

NCTTP's 4th Annual Research Symposium
Georgetown University • Washington, DC
February 15, 2012

Torture Treatment: Clinical, Community & Policy Interventions, Outcome Evaluations



NATIONAL
CONSORTIUM
OF TORTURE
TREATMENT
PROGRAMS



Co-sponsored by the
*National Consortium of Torture Treatment Programs and
Department of Family Medicine, Georgetown University*

Torture Treatment: Clinical, Community & Policy Interventions, Outcome Evaluations

Manuel Balbona 1935 - 2011

This symposium is dedicated to Manuel Balbona, former executive and clinical director of the Center for Survivors of Torture, in Dallas and Austin, Texas. Dr. Balbona received his doctorate in clinical psychology from Texas Christian University. He was a long-time community psychologist (1962 - 2009) and chief psychologist and director-founder of the Child & Adolescent Program at Terrell State Hospital. He was an adjunct professor at the University of Texas Southwestern Medical School. Dr. Balbona also served as a consultant for the Justice Department Bureau of Prisons.

8:30 - Welcome

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

8:40 - Keynote Speaker

Mechanisms of Medical Complicity in US Torture: What We Know and What Needs to Be Done

Leonard Rubenstein, J.D.

Mr. Rubenstein is currently at John Hopkins Bloomberg School of Public Health. A renowned advocate for human rights and medical ethics, he has conducted human rights investigations throughout the world and has published widely. He is the former Executive Director of Physicians for Human Rights and a leader in promoting health policy on the basis of human rights in the United States and the developing world.

9:40 - NCTTP Panel: Medical Issues with Refugees

Cambodian Americans and Chronic Disease 30 Years After Torture

Mary Scully, R.N. and Megan Berthold, Ph.D., L.C.S.W.

Mary Scully, R.N. is an advanced practice registered nurse in psychiatry and clinical director of the Khmer Health Advocates program for survivors of torture from Cambodia, located in W. Hartford, Connecticut. Ms. Scully has more than 30 years of experience working with torture victims. She also directed programs for telemedicine for limited-English-speaking, underserved populations.

Megan Berthold, Ph.D., L.C.S.W. 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 research 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.

Prevalence of Torture Survivors, Mental Health Symptoms, Chronic Health Conditions in Refugees, Including Iraqis

Mara Rabin, M.D.

Mara Rabin, MD, adjunct faculty in the University of Utah's Department of Family Medicine, is the Medical Director of Utah Health and Human Rights (UHHR), which helps torture survivors rebuild their lives through client-centered services that focus on the whole person, mind as well as body. She's also in a family medicine private practice, where she's one of two physicians in Utah to conduct health screenings on all newly arrived refugees.

10:30 to 10:50 - Break

10:50 NCTTP / NPCT: Best Practices

What Interventions Work with Torture Survivors – A Literature Review of Best, Promising and Emerging Practices

Mary Fabri, Psy.D. and Kristen Guskovict, M.S.

Mary Fabri, Psy.D., senior director, Torture Treatment Services and International Training, has devoted her career to working in the public sector. She is currently working in East Africa, training health providers on the long-term consequences of trauma and implications for treatment. Dr. Fabri is also training Kurdish and Arab health care providers at Heartland Alliance's Torture Rehabilitation & Training Center in Northern Iraq.

Kristen Guskovict, M.S. is the director of the Florida Center for Survivors of Torture. She has worked with social service programs serving people both within the U.S and in Africa, with agencies from Peace Corps to Lutheran Immigration & Refugee Service. Ms. Guskovict holds a B.A. from Webster University in St. Louis, MO and an M.S. from New York University. She is involved in the Florida's Technical Assistance Project, the National Partnership for Community Training (NPCT).

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.

11:20 - NCTTP: Asylum Interviewing

When PTSD Is Not the Problem – Preparing Political Asylees for Court Testimony When Dissociative Symptoms Impair Cognition or Emotionality

Saara Amri, M.Ed; Sabine Fajon, M.Ed, Eds, NCC; and James Griffith, M.D.

