THE HEALING IMPACT

HEARTLAND ALLIANCE MARJORIE KOVLER CENTER'S SERVICES FOR SURVIVORS OF POLITICALLY-SANCTIONED TORTURE

HEARTLAND ALLIANCE
MARJORIE KOVLER CENTER

REF·U·GEE

Refugees and asylum seekers are people who seek protection on the grounds that they have a "well-founded" fear of past or future persecution, living in or returning to their homeland. Often these individuals are marginalized and targeted as a result of their race, religion, gender, sexual orientation, or political beliefs in their home country. Refugees are individuals who apply for protection when living in camps, or sometimes in their home countries, whereas asylum seekers come to the US and then apply after arrival.

According to U.S. law, the U.S. may grant asylum to an individual who has an unwillingness or inability to return to their home country due to:

1. past persecution and/or
2. a well-founded fear of future persecution. The law also stipulates that:
    - The persecutor is the government or someone the government is unable or unwilling to control
    - The burden of proof is on applicant to establish eligibility for asylum

A grant of asylum is discretionary meaning it is left up to the US authorities to make this decision.

TABLE OF CONTENTS

FOREWORD

The term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the consent or acquiescence of a public official or other person acting in a official capacity (Article 1, United Nations Convention Against Torture, 1984).

It is an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control (18 U.S.C. 2340(l) and cited in the Torture Victims Relief Act of 1998). Torture exerts control over people and communities to create a cycle of fear, intimidation, and alienation. Torture is a documented practice in 141 countries (Amnesty International, 2014), and there are an estimated 1.3 million torture survivors in the United States (The Center for Victims of Torture, 2015). The impact of torture on individuals and communities is profound and the need for intervention imperative. As a signatory to the United Nations Convention against Torture, the United States is committed to the global struggle against torture.

"In that darkness, where so many have stood and continue to stand, transfixed by paralyzing fear, there flickers the faint light of a candle, the Marjorie Kovler Center."

— Sr. Dianna Ortiz

ABOUT THE MARJORIE KOVLER CENTER

Established in 1987, Heartland Alliance Marjorie Kovler Center (Kovler Center), a program of Heartland Alliance International, treats survivors of politically-sanctioned torture, as well as family members affected by this brutal human rights violation, with holistic, integrated, trauma-informed, empowerment-focused, culturally-sensitive, spiritually supported services, with an emphasis on rebuilding community and access to justice. In helping to transform the lives of individuals recovering from the complex consequences of torture, Kovler Center's threefold mission is to:

(1) provide medical, mental health, and social services;

(2) train and educate locally and globally; and

(3) advocate for the end of torture worldwide.

Each year 350 survivors representing over 50 countries globally — 84 countries since inception — engage in services to overcome trauma and begin a life without fear. Services are community-based accessible in practitioners' offices and in our building on the north side of Chicago, and volunteer-based, with 200 professionals and paraprofessionals engaged in pro bono service. Among the first torture treatment centers in the United States effectively serving one of the most diverse and vulnerable populations (asylum seekers and refugees), Kovler Center is a leader in the torture treatment field.

Find out more about our work at: http://www.kovlercenter.org

MARJORIE KOVLER CENTER PARTICIPANTS HAVE COME FROM 84 COUNTRIES WORLDWIDE


Finland
Iceland
Sweden
Norway
Russia
United Kingdom
Poland
Germany
Ukraine
France
Italy
Spain
China
South Korea
Libya
Egypt
Saudi Arabia
India
Thailand
Niger
Sudan
Chad
Ethiopia
Kenya
Tanzania
Indonesia
Namibia
Botswana
Madagascar
South Africa
Australia
South Atlantic Ocean
Indian Ocean
Southern Ocean
ANTARCTICA

FRAMEWORK FOR SERVICES

Although the staffing structure has changed and the volunteer corps grown since 1987, the framework for services as originally conceptualized remains in place today. It is characterized by the following:

Community-based Kovler Center strongly believes that torture treatment is best supported in a community context. Survivors are seen both at the Kovler Center and in the private offices of the many volunteer practitioners. The Kovler Center building, a former convent, is a solid, brick, four-story built in the art deco style and located on a quiet, peaceful residential street in the Rogers Park neighborhood. Survivors often remark on the sense of safety they feel upon entry, comparing it to a sanctuary, and ultimately to the feeling of home.

