

Determining eligibility for services as a torture survivor

Sharing our policies, practices and
challenges

National Capacity-building Project
August 2, 2006

Presentation outline

- Why this topic now?
- Terms: legal definitions of torture
- Questions to ask when setting a policy and procedure
- Some challenges in determining eligibility
- A sample policy and procedure
- Four examples from 4 different types of torture treatment programs
- Questions and comments thruout

United Nations Definition of Torture

“...any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, intimidating or coercing him or a third person for any reason based on discrimination of any kind, or punishing him for an act he or a third person has committed or is suspected of having committed, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or another person acting in an official capacity”

World Medical Association (1975)

Torture is defined as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason. This characterization may include 1) torture perpetrated by rebels and terrorists acting outside of an official capacity; 2) violence during war that is random; and 3) punishment allowed by governments that uses techniques that are similar to the techniques of torturers.

U.S. definition of torture

(Title 18, United States code)

An act committed by a person acting under the color of law specifically intended to inflict severe physical pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control.

- “color of law”: when a person acts or purports to act in the performance of official duties under any law, ordinance, or regulation

Questions to answer by your policy

- What is the range of services & clients your program sees?
- Who is/isn't eligible for your services for torture survivors?
- Who on your staff determines eligibility for those services?
- What is the process?

Questions to answer by your policy

- What definition(s) of torture do you use?
- What screening questions are used? (Is there an interview script?)
- How is eligibility documented for each individual?
- What do you do if a trauma client is deemed ineligible for services? Eligible but the program can't take the client for some reason?

Questions to answer by your policy: CVT example

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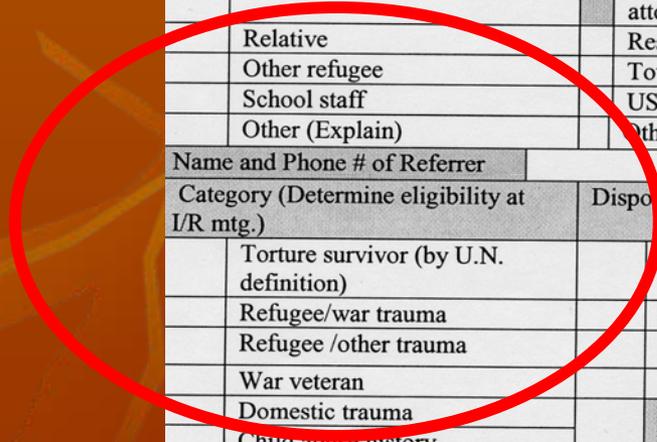
Questions to answer by your policy: CVT example

- What definition(s) of torture do you use?
- What screening questions are used? (Is there an interview script?)
- How is eligibility documented for each individual?
- What do you do if a trauma client is deemed ineligible for services? Eligible but the program can't take the client for some reason?

Request for Services/Referrals

Date		CVT Staff Contact					
Name			Phone: Day				
Address (list street, apartment #, city, state, zip, country)				Phone: Evening			
				Male		Female	
Is housing stable? If no, explain:			Age:		DOB:		
Country of Origin: (below)		Health Insurance:		Y	No	Company Name	
				e			
				s			
				Transportation Needs			
Interpreter Needed:		If Yes, What Languages? (list all languages spoken below)		Explained that decisions regarding eligibility are not based on need for asylum documentation alone/ offered referral if only seeking this.			
Yes		No		Yes		No	
Referred By:		INS Status:		Reason for Call: (check all that apply)			
Health Care Provider		Refugee		CVT services (multidisciplinary)			
Social Service Provider		Asylum Seeker		Medical services			
Attorney (name and phone #)		Has applied For Asylum		Y		N	
		Has an attorney		Y		N	
				Mental health services			
				Social services			
Relative		Resident		Legal services/asylum			
Other refugee		Tourist/Student Visa		Legal services/family reunification			
School staff		US Citizen		Legal services/other			
Other (Explain)		Other (Explain):		Clinical advice (client specific)			
Name and Phone # of Referrer				Date entered USA			
Category (Determine eligibility at I/R mtg.)		Disposition (Check all that apply; if eligible, complete at I/R meeting):					
Torture survivor (by U.N. definition)		CVT acceptance offer					
Refugee/war trauma		Medical referral:					
Refugee /other trauma		Mental health referral:					
War veteran		Legal referral:					
Domestic trauma		Social service referral:					
Child abuse history							
Rape		Agency clinical consult					
Prison/police trauma		Other referral:					
Other trauma		Provider Gender Preference (check one)		Male	Female	Either	
Other mental health		Appointment Time Preference (check one)		Morning	Afternoon	Either	

