



We are glad you came.

We would like to stay in touch with you as we work together toward our common goals related to torture – prevention, awareness, research and rehabilitation.

Come to the 6th Annual Research Symposium next year. Please let us know what you are doing related to advocacy, education, training and research for torture survivors.

Visit us online at www.ncttp.org
Email us at info@ncttp.org

NCTTP Mission Statement:

The NCTTP exists to advance the knowledge, technical capacity and resources devoted to the care of survivors of torture and to act collectively for the purpose of preventing torture worldwide.

The National Consortium of Torture Treatment Programs 5th Annual Research Symposium

Torture Treatment: Clinical, Community & Policy Interventions & Outcomes

February 13, 2013
George Washington University
Washington, DC



Why a 5th Annual Research Symposium by the National Consortium of Torture Treatment Programs?

No one knows the exact number of torture survivors now living in the United States, but estimates are high. Studies show that 10 – 30% percent of refugees who come to this country show signs of torture (Modvig & Jaranson, 2004). Studies of asylum seekers show higher percentages of torture (Masmas et al, 2008).

The psychological and physical pain of torture survivors is prolonged with reoccurring nightmares of post traumatic stress disorder, debilitating depression, and poor health, often with hypertension and/or diabetes. The most important services the NCTTP provides are access to treatment for torture survivors and research to show the efficacy of this treatment. Through awareness building, education, training and scientifically proven treatments, health and legal professionals and organizations can significantly extend their efforts to help survivors decrease their pain and lead productive lives.

The need for increased research into treatment outcomes is profound.

National Consortium of Torture Treatment Programs Summary Table of Papers presented at the Annual Research Symposiums by NCTTP Member Centers 2009 – 2013

Programs	Number of Presentations	Total Presentations
NCTTP data project	5	5
Three programs	4	12
Three programs	3	9
Four programs	2	8
Six programs	1	6
Total 17 programs		40

“Providing treatment for torture survivors is one of the best ways we can show our commitment to fighting human rights abuses around the world.”

- Senator Paul Wellstone

With Appreciation

NCTTP’s Executive Committee

Lin Piwowarczyk, President
Crystal Riley, Vice-president, Chair, Research & Data Committee
Ann Marie Winter, Secretary
Pete Dross, Treasurer
Allen Keller, Policy Committee Chair
Mara Rabin, Membership Committee Chair
Karen Hanscom, IRCT representative
Kathi Anderson, At-Large Member
Kristin Bulin, At-Large Member

George Washington University

- **James Griffith, M.D.**, Interim Chair, Department of Psychiatry and Behavioral Sciences, psychiatrist for Program for Survivors of Torture and Severe Trauma, Northern Virginia Family Service (NVFS), Falls Church, VA

NCTTP Outreach in Washington, DC & Event Day Assistance

- **Advocates for Survivors of Torture & Trauma** staff and volunteers, Baltimore, MD; **Karen Hanscom**, Director
- **NVFS - Program for Survivors of Torture and Severe Trauma** staff and volunteers, Falls Church, VA; **Cyndy Dailey**, Director
- **Torture Abolition and Survivors Support Coalition** staff and volunteers, Washington, DC; **Gizachew Emiru**, Director
- **Center for Victims of Torture**, Washington, DC office; **Anne Sovcik**, Advocacy Advisor

Symposium Logistics

- **Ann Lundberg**, National Capacity Building, Center for Victims of Torture

NCTTP Website, Registration and Program

- **NeoSoft Corp.**, Bend, Oregon

NCTTP’s Symposium Planning Committee:

- **Lin Piwowarczyk**, **Jose Quiroga**, **Karen Hanscom**, **Ann Lundberg**, **Crystal Riley**

torture treatment clinic between January 1, 2008 and December 31, 2011.

Main Measures: Harvard Trauma Questionnaire, incidence of head injury and resulting loss of consciousness (LOC), chief physical complaints, general health scale indicators of torture severity (length of detention, sexual assault, and number of different persecution types).

