The National Consortium of
Torture Treatment Programs

8th Annual Research Symposium

Torture Treatment: Clinical, Community & Policy Interventions & Outcomes

Monday, February 29, 2016
George Washington University
Jack Morton Auditorium
805 21st Street NW • Washington, DC 20052

Co-sponsored by the Department of Psychiatry and Behavioral Sciences at George Washington University
The National Consortium of Torture Treatment Programs (NCTTP) Publishes Findings in *Torture*.

NCTTP conducted a large voluntary research project among torture rehabilitation centers in the United States (US). Its goal is to fill the void in the literature on demographic and diagnostic data of torture survivors across a large country.

This longitudinal project provides basic data on a large number of torture survivors who accessed services in the US, and provides a foundation for long-term follow up on immigration status, employment status, diagnostic status, medical diagnoses, and eventually, the effectiveness of treatment for torture survivors in the US. This article shares demographic and diagnostic findings useful for informing programmatic and policy decisions. However, these findings on refugees and asylum seekers in the US may not reflect the experience in other receiving countries. Collaboration with other researchers across continents is required to provide a much needed, more complete picture of torture survivors seeking rehabilitation across the world.


Poster Presentation in the Upstairs Lobby:

**The Legacy of Trauma and Testimony for Latin American Domestic Violence Survivors**

Pooja Lakshmin, M.D., Dept. of Psychiatry and Behavioral Sciences, George Washington University, Washington, D.C.

Please see page 24 for additional information on this poster presentation.

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Food and beverages (including water) are not allowed inside the auditorium.

Coffee, tea, and water (for consumption outside the auditorium) are available upstairs. Suggestions for places close by to have lunch are available at the registration desk.

Thank you.
Torture Treatment: Clinical, Community & Policy Interventions & Outcomes

8:00 Registration

8:30 Introduction
Jose Quiroga, M.D., NCTTP Symposium Founder & Organizer
Lin Piwowarczyk, M.D., M.P.H., NCTTP President

8:40 Keynote Speaker
Mobilizing Hope for the Long Haul of Recovery from Torture

James Griffith, M.D., Leon M. Yochelson Professor and Chair, Dept. of Psychiatry and Behavioral Sciences, George Washington University, Washington, DC

As a psychiatric educator, James L. Griffith, M.D., developed a psychiatry residency program at George Washington University that has been distinguished for its curriculum in cross-cultural psychiatry, global mental health, mental health policy and psychosocial care for medically-ill patients. In his clinical research, Dr. Griffith has published extensively on family-centered treatment of psychosomatic disorders and chronic medical illnesses, including *The Body Speaks: Therapeutic Dialogues for Mind-Body Problems*. A second book, *Encountering the Sacred in Psychotherapy*, articulated methods for engaging the spiritual and religious resources that people bring to clinical settings. His most recent book, *Religion that Heals, Religion that Harms*, addressed destructive uses of religion and ideology in clinical settings and received the Creative Scholarship Award from the Society for the Study of Psychiatry and Culture.

Currently, Dr. Griffith provides psychiatric treatment for immigrants, refugees and survivors of political torture at Northern Virginia Family Services in Falls Church, VA. He received the Human Rights Community Award from the United Nations Association of the National Capital Area, and the Margaret B. and Cyril A. Schulman Distinguished Service Award from the George Washington University Medical Center, both for the training of mental health professionals and development of mental health services for survivors of political torture in the Washington metropolitan area. As an educator, he received the Distinguished Teacher Award from the George Washington University School of Medicine and Health Sciences. He was selected by the Washington Psychiatric Society as its 2003 Psychiatrist of the Year and received its 2014 Distinguished Service Award. Most recently, he was selected by *Washingtonian Magazine* as a 2015 Top Doctor in Washington.
Torture: Prevalence & Impacts

Dr. Jaranson’s biography can be found on page 12.

1 - Psychiatric and Medical Impacts of Torture: Findings from the NCTTP

Member Centers of the National Consortium of Torture Treatment Programs (NCTTP). Presenters: Crystal Riley, M.A., Chair, NCTTP’s Research & Data Committee; S. Megan Berthold, Ph.D., L.C.S.W., Co-Chair, NCTTP’s Research & Data Committee

Crystal Riley, M.A. is coordinator of research at the Intercultural Psychiatric Program (IPP) at the Oregon Health & Science University. She received her M.A. degree from George Mason University. With a background in clinical psychology, research and program development, Ms. Riley has developed and served as manager of three IPP programs – the Indochinese Socialization Center (1989–2000), Torture Treatment Center of Oregon (2000–2010) and the IPP’s Child Psychiatric Program (2002–2011). She has clinical experience with 10 of the 18 cultures the IPP treats and has served as a coordinator of Clinical Research for the program since 1989. Ms. Riley serves as vice-president of the National Consortium of Torture Treatment Programs and has been chair of its Research & Data Committee since 2008.

S. Megan Berthold, Ph.D., L.C.S.W. is assistant professor of social work at the University of Connecticut. She has worked as a clinician and researcher with diverse survivors of torture since 1987 in the U.S. and refugee camps in Asia. She was a therapist for 13 years and director of research and evaluation at the Program for Torture Victims. She consults with Khmer Health Advocates, co-chairs NCTTP’s Research & Data Committee and conducts NIMH funded research regarding the health of Cambodian refugee adults and U.S.-born Cambodian adolescents. Megan was selected as the National Social Worker of the Year in 2009 by the National Association of Social Workers.