Volunteer-based Including a volunteer component in Kovler Center's framework for services is based upon the assumption that if torture is meant to break the bonds of the individual with their family and community, then the community needs to be involved in the response. In order to extend services to a large number of survivors and to meet complex needs, Kovler Center engages a wide range of pro bono professionals (internists, family practice and general practitioners, psychiatrists, dentists, optometrists, psychotherapists, massage therapists, physical therapists, acupuncturists), pro bono paraprofessionals (tutors, interpreters, accompaniers), and students (psychology, social work) to deliver essential services to survivors.

No cost Kovler Center has a long-standing commitment to ensuring that survivors of torture do not have to pay for the rehabilitation needed because of what has been done to them by their own government or another.

PHILOSOPHICAL AND ASPIRATIONAL PILLARS

Drawing upon the work of developmental psychologist Urie Bronfenbrenner, we view survivors seeking services from an ecological perspective that includes the context of migration, adaptation, family and professional life, and trauma suffered (Bronfenbrenner, 1979). With that in mind, Kovler Center has adopted the following pillars of service:

Holistic approach to integrated services

Survivors of torture suffer from a complex post-traumatic stress disorder, which is manifested by anxiety, distrust, depression, flashbacks, intrusive memories, memory problems, a range of physical symptoms, and disruptions to many other areas of functioning. Optimal to providing the most integrated model of care is for core services (including primary care, psychiatric, psychological, occupational, social, and legal services) to be accessible in one location. This model recognizes that the fear and silence surrounding torture, combined with the loss of community and kinship resulting from forced migration, isolates individual torture survivors. Many torture survivors are reluctant to disclose their torture histories to health or other professionals due to the shame, mistrust, and desire to avoid injurious memories, and may avoid seeking treatment completely. Offering all services in one location increases the chance of a survivor's engaging in comprehensive services by not having to negotiate a complex, confusing and frightening array of facilities, and not having to reveal their torture history to multiple individuals. With this model the multidisciplinary treatment team members are better able to

communicate and provide integrated care. Kovler Center offers medical, mental health and social services on site, with referral to legal services provided by the National Immigrant Justice Center, a program under the same umbrella organization of Heartland Alliance for Human Needs & Human Rights.

"I'm not sure I could have survived in this country if I hadn't found Kovler. They helped me with everything." — Survivor from Congo

Trauma-informed approach that is empowerment-focused, strength-based and survivor-driven

Torture is an affliction of the powerless, and the key objective of treatment, in addition to alleviating the symptoms of traumatic stress, is to assist the survivor in regaining agency and autonomy (Herman, 1992). Trauma-informed care means recognizing and responding to the survivor with an understanding of how the impact of a traumatic experience affects one's emotional, behavioral, mental, physiological, and spiritual well-being. With this understanding it allows the professional to thoughtfully respond to the individual's needs. With this trauma informed lens, Kovler Center sees safety as a core vulnerability of survivors affecting physical, psychological and relational components. As such, Kovler Center begins to engage in relationship building and establishing trust within the context of a safe environment. Kovler Center utilizes a multidisciplinary treatment approach based on strengths-based and empowerment principles in order to effectively treat and reduce debilitating psychological symptoms. Empowerment includes offering choices throughout treatment and access to a range of services that survivors request that address the complex and varied consequences of torture. Interventions are not proscribed and are based upon principles of equity supporting the delivery of what each individual needs to heal.

"When I came to Kovler Center I was one of the walking dead. I couldn't put one foot in front of the other. But Kovler Center and my therapist saved my life. I now have a job, my family is here, my children are successful. I never wanted to leave my country but my life is now here." — Survivor from Togo

Supporting Spiritual Well-Being

Recognizing the importance of spirituality in a survivor's life and world view, Kovler Center is intentional in integrating spirituality into its treatment approach. Inquiring about how survivors cope during moments of duress allows them to speak about their spiritual practices. Kovler Center's model emphasizes the importance of staff sensitivity and competence in harnessing the power that spirituality may have in the healing process. Staff also coordinates with volunteer pastoral counselors and other spiritual healers and practitioners. Many survivors seen at Kovler Center find comfort in establishing and maintaining ties with religious communities in their new home of Chicago. Kovler Center staff and volunteers facilitate connections to communities of faith, local mosques, churches and temples.