CVT request for services



Client has given verbal consent for CVT to contact the community mental health center for a referral.

What challenges do you face in determining eligibility?

FOR EXAMPLE:

- Finding torture survivors who don't come to you directly & would benefit from specialized services
- Training staff to screen for torture among a more general population being seen
- Getting the client to divulge sensitive information, without promise of services
- Finding alternatives for ineligible people who are suffering

A sample policy for a stand-alone center (CVT-MPLS)

INTEGRATED CLIENT REHABILITATIVE SERVICES (ICRS):

ELIGIBILITY REQUIREMENTS POLICY:

Clients are victims of government-sponsored torture and their family members.

PROCEDURE:

Referrals or requests for services (by phone, in person, by correspondence or electronically) will be channeled through the “on-call” staff of Information and Referral Services (See *Attachment to CS.01.*)

Requests for services are discussed and decided upon at weekly admissions meeting attended by staff representing the core disciplines in the ICRS program.

Torture is defined according to the United Nations Convention Against Torture (1984).

Additional criteria used for determining eligibility for services include the following:

Available resources at any particular time with respect to the prospective client’s needs (e.g. providing outpatient services only; unable to provide housing; unable to provide treatment for alcohol/drug abuse or dependency or treatment for mandated referrals involving domestic violence and/or child protective services; etc.).

Exclusion of survivors who are also known perpetrators

Need to maintain a safe and secure environment for clients and staff

Serious concerns regarding the eligibility of any particular survivor arising

during the admissions process may be brought up by the Director of Client Services to the Executive Director or the Deputy Director who may in turn request Board guidance.

PERSONNEL:

Staff on the “on-call” schedule; the Information and Referral services team (usually including one staff member representing each of the core disciplines in the ICRS program)

Other presenters' policies

- SOTI (stand-alone) San Diego, CA (Crystal Green presenting)
- ACCESS (embedded in immigrant-serving organization) Dearborn, MI (Mohammed Farrag presenting)
- Florida Center-Gulf Coast JFS (embedded in large human services organization) Clearwater, FL & Miami (Stacy Blake presenting)
- Center for Torture & Trauma Survivors (part of county health department) Decatur, GA (Kitty Kelley presenting)

SOTI-San Diego

Basic eligibility criteria are as follows:

- A client must be a primary or secondary survivor of torture, which includes physical, psychological, and/or sexual torture as defined by the United Nations, the World Health Organization, the Convention Against Torture, and/or the United States Congress by way of the Torture Victims Relief Act of 1998.
- A client must have a desire and willingness to be a participant in the services offered by SURVIVORS.
- A client must be available to receive SURVIVORS services during business hours, or the stated hours of the contracted provider(s).

Basic eligibility criteria continued:

- A client must be able to receive services as an outpatient and is not in need of inpatient hospitalization at the time s/he is accepted as a new client.
- An individual who has been a voluntary perpetrator of torture is not an appropriate client for SURVIVORS.
 - Some individuals have suffered torture in the context of family violence, cult activity, criminal assault or other settings which do not fit the criteria from the definitions used by SURVIVORS. We recognize that the injuries and damage from these abuses may be extreme. At the same time, SURVIVORS' work focuses on its specific mission, and we therefore refer these cases to other resources.

BRIEF TRAUMA SURVEY
(clinical discretion in obtaining this information is primary)

The following are various kinds of violence and things related to violence done by the police, army, or other organized groups that you or your family members may have directly experienced before living in the United States. I am going to ask first about your family, then about you personally. Finally, we'll talk for a moment about your life currently in the United States.