2 - Torture Prevalence and RHS-15 Scores among Refugees Resettled in Utah in FY 2013

Mara Rabin, M.D., Medical Director, Utah Health & Human Rights, Adjunct Faculty University of Utah Department of Family and Preventive Medicine

Mara Rabin, M.D. graduated from Georgetown University and trained in Family Medicine at the University of Colorado. She provided Utah’s refugee health screenings for 14 years, cared for over 5000 refugees and continues to care for many in her current practice. Since 2003, she has been the medical director of Utah Health & Human Rights, a torture treatment center. Dr. Rabin was an invited expert consultant to the CDC Refugee Health Screening
guidelines and has conducted two retrospective reviews of torture prevalence. She is the co-author of “Torture and Refugees,” a chapter in *Refugee Health Care: An Essential Medical Guide*.

### 3 - Patterns of Mental Health Services Usage by Torture Survivors at the Libertas Center for Human Rights

**Alice Shen, M.S., Mount Sinai School of Medicine and The Libertas Center for Human Rights, Elmhurst Hospital**

Alice Shen, M.S. is a second year medical student at the Icahn School of Medicine at Mount Sinai, where she is pursuing interests in geriatrics and psychiatry. In the summer after her first year of medical school, she worked with the Libertas Center for Human Rights which provides holistic care for survivors of torture in Jackson Heights, Queens. Her research explored clients’ mental health needs and their usage of outpatient mental health services. Ms. Shen’s experience with staff and clients of the Libertas Center reaffirmed her intent to work for the social equality and human rights of her future patients and community.

#### 10:45 Break (15 minutes)

#### 11:00 Social Connectedness and the Part it Plays in Treatment of Torture Survivors

**Discussant – Carlos Sluzski, M.D., Clinical Professor of Psychiatry, George Washington University School of Medicine, Washington, DC**

Dr. Sluzski’s biography can be found on page 12.

### 4 - Social Disconnectedness in Cambodian Refugees: Considerations when Working with Torture Survivors

**Alysse Melville, L.C.S.W.¹, Jason Ostrander, M.S.W.¹, S. Megan Berthold, Ph.D., L.C.S.W.¹,²**

¹University of Connecticut, School of Social Work, West Hartford, Connecticut
²Khmer Health Advocates, West Hartford, Connecticut.

Alysse Melville, L.C.S.W. received her master’s degree from the University of Connecticut, School of Social Work (UCONN SSW) and a certificate in Traumatic Stress Studies from the Trauma Center in Brookline, MA. She has a private practice in West Hartford, CT, focused on trauma-informed treatment for infants, children and adults. Alysses is a Ph.D. student at the UConn School of Social Work with a research focus on the impact of familial, social and environmental adversity, working with trauma-impacted populations. She is a member of the International Society for Traumatic Stress Studies.
Jason Ostrander, M.S.W. received his master’s degree from UCONN SSW with a major in the policy practice method. At present, Jason is enrolled in UCONN SSW doctoral program and completing his dissertation. Jason was previously employed as a congressional aide to Congressman John Olver and has been very active in politics on the local, state and federal levels. His work focuses on political social work and political participation of social workers. Jason is a member of the National Association of Social Workers and received the 2015 Association for Community Organization and Social Administration’s Outstanding Student Award.

Dr. Berthold’s biography can be found on page 4.

5 - Survivor Social Networks: Supports and Challenges of Family and Community

Mary Fabri, Psy.D., Vice-Chair, Board of Directors, Torture Abolition and Survivor Support Coalition; Nancy J. Bothne, Ph.D., Assistant Professor, Clinical Psychology Program, The Chicago School of Professional Psychology.

Mary Fabri, Psy.D., is a clinical psychologist and has worked with torture survivors for more than 25 years. She was senior director of Torture Treatment Services and International Training at Heartland Alliance Marjorie Kovler Center in Chicago for 12 years, where community-based integrated care is provided. She served as president of the National Consortium of Torture Treatment Programs for five years and has been on the board of directors of Torture Abolition & Survivors Support Coalition (TASSC) since 2005. Dr. Fabri now works as an independent consultant, working internationally on mental health issues related to trauma, gender-based violence and HIV.

Nancy J. Bothne, Ph.D., a community psychologist, is an assistant professor at the Chicago School of Professional Psychology. Nancy’s academic and community work, influenced by 11 years as Midwest regional director of Amnesty International, is grounded in human rights at the grassroots level. Her research interests explore how immigrant survivors of torture experience a psychological sense of community, and the gender differences in survivors’ lives in their country of origin and in the United States. Nancy earned her Ph.D. from DePaul.

6 - Group Treatment with French-speaking African Survivors of Torture and Its Effects on Clinical Engagement: Can Hope Be Operationalized?

Hawthorne Smith, Ph.D., Clinical Director; Bellevue/NYU Program for Survivors of Torture; Amy Joscelyne, Ph.D., Research Director; Bellevue/NYU Program for Survivors of Torture.

Dr. Hawthorne “Hawk” Smith, Ph.D., is a licensed psychologist and clinical director of the Bellevue/NYU Program for Survivors of Torture. He is also an assistant clinical professor at the NYU School of Medicine in the Department
of Psychiatry. Dr. Smith received his doctorate in Counseling Psychology (with distinction) from Teachers College; Columbia University and an advanced certificate in African Studies from Cheikh Anta Diop University in Dakar, Senegal. Dr. Smith is an award winning clinical trainer and educator (both domestically and internationally) who places particular emphasis on culturally syntonic, trauma-informed service provision for refugee and asylum seeking populations.

**Amy Joscelyne, Ph.D.,** is a clinical psychologist and the director of research at the Bellevue/NYU Program for Survivors of Torture. Her work at PSOT includes overseeing program evaluation and various research and advocacy activities such as studies on risk factors for suicidality, examining the sexual and reproductive health needs among PSOT clients, and evaluating approaches to psychotherapy. Prior to working at PSOT, she did research and clinical work with refugees, emergency services personnel, in post-conflict settings, and with other traumatized populations. She continues to work as a clinical consultant and trainer working alongside local community workers in global mental health settings.

