	1
American	1
Bantu	1
Black	3
Bosnian	1
Chinese American	1
Croatian	1
Ethiopian	1
Hispanic/Latino	3
Italian	1
Somali	1
White/Anglo/Caucasian	18

Appendix 2. Resources

A 2.01 ***Promotora/es Resources***

- Background on Promotoras
<http://www.proyectovision.net/english/news/13/promotoras.html>
- Planned Parenthood Promotora Training
http://www.ppgg.org/site/c.esJMKZPKJtH/b.1154727/k.C5D4/Promotoras_Program.htm
- University of Texas Promotores/as Gulf Coast Program
<http://www.utexas.edu/research/cswr/gcattc/Promotoras.htm>

A 2.02 ***Where to go for translations:***

- Catholic Charities Fort Worth: Albanian, Arabic, Assyrian, Burmese, Bosnian, Chinese Cantonese, Chinese Mandarin, Czech, Dari, Dinka, Ewe, Farsi, Fulani French, Gujarati, Hindi, Indonesian, Japanese, Kinyarwanda, Kirundi, Kizugi Korean, Kurdish, Laotian, Lingala, Macedonian, Mandarin, Marathi, Mina, Persian, Portuguese Brazil, Portuguese Angola, Pakistani, Punjabi, Russian, Rajastani Servo-Croatian, Somali, Spanish, Swahili, Swedish, Tagolog, Taiwanese, Turkish, Urdu, Uzbek, Vietnamese, Zande

A 2.03 ***List of Texas Universities with rare language speakers and departments.***

- University of Texas Dallas – Center for Translation Studies
- University of North Texas – American Sign language, Arabic, Chinese - Mandarin, French, German, Hebrew, Italian, Japanese, Latin, Portuguese - Brazilian, Russian, Spanish
- Texas Christian University- American Sign language, Chinese, French, German, Italian, Japanese, Spanish
- University of Texas, Austin – American Sign language, Arabic, Bengali, Chinese – Mandarin and Cantonese, Czech, Danish, French, Farsi, German, Hindi, Hebrew, Italian, Japanese, Korean, Malayalam, Norwegian, Polish, Portuguese, Romany (Gypsy), Russian, Sanskrit,

Scandinavian, Slavic, Spanish, Swedish, Serbo-Croatian, Tamil, Telugu, Turkish, Urdu, Vietnamese, Yoruba, Yiddish

- Texas A&M University – American Sign language, Arabic, Chinese - Mandarin, French, German, Japanese, Spanish, Russian
- Rice University - Spanish, French, Italian, German, Arabic, Chinese, - Mandarin, Japanese, and Russian
- University of Houston - Arabic, Chinese - mandarin, French, Italian, Japanese, Russian, Spanish

A 2.04 *List of Texas Academic Colleges and Universities*

Abilene Christian University
Amberton University
Arlington Baptist College
Art Institute of Dallas
Art Institute of Houston
Austin College
Austin Graduate School of Theology
Austin Presbyterian Theological Seminary
Baptist Missionary Association Theological Seminary
Baylor College of Medicine
Baylor University
Baylor College of Dentistry
College of Saint Thomas More
Concordia University-Texas
Criswell College
Dallas Baptist University
Dallas Christian College
Dallas Theological Seminary
DeVry University-Dallas
East Texas Baptist University
Episcopal Theological Seminary of the Southwest
Hardin-Simmons University
Houston Baptist University
Howard Payne University
Huston-Tillotson University
Jarvis Christian College
LeTourneau University
Lubbock Christian University
McMurry University

Midwestern State University
Northwood University
Oblate School of Theology
Our Lady of the Lake University
Parker College of Chiropractic
Paul Quinn College
Rice University
St. Edward's University
St. Mary's University of San Antonio
Schreiner University
Southern Methodist University
South Texas College of Law
Southwestern Adventist University
Southwestern Assemblies of God University
Southwestern Baptist Theological Seminary
Southwestern Christian College
Southwestern University
Stephen F. Austin State University
Texas A&M University
 Commerce
 Corpus Christi
 Galveston
 Health Science Center
 Kingsville
Prairie View A&M University
Tarleton State University
Texarkana
Texas A&M International University
West Texas A&M University
Texas Chiropractic College
Texas Christian University
Texas College
Texas Lutheran University
Texas Southern University
Texas State University System
 Lamar University
 Sam Houston State University
 Sul Ross State University
 Texas State University-San Marcos
Texas Tech University System
 Angelo State University
 Health Sciences Center
 Texas Tech University
Texas Wesleyan University

