



## **INTERNATIONAL TORTURE SURVIVORS: AN ANTHROPOLOGICAL PERSPECTIVE**

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### **Abstract**

My partnership and research with the Center for Survivors of Torture Dallas Fort Worth (CST DFW) investigated the struggles that torture survivors have endured within an unfamiliar healthcare and social service system. Many survivors who have faced Post Traumatic Stress Disorder (PTSD), anxiety, and depression also endure a secondary threat which leads to re-traumatization through the struggles of acculturation. The aim of this research study was to: 1. Identify differences and assumptions between service providers' and clients' definitions of self-sufficiency; 2. Examine prominent barriers to self-sufficiency that survivors encounter; 3. Pinpoint the survival strategies that survivors use in order to cope with life in DFW; 4. Determine what resources CST staff, area service providers, and survivors felt needed improvement at CST and in the DFW metroplex.

**Key words:** *Acculturation, Applied Anthropology, Asylum Seekers, Barriers, Qualitative Analysis, Refugees, Self-sufficiency, and Torture Survivors*

### **1. Introduction**

This thesis in applied anthropology addressed four research goals among CST staff, clients, and service providers in the Dallas Fort Worth (DFW) metroplex. By analyzing qualitative interviews, I assessed how survivors of torture cope with their duress and developed survival strategies to acculturate themselves to life in DFW.

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



The International Rehabilitation Council for Torture Victims (IRCT) estimates that up to 35 percent of all refugees worldwide are torture survivors [11]. Currently, the Center for the Victims of Torture (CVT) figures show that there are approximately 500,000 survivors of torture in the United States [3]. CST is the only accredited mental health care provider of specialized torture treatment services in Texas; they earned their international accreditation from the IRCT.

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

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

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

## **2. Methods & Materials**

My four research goals were deconstructed into interview questions in order to develop a more



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

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

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

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

Out of the 14 service providers interviewed, six males and eight females participated. Out of the six client informants, there were three males and three females. Five distinct ethnic-cultural groups were represented: Angolan, Congolese, Kenyan, Palestinian, and Zimbabwean. Four clients were asylum seekers, while the remaining two clients were a refugee and an asylee. Asylees are former



asylum seekers who have received amnesty. Figures from CST's client database show that 69 torture survivors have visited the center from January 2012 to December 2014. Statistics show that five asylees, forty asylum seekers, six citizens, and seventeen refugees have received counseling support from CST DFW; 65 percent of those clients that have visited CST are current or former asylum seekers. As a result, this research will predominately focus on the struggles of asylum seekers and it will be addressed in the results section.

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

Qualitative data was collected and transcribed into Microsoft Word so that I could conduct open coding. These codes were placed in a codebook and then analyzed for emerging themes. I independently developed codes for all 20 interviews in order to eliminate prescribed codes and themes. Topics of discussion focused on how survivors define self-sufficiency, the prominent barriers that they encounter, the survival strategies they used to cope with life, the resources survivors feel that they need to be improved in DFW, and lastly their compliments and suggestions for CST.

### **3. Research Limitations**

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

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

While adjusting the research focus to Austin would have made it easier to complete my



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

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

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

#### **4. Research Results**

The intent of this study was to help CST improve their programming for survivors by offering recommendations based on the data collected. The outcome is intended to improve the communication between CST staff, clients, and service providers in DFW. My four research goals were to:

- Identify differences and assumptions between service provider and client definitions of self-sufficiency
- Examine prominent barriers to self-sufficiency that survivors encountered
- Pinpoint the survival strategies survivors used to cope with life in DFW
- Determine what resources CST staff, service providers, and survivors feel are needed to be improved for CST and DFW.

Interviews were both ethnographic and qualitative in nature; these methods allowed area



stakeholders the opportunity to express their perspectives confidentially.

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

*The end goal for self-sufficiency should be to provide the resources necessary for these individuals and help guide them through the mental health system with an end goal that they can manage and navigate it on their own (Service Provider).*

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

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

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

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

*We are asking them to unearth it [traumatic experiences], and often times they are resistant to that, understandably and therapy is a Western construct. Many people intuitively don't understand why on earth they would reveal personal and painful things to a total stranger (Service Provider).*

*Because they can't sleep, all of the symptoms they are coming here [with] because of the symptomology for mental health, or they are either coming here because they need a legal*



*forensic report or medical forensic report. But the only way we will do it is if they come to counseling (Staff).*

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

The harsh reality for many survivors is that not everyone will receive asylum. Dallas and Houston immigration courts are characterized as having extremely low asylum acceptance rates. Studies have shown that wide fluctuating grant rates by immigration judges may be a result of an inconsistency in applying the law: “the Houston Asylum Office, which handles the fewest asylum applications of any office in the country, granted 23 percent of the cases it heard in November 2011 and 24 percent in December 2011. This puts it below the national average and among the lowest of the 8 asylum offices in the country” (Human Rights Initiative) [10]. Political funding comes from wealthy corporations that support their economic agendas to suppress migrant groups for their own economic incentives. The system is built to maintain the *status quo* and may let a few people trickle in for public image. The legal system is not used to help people, but to delay and postpone.