**12:15 Lunch Break (1 hour)**

**1:15 Keynote Speaker**

**The Right to Rehabilitation for Torture Survivors – an International Perspective**

**Victor Madrigal-Borloz, Lic. Jur., Secretary-General, International Rehabilitation Center for Torture Victims, Copenhagen, Denmark**

**Victor Madrigal-Borloz, Lic. Jur.,** Secretary-General, International Rehabilitation Center for Torture Victims. As Secretary-General, Mr. Madrigal-Borloz serves as the IRCT chief executive officer, providing strategic leadership, representing the organization globally, ensuring engagement with the 74-country, 144-center strong membership, managing the Secretariat and ensuring adequate resources to deliver the strategic goals of the IRCT. A Costa Rican jurist, he has over 18 years of experience as a human rights advocate: he is a member of the U.N. Subcommittee for Prevention of Torture and his experience includes nine years as chief litigator, head of the Registry Section and principal human rights specialist at the Inter-American Commission on Human Rights in Washington, D.C, and five years as team leader at the Danish Institute of Human Rights.
Treatment Approaches in the U.S. and Around the World

Discussant - James Griffith, M.D., Leon M. Yochelson Professor and Chair, Dept. of Psychiatry and Behavioral Sciences, George Washington University, Washington, DC
Dr. Griffith’s biography can be found on page 3.

7 - Rates of PTSD, Anxiety and Depression in a Clinical Sample of Refugees and Survivors of Torture: Implications for Chronic Traumatic Stress Treatment (CTS-T) with Technology

Karen M. Fondacaro, Ph.D., Director; Anne A. Brassell, B.A., Doctoral Candidate; New England Survivors of Torture and Trauma, University of Vermont

Karen Fondacaro, Ph.D. is a clinical psychology professor in the Department of Psychological Science at the University of Vermont, and director of the Behavior Therapy and Psychotherapy Center, a mental health-training clinic. In 2007, Dr. Fondacaro established Connecting Cultures, a clinical science program specifically designed to focus on the mental health needs of refugees and asylum seekers. Dr. Fondacaro is co-founder of NESTT (New England Survivors of Torture and Trauma), a partnership between mental health and legal services. The overall goal is to provide a ‘nest’ in which survivors of torture receive integrated and effective services in a culturally relevant, client centered context.

Anne Brassell, B.A. is a doctoral candidate in the clinical psychology program at the University of Vermont and works as a service provider within the Connecting Cultures and New England Survivors of Torture and Trauma programs. Clinically, Ms. Brassell provides services to refugee and asylum seekers in group and individual settings, working with cultural consultants to modify evidence-based practices to best fit the needs of clients served. Additionally, Ms. Brassell is leading research programs aimed at better understanding the effects of familial trauma across the lifespan utilizing her gaining expertise in the assessment of at-risk older refugees and refugee mother-infant dyads.

8 - Caring for Karen Hearts: An Exploration of Idioms of Distress and Clinical Utility

Maria Vukovich, M.A., Doctoral Candidate, Research Associate; and Leora Hudak, M.S.W., L.G.S.W., Clinical Social Worker, Center for Victims of Torture.

Maria Vukovich, M.A. has worked with the Center for Victims of Torture as a research associate since July 2015, where she oversees evaluation and
research efforts on CVT’s domestic programs and serves as co-principal investigator for the Healing Hearts, Creating Hope project. Maria has 12 years of experience working in the field of mental health, and she has spent the past seven years working as an applied researcher and evaluator in community health and refugee resettlement settings in Colorado, Ethiopia, Central America and Burma. She received her masters in International Disaster Psychology and doctoral training in Research Methods and Statistics, with concentrations in global health and human rights from University of Denver. Maria is currently completing her dissertation, which examines ethnocultural differences in distress among newly arrived refugees during early resettlement.

Leora Hudak, M.S.W., L.G.S.W. is a clinical social work fellow at the Center for Victims of Torture. Ms. Hudak provides psychotherapy to survivors at CVT’s St. Paul Healing Center. Additionally, she conducts qualitative research and administers psychological and social functioning assessment measures to participants in the Healing Hearts, Creating Hope project. Before coming to CVT, Ms. Hudak received her advanced clinical training at the Heartland Alliance Marjorie Kovler Center for Survivors of Torture in Chicago, IL. She completed a Human Rights Fellowship through the University of Chicago and the Observatory for Forced Displacement in Cartagena, Colombia, and completed a service with the United States Peace Corps in Chongqing, China. Ms. Hudak holds a masters of social work from the University of Chicago, School of Social Service Administration and is licensed by the Minnesota Board of Social Work as a licensed graduate social worker.

9 - Bringing in the Body: Integrating Physiotherapy and Mental Health Counseling in Nairobi

Shannon Golden, Ph.D., Research Associate; Alyce Eaton, Research Coordinator; Jackson Center for Victims of Torture

Shannon Golden, Ph.D., is a research associate at the Center for Victims of Torture, working with programs in Jordan, Kenya, Ethiopia and Uganda. Previously, she held research and teaching appointments at the University of Minnesota’s Humphrey School of Public Affairs and the University of Notre Dame’s Kroc Institute for International Peace Studies. She received her Ph.D. in sociology and human rights from the University of Minnesota, where her dissertation analyzed how northern Ugandan communities rebuild social relationships after protracted war and displacement. Her research interests are in human rights, transitional justice, conflict and peacebuilding.

Alyce Eaton has worked as CVT’s research coordinator since October 2014. She supports CVT’s work with clients both domestically and internationally though data management, analysis, reporting and visualization, as well as organizing the work of the research department. Her past experience includes working as a researcher in the statistics department of Grinnell College, as well as serving as editor-in-chief of a college newspaper and other nonprofit communications work. Ms. Eaton holds a bachelor’s degree from Grinnell College in Mathematics/Statistics and Political Science.
Break (15 minutes)

Treatment Approaches with Special Populations and Ethics

Discussant – Allen Dyer, M.D., Ph.D., Faculty, George Washington University, Dept. of Psychiatry and Behavioral Sciences, Washington, DC
Dr. Dyer’s biography can be found on page 12.