Texas Woman's University
Trinity University
University of Dallas
University of Houston System
 Clear Lake
 Downtown
 Victoria
University of Mary Hardin-Baylor
University of North Texas
 Health Science Center at Ft. Worth
University of Saint Thomas
University of Texas System
 Arlington
 Austin
 Brownsville
 Dallas
 El Paso
 Pan American
 Permian Basin
 San Antonio
 Tyler
Health Science Center at Houston
Health Science Center at San Antonio
Health Center at Tyler
M.D. Anderson Cancer Center
Medical Branch at Galveston
Southwestern Medical Center at Dallas
University of the Incarnate Word
Wayland Baptist University
Wiley College

Appendix 3. Data Collection details

A 3.01 Qualitative

Interviews N=20

- Semi-structured interviews:
 - Service Providers N=10
 - N=9 frontline/director
 - N=1 former refugee/service provider
 - 9 organizations represented
 - Service areas include:
 - 3 Healthcare services
 - Mental
 - Physical
 - Medical Clinics
 - Public Health
 - Case Management
 - 3 Multi-service/Social service
 - Resettlement
 - Education (other than ESL)
 - ESL
 - Case Management
 - 2 Law
 - Asylum
 - Family
 - Immigration
- Open-ended discussions/interviews
 - Clients N=10
 - Ethnic and Cultural Groups
 - Nepalese
 - Uzbek
 - Iraqi
 - Karen
 - Bosnian
 - Gender
 - 4 male
 - 6 female

Focus Groups N=2

- Service provider focus group
 - Family Nurse Practitioner

- Social Worker
- PhD student/Volunteer
- Client focus group
 - Refugees and asylum seekers
 - Karen ethnic and cultural group
 - 1 participant identifies as a survivor of torture

Participant Observation (300 total hours)

- CST Dallas and Austin
- Healthcare Providers and Social Service Providers
- Clients

*A 3.02 **Quantitative***

Online Service Provider Surveys N=37

- Service organizations N=21
 - Healthcare services
 - Mental
 - Physical
 - Medical Clinics
 - Public Health
 - Legal
 - Asylum
 - Family
 - Immigration
 - Social Services
 - Resettlement
 - Education (other than ESL)
 - ESL
 - Case Management
- 27 service providers work directly with refugees and/or asylum seekers
- 5 service providers have treated patients for conditions specifically caused by torture
 - Majority of service providers worked 1-5 years or 6-10 years

Appendix 4. Research Instruments

Service Provider Interview Guide

Demographic Information:

Name of service agency

Location of service agency

Job title of respondent

Gender of respondent

Length of employment

Works directly with refugees/asylum seekers

What is the average length of time that clients of your organization have been in the united states?

of employees/volunteers at service agency

Service agency:

I/We would like to begin by discussing your service agency....

What services do you provide(ask if they have a list of their services/programs)?

What do you feel sets your organization apart from others?

What new programs does your organization have? Plan to implement?

Does your organization have any specific specializations? Probes:

cultural, linguistic, geographical, gender, ethnic, religious

How have services for refugees and asylum-seekers developed since you began working in your field? At this service agency?

Needs:

Your service agency:

What do you think this service agency organization needs?

What do you need? Do you feel that your needs are being met? If so/or not in what ways?

What resources are available to your organization? Which do you (your organization) use?

Your clients:

What services are available to your clients?

What do you think your clients want? Need?

Do you feel that the needs of your clients are being met? If so/or not in what ways?

Where do you feel service gaps lay?

How do existing services address the needs of refugees? Of asylum seekers?
Of survivors of torture?

Torture:

What do you do when you discover a client has been tortured?

What is the protocol for dealing with survivors of torture? How do you identify torture survivors?

What barriers do you feel exist to identifying torture survivors among your clients?

Ideal:

What would an ideal comprehensive program or agency look like?

What kinds of programs would they have or offer?

How can existing programs be altered to fit this vision?

Barriers:

What do you feel are the biggest barriers for getting helping refugees and asylum seekers?

How would you change the way services/your organization is funded? And how would you use/ prioritize these sources of funding?

Facilitators:

What helps to make services run more smoothly?

Specific Healthcare:

What would you like to see happen in regards to healthcare services for refugees? Asylum seekers? Survivors of torture?

Client Discussion Guide

Demographic Information:

How old are you?

What country are you from?

What ethnic group(s) do you belong to?

What languages do you speak?

Did you go to school? If yes, How long?

Are you married?

Do you have any children?

Do you have family here?

What is your religious background?
Have you found a place to worship here?
What did you work before you came here? If yes, what did you do?
Do you work now? If yes, what do you do?
Did refugee services help you find the job?
If not, who did?

What would you like to see here at the center/clinic?

What do you feel like you need?
How the center/clinic help with that need?

Do you think that Americans are informed about what happens in your country?
How do you think that information could be shared?

Is there anything you would like to change about the clinic/center?
Work?
Your house?
The U.S.?