Saara Amri is a doctoral student in counseling at George Mason University. She has been working with the refugee and torture survivor population for 11 years. Saara is a bilingual mental health therapist and co-coordinator of the Program for Survivors of Torture and Severe Trauma in Falls Church, Virginia.

Sabine Fajon holds a master's degree and an education specialist degree in counselor education from the University of Virginia. Sabine is a program co-coordinator of the Northern Virginia Family Service Program for Survivors of Torture and Severe Trauma (PSTT). She is a national certified counselor and provides psychotherapy to clients in French and English.

James Griffith, M.D. – Dr. Griffith is professor of psychiatry and neurology at the George Washington University Medical Center in Washington, DC, where he serves as interim chair and director of the Psychiatry Residency Training Program of the Department of Psychiatry and Behavioral Sciences.

11:45 - Research by NCTTP Centers

PTSD Symptom Structure among West African War Trauma Survivors Living in African Refugee Camps: A Factor Analytic Investigation of PTSD

Greg Vinson, Ph.D.

Greg Vinson, Ph.D. 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. Dr. Vinson holds a Ph.D. in psychology from the University of Minnesota. He 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.

The Impact of Yoga on Torture Survivors: A Preliminary Report

Lin Piwowarczyk, M.D., M.P.H. and Julie Park, M.P.H.

Lin Piwowarczyk, M.D., M.P.H. is a co-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, distinguished fellow of the APA, and recipient of the Sarah Haley Memorial Award for Clinical Excellence from ISTSS.

Julie Park, M.P.H. is the research assistant and data analyst for the Boston Center for Refugee Health and Human Rights. She holds a master's degree in public health from Boston University, with a concentration in epidemiology. She serves as an administrator for the NCTTP. After receiving a B.A. in psychology from Boston University, she worked for Blue Cross & Blue Shield of MA, and subsequently at Brigham & Women's Hospital, where she worked in the clinical trials field.

12:35 – 1:45 Lunch

1:45 - Keynote Speaker

New Information on the Neuroscience of PTSD and Depression: How It Affects Torture Treatment and Outcomes

J. David Kinzie, M.D., F.A.C. Psych

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, and effective treatment and outcomes.

2:45 - NCTTP Data Project

Survivors of Torture in Treatment Programs in the U.S. – Data for FYs 2010 & 2011: Torture and Demographic Characteristics, Pilot Functional Outcome Data

Crystal Riley, M.A., Megan Berthold, Ph.D., L.C.S.W. and NCTTP Members

Presenting on behalf of the 25 participating centers of the National Consortium of Torture Treatment Programs' NCTTP Research & Data Committee:

Crystal Riley, M.A. 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 at the Oregon Health & Sciences University. Crystal has worked in clinical services and research with torture survivors for the last 25 years.

Megan Berthold's bio can be found on page 2.

3:10 to 3:25 - Break

3:25 - Research in NCTTP Centers

Concurrent Validity of a Mental Health Screen for Newly Arriving Refugees

James Livingston, Ph.D.

James Livingston, Ph.D. is a psychologist and the clinical services manager 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.

Psychological and Quality of Life Outcomes for Torture Survivors Resettling in the Mid-Atlantic Region

Paul Chandler, J.D., M.S

Paul Chandler, M.S., J.D. is a research assistant for Advocates for Survivors of Torture and Trauma in Baltimore, MD, and also serves as an immigration assistant for the International Rescue Committee in Baltimore. He is currently an adjunct professor in the Department of Social Sciences at the University of Baltimore. He received his master's degree in applied psychology in 2005 at the University of Baltimore, and his J.D. from the University of Baltimore, School of Law in 2010.

4:15 - Keynote Speaker

The International Criminal Court - A New Force Against Torture

John Washburn, JD

Mr. Washburn is a convener of the American Non-Governmental Organizations Coalition for the International Criminal Court (AMICC) and co-chair of the Washington Working Group on the International Criminal Court (WICC). He writes and speaks frequently on the United Nations and has published extensively on relations between the United Nations and the United States on the International Criminal Court.