10 - Elders Seeking Treatment

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

Dr. Linda A. Piwowarczyk, M.D., M.P.H. is a psychiatrist, board certified in Psychiatry and Internal Medicine and practices at Boston Medical Center. She is co-founder and director of the Boston Center for Refugee Health and Human Rights (BCRHR). She is an assistant professor of psychiatry, Boston University School of Medicine, Boston, MA. She is a Distinguished Fellow of the American Psychiatric Association and recipient of the Sarah Haley Memorial Award for Clinical Excellence by the International Society for Traumatic Stress Studies. She has served on the executive committee of the National Consortium of Torture Treatment Programs since 2002 and is currently its president.

11 - Resiliency and the Courage to Be: Narratives of LGBTQ and Gender Non-Conforming Torture Survivors in Los Angeles

Carol Gomez, M.S.W., L.C.S.W., Clinical Director; Claudia Vargas, M.P.H.; Case Manager/Data Coordinator; Program for Torture Victims (PTV), Los Angeles, CA

Carol Gomez, L.C.S.W., clinical director, is a passionate community organizer, educator, trauma-informed therapist and change maker. She is also the founder and former executive director of MataHari: Eye of the Day, a national Boston-based organization working for immigrant rights and racial solidarity, ending violence against women, trafficking and labor exploitation. She has published and co-authored several reports and chapter articles on supporting survivors of violence and trauma and creating coordinated community responses in support of the healing journey of trauma survivors and their affected loved ones. She is an immigrant to the U.S. from Malaysia.

Claudia Vargas, M.P.H., PTV case manager received her M.P.H. from UCLA’s Fielding School of Public Health and her B.A. in sociology with a minor in women’s studies from CSU Northridge. She has previously worked with The Feminist Majority Foundation/Ms. magazine, Peace Over Violence
and Women Empowered on issues of reproductive health, education and anti-violence. Claudia volunteers as a mentor for Girls Today Women Tomorrow, a Los Angeles non-profit committed to the empowerment of young women. Herself an immigrant, Claudia finds PTV the perfect place to serve as advocate and support in advancing the rights of immigrant communities.

12 - Unprofessional Association: U.S. Health Professional Complicity with Torture

Allen Keller, M.D., Associate Professor, NYU School of Medicine, Director, Bellevue/NYU Program for Survivors of Torture

Allen Keller, M.D., is associate professor, NYU School of Medicine and director, Bellevue/NYU Program for Survivors of Torture. Dr. Keller serves as a primary care physician for many patients in the Bellevue Program. He also oversees and coordinates the provision of medical services, working with other primary care physicians and medical specialists affiliated with the program. Outside of his work with the Torture Treatment Program, Dr. Keller is an attending physician in the Bellevue Hospital Primary Care Medical Clinic. Recognized internationally as an expert in the evaluation and treatment of torture victims, Dr. Keller has published numerous articles and book chapters.

4:50 Review and Closing

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

Jose Quiroga, M.D. is the former 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 assistant professor at UCLA in the 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.

Dr. Piwowarczyk’s biography can be found on page 10.
Discussant Biographies:

James Jaranson, M.D., M.P.H., M.A., is a consultant in the field of rehabilitation and research for torture survivors, and he currently serves on the board of Survivors of Torture International in San Diego and on the NCTTP’s Research & Data Subcommittee and Advisory Committee. His education includes medical school, psychiatry residency, an M.A. in anthropology from the University of Minnesota, and an M.P.H. from Harvard. For 20 years, he provided psychiatric services at St. Paul Ramsey Medical Center and as a University of Minnesota faculty member. He was director of medical services at the Center for Victims of Torture in Minneapolis from its inception in 1985 until 2001. In 1998 he was principal investigator of the NIMH-funded UMN epidemiology project surveying torture and violence in the Somali and Ethiopian populations in the Twin Cities. Dr. Jaranson is active in several professional and human rights organizations, which include the Society for the Study of Psychiatry and Culture, the World Psychiatric Association, and the International Rehabilitation Council for Torture Victims.

Carlos Sluzski, M.D., Clinical Professor of Psychiatry, GWU School of Medicine and professor emeritus of Global and Community Health and of Conflict Analysis and Resolution at George Mason University. Born in Buenos Aires, Argentina, he completed his M.D. at the University of Buenos Aires, School of Medicine and his psychoanalytic training at the Argentine Psychoanalytic Association Institute of Psychoanalysis. He was also trained in couple and family therapy at the Mental Research Institute (MRI), Palo Alto, California. Dr. Sluzski migrated to the U.S. in 1971 as a Guggenheim Fellow and subsequently as a FFRP Advanced Research Fellow. He has been director of the MRI, professor of psychiatry at the University of California San Francisco, professor of psychiatry at the University of Massachusetts Medical School and at University of California Los Angeles. Dr. Sluzski has been editor-in-chief of the journals Acta Psiquiatrica y Psicologica de America Latina, Family Process, and the American Journal of Orthopsychiatry, and vice-president of the American Family Therapy Academy. He has published and given talks extensively on couple and family therapy, social networks, violence and victimization, refugees and human rights.

James Griffith, M.D. Dr. Griffith’s biography can be found on page 3.

Allen Dyer, M.D., Ph.D., Faculty, George Washington University Department of Psychiatry & Behavioral Sciences. After graduating from Brown University, he did his M.D. and Ph.D. (religion/biomedical ethics) at Duke University. Since 2001, he has been working with Iraqi health professionals and the Minister of Health to develop education programs and policy in disaster affected communities in China, Haiti, Japan and elsewhere. He joined the GW Medical Faculty Associates in 2012, after working as a psychiatrist at East Tennessee
State University and at Albany Medical College, where he served as psychiatrist-in-chief at the Albany Medical Center Hospital, chief medical officer of the Capital District Psychiatric Center, and professor of Health Policy and Management at the State University of New York. He is the author of several books including *Ethics and Psychiatry: Toward Professional Definition* and *One More Mountain to Climb: What My Illness Taught me about Health*. He has served on the editorial board of the *Encyclopedia of Bioethics*.