*Getting asylum status is an extremely rare exception. Most people that apply don't get it, no matter how severe their cases are. [...] The whole system is geared to make it almost impossible to get asylum. It is not designed to provide refuge to people who have a well-founded fear (Service Provider).*

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

All clients interviewed believed in a higher power. Remarkably, one couple were both pastors while another gentleman, who fled Kenya, was a reverend who was persecuted for helping homosexuals come to terms with their sexuality and faith. While mental health counseling is an



effective means for helping clients to come to terms with their duress, the power of faith has innumerable qualities for rehabilitation that can complement clinical health methods:

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

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

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

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

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

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

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

Service providers stressed the importance of long-term care for both physical and mental





health. Access to low-cost healthcare resources are present in Dallas, but in Fort Worth and other parts of the metroplex clients can spend the entire day traveling by bus and back to receive treatment. Due to the lack of access, especially in the Fort Worth area, providers have resorted to offering mental health support beyond counseling. Support can come from various people, organizations, and faiths. It is a compilation of these resources that allows survivors to manage their new lives in the metroplex and to become self-sufficient.

## 5. Theoretical Discussion

Anthropologists are interested in the dimensions of the human global process and the lived experience of migrants. Anthropology examines the relationships between society and culture from the macro and micro processes embedded in the cultural dynamic of displacement. A theoretical model of interest in the study of asylum seekers and refugees is political economy. The macro unequal distribution of wealth between nations has allowed for the exploitation of labor on a global scale, which has dramatically affected the lives of individuals in economically insecure nations. With the implementation of qualitative methods, anthropologists are able to document the micro level struggles that torture survivors endure such as political, economic, religious, and sexual persecution. This theoretical model helps contribute to the understanding of the struggles survivors of torture face, and how they develop coping strategies in order to acculturate.

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

Over the past decade (1999-2009), the presidential determination has allowed for up to 70,000 – 91,000 refugees to enter the U.S. (brycs.org) [1]. The United States Citizenship and Immigration Services declares that refugees are unable to live in their home country due to a reasonable fear or proof that they were persecuted.

Refugees must fit the requirements regarding persecution, secure status outside this country, and that their case is of special humanitarian concern to the United States in order to be admissible for legal entry into this country. An individual who has a “well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of their nationality, and is unable to or, owing to such fear [,] is unwilling to avail himself/herself of the protection of that country” (UNHCR) [21]. Common concerns for this definition is that the term “well-founded fear” is subjective. The term refugee is a classification for one



individual who has undergone persecution, rather than accounting for individuals displaced by violence and warfare.

Both groups are persecuted, but refugees are offered medical and social services that allow them to fulfill their basic needs for roughly four months. Services vary among each state. For the last decade, the United States has been accepting between 20,000 and 30,000 asylum applicants per year (Burt) [2]. Asylum seekers go through an entirely different legal process than refugees, because asylum seekers are applying for refugee status in the United States.

Asylum seekers are individuals “already within the geographical boundaries of a resettlement country, who are seeking official recognition as a refugee” (Dessouky) [6]. These individuals are in the process of petitioning for permission to remain permanently, and they also receive the benefits afforded to refugees. When asylum seekers are denied amnesty, they are either deported, detained, or may stay in the country illegally. If the individual is granted asylum, then he or she becomes an asylee making that person eligible for the same benefits afforded to refugees.

There is a disproportionately higher rate of torture in asylum seekers: “approximately 75-95 percent of asylum seekers are survivors of socio-political, ethnic, or religious persecution resulting in torture” (Dessouky) [6]. Stakeholders argue that asylum seekers are at a higher risk of torture because they are often well educated and therefore are seen as threats to authoritative organizations and governments.

It is common for service providers to be frustrated with the public’s perception of this at-risk population. Both groups are migrating to the United States from the same places and for similar reasons. Unfortunately for asylum seekers, they do not follow the standard protocol for refugee status which affects their eligibility. As statistics show, there is a significant need for resources to be allocated for asylum seekers because they overwhelmingly have higher rates of being tortured.

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

Without advocacy about the legal differences between these groups, many torture survivors fall through the cracks in regards to obtaining services to fulfill their basic needs. Both groups face discrimination during the resettlement process; they arrive with minimal resources, and are placed in circumstances where they no longer have to fear their past traumatic experiences. But now they have to comprehend a kind of “hospitable hostility” (Rios) [17]. However, their experience in the United States is often hostile because of both the negative attitudes and treatments of non-English speaking immigrants. In addition, their constant struggles to meet their basic needs create a dichotomous



existence which encapsulates the common troubles for survivors.