5:15 - Closing

Drs. Quiroga and Piwowarczyk

Abstracts of NCTTP Presentations: pages 10-13. NCTTP's Executive Committee: page 7. List of NCTTP Centers: pages 14-15

NCTTP's Executive Committee

Lin Piwowarczyk, President
 Crystal Riley, Vice-president, Chair, Research & Data Committee Chair
 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

With Appreciation

Co-Sponsor, Department of Family Medicine, Georgetown University

- **Ranit Mishori, M.D.**

NCTTP Outreach in Washington, DC

- **Advocates for Survivors of Torture & Trauma staff and volunteers, Baltimore, MA**
- **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**
- **Center for Victims of Torture's DC advocacy advisor – Catherine Read**

Symposium Logistics

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

NCTTP Website Registration, program and flyer

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

NCTTP's Symposium Planning Committee:

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

NCTTP's Executive Committee

Torture Treatment: Clinical, Community & Policy Interventions, Outcome Evaluations

8:00 - 8:30	Registration - Ann Lundberg and volunteers
8:30 – 8:40	Introduction to Symposium - Jose Quiroga, M.D. and Lin Piwowarczyk, M.D., M.P.H.
8:40 - 9:40	Keynote Speaker Mechanisms of Medical Complicity in U.S. Torture: What We Know and What Needs to Be Done Leonard Rubenstein, J.D., L.L.M.
9:40 – 10:30	NCTTP Panel: Medical Issues with Refugees Cambodian Americans and Chronic Disease 30 Years After Torture Mary Scully, R.N. and Megan Berthold, Ph.D., L.C.S.W. Prevalence of Torture Survivors, Mental Health Symptoms, Chronic Health Conditions in Refugees, Including Iraqis Mara Rabin, M.D.
10:30 – 10:50	Break
10:50 – 11:20	NCTTP / NPCT What Interventions Work With Torture Survivors – A Literature Review of Best, Promising and Emerging Practices Mary Fabri, Psy.D. and Kristen Guskovict, M.S.
11:20 – 11:45	NCTTP When PTSD is Not the Problem – Preparing Political Asylees for Court Testimony When Dissociative Symptoms Impair Cognition or Emotionality Saara Amri, M.Ed; Sabine Fajon, M.Ed, Eds, NCC; and James Griffith, M.D.
11:45 -12:35	Research in NCTTP Centers

	PTSD Symptom Structure Among West African War Trauma Survivors Greg Vinson, Ph.D.
	The Impact of Yoga on Torture Survivors: A Preliminary Report Lin Piwowarczyk, M.D., M.P.H. and Julie Park, M.P.H.
12:35 – 1:45	Lunch
1:45 – 2:45	Keynote Speaker New Information on the Neuroscience of PTSD and Depression: How it Affects Torture Treatment and Outcomes J. David Kinzie, M.D., F.A.C. Psych
2:45 – 3:10	NCCTP Data Project Survivors of Torture in Treatment Programs in the United States – Data for FYs 2010 and 2011: Torture and Demographic Characteristics and Pilot Functional Outcome Data NCCTP Research and Data Committee: Crystal Riley, M.A.; Megan Berthold, Ph.D., L.C.S.W.; and NCCTP members
3:10 – 3:25	Break
3:25 – 4:15	Research in NCCTP Centers Concurrent Validity of a Mental Health Screen for Newly Arriving Refugees James Livingston, Ph.D. Psychological and Quality-of-Life Outcomes for Torture Survivors Resettling in the Mid-Atlantic Region Paul Chandler, J.D., M.S.
4:15 – 5:15	Keynote Speaker The International Criminal Court – A New Force Against Torture John Washburn, J.D.
5:15 – 5:20	Closing - Jose Quiroga, M.D. and Lin Piwowarczyk, M.D., M.P.H.

Abstracts for NCTTP Presentations

Cambodian Americans and Chronic Disease 30 Years after Torture

Mary Scully, R.N., & Megan Berthold, Ph.D., L.C.S.W.