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Table prepared by Jose Quiroga, M.D.  
February 18, 2016
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**Keynote Speaker**

**Mobilizing Hope for the Long Haul of Recovery from Torture**

James Griffith, M.D., Leon M. Yochelson Professor and Chair, Dept. of Psychiatry and Behavioral Sciences, George Washington University, Washington, D.C.

Discussant: James Griffith, M.D.

7 - *Rates of PTSD, Anxiety and Depression in a Clinical Sample of Refugees and Survivors of Torture: Implications for Chronic Traumatic Stress Treatment (CTS-T) with Technology*

Karen M. Fondacaro, Ph.D., Director, New England Survivors of Torture and Trauma, University of Vermont; Anne A. Brassell, B.A., Doctoral Candidate, University of Vermont.

8 - *Caring for Karen Hearts: An Exploration of Idioms of Distress and Clinical Utility*

Maria Vukovich, M.A., Doctoral Candidate, Research Associate, and Leora Hudak, M.S.W., L.G.S.W., Clinical Social Worker, from the Center for Victims of Torture.

9 - *Bringing in the Body: Integrating Physiotherapy and Mental Health Counseling in Nairobi*

Shannon Golden, Ph.D., Research Associate, Center for Victims of Torture; Alyce Eaton, Research Coordinator, Center for Victims of Torture.

Discussant: Allen Dyer, M.D., Ph.D.

10 - **Elders Seeking Treatment**

Lin Piwowarczyk, M.D., M.P.H., Director, Boston Center for Refugee health & Human Rights, President of the NCTTP.

11 - **Resiliency and the Courage to Be: Narratives of LGBTQ and Gender Non-Conforming Torture Survivors in Los Angeles**

Carol Gomez, M.S.W., L.C.S.W., Clinical Director; Claudia Vargas, M.P.H., Case Manager/Data Coordinator, Program for Torture Victims, Los Angeles.

12 - **Unprofessional Association: U.S. Health Professional Complicity with Torture**

Allen Keller, M.D., Associate Professor, NYU School of Medicine; Director, Bellevue/NYU Program for Survivors of Torture.

Review / Closing

Jose Quiroga, M.D. and Lin Piwowarczyk, M.D., M.P.H.
Psychiatric and Medical Impacts of Torture: Findings from the NCTTP

Member Centers of the National Consortium of Torture Treatment Programs (NCTTP). Presenters: Crystal Riley, M.A., Chair, NCTTP’s Research & Data Committee; S. Megan Berthold, Ph.D., L.C.S.W., Co-Chair, NCTTP’s Research & Data Committee

The National Consortium of Torture Treatment Programs (NCTTP) has conducted a large, voluntary research project among 27 torture rehabilitation centers on over 12,000 survivors over eight years, with collaborative planning and data use agreements as important ingredients.

NCTTP’s paper*, published in 2015 on 9,025 survivors, documented torture in 125 countries. Irrespective of immigration status, 52% of survivors showed major depressive disorder (MDD); 69%, posttraumatic stress disorder (PTSD). Asylum seekers showed significantly higher rates of MDD and PTSD compared to refugees. High risk factors for PTSD and MDD were reporting three or more types of torture, reporting rape, and having an immigration status of asylum seeker. Accessing treatment services in less than one year resulted in lower rates of depression in refugees. At one and two years after intake, asylum seekers and refugees showed improvements in employment and immigration status.

In NCTTP’s current study examining over 12,000 survivors treated in NCTTP centers, preliminary findings on hypertension and diabetes are reported. The importance of social service, mental health and legal providers knowing the status of psychiatric and medical diagnoses in the torture survivors for whom they provide services is discussed. This longitudinal project provides a vital foundation to assess the effectiveness of treatment.

Key words: torture, PTSD, asylum seeker, refugee

* Member Centers of the National Consortium of Torture Treatment Programs (NCTTP). Descriptive, inferential, functional outcome data on 9,025 torture survivors over six years in the United States. Torture. 2015;25(2):34-60.

Torture Prevalence and RHS-15 Scores among Refugees Resettled in Utah in FY 2013

Mara Rabin, M.D., Medical Director, Utah Health & Human Rights; Adjunct Faculty University of Utah Department of Family and Preventive Medicine; and Lisa Gren, Ph.D., Assistant Professor University of Utah Department of Family and Preventive Medicine

The physical and emotional consequences of torture often have a profound impact on a survivor’s ability to resettle successfully. Despite this significant risk factor for challenges during resettlement, screening for a history of torture
is not routinely part of the initial United States refugee health exam. In Utah, from 2006-13, the refugee health exam included screening for communicable diseases of public health significance, validated screening for mental health symptoms and identification of primary and secondary torture survivors. Findings from a retrospective review of all refugees resettled to the state of Utah (n=884) in FY 2013 will be presented. Findings include an average torture prevalence of 34%, with significant variation depending on ethnicity and country of origin. An RHS-15 score of 12 or greater was found to be a statistically significant predictor of a personal or family history of torture. This data suggests that for states administering the RHS-15, screening for a history of torture among individuals with scores greater than 12 is warranted. By identifying and offering mental health referral for symptomatic survivors early in the resettlement process, these individuals have a higher likelihood of successful resettlement and fewer opportunities for re-traumatization.