"God led me to Kovler and I am thankful." — Survivor from Ethiopia

Culturally and linguistically sensitive services

Serving one of the most diverse populations of torture survivors in the country, Kovler Center maintains that the delivery of culturally and linguistically sensitive services is paramount. Kovler Center works to

ensure that the environment, staff knowledge, and policies are a fit for cross-cultural situations. Staff demonstrate cultural humility and curiosity. Culturally-sensitive therapists make adaptations to "traditional" forms of treatment consistent with the literature on cross-cultural psychotherapy. They also are aware of the socio-political context of the torture. Kovler Center engages interpreters using a Kovler Center designed therapeutic partnership in which the therapist, interpreter, and survivor form a collaborative team. This model acknowledges the expertise of each of these participants as an essential component of the therapy process: the therapist provides expertise on the psychological consequences of severe trauma and strategies for recovery; the survivor is an expert on what trauma occurred and its expression within his/her own cultural, linguistic, and political context; and the interpreter is the conduit for communication, an expert in the languages spoken by the therapist and survivor. This therapeutic triad translates to a therapeutic partnership that reflects respect and trust, necessary ingredients for psychotherapy.

"When I am here it's like I'm in Africa. I'm comfortable and calm here."
— Survivor from Congo

Rebuilding community

The use of torture to destroy real or perceived threats to power can result in a strong disincentive on the part of survivors and their communities to organize, take action, or voice dissent. Forced exile separates individuals from their countries of origin, and from the comforts of daily life, culture, and society. In response, Kovler Center recreates a sense of community, helping survivors overcome helplessness and connect with their innate strengths and resilience, and breaks isolation by helping survivors reconnect with community. Kovler Center facilitates support groups to ensure a sustainable social support network, reconnecting survivors with aspects of their lives often lost to exile and creating opportunities for participation in social interaction.

"Kovler is my only home in the US. It gives me a home. It made me realize everyone has a second chance. It gave me a new life. Kovler gave me back my life." — Survivor from Cameroon

Access to justice

Many survivors are told that no one cares that their rights have been violated, that no one will believe them anyway, and they are treated as if they are the criminals. Access to services for the asylum process removes the stigma of criminality, increases self-esteem, and demonstrates that civil society recognizes survivors as individuals with rights. Justice in front of indicted perpetrators further restores the meaning of justice on a systemic level. And when reparations are given, the final step in obtaining justice, the things they were deprived of are revealed and the injustice is fully acknowledged.

KOVLER CENTER'S TREATMENT MODEL

The model, inclusive of the framework and aspirational pillars, follows the three stages of recovery as described by psychiatrist Judith Herman. The first stage is the establishment of safety, the second stage is remembrance and mourning, and the third is reconnection with community and ordinary life. Clinical volunteers embrace a number of theoretical frameworks and utilize a variety of interventions, however are all trained in and encouraged to adopt this model. Survivors may continue to receive supportive services after completing the three stages of treatment such as case management, organized events, and the International Cooking Group. Kovler Center's model also includes robust partnerships addressing ongoing needs as well as new partnerships addressing newly identified needs.

"I've never been treated with respect like I have been here at Kovler. Kovler is a miracle and I feel like I'm going to Heaven when I come here. It lifts my morale and makes me happy about the future." — Survivor from Eritrea

EVALUATION

As key elements of accountability, the collection and dissemination of data hold Kovler Center answerable to our participants, our funders, and to ourselves. Although Kovler Center utilized various outcome tools for many years, we did not begin formally tracking outcomes data until January 1, 2009, following the completion of a year-long pilot testing of a Kovler-authored outcome measurement tool. This tool was created to measure well-being as reflected by changes in functional domains. These domains were identified by survivors as areas of desired change. As of May 31, 2016, there were 236 total participants in the tracking database.

Kovler Center's outcome evaluation primarily utilizes three instruments: the Harvard Trauma Questionnaire (HTQ), the Hopkins Symptom Checklist-25 (HSCL), and the Marjorie Kovler Center Well Being Questionnaire (MKC WBQ). The HTQ measures trauma symptoms, the HSCL measures anxiety and depression symptoms, and the MKC WBQ assesses multiple functional domains (i.e., legal status, physical health, employment status, housing status, educational status, language ability, and personal relationships). These instruments are administered as face-to-face interviews as a part of the intake process to all new, adult, primary and secondary survivors of torture who come to Kovler Center for treatment. Once the intake process is complete, the instruments are re-administered at 6-month intervals (i.e., 6-months, 12-months, 18-months, and 24-months after intake). Participants are considered to have officially matriculated through the treatment program at 24 months following intake although services are available for those who need continued support.