Results: Of the 488 cases reviewed, 335 (69%) patients reported sustaining a blow to the head. Of the 335 with head injury, 185 (55%) reported LOC following the injury. Those who reported sustaining a head injury were significantly more likely to be men, to have a greater number of types of torture experiences and report sleep disturbances and headaches as their primary medical complaints. **Conclusions:** The high rates of head injury and head injury followed by LOC among treatment-seeking survivors of torture indicates the need for torture treatment centers to assess for possible brain injury. Our findings suggest that patients with possible traumatic brain injury (TBI) may be at a higher risk of negative physical outcomes than those without possible TBI.

The Place of Spirituality in Treatment of Torture Survivors

Lin Piwowarczyk, M.D., M.P.H., Director, Boston Center for Health & Human Rights

Refugees and those seeking asylum come to the United States secondary to a well-founded fear of being persecuted for reasons of race, religion, nationality or membership of a particular social group or political opinion. When facing persecution, some individuals turn to spiritual resources for help. Currently, there is very little known about the spiritual practices of torture survivors or how they might have changed after living through these experiences as well as how one defines suffering. We will present data related to the utilization of spiritual resources and how views of spirituality have changed in order to understand how one might integrate these issues into the therapeutic process.

**“Although the tree cannot move, its leaves
are carried by the wind, delivering its
message of hope.”**

— Igbo Proverb

Torture Treatment: Clinical, Community & Policy Interventions & Outcomes

8:00 Registration

8:30 Welcome

**Jose Quiroga, M.D., NCTTP Symposium Founder & Organizer;
Lin Piwowarczyk, M.D., M.P.H., NCTTP President**

8:40 Keynote Speaker

America’s Illicit Affair with Torture

David Luban, Ph.D.

Dr. Luban is a professor of law and philosophy at Georgetown University Law Center, currently directing the Center for Transnational Legal Studies in London. His scholarship focuses on professional ethics, international law and issues of war and peace. Dr. Luban has written extensively about U.S. involvement in torture since 9/11, and he has testified before both houses of Congress on the role of government lawyers in facilitating abusive interrogations. His book *Torture, Power and Law* will be published in 2013 by Cambridge University Press, which also published his *Legal Ethics and Human Dignity*.

9:40 NCTTP’s Data Project & Research in NCTTP Centers

Over 9000 Survivors of Torture in Treatment Programs in the U.S. – Data FY’s 2008 - 2012; Torture, Demographic Characteristics, Pilot Outcome Data

**Crystal Riley, M.A. and S. Megan Berthold, Ph.D., L.C.S.W.,
NCCTP’s Research & Data Committee
Discussant: Jose Quiroga, M.D.**

Ms. Riley is vice-president of the NCTTP and chair of the NCTTP Research and Data Committee. She also currently serves as coordinator of research and development for the Intercultural Psychiatric Program/Torture Treatment Center of Oregon (TTCO) at the Oregon Health & Science University. Ms. Riley has worked in clinical services, program development and research with torture survivors for the last 27 years. She was clinical and organizational manager of the TTCO from 2000 to 2010.

Dr. Berthold is the co-chair of the NCTTP Research and Data Committee. She is an assistant professor at the University of Connecticut’s School of

Social Work and serves as a consultant with the Program for Torture Victims in Los Angeles and with Khmer Health Advocates in Connecticut. She has worked with torture survivors since the late 1980s.

Dr. Quiroga is medical director and cofounder of the Program for Torture Victims in Los Angeles. An authority on torture and trauma issues, he has worked in the rehabilitation of torture victims for more than 35 years. Arriving in America after the Pinochet military coup in Chile forced him to flee his native country, Dr. Quiroga has been an assistant professor at UCLA School of Medicine and Public Health, has served as associate director of preventive cardiology at UCLA, and is former vice president of the International Rehabilitation Council for Victims of Torture based in Copenhagen. Dr. Quiroga currently serves on the local and national board of the Physicians for Social Responsibility - Los Angeles. Dr. Quiroga has published on public health, human rights and torture.

Collecting Data and Measuring Client Outcomes in a Direct Service Environment: Process and Preliminary Findings

Madonna Cadiz, M.S.W., Program for Torture Victims, Los Angeles, CA

Ms. Cadiz is PTV's research assistant. She received her B.A. in psychology at the University of Southern California and a Master of Social Welfare at UCLA. She has several years of experience providing mental health treatment with children, adolescents and adults in underserved communities. Throughout her educational career, she also contributed to multiple research studies and gained skills in quantitative and qualitative methods. Her current research interests include mental health, quality of care, education, migration and language.