Key words: torture prevalence, refugee, mental health, screening

Patterns of Mental Health Services Usage by Torture Survivors at the Libertas Center for Human Rights

Alice Shen M.S., Jacqueline Chiofalo, B.S., Leah Weinzimer, L.M.S.W., Elizabeth McInnes, L.M.S.W., Braden Hexom, M.D., Sowmya Tewari, M.D., Dinali Fernando, M.D., M.P.H., School of Medicine, Mount Sinai School of Medicine. The Libertas Center for Human Rights, Elmhurst Hospital.

Methods: The goal of this retrospective chart review was to characterize mental health services utilization by torture survivors who were clients of the Libertas Center between 2007-2014. Usage of mental health services at the associated Adult Behavioral Health Services (ABHS) center were classified by diagnosis, frequency, duration, and type of service.

Findings: The 142 Libertas clients who received mental health services had high burdens of mental health issues and were more likely to have reported psychological health as their primary complaint at intake (66.2%). They were also more likely to report thoughts or attempts of suicide and/or self-harm (40.0%). This study also found a prevalence of PTSD (62%) and depression (61%) and a corresponding prevalence of treatment with antidepressants (94.4%) followed by treatment with anxiolytics (15.5%). The majority of clients had between one and ten visits to ABHS (52.5%) over a period of less than a year (59.9%).

Interpretations and Principal Conclusions: These findings show that Libertas clients who were connected to ABHS services had a high prevalence of need for such services. Elucidating clients’ mental health services usage provides a foundation for further research of factors in treatment duration and mental health care access for torture survivors.

Key words: Human rights, mental health care access, torture survivors
Social Disconnectedness in Cambodian Refugees: Considerations when Working with Torture Survivors

Alysse Melville, L.C.S.W.¹, Jason Ostrander, M.S.W.¹, S. Megan Berthold, Ph.D., L.C.S.W.¹,²
¹University of Connecticut, School of Social Work, West Hartford, Connecticut
²Khmer Health Advocates, West Hartford, Connecticut.

Social isolation has been linked to increased rates of depression, heart disease, and mortality. Social disconnection, or limited contact with family, friends, and community, is an objective measure of social isolation that has been linked to equivalent health risks. Research on social disconnection within refugee communities after long-term resettlement is limited, although such research is relevant to treatment and policy recommendations for torture-exposed refugee populations. This presentation discusses two research studies pertaining to social disconnection within the Cambodian community, a refugee population that was subject to torture during a brutal and traumatic period of genocide and civil war in the 1970s. Qualitative findings from a focus group with national Cambodian leaders in six states revealed significant concern regarding social disconnection, particularly with adolescent and elder Cambodians. Quantitative findings from a cross-sectional community needs assessment survey with 100 Cambodians in Connecticut indicated high prevalence rates of social disconnection within the community sample that were associated with increased rates of health concerns. Research with this refugee community following long-term resettlement provides important opportunities to understand what factors promote long-term success in tortured refugees and their families. Implications for treatment and future research with tortured refugee populations will be discussed.

Key words: social isolation, social disconnection, torture, Cambodian

Survivor Social Networks: Supports and Challenges of Family and Community

Mary Fabri, Psy.D., Vice-Chair, Board of Directors, Torture Abolition & Survivor Support Coalition; Nancy J. Bothne, Ph.D., Assistant Professor, Clinical Psychology Program, The Chicago School of Professional Psychology

This presentation examines survivors’ relationships with family and community. It is based on data collected from two phenomenological studies. Individual interviews were conducted with 15 torture survivors (7 women; 8 men) for one study that provides an examination of community life. Content from six focus groups conducted with NCTTP members is the source of data for the other study examining survivors’ family lives. Data was collected from three male (N=16) and three female (N=23) focus groups with participants from nine different countries. For each study, content of transcribed audiotapes was analyzed to identify shared and divergent themes and meanings.
Family and community emerged as complex resources with the potential to provide comfort, understanding, and support. At the same time, they also held the possibility of adding burdens of guilt, fear, and shame. An additional component of community is the emotional bond survivors have with others who have experienced torture. Survivors describe the bond as different from other emotional connections, but with a similar sense of love as shared among family. Each study provides insight into the survivors’ description of a complex emotional terrain of families and communities and the need for torture treatment services to address their strengths and challenges.

Key Words: Social support; family; community; torture survivors

Group Treatment with French-speaking African Survivors of Torture and its Effects on Clinical Engagement: Can Hope be Operationalized?

Hawthorne Smith, Ph.D., Clinical Director; Bellevue/NYU Program for Survivors of Torture; Amy Joscelyne, Ph.D., Research Director; Bellevue/NYU Program for Survivors of Torture; Eva Keatley, M.S., Doctoral Candidate, University of Windsor; Andrew Rasmussen, Ph.D., Associate Professor, Fordham University

Since 1996, we have conducted an ongoing therapeutic support group for French-speaking African survivors of torture at the Bellevue/NYU Program for Survivors of Torture. This study examines the clinical engagement of these clients by measuring the type and frequency of adjunctive service utilization. Thirty-two West and Central African clients, who were accepted for clinical services between January 1st, 2008 and December 1st, 2010 and attended at least five Francophone group therapy sessions, were identified and matched with 32 West and Central African clients who never attended the Francophone group.

After controlling for the effect of attending any of these auxiliary services before attending the Francophone group, the data demonstrated that those clients who attended the Francophone group used more psychiatric services, and obtained a greater number of social services compared to those in the control group. There was also a trend towards statistical significance for the number of individual psychotherapy sessions and legal services utilized. These findings suggest that involvement with the Francophone support group can be linked to increased levels of programmatic engagement. The findings will be discussed in relation to critiques of supportive psychotherapies.