In addition to the three instruments described above, a satisfaction survey is also administered to participants at each re-administration. The feedback gathered from this survey is used internally to continually improve our program and address any needs or issues that may arise.

A total of 519 outcome re-administration interviews were conducted among the 236 participants (see Table 1).

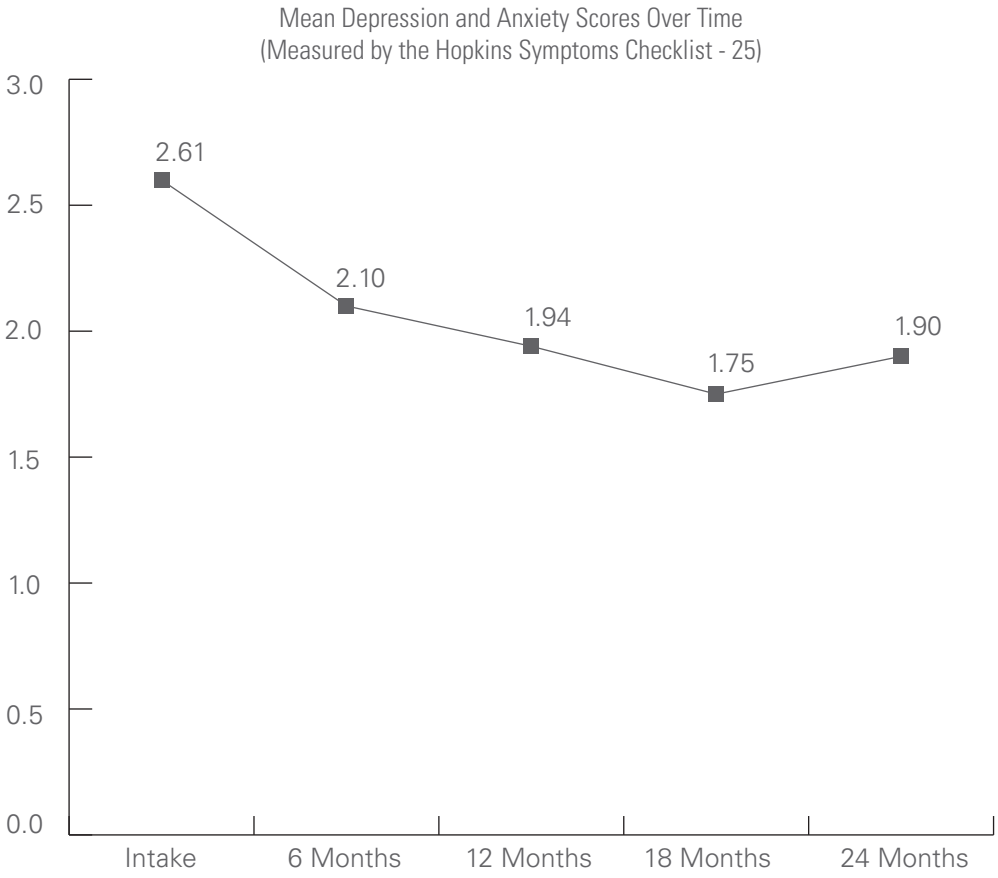
Table 1: Number of Participants Who Completed Outcomes Re-Administration Instruments

Instrument	Intake	6 Months	12 Months	18 Months	24 Months
Hopkins Symptom Checklist (HSCL)	232	158	128	123	110
Harvard Trauma Questionnaire (HTQ)	226	156	125	122	109
Marjorie Kovler Center Tool (MKC WBQ)	220	156	123	124	108

Note. Discrepancies that appear in the above table are due to participants not completing an instrument either at intake, or at one of the re-administration periods in which they participated.