10:30 to 10:50 Break

10:50 Treatment in Sandy's Wake

Treating Survivors of Torture in the Aftermath of Hurricane Sandy

Allen Keller, M.D., Director, Bellevue/NYU Program for Survivors of Torture

Dr. Keller, an internist, is director of the Program for Survivors of Torture and teaches at Bellevue Hospital, New York University. He has served as chair of NCTTP's Policy Committee for the last 12 years and has taken a vital role in speaking and writing about the needs encountered by survivors of torture. Dr. Keller has played a strong role in research as well, publishing with his colleagues many articles in professional journals related to treatment and outcomes.

data from community health workers administering the survey and their agency leaders. Discussions with community leaders helped to further interpret the data. **Preliminary Findings:** More than half of participants perceived the health of the Cambodian American community to be fair or poor. The large majority expressed concern about homebound members. Nearly half stated that they would have nowhere to go for help if there were no Cambodian organizations in their community. Nearly half also did not realize that they had rights to have an interpreter for healthcare visits. **Conclusions:** Cambodian Americans across the U.S. face a number of significant health concerns and rely upon Cambodian organizations and community health workers to support their health. This pilot study served as an initial step towards providing a scientific foundation to inform both policies and practices for empowering Cambodian and other refugee communities to identify and address key health concerns. Important lessons were learned regarding the process of engaging community key stakeholders. Benefits of using the CBPA were realized.

Impact of Country Similarity on the Relocation of Torture Survivors

James Livingston, Ph.D., Senior Staff Psychologist; Marzieh Forghany, M.A., Pre-Doctoral Intern; Armina Husic, B.A., Program Manager; Satoko Kimpara, Ph.D., Outcomes & Res Coordinator. All authors are from the Center for Survivors of Torture, a Program of Asian Americans for Community Involvement

The stresses of becoming a refugee and forcibly relocating to a new country, culture and often language have been well documented. The current study compares the impact that similarity of country of origin has upon the severity of mental distress experienced by refugees and asylum seekers. The criteria used to define similarity/dissimilarity will be defined. The countries comprising each category will be delineated. Torture survivors from countries judged to be similar to the U.S. are compared to survivors from countries judged as being dissimilar on measures of emotional distress. The implications of these findings on treatment approaches are discussed.

Self-report Head Injury Among Treatment Seeking Survivors of Torture

Eva S. Keatley, Research Associate, Bellevue/NYU Program for Survivors of Torture

Objective: To examine the prevalence of self-reported head injury among treatment seeking refugee survivors of torture, a population at high risk for such injuries. **Participants:** A total of 488 survivors of torture accepted at a

Pilot Outcomes, Cross-Cultural Realities, Practice Implications of Refugee Mental Health Screeners: Development of Minnesota Refugee Mental Health Screener

Greg Vinson, Ph.D., Senior Researcher and Evaluation Manager, Center for Victims of Torture, Minneapolis, MN; Patricia Shannon, Ph.D., L.P., Assistant Professor, University of Minnesota, St. Paul, MN

This presentation details an effort between the Center for Victims of Torture and the University of Minnesota to develop a mental health screening tool for arriving refugees, at the behest of the Minnesota Department of Human Services. As a measure, a screener's validity is population-specific; both researchers and practitioners have concerns about Western trauma-response constructs with non-Western populations. As such, our screeners' development involved mixed qualitative-quantitative methods to flexibly and rigorously include refugees' understanding of the trauma response. This included interviews and focus groups, examining historical data and analyses conducted in accordance with psychometric practices. The initial development screener contained items that would be both familiar and novel to most Western practitioners. As of October 2012, 182 recently arrived refugees (n = 130 Karen; n = 39 Somali, n= 13 other) have completed the screener. Initial analyses show strong reliability characteristics ($\alpha = .881$) for all screener items. However, further analyses are consistent with differential item functioning between the two largest populations in the effort (i.e., Karen, Somali), suggesting the possible need for different scoring protocols and/or cut-scores for the two groups. Results will be discussed in context of typical screener development methods, cross-cultural implications and consequences in clinical use.