Key words: group treatment; African survivors; multicultural considerations; clinical engagement
Rates of PTSD, Anxiety and Depression in a Clinical Sample of Refugees and Survivors of Torture: Implications for Chronic Traumatic Stress Treatment (CTS-T) with Technology

Emily C. Mazzulla, Ph.D., Associate Director; Victoria M. Baptiste, B.A., Doctoral Candidate; Anne A. Brassell, B.A., Doctoral Candidate; Emily Pichler, B.A., Doctoral Candidate; Karen M. Fondacaro, Ph.D., Director, New England Survivors of Torture and Trauma (NESTT), University of Vermont

Trauma experienced by torture survivors typically represents ongoing traumatic events rather than past experiences. Furthermore, current living difficulties and acculturation challenges exacerbate functional impairment. A new and expanded formulation beyond PTSD, the chronic traumatic stress (CTS) framework (Fondacaro & Mazzulla, 2015), assists in explaining the psychological impact of exposure to trauma and torture. The CTS paradigm adopts a more inclusive, non-pathological perspective recognizing expected psychological responses to persistent traumatic experiences. In a sample of 120 adult refugees and survivors of torture, ANOVA and multiple linear regression analyses were conducted to examine the effects of sex and torture history on psychological outcomes. Results demonstrated no sex differences in anxiety, depression, or PTSD when controlling for torture status. Likewise, torture status was not related to psychological outcomes when controlling for sex. Results indicated that refugees exhibit high levels of symptomatology regardless of sex or torture history, stressing the need for effective and culturally appropriate treatments for all refugees. The Chronic Traumatic Stress Treatment (CTS-T) framework guides intervention for refugees and survivors of torture with an emphasis on innovative technology. Through CTS-T, mobile technological applications are utilized to enhance resilience and practice between sessions in order to augment treatment effectiveness.

Key words: torture-survivors, PTSD, trauma, research

Caring for Karen Hearts: An Exploration of Idioms of Distress and Clinical Utility

Maria Vukovich, M.A., Doctoral Candidate, Research Associate; Leora Hudak, M.S.W., L.G.S.W., Clinical Social Worker, Center for Victims of Torture (CVT)

A growing body of research has identified cultural differences in how distress symptoms are expressed and conceptualized among resettled refugee groups (Miller, 2009; Nichter, 2010; Shannon et al., 2015). Idioms of distress are understood through language, behaviors, and symbolic expressions that explain or transform experiences of suffering (Hollan, 2004). While studying the mental health of Karenni refugees, Lopez-Cardozo et al. (2004) found a high prevalence of depression and anxiety outcomes were physically expressed through chronic body aches, stomach discomfort, and heart pain.
Our research utilizes in-depth, semi-structured interviews to explore experiences of suffering and distress among 60 Karen refugee clients enrolled in an Integrated Behavioral Health Randomized Control Trial in St. Paul, Minnesota. Findings suggest many clients identify the heart as the source of worry, sadness, fatigue and anger. Daily life and social stressors, as well as past war trauma and torture experiences, were found to be central to their distress. In this presentation, we will expound on the complex and meaningful ways these individuals adapt to or make sense of distress in their hearts. The study contributes to an empirical understanding of Karen refugee experiences and perceptions of distress and mental health as well as offers recommendations to practitioners who care for the hearts of Karen refugees.

Bringing in the Body: Integrating Physiotherapy and Mental Health Counseling in Nairobi

Shannon Golden, Ph.D., Research Associate; Alyce Eaton, Research Coordinator; Jackson Mutavi, Monitoring and Evaluation Officer; Laura Pizer Gueron, P.T., M.P.H., D.P.T., Clinical Advisor for Physiotherapy; Paul Orieny, Ph.D., L.M.F.T., Clinical Advisor for Mental Health; Center for Victims of Torture

In CVT’s treatment program for torture and war trauma survivors in Nairobi, Kenya, about half of clients receive a counseling-only treatment, the other half receive treatment that integrates mental health counseling (MHC) with physiotherapy (PT). In this analysis of client data from 2013 to 2015, we compare mental health outcomes for 321 clients who participated in the integrated MHC-PT treatment program to 289 clients who received MHC only. Preliminary analysis suggests that clients who receive PT in addition to MHC experience larger improvements in mental health symptoms than MHC-only clients. We control for symptom levels at intake and key demographic, social, and economic factors. This evidence provides support for the argument that integrating PT into torture treatment models adds significant value; not only does PT improve physical outcomes (as we would expect), but it also provides mental health benefits beyond a counseling-only treatment model. We will also discuss the development of a field-based randomized control trial to further test the integrated treatment model, as well as implications for torture treatment programs more generally.

Key words: integrated care, Africa, physiotherapy, mental health
Elders Seeking Treatment

Lin Piwowarczyk, M.D., M.P.H., Jennifer Sato, Boston Center for Refugee Health and Human Rights, Boston, MA

Background: Refugees and asylum seekers come to the United States seeking protection from persecution. Among groups viewed as vulnerable refugees are elders, defined here as sixty and older. There is little written about this population including the trauma they have suffered and some of the specific challenges they face in the context of resettlement.

Methodology: This is a retrospective chart review of elders who were torture survivors themselves or family members seeking mental health services at a torture treatment program, between January 1, 2004 and August 15, 2015 (n=51). Analyses included calculating frequencies and percentages of demographic data, and chi square analyses.

Results: Over 80% had been in the U.S. for over five years. Approximately two thirds were refugees upon arrival and one half were widowed. Forty-three percent lost at least one child in their home country. Forty-three percent did not have friendships outside of the family. Rebel soldiers were the most common perpetrator. Approximately sixty percent experienced head trauma: two thirds of whom lost consciousness. Torture was significantly associated with family history of torture and PTSD. PTSD was significantly associated with major depression, history of torture, rape, depressive disorder NOS, and attention problems.

Conclusion: Elderly are often highly traumatized - many of whom do not seek treatment until many years after resettlement. It is also not uncommon for them to remain symptomatic with depression and anxiety from the effects of torture, though they have been accessing care for their medical problems, which highlights the need for more active screening.