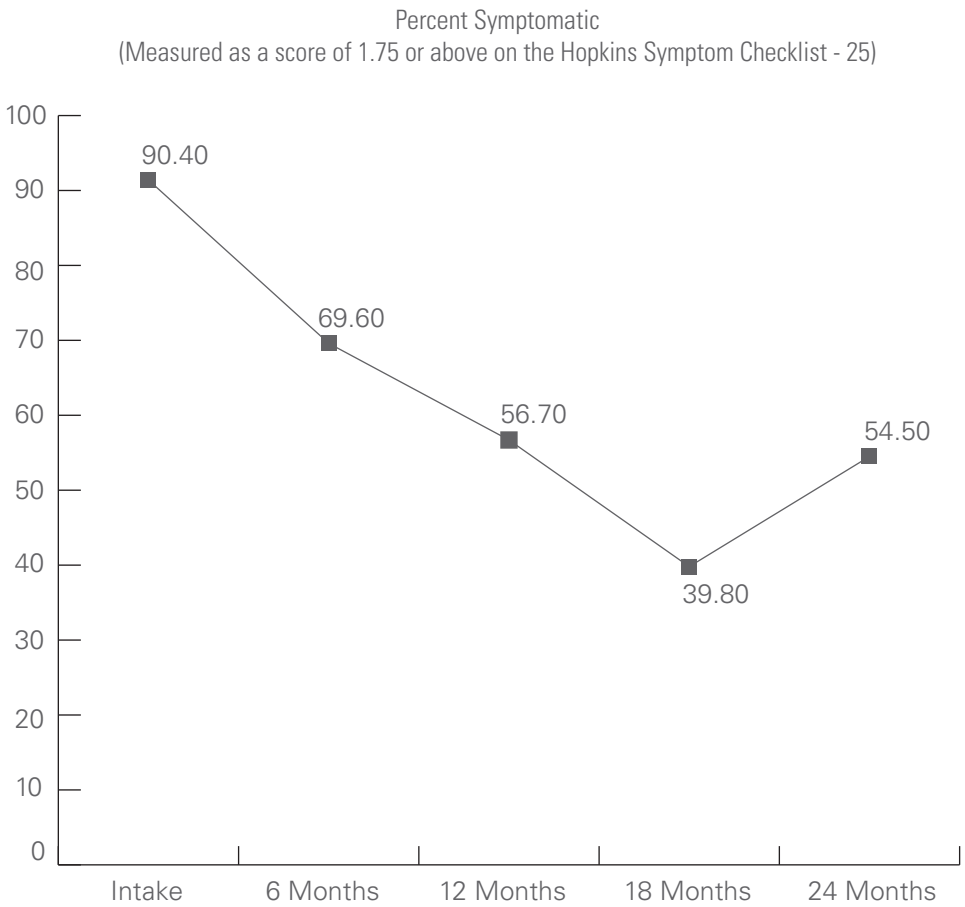
Kovler Center participants experience a reduction in anxiety and depression symptoms as demonstrated by significantly lower HSCL scores from intake compared to each re-administration (see Chart 1). The mean scores were significantly higher at intake than they were at the 6, 12, 18, and 24-month time intervals.