95)	Were one or more of your family members:	A) Threatened with injury or death?	No...00 Yes...01
		B) Physically attacked or injured?	No...00 Yes...01
		C) Killed?	No...00 Yes...01
		D) Disappeared?	No...00 Yes...01
96)	Were you personally ever threatened with injury or death?	No...00 Yes...01	
97)	Were you ever detained, imprisoned, captured or kidnapped in your country of origin?	No...00 [SKIP TO Q98] Yes*...01 [ASK Q97a & b]	
	* 97a) If yes, how many times?	<hr/> [NUMBER OF TIMES] Not applicable.....66	
	*97b) Longest period of time: _____ 66666666 = N/A 77777777 = Don't Know 88888888 = Refused 99999999 = Missing	[CONVERT TO # DAYS (INCLUDING PARTIAL DAYS, USING DECIMAL POINT) BEFORE ENTERING INTO COMPUTER DATABASE]: (# of days): _____ Not applicable...66666666	
98)	Were you ever physically attacked, beaten, injured or otherwise harmed in your country of origin?	No...00 Yes...01	

SOTI screening tool

Referred by: _____ Phone () _____ Date _____
Agency/office address: _____
City _____ State _____ Zip _____
Fax () _____ e-mail _____

I wish to refer the person below for the following services (select one or more specific to this case):

psychological Evaluation for Asylum counseling case management
 health/allied health (Not Medical Eval) Medical Evaluation for Asylum

If this request is for immigration proceedings, please note the time frames below:

Affirmative interview date _____ Date/Time of merits hearing: _____ Judge: _____
Date of filing: _____ Completed reports due to attorney by: _____

PERSON BEING REFERRED

Last Name First Middle
Primary Phone _____ Secondary Phone _____
Address _____ City _____ State _____ Zip _____
/ / Male / / Female DOB _____ Age at intake _____ Country of Origin _____
Legal Status _____ (send declaration) Ethnicity _____ SS# _____
If in detention in U.S., where and dates: _____ Alien # _____
Language(s): _____ Speaks English? Yes some no
Interpreter's name: _____ Interpreter's telephone () _____

Brief description of the alleged torture:	Brief description of the psychological effects of alleged torture:
Brief description of the medical effects of alleged torture:	Reported reason for torture: Reported perpetrators of torture:

FOR INTERNAL USE ONLY:

Date Received _____ Staff completing review _____ Client Number _____

A ACCESS SCREENING POLICY

M. FARRAG, Ph.D.

Clinical Director

POLICY

- ACCESS: Agency mission & range of services offered
- It is the policy of ACCESS that every referral for service will be assessed to determine the appropriateness of service, the individual's needs or problems, and to offer services or referrals needed, through a standardized screening procedure.

ACCESS admission criteria

- **Eligibility requirements for admission into the Center are as follows:**
 - The individual has a history of torture experiences due to his/her political, religious and/or ethnic affiliation or any other reason, and is not due to punishment for criminal law violations; or is a secondary traumatized individual, who has been seriously affected by the experience.
 - The individual experiences distressing psychiatric (DSM-IV) symptoms that interfere with his/her daily functioning or quality of life, has difficulty in adjusting to the new environment or leading a satisfactory educational, vocational or social life.

Steps in the screening process

- Screening Worker:

1. Screens all individual referrals based on ACCESS Admission Criteria.
2. Determines suggestions for client's needs.

Supervisor

1. Reviews and approves screenings
2. Assigns case to therapist
3. Places completed screenings in appropriate box.
4. Sends original copy to therapist
5. Sends one copy to MIS

THERAPIST

A. Contacts client within three days to set an appointment, and to provide necessary direction

Policy Questions

- What definition(s) of torture do you use?
- What do you do if a trauma client is deemed ineligible for services? Eligible but the program can't take the client for some reason?

Screening Worker

- D. If person needs services which do not meet admission criteria, refers client to appropriate agency.
- E. Imparts full appropriate information for information-only calls.
- F. When questionable calls make it difficult to assess nature of the client's needs, transfers calls to intake worker or supervisor.