Key words: elders, refugees, torture, PTSD, resettlement

Resiliency and the Courage to Be: Narratives of LGBTQ and Gender Non-Conforming Torture Survivors in Los Angeles

Carol Gomez, M.S.W., L.C.S.W., Clinical Director; Claudia Vargas, M.P.H., Case Manager/Data Coordinator; Cindy Willard, M.D., M.P.H., Medical Director; Program for Torture Victims, Los Angeles, CA

The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), lists 75 countries with criminal laws against sexual activity by LGBTI people and 10 governments providing for the death penalty for same-sex intimacy. Many LGBTQ and Gender Non-Conforming torture survivors arriving at PTV are fleeing these countries to evade persecution and/or death to seek safety, live authentic lives and re-build community in Los Angeles.

Many had additionally suffered adverse childhood experiences that continued into adulthood. Despite high levels of trauma, violence, trans- and homophobia as well as the suppression of gender identity or sexual orientation, survivors we see demonstrate immense resilience, creativity and
coping strategies that help them sustain.

Through focus groups, individual interviews and chart review, we present findings of what has been identified as most useful and needed in their healing journey from exile, chronic trauma, torture and structural oppression to achieving states of well-being, creativity, productivity and hope. We examine the internal, social, environmental and structural resources that have helped them cope, thrive and adjust to life here in Los Angeles. We examine ways in which survivors locate and create supportive community and find the strength to cope and survive against the odds.

### Unprofessional Association: U.S. Health Professional Complicity with Torture

Allen Keller, M.D., Associate Professor, NYU School of Medicine, Director, Bellevue/NYU Program for Survivors of Torture; Steven Reisner, Ph.D., Coalition for Ethical Psychology; Stephen Soldz, Ph.D., Boston Graduate School of Psychoanalysis; Nathaniel Raymond, B.A., Harvard University; Scott Allen, M.D., University of California, Riverside, School of Medicine; Isaac Baker, Signal Program at the Harvard Humanitarian Initiative, Harvard Chan School of Public Health; Emily Sachs, Ph.D., University of California, San Francisco

**Background:** There is evidence that U.S. health professionals, particularly psychologists and the American Psychological Association (APA), played a central role in developing, implementing and justifying the Bush Administration's "Enhanced Interrogation" torture program. This presentation will summarize these profound violations of professional ethics, their harmful and traumatic impact on detainees, interrogators, the health professions and broader society. Means for preventing health professional participation in torture, and torture itself, will be discussed.

**Methods:** The authors reviewed over 600 emails, provided to them by the NY Times, from the account of a deceased, former CIA contractor. This included emails between APA officials and current/former Bush administration staff. Publicly available information, including the Senate Intelligence Committee Report on the CIA Torture Program was also reviewed.

**Findings and Interpretations:** There is clear evidence the APA, systematically colluded with the CIA and the Bush White House. Other U.S. health professionals were complicit in U.S. torture as well.

**Conclusion:** The APA and other U.S. health professionals participated in torture and in so doing betrayed ethical principles and core values of what it means to be a profession. Fundamental changes are needed to prevent U.S. health professionals from participating in torture and as such prevent future U.S. torture.

**Key words:** professional associations; torture; CIA; psychology
Poster Presentation in the Upstairs Lobby:

The Legacy of Trauma and Testimony for Latin American Domestic Violence Survivors

Pooja Lakshmin, M.D., Veronica Slootsky, M.D., Jessica C. Lopez, M.A. N.C.C., Peter Polatin, M.D., M.P.H., James Griffith, M.D., Dept. of Psychiatry and Behavioral Sciences, George Washington University, Washington, D.C.

Testimonial therapy is a therapeutic ritual for facilitating the recovery of survivors of human rights violations, including torture and other types of trauma. Originally developed in Chile to aid in community re-integration of torture-survivors, testimonial therapy has been widely applied trans-culturally. In this poster, we describe how testimonial therapy has been specifically adapted to facilitate recovery in survivors of intimate partner violence (IPV). We present the journey of three female Latin American survivors of IPV, who had been receiving treatment at a community clinic in Northern Virginia, Northern Virginia Family Services (NVFS), affiliated with the George Washington University Psychiatry Residency Program. Our patients participated in the process of testimonial therapy, which consisted of guided trauma narrative sessions and which culminated in a Latin American Catholic inspired delivery ceremony in their Spanish-speaking women's domestic violence group. Using excerpts from their trauma stories and visual accounts of the culturally specific delivery ceremony, we explore the qualitative and experiential effect of collective testimony, and witnessing of the survivors' narrative, in a culturally symbolic Latin American environment. We highlight the profound way in which witnessing of spoken and written narrative record, through culturally specific re-integration and ceremony, can aid broad-based trans-cultural healing and recovery for survivors of IPV. Through the application of this therapeutic ritual, we are able to foster resilience and hope in traumatized patients. We conclude by observing that testimonial therapy may be instrumental in the capacity to make meaning out of the survivor narrative, to reduce internalized stigma and shame, and to re-establish community acceptance after violation. Further discussion includes analysis of testimonial therapy as a trans-cultural therapeutic tool, and the implications of such culturally-based applications.

Continuing Education Units (CEUs)

Social Work CEUs are being provided by the National Association of Social Workers, Oregon Chapter. Psychology CEUs are being provided by NESTT (New England Survivors of Torture and Trauma), Department of Psychological Science, University of Vermont, with approval from the Vermont Board of Psychological Examiners.
Notes:
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NCTTP Outreach in Washington, DC & Event Day Assistance
• Northern Virginia Family Services - Program for Survivors of Torture and Severe Trauma staff and volunteers, Falls Church, VA
• 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

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NCTTP Website, Registration, Flyer and Program
• NeoSoft Corp., Bend, Oregon

NCTTP's Symposium Planning Committee:
• Lin Piwowarczyk, Jose Quiroga, Ann Lundberg, Crystal Riley
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 9th 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.