Chart 1 : Anxiety & Depression Symptoms



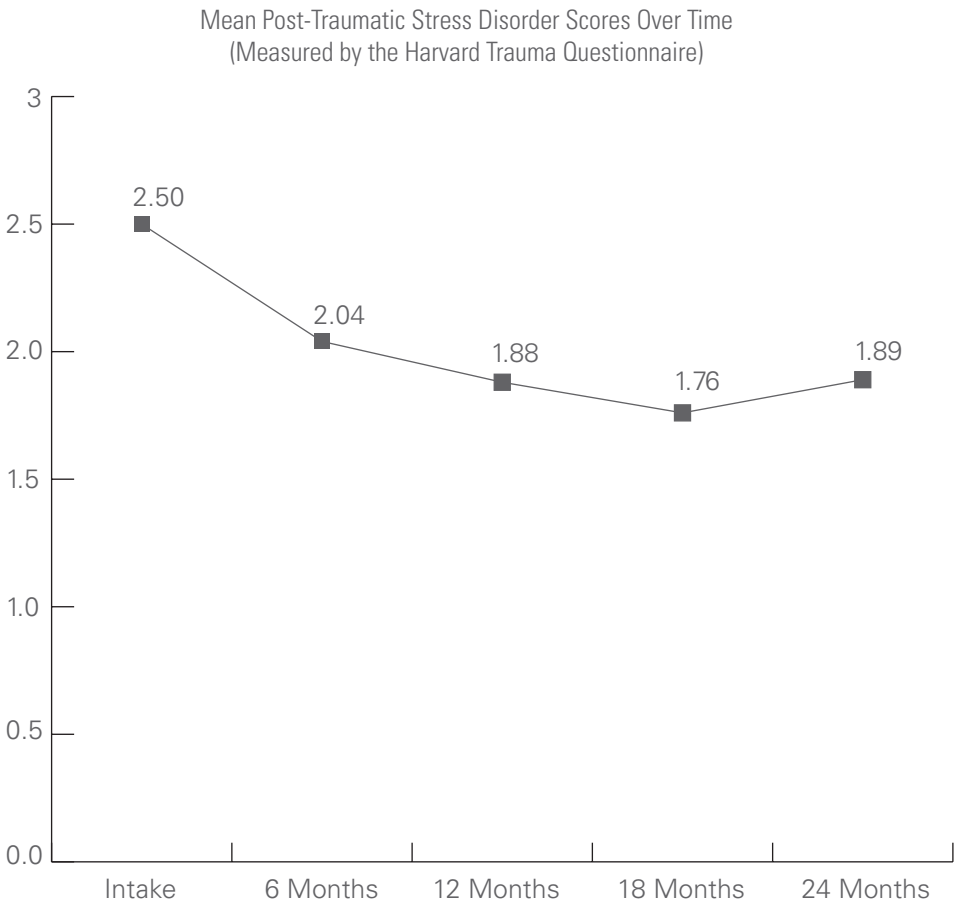
Further, Chart 2 shows the proportion of Kovler Center participants who were symptomatic for anxiety and depression decreases notably from intake to each re-administration. For example, 91.4% of participants were symptomatic for anxiety and depression at intake, however, this proportion decreased to 54.5% at 24 months. Even though roughly half of Kovler Center participants are symptomatic for anxiety and depression at 24 months, 85.0% of all participants tracked had fewer symptoms of anxiety and depression.

Chart 2: Anxiety & Depression Symptoms



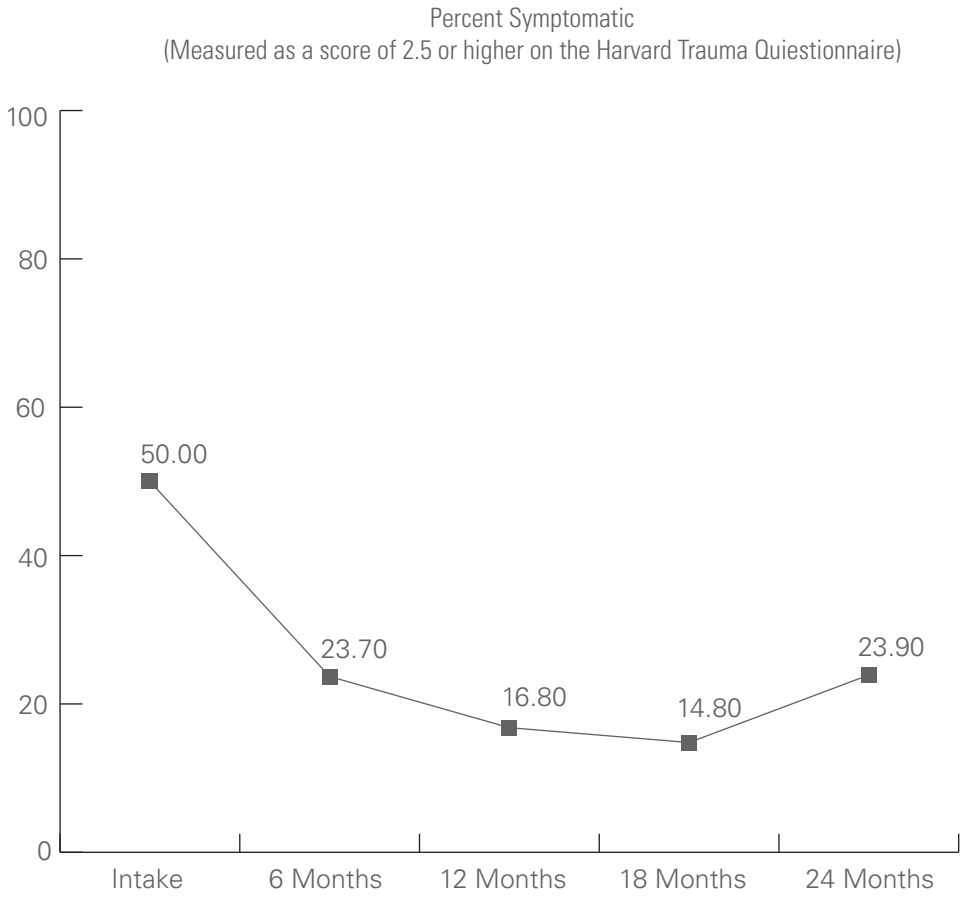
Kovler Center participants also experience a reduction in trauma symptoms as demonstrated by significantly lower HTQ scores from intake compared to each re-administration (see Chart 3). The mean scores were significantly higher at intake than they were at the 6, 12, 18, and 24-month time intervals.