Combating Cambodian Health Disparities: A Community Driven Approach

S. Megan Berthold¹, Sengly Kong², Theanvy Kuoch², Mary Scully², Seiya Fukuda¹ and Elizabeth Schilling³

¹UConn School of Social Work

²Khmer Health Advocates, REACH USA project; Center of Excellence in Ending Disparities in Cambodian American Health

³Center for Public Health and Health Policy, UConn Health Center

Methods: A study in six Cambodian refugee communities across the U.S. aimed at piloting the feasibility of using hand-held technology and a community-based participatory research approach (CBPA) in identifying key health concerns. Survey data were collected from a convenience sample of 371 Cambodian adults (matched to the national gender and age distribution of Cambodians from the 2010 census), along with feasibility and effectiveness

11:20 NCTTP: Refugee Mental Health Screening & Combating Health Disparities

Pilot Outcomes, Cross-Cultural Realities, Practice Implications of Refugee Mental Health Screeners: Development of Minnesota Refugee Mental Health Screener

Greg Vinson, Ph.D., Senior Researcher and Evaluation Manager, Center for Victims of Torture, Minneapolis, MN

Dr. Vinson is the senior researcher and evaluation manager at the Center for Victims of Torture in Minneapolis, MN and is a research fellow at the University of Minnesota. He holds a Ph.D. in psychology from the University of Minnesota and has numerous peer-reviewed publications and presentations. Since 2007, he has worked with torture treatment colleagues, activists, researchers, government officials and evaluators in the United States, South America, Europe, Africa and Asia.

Combating Cambodian Health Disparities: a Community Driven Approach

S. Megan Berthold, Ph.D., L.C.S.W., University of Connecticut School of Social Work

Dr. Berthold's biography can be found on page 3.

12:10 – 1:25 Lunch

1:25 Keynote Speaker

**The U.N. & Torture: Dealing with the Work of Rehabilitation
Juan Méndez, J.D.**

Mr. Méndez is Visiting Professor of Law at American University – Washington College of Law, and the United Nations Special Rapporteur on Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment. A native of Argentina, Mr. Méndez has dedicated his legal career to the defense of human rights and advocacy throughout the Americas. He has served as special advisor to the International Criminal Court, as president of the International Center for Transitional Justice, and was named Special Advisor on Prevention of Genocide by the Honorable Kofi Annan.

2:25 Research in NCTTP Centers

Impact of Country Similarity on the Relocation of Torture Survivors

James Livingston, Ph.D., Senior Staff Psychologist, Center for Survivors of Torture, a Program of Asian Americans for Community Involvement

Dr. Livingston is a senior staff psychologist for San Jose's Center for the Survivors of Torture, a program of Asian Americans for Community Involvement. He was an associate professor at APA accredited, Palo Alto University for 23 years, and for 10 years was a member of the clinical faculty of Stanford University School of Medicine. He is currently an adjunct professor at APA accredited, Alliant University in San Francisco.

Self-report Head Injury Among Treatment Seeking Survivors of Torture

Eva S. Keatley, B.S., Research Associate, Bellevue/NYU Program for Survivors of Torture

Ms. Keatley is a research associate at the Bellevue/NYU Program for Survivors of Torture. She is responsible for developing program evaluation and research activities. Major responsibilities include managing data collection, and analysis, and she was been working with the Research & Data Committee of the NCTTP for three years. Ms. Keatley's research interests include the incidence and outcomes of head injuries, and she is collaborating with Christina Supelana, Ed.M., a doctoral student at Fordham University to examine the cognitive consequences of trauma.

3:15 to 3:30 - Break

3:30 Treatment in a NCTTP Center

The Place of Spirituality in Treatment of Torture Survivors **Lin Piwowarczyk, M.D., M.P.H., Director, Boston Center for Health & Human Rights**

Dr. Piwowarczyk is director of the Boston Center for Refugee Health and Human Rights. Currently president of the NCTTP, she is an assistant professor of psychiatry at the Boston University School of Medicine. Dr. Piwowarczyk is a distinguished fellow of the APA and recipient of the Sarah Haley Memorial Award for Clinical Excellence from ISTSS.

from clients enrolled at PTV for psychological, case management, medical and/or forensic services. Goals during Phase I of this project are: (1) to measure change during treatment/service utilization; and (2) capturing clients' regenerative and social integration processes. The presentation will include discussion of: study design (pre-post); methods (mixed methods – qualitative/quantitative); variable selection, data collection process, data management and analysis; findings (for subsample n~200, we observe statistically significant improvement on HSCL and PTSD scores; high rates of client satisfaction with services; trends of positive change in self-reports on emotional and physical health); challenges to implementation and strategies to address them; limitations of findings and next steps. The presentation will also include a very brief outline of plans for Phases II and III, which we hope will include: measuring treatment effectiveness, qualitative inquiry into how the torture experience becomes integrated into the life story and the meaning the experience holds for clients.