Screening Worker

- G. Completes screening form.
- H. Assigns I.D. number.
- I. Enters information and appointment in intake book.
- J. Places completed screening in file box marked New Screening.

SCREENING AND REFERRAL

SCREENING DATE ___/___/___ **TIME** _____ **SITE** _____ **CLIENT I.D. #** _____

SCREENING TYPE: ___ Face-to-Face ___ By Phone ___ **SOCIAL SECURITY #** _____ - _____ - _____
NAME _____ **GENDER:** F ___ M ___

ADDRESS _____ **CITY** _____ **ZIP** _____

COUNTY _____ **ETHNICITY*** _____ **PHONE** (____) _____ - _____
LANGUAGE: ___ Eng. ___ Arabic ___ Spanish ___ Other **OTHER PHONES:** (____) _____ - _____

COUNTRY OF ORIGIN: _____ **BIRTHDATE** ___/___/___

MARITAL STATUS M ___ S ___ SEP ___ DIV ___ WID ___
INSURANCE* _____ **INS. I.D.** _____ No Insurance

HMO* _____ **CLINIC PLAN*** _____ **SPEC. CAID ELG.*** _____

PUB. INCOME: PA ___ SS ___ EW ___ OT ___ **LEGAL STATUS*:** _____

PROBLEM TYPE* _____ **SEVERITY OF MENTAL ILLNESS*** _____

PREVIOUS M/H SERVICE: ___ No ___ Yes **DURATION OF MENTAL HEALTH SERVICE:** ___ 1YR ___ 2YR

PRESENTING PROBLEM (In client's words) _____

ANY HISTORY OF IMPRISONMENT? ___ No ___ Yes; **Where?** _____ **Dates:** _____

ANY TORTURE EXPERIENCE? : ___ No ___ Yes; **TYPE OF TORTURE:** _____

EFFECTS OF TORTURE: _____

CURRENT MEDICATIONS: _____

PRESCRIBING PHYSICIAN: _____

ADDRESS _____ **LAST NAME** _____ **FIRST NAME** _____
PHONE (____) _____ / _____

PSYCHIATRIC HOSPITALIZATION: ___ No ___ Yes; **Where?** _____ **When?** _____

BASIC NEEDS: ___ Mental Health ___ Health ___ Housing ___ Financial ___ Immigration ___ Legal
___ Other: _____

REFERRAL SOURCE: ___ SELF ___ FAMILY ___ POLICE ___ COURT ___ HERITAGE HOSPITAL
___ FRIEND ___ EMPLOYER ___ MOSQUE ___ CHURCH ___ VOC.REHAB. ___ PHYSICIAN
___ OTHER HOSPITAL _____ **OTHER SOURCE** _____

NAME OF REFERRING PERSON _____ **PHONE:** (____) _____ / _____
LAST _____ **FIRST** _____

NAME OF SIGNIFICANT OTHER _____ **PHONE:** (____) _____ / _____

SCREENING WORKERS'S COMMENTS _____

SUPERVISOR'S COMMENTS _____

CASE ASSIGNED TO _____ **DATE** _____

ACCESS admission criteria

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 - The individual has a history of torture experiences due to his/her political, religious and/or ethnic affiliation or any other reason, and is not due to punishment for criminal law violations; or is a secondary traumatized individual, who has been seriously affected by the experience.
 - The individual experiences distressing psychiatric (DSM-IV) symptoms that interfere with his/her daily functioning or quality of life, has difficulty in adjusting to the new environment or leading a satisfactory educational, vocational or social life.

Screening Worker

- A. Takes requests for services that meet admission criteria. Completes screening form.
- B. Takes calls from hospitals or crisis center. Completes information about diagnosis, medication and referring worker's name and phone number. Schedules intake appointment as quickly as possible.
- C. In taking crisis calls where individual is suicidal, homicidal or actively psychotic or withdrawn, transfers call to clinician or supervisor, who will follow emergency procedure.