Anthropologists and fellow social scientists have become involved in the development and reform of asylum seeker and refugee policies through their collaborative efforts with government organizations. It is the research of applied anthropologists that helps to contextualize the reasons for the influxes of migrant populations to developed nations such as the United States. There is a “linked relationship and movements have given rise to the concept of ‘transnationalism’ and recognition of the internationalization of survival strategies” (Okongwu) [16]. Organizations such as the World Organization Against Torture (OMCT) have developed statistical measurements to analyze human rights violations. The OMCT determined that there was a significant relationship among poverty, violence, inequality, and the socio-economic dimensions of torture [22]. Their published results further support the fact that a political economic landscape is ever present in that “violence is stimulated by inequality and the government’s inability to provide social and economic rights, and that the government’s decision-making ability can be an underlying cause for deteriorating social and economic conditions” (Kobylak) [12].

Technological advances are another cause for structural violence. Paul Farmer argues that medical advances should be utilized to save lives. However, he also argues that marginalized communities do not have their basic needs met because there is a hierarchy of care based on those who have the financial resources to gain access. It is unfortunate; who has the right to decide which human is able to survive and who is considered “disposable” (Farmer) [7]? Both Paul Farmer and Merrill Singer [18] have stressed that all humans have the right to be healthy; it is our moral “responsibility to prevent social inequalities from being embodied as bad health outcomes” (Farmer) [7]. Both advances in mental health counseling and the availability of health care to marginalized populations should be provided to disenfranchised communities in order for them to overcome both their past and on-going inequalities.

## 6. Practical Recommendations

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

Elements for success that were identified by stakeholders:

- Consistency
- Accessibility



- Service Mobility
- Cultural Awareness
- Community Engagement
- Welcoming and Safe Environment
- Interdisciplinary Collaboration Among Agencies

1. CST should re-educate service providers and clients about their mission and services.

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

2. CST should establish full time operations in DFW.

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

3. CST should collaborate in a two-way street.

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

4. Develop mobile counselor care units at CST.

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

5. CST should provide an after-hours hotline.

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

6. CST should offer a peer-support group.

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



experiences.

7. CST should strengthen their partnerships with faith based institutions.

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

8. CST should focus on work permit advocacy.

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

9. CST should become the voice for torture survivors.

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

## 7. CONCLUSION

Findings from this research project indicate that self-sufficiency was not purely defined in economic terms by the interviewees. Evaluating clients based on their ability to find employment and self-reliance alone does not account for how impaired mental health impacts torture survivors' aptitude to rehabilitate from past traumatic experiences. Both physical and mental torture interferes with survivors' day-to-day functioning. In agreement with this sentiment, service providers sympathized with clients' experiences. Ideally, staff and service providers wanted clients to have access to any



resources necessary for them to develop coping strategies, with the end-goal being that they can manage and navigate the system on their own.

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

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

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

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

Structural barriers negatively affected clients because organizations had no economic incentive to collaborate with other resettlement agencies. The lack of cultural consciousness by government institutions has caused this rift in partnerships. Government regulations established an environment that forced non-profit organizations to compete for federal funding, rather than promoting collaboration that would make services more efficient. However, government agencies are more concerned with individuals who manipulate social services for their own selfish means. This distrust has forced individuals who need services to go to extreme lengths in order to validate their needs. Unfortunately, this lack of understanding can force clients to relive past traumatic experiences, further exacerbating their current struggles to acculturate.



Asylum seekers are unable to work legally in this country. As was mentioned in the self-sufficiency section, restricting survivors from accessing work permits is a major barrier to clients' who rehabilitated and through their ability to have their basic needs met. The lack of generated income directly impacts a community's access to care. Not only are there geographic barriers to clients who need mental health and primary care, but also clients must seek out health clinics that will sympathize with their inability to pay for services. These health care facilities are few and far between, and they force resettlement agencies to compensate for the lack of allocated state and federal funding.

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

Faith, friendship, and access to education were three themes that clients discussed during interviews. The belief that God has a plan in survivors' lives was a means for coping with their torture. While mental health counseling is an effective means for clients overcoming their duress, it is important to holistically include faith-based institutions. The power of faith has innumerable qualities for rehabilitation that can complement clinical health methods. In addition, counseling with specialized staff is invaluable, but establishing support networks beyond professional relationships between staff and client helps to build a community beyond the help of the CST.

Clients that are incorporated into a community will not only acquire knowledge about American cultural practices, but also alleviate their psychological issues such as anxiety, depression, and suicidal ideation. As Richard Lester states [14]:

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

Direct interventions, in order to bring survivors of torture into a community of care individuals, will greatly impact their integration. Education is a resource that was not overlooked by clients; three



survivors were single mothers that truly appreciated free education. In Texas where clients were unable to address most of their basic needs, education offered them a glimmer of hope for their children's future.

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

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