Chart 3: Trauma Symptoms



Moreover, Chart 4 shows the proportion of Kovler Center participants who are symptomatic for trauma decreases markedly from intake to each re-administration. For example, 50.0% of participants were symptomatic for anxiety and depression at intake but this proportion decreased to 23.9% at 24 months. Eight in ten (80.8%) had fewer symptoms of trauma after receiving services at Kovler Center for 24-months.

Chart 4: Trauma Symptoms



There is a statistically significant correlation between both HSCL (p=.011) and HTQ (p=.021) scores and the time it takes for a participant to be officially admitted into the program. In other words, the longer it takes for a participant to move from initial assessment to receiving an individual treatment plan (ITP), the higher their HSCL or HTQ score will be at 24 months. For example (see Table 2), HSCL and HTQ scores for participants who receive their ITP within 30 days are lower at 24 months compared to

those who receive their ITP after 30 days. Further, those who receive their ITP within 15 days have the lowest HSCL and HTQ scores at 24 months compared to those who receive their ITP after 15 days. Most importantly, in the case of their HSCL, the average score is also asymptomatic.

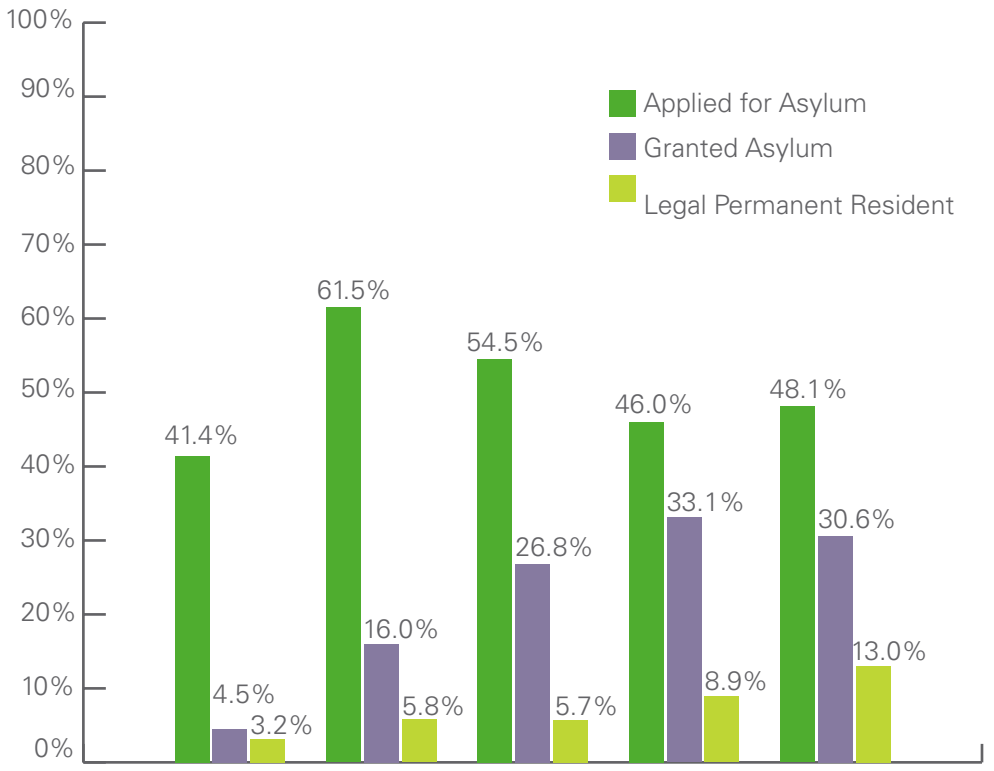
Table 2: Mean HSCL and HTQ Scores by Wait Time