Treating Survivors of Torture in the Aftermath of Hurricane Sandy

Allen Keller, M.D., Director, Bellevue/NYU Program for Survivors of Torture

When Hurricane Sandy hit New York City, already several from the Bellevue/NYU Program for Survivors of Torture were on site at the hospital preparing for the impact. The devastation was greater than anyone imagined and consequently Bellevue Hospital along with the Bellevue/NYU Program for Survivors of Torture (PSOT) was shut down. Once the storm cleared, service providers began to organize themselves into small satellite groups, biking to temporary work stations where they would reach out to clients and address emergency cases. Using their laptop computers and cellphones, PSOT staff developed a call list, prioritizing high-risk patients and began the process of reaching out to its clients. Grappling with no access to interpreters the bilingual staff drew upon their many languages to communicate with clients. Data management systems were developed to accommodate the multiple platforms being used (iPads, laptops, cell phones) to record contacts and services provided. Site visits became common and the social service staff dispatched team members to check on high-risk patients. The obstacles were plentiful and flexibility was essential. Working with such a resilient population and staff we were able to continue service provision. Hurricane Sandy and its aftermath have had the effect of revealing both strengths and weaknesses of our program, and we have learned many lessons during this trying time.

Abstracts for NCTTP Presentations

Over 9000 Survivors of Torture in Treatment Programs in the U. S. – Data FYs 2008 - 2012: Torture, Demographic Characteristics, Pilot Outcome Data

NCTTP Research & Data Committee: Crystal Riley, M.A., Chair; S. Megan Berthold, Ph.D., L.C.S.W., Co-chair; & NCTTP members

There has been no demographic study of a large sample of torture victims. This is a cross-sectional descriptive study of the demographic characteristics of over 9,000 torture survivors accessing 24 participating specialized treatment centers across the United States from FY 2008-2012. This NCTTP report documents types of torture experienced, religious affiliation and pilot functional outcome data related to housing, employment and immigration status from a sub-set of these survivors. Comparisons of demographic information between years will be described. **Findings from FY2011:** On average the survivors served were middle-aged, with slightly more men than women. Nearly half of the survivors were asylum seekers, while approximately one-fourth were refugees. Nine countries accounted for half of the client population. Most frequent types of torture reported by survivors in FY 2011 were beatings, psychological, witnessing the torture of others and deprivation. **Discussion:** This data collection effort provides a significant step in understanding the populations served by programs for torture survivors in the United States. Types of torture experienced may have some bearing on the survivor's recovery process. Gender and country of origin differences or similarities in torture experiences can inform treatment planning. This study has implications for public health policy. **Conclusions:** This NCTTP report provides vital documentation that torture is prevalent in over 120 countries and documents a wide variety of techniques of torture experienced by survivors from many parts of the world. The data also suggests that gender is not protective in terms of type of torture experienced. The NCTTP Data Collection Project has laid the crucial groundwork so that its future work can concentrate on critical treatment outcomes and essential variables such as diagnosis, education and community involvement.

Collecting Data and Measuring Client Outcomes in a Direct Service Environment: Process and Preliminary Findings

Jene Moio, Ph.D., Director of Research & Evaluation, Program for Torture Victims (PTV), Los Angeles, CA; Madonna Cadiz, M.S.W., PTV Research Assistant

PTV's clients are survivors of state-sponsored torture seeking asylum in the five-county region surrounding and including the city of Los Angeles. The focus of PTV's ongoing outcomes study is to collect intake and follow-up data

3:50 Keynote Speaker

Understanding the Impacts of Torture through Film

Robert Lemelson, Ph.D.