Thirty years after escaping from four years of torture and genocide, there is a large body of research on the mental health of Cambodian survivors but no prevalence data on other chronic diseases. As a center of excellence for ending disparities in health, Khmer Health Advocates conducted a snowball survey of 141 Cambodians ages 32 and above in Connecticut and Western Massachusetts. All of those sampled had been in the Khmer Rouge regime. This presentation will focus on self-reported health status and chronic disease in that sample, broken down in age groups, and compare it with rates of disease in the general population. Conclusion: torture is associated with higher rates of diabetes, hypertension and stroke than the general population and that these chronic diseases begin at a much earlier age.

Prevalence of Torture Survivors, Mental Health Symptoms, Chronic Health Conditions in Refugees, Including Iraqis

Mara Rabin, M.D. and Cynthia Willard, M.D., M.P.H.

The prevalence of torture survivors in refugee populations has been documented in only 11 studies. To date no standard methodology has been used. This results in greatly varying findings on the prevalence of torture. No study has included a complete set of refugee arrivals in a given year to a specific state. States are encouraged to complete a refugee health screening, within 30 days of arrival, for all refugees. Few states include a mental health screening as part of this examination. But since 2006, Utah – which resettles approximately 1,000 refugees annually – has conducted a physical health screening, a mental health symptom checklist, and a torture-violence screening question for all recently arrived refugees. Given the high correlation of chronic medical and psychological conditions associated with torture survivors, it would seem beneficial to identify survivors early in the resettlement period. Utah’s health screenings are the source for our study. The first retrospective review includes all refugees, ages 18 and up, who were screened within 90 days after arrival in Utah in 2008 (n=551). The second retrospective review includes all Iraqi refugees who arrived in Utah in 2008 and 2009 (n=501).

What Interventions Work with Torture Survivors – a Literature Review of Best, Promising and Emerging Practices

Mary Fabri, Psy.D. and Kristen Guskovict, M.S.

In 2011, the Florida Center for Survivor of Torture’s technical assistance program, the National Partnership for Community Training (NPCT), published

a paper that identified and disseminated best, promising and emerging practices impacting the torture treatment field. An extensive literature review was conducted focusing on the following domains: Medical, Psychiatric, Psychological, Expressive Therapies, Social Services, Legal and Spiritual. Hundreds of articles were read and categorized into best, promising and emerging practices. Leading experts in the field were identified as authors and peer reviewers to write and review the chapters by analyzing the articles into thematic topics within the domains. The project editors intended this body of work to be a guide for those working with survivors of torture as they assess and evaluate appropriate, safe and effective practices to incorporate into day-to-day programming. NPCT will provide an overview of how this project was undertaken including: the definition of the project, research methodology and limitations. We will then provide a more in-depth look at the findings of one of the published chapters by co-presenting with Dr. Mary Fabri of Heartland Alliance Marjorie Kovler Center, and author of the chapter on the psychological domain, *“Best, promising, and emerging practices in the treatment of trauma: What can we apply in our work with torture survivors?”*.

When PTSD Is Not the Problem – Preparing Political Asylees for Court Testimony When Dissociative Symptoms Impair Cognition or Emotionality

Saara Amri, M.Ed; Sabine Fajon, M.Ed, Eds, NCC; and James Griffith, M.D.

Most understand PTSD as a main barrier to asylum-seekers giving credible testimony in court – with hyperarousal symptoms being the main culprit. What the authors of this presentation have found, through their clinical experiences working with torture survivors, is that dissociation is in fact a bigger culprit. In this presentation, the authors will provide an overview of dissociation and its impact on courtroom testimony. The authors will also discuss the important role of the therapist in collaborating with lawyers in mediating the barrier of dissociation. Further, the authors will provide a therapeutic framework for addressing dissociative symptoms with torture survivors in the context of preparing for asylum court and giving testimony. Finally, the authors will provide recent case examples that demonstrate how dissociative symptoms interfere with courtroom testimony and how the clinician played a key role in helping the client overcome this barrier and succeed in attaining their asylum.