Florida Center for Survivors of Torture

Center Without Walls program within large human services agency

- Refugee, Asylum seeker, Undocumented 250/yr
- 37 countries-B/H, Colombia, Cuba, Haiti
- UN Definition
- Case Coordinator
- Variety of internal program options—Torture Treatment, Refugee Youth and Family, Victim of Crime, Holocaust Survivors
- Waiting list

Intake Process

- Client Referral *
- Client Intake/Assessment *
- Case Staffing *
- Assignment of Program Specialist
- Completed Service Plan
- 90 day reviews with provider feedback

* Confirming eligibility

GULF COAST JEWISH FAMILY SERVICES, INC.



**FLORIDA CENTER FOR
SURVIVORS
OF TORTURE**

FLORIDA CENTER FOR SURVIVORS OF TORTURE

A Program of Gulf Coast Jewish Family Services

Client Referral Form

Please complete and send to:

Tampa Bay
407 South Arcturas Avenue
Clearwater, FL 33765
Phone: 727-450-7273
Fax: 727-450-7285

Miami
1924 NW 84th Avenue
Miami, FL 33126
Phone: 305-470-6816
Fax: 305-470-6818

Date of Referral: ___/___/___ Referral Source/Phone: _____

Client Name: _____ Date of Birth: ___/___/___

Address: _____

Phone Number: _____

Interpreter Needed: Yes No Languages Spoken: _____

SS number: _____ Alien Number: _____

Country of Origin: _____ Ethnicity: _____

Immigration Status: _____

Date of Arrival in U.S. ___/___/___ Date of Arrival in Florida: ___/___/___

Type(s) of service needed (check all that apply): Medical Mental Health Social Services Legal

Educational Other _____

FLORIDA CENTER FOR SURVIVOR'S OF TORTURE STAFF ONLY

Date of Case Determination Staffing ___/___/___

- Accepted:** Someone inflicted pain or suffering on the client to **obtain information or a confession** from the client or someone the client knew.
- Someone inflicted pain or suffering on the client to **punish or intimidate** the client or someone they knew.
- AND the person who inflicted the pain or suffering was a **government, military, party, or other public official**, or they were acting with the consent or acquiescence of such officials

Not Accepted: Rationale _____

Program Specialist Assigned: _____

CST
Florida

Center for Torture & Trauma Survivors

DeKalb County Board
of Health

.....

ELIGIBILITY

Kitty Kelley, PhD

REFERRALS

- Board of Health
- Refugee Health domestic health screening nurses
- Resettlement agencies
- Families
- Physicians
- Community partners
- ***KEY: They refer likely candidates to CTTS for an INFORMATION SESSION.***

Information Session

- Program is described
- Services are explained
- Tour is given
- Staff is introduced
- Definition of torture is given

Who determines eligibility? CTTS.

- First line: CTTS Program Director at the *Information Session* (first point of contact for potential new clients) via *Eligibility Ck List*
- Second tier: CTTS case manager who coordinates the program in which the person would be enrolled (clear cases).
- Third tier: All CTTS team (unclear cases). Consensus is needed. List is kept.

Eligibility Check List

- “Color of law” met
___government forces, rebel soldiers
- ___Torture was done abroad (not in the US)
- ___Physical and/or ___mental pain or suffering (only one is needed)
- ___Held against their will (any period of time)
- ___Denies voluntarily perpetrating torture upon others.

Eligibility Check List, Cont.

- CTTTS can communicate meaningfully with client (certified trained interpreters are available; client is not acutely psychotic)
- Our services seem appropriate to client's stated needs (match needs to services)
- Client voluntarily agrees to enroll
- Any legal status (asylum applicant, refugee, American tortured abroad, immigrant)

“This is the Board of Health. We have many programs. We are trying to determine which program is best for you.”

Does this program seem right?
Does your experience fit the definition of torture I gave you?
Would you like to join our program?

If they respond

- **“YES”**
 - Schedule the Intake Session
 - Coordinate the first intake appointment, translation, and transportation
- **“NO”**
 - Review person’s main concerns
 - Refer to other programs
 - Give contact information

Questions? Comments?

- A copy of this PowerPoint and the recorded conference call will be sent to you after the webinar.
- Thanks for your help. The National Capacity-building Project