Dr. Lemelson is a research anthropologist at the Semel Institute for Neuroscience and Human Behavior at UCLA and assistant adjunct professor, Department of Anthropology, UCLA. His research, publications and documentary films focus on interactions of culture, trauma, personal experience and mental illness, including PTSD, in Indonesia and the United States. Dr. Lemelson has produced 12 films since founding Elemental Productions in 2008. He is founder and president of the Foundation for Psychocultural Research, a non-profit supporting innovative research in psychological anthropology, multidisciplinary faculty conferences and training.

Discussant: J. David Kinzie, M.D., Torture Treatment Center of Oregon

Dr. Kinzie is professor of psychiatry, clinician and researcher at the Oregon Health & Science University. Founder of the Intercultural Psychiatric Program (1977), he currently treats survivors of torture from Bosnia, Somalia, Ethiopia, Vietnam and Cambodia. He is a distinguished fellow in the American College of Psychiatrists and has published widely on the effects of trauma and torture on refugees and immigrants, effective treatment and outcomes.

5:00 Closing

Jose Quiroga, M.D. and Lin Piwowarczyk, M.D., M.P.H.

"...if we could enhance our sensitivity toward others' suffering, ...the less we could tolerate seeing others' pain, and the more we would be concerned to ensure that no action of ours caused harm to others."

- Dalai Lama, in *Ethics for the New Millennium*, 1999, Riverhead Books: New York.

Torture Treatment: Clinical, Community & Policy Interventions & Outcomes

8:00	Registration
8:30	Introduction: Jose Quiroga, M.D., Organizer; Lin Piwowarczyk, M.D., M.P.H., NCTTP President
8:40 - 9:40	Keynote Speaker: David Luban, Ph.D. <i>America's Illicit Affair with Torture.</i>
9:40 -10:30	NCTTP's Data Project & Research in NCTTP Centers: NCTTP Research & Data Committee: Crystal Riley, M.A., Chair; S. Megan Berthold, Ph.D., L.C.S.W., Co-Chair; & NCTTP members. Discussant: Jose Quiroga, M.D. Survivors of Torture in Treatment Programs in the U. S. – Data FYs 2008 - 2012: Torture, Demographic Characteristics, Pilot Outcome Data. Madonna Cadiz, M.S.W., Program for Torture Victims, Los Angeles, CA. Collecting Data and Measuring Client Outcomes in a Direct Service Environment: Process and Preliminary Findings.
10:30 – 10:50	Break
10:50 – 11:20	Treatment in Sandy's Wake Allen Keller, M.D., Director, Bellevue/NYU Program for Survivors of Torture. Treating Survivors of Torture in the Aftermath of Hurricane Sandy.
11:20 – 12:10	NCTTP: Refugee Mental Health Screening & Combating Health Disparities: Greg Vinson, Ph.D., Senior Researcher and Evaluation Manager, Center for Victims of Torture, Minneapolis, MN. Pilot Outcomes, Cross-Cultural Realities, Practice Implications of Refugee Mental Health Screeners: Development of Minnesota Refugee Mental Health Screener. S. Megan Berthold, Ph.D., L.C.S.W., University of Connecticut School of Social Work. Combating Cambodian Health Disparities: a Community Driven Approach.
12:10 - 1:25	Lunch
1:25 – 2:25	Keynote Speaker: Juan Méndez, J.D. The U.N. and Torture: Dealing with the Work of Rehabilitation.
2:25 – 3:15	Research in NCTTP Centers: James Livingston, Ph.D., Senior Staff Psychologist, Center for the Survivors of Torture, program of Asian Americans for Community Involvement. Impact of Country Similarity on the Relocation of Torture Survivors. Eva S. Keatley, B.S., Research Associate, Bellevue/NYU Program for Survivors of Torture. Self-report Head Injury Among Treatment Seeking Survivors of Torture.
3:15 - 3:30	Break
3:30 – 3:50	Treatment in a NCTTP Center: Lin Piwowarczyk, M.D., M.P.H., Director, Boston Center for Health & Human Rights. The Place of Spirituality in Treatment of Torture Survivors.
3:50 – 5:00	Keynote Speaker: Robert Lemelson, Ph.D. Understanding the Impacts of Torture through Film. Discussant: J. David Kinzie, M.D., Torture Treatment Center of Oregon.
5:00	Closing: Jose Quiroga, M.D., Organizer; Lin Piwowarczyk, M.D., M.P.H., NCTTP President