PTSD Symptom Structure among West African War Trauma Survivors Living in African Refugee Camps: A Factor Analytic Investigation of PTSD

Greg Vinson, Ph.D. and Zoua Chang, Ph.D., L.P.

Recent wars in Sierra Leone and Liberia were extremely brutal. Civilian populations affected by war are common but understudied in trauma research. Researchers discuss whether posttraumatic stress disorder (PTSD) is universal

or varies for culturally distinct populations. Moreover, using PTSD conceptualizations and measures in unexamined populations can invite invalid client assessments, adversely affecting services and research. As such, we investigated the relevance of PTSD for war-affected West Africans via an examination of symptom structure. Refugees (N = 3,802) from Sierra Leone, Liberia and Guinea completed a PTSD checklist as part of treatment services provided in UN-managed refugee camps. We used exploratory and confirmatory factor analyses to both 1) determine a factor structure unique for this population and 2) compare this factor structure to prevailing models of PTSD (DSM-IV, the *numbing* model, the *dysphoria* model and the *aroused intrusion* model). Results from the CFA found that the dysphoria model best fit the data (RMSEA = .062); however, EFA results revealed that three items concerning active avoidance, arousal and sleep were not as well explained by the models.

The Impact of Yoga on Torture Survivors: A Preliminary Report

Lin Piwowarczyk, M.D., M.P.H.; Julie Park, M.P.H.; Anna Dunwell, M.F.A.

Yoga has been practiced for thousands of years. Its use of postures, focus on breathing and mindfulness has been associated with improvement in well-being and physical health including reduction in pain. Yoga has been used anecdotally with refugee populations with reported improvements. Torture is known to affect many facets of peoples’ lives, often resulting in depressive and anxiety symptoms in addition to chronic pain. We present initial data related to the impact of a six-session yoga class with a yoga approach that is trauma informed. Pre- and post-measures were administered using the Hopkins Symptom Checklist for Depression, the PTSD Checklist and the SF-12 acute. Preliminary results are encouraging and shared.

Survivors of Torture in Treatment Programs in the U.S. – Data for FYs 2010 & 2011: Torture and Demographic Characteristics, Pilot Functional Outcome Data

The National Consortium of Torture Treatment Programs’ Data Collection Project

Methods: a cross-sectional descriptive study of the demographic characteristics and types of torture experienced by approximately 6,000 torture survivors accessing 25 participating specialized treatment centers across the United States in FY 2010-2011, as well as pilot functional outcome data from a sub-set of these survivors. Findings: FY 2010 findings – mean age 37, 55% male, 44% asylum seekers and 22% refugees. Eleven countries accounted for 51% of the client population. Seventy-nine percent of those for whom we have data reported more than one type of torture. Most frequent types of torture reported were beatings (51%), psychological (50%), wounding (39%) and witness of

torture of others (39%). Data from FY 2011 is also described. Interpretations: this data collection effort is significant in that it provides a 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. Principal conclusions: this report is an important step in understanding the impact of torture on survivors who have come to the United States as refugees and asylum seekers, provides documentation that torture is prevalent in at least 116 countries of the world and describes a wide variety of techniques of torture experienced by survivors. The data suggests that gender is not protective in terms of type of torture experienced. The NCTTP Data Collection Project has laid the groundwork for its future work to concentrate on treatment outcomes and vital variables such as diagnosis, education and community involvement.

Concurrent Validity of a Mental Health Screen for Newly Arriving Refugees

James Livingston, Ph.D.; Adeline Boye, Psy.D.; Adam Dorsay, Psy.D.; Adriana Weyandt, M.A.; Nida Mirza, M.S.

Newly arriving refugees often suffer from trauma and other conditions that would benefit from timely identification and treatment. The investigators developed an eight item, mental health screening instrument using questions recommended by the Veterans Administration for use by primary care physicians. The current study examines its concurrent validity with the Hopkins Symptom Checklist-25 and the PTSD Checklist of the National Center for PTSD with newly arriving refugees.

Psychological and Quality of Life Outcomes for Torture Survivors Resettling in the Mid-Atlantic Region

Paul Chandler, J.D., M.S.

This is an overview of methodology, analysis and results, showing the change over time in somatic and psychological symptoms, experienced by 300 clients; for outcomes measures, which include the Hopkins Symptom Checklist (HSCL-25), the Harvard Trauma Questionnaire (HTQ-30); and quality of life measures which monitor clients in seven areas of wellness (housing status, employment status, access to medical care, mental health activity, food access, English proficiency and legal support). Statistical significance of results is demonstrated, using Anova, t-test and other analyses. Summaries of wellness goal-setting and completion rate for clients are described, as well as the duration of asylum adjudication for clients during the past five years, showing the mean length of duration of court adjudication. Discussion explores the possible correlation between these factors and our outcome measures.

Members of the National Consortium of Torture Treatment Programs:

California

- ◆ Center for Justice and Accountability, San Francisco, CA
- ◆ Center for Survivors of Torture (AACI), San Jose, CA
- ◆ Institute for the Study of Psychosocial Trauma, Palo Alto, CA
- ◆ Legal Aid Foundation of Los Angeles - Legal Assistance for Torture Survivors Project (LATSP), Los Angeles, CA
- ◆ Program for Torture Victims, Los Angeles, CA
- ◆ Survivors International, San Francisco, CA
- ◆ Survivors of Torture, International (Headquarters, Direct Services), San Diego, CA

Connecticut

- ◆ Khmer Health Advocates, W. Hartford, CT

District of Columbia

- ◆ Torture Abolition and Survivors Support Coalition, Washington, DC

Florida

- ◆ Florida Center for Survivors of Torture, A Program of Gulf Coast Jewish Family Services, Inc.

Illinois

- ◆ Heartland Alliance Marjorie Kovler Center, Chicago, IL

Maryland

- ◆ Advocates for Survivors of Trauma and Torture, Baltimore, MD
- ◆ Lutheran Immigration and Refugee Service, Detained Torture Survivor Legal Support Network, Baltimore, MD

Massachusetts

- ◆ Boston Center for Refugee Health and Human Rights, Boston, MA
- ◆ Harvard Program in Refugee Trauma, Boston, MA
- ◆ International Survivors Center c/o International Institute of New England, Boston, MA
- ◆ Lowell Community Health Center, Inc., Lowell, MA
- ◆ Community Legal Services and Counseling Center, Cambridge, MA

Michigan

- ◆ ACCESS Center for Torture Survivors, Dearborn, MI
- ◆ Bethany Christian Services, Grand Rapids, MI

Minnesota

- ◆ Center for Victims of Torture, Minneapolis, MN

Missouri

- ◆ Center for Survivors of Torture and War Trauma, St. Louis, MO
- ◆ St. Louis Mental Health Board (an affiliate member)
- ◆ War Trauma Recovery Project, St. Louis, MO

New Jersey

- ◆ Cross Cultural Counseling Center, International Institute of New Jersey, Jersey City, NJ

New York

- ◆ Bellevue/NYU Program for Survivors of Torture, New York, NY
- ◆ HealthRight International, Human Rights Clinic, New York, NY
- ◆ International Trauma Studies Program – REFUGE, New York, NY
- ◆ Libertas, New York, NY

Oregon

- ◆ Torture Treatment Center of Oregon, OHSU, Portland, OR

Texas

- ◆ Center for Survivors of Torture, Dallas, TX

Utah

- ◆ Asian Association of Utah, Salt Lake City, UT
- ◆ Utah Health and Human Rights Project, Salt Lake City, UT

Virginia

- ◆ Program for Survivors of Torture and Severe Trauma (PSTT) at CMHS, Falls Church, VA

Contact Information for NCTTP Member Centers can be found on our website: www.ncttp.org

Contact NCTTP 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.



***Thank you for coming.
We would like to stay in touch with you as we work together toward a common goal of preventing, making people aware of and rehabilitating survivors of torture.***

Visit us online at www.ncttp.org

Email us at info@ncttp.org