	HSCL Score at 24 Months	HTQ Score at 24 Months
15 days or fewer	1.64	1.60
30 days of fewer	1.78	1.78
More than 30 days	2.02	1.99

In addition to tracking symptoms of anxiety, depression, and trauma, Kovler Center tracks several domains that indicate functional well-being. The Marjorie Kovler Center Well Being Questionnaire measures a participant's status with respect to the following domains: education, employment, English language ability, housing, legal, interpersonal relationships, and physical health.

With regard to legal status, there was an increase in the percentage of participants who applied for asylum at 6, 12, and 24 months as compared to intake. More importantly, there was a greater increase in the percentage of those who were granted asylum or gained permanent legal residence at 6, 12, 18, and 24-months compared to intake (see Chart 5); 7.8% were granted asylum or were legal permanent residents at intake, compared to 43.6% at 24 months.

Chart 5: Legal Status



Employment status also saw gains for many participants. Just over one-fourth (27.7%) had authorization to work at intake, whereas at 24 months eight in ten (79.6%) had authorization to work (see Chart 6). More impressively, whereas 15.6% of participants were employed in a full or part-time job at intake, 68.2% were employed at the 24-month interval (see Chart 7). Despite these impressive numbers, it is important to emphasize that Kovler Center participants generally struggle to find adequate, steady employment.

Chart 6: Work Authorization Status

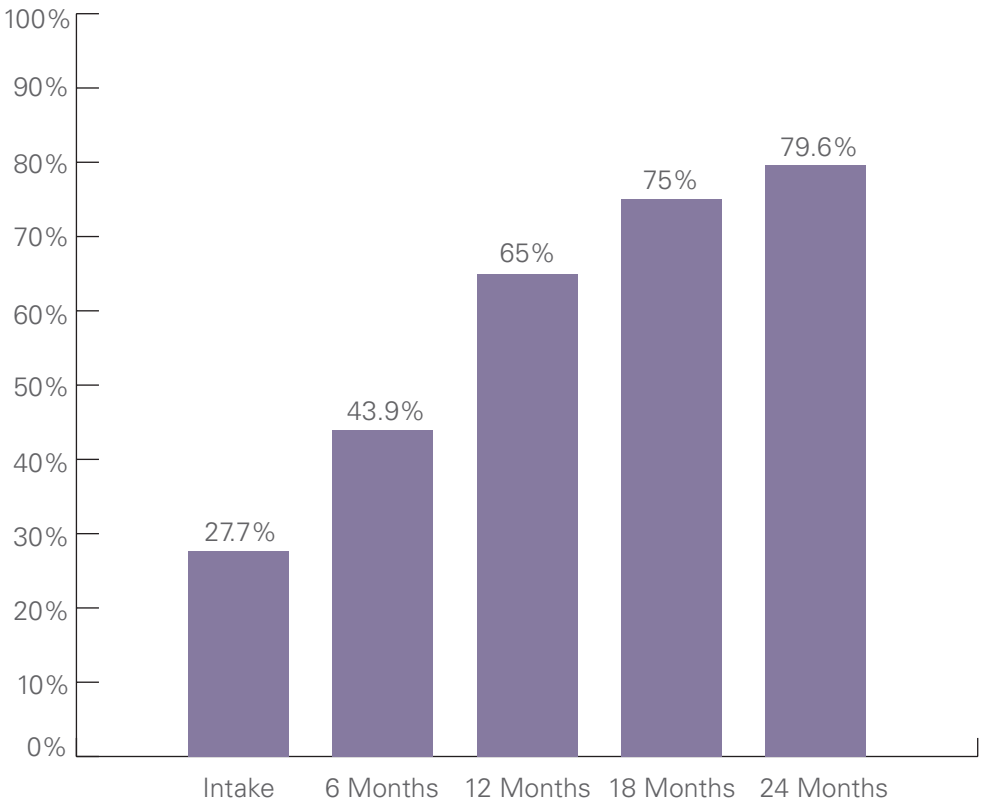


Chart 7: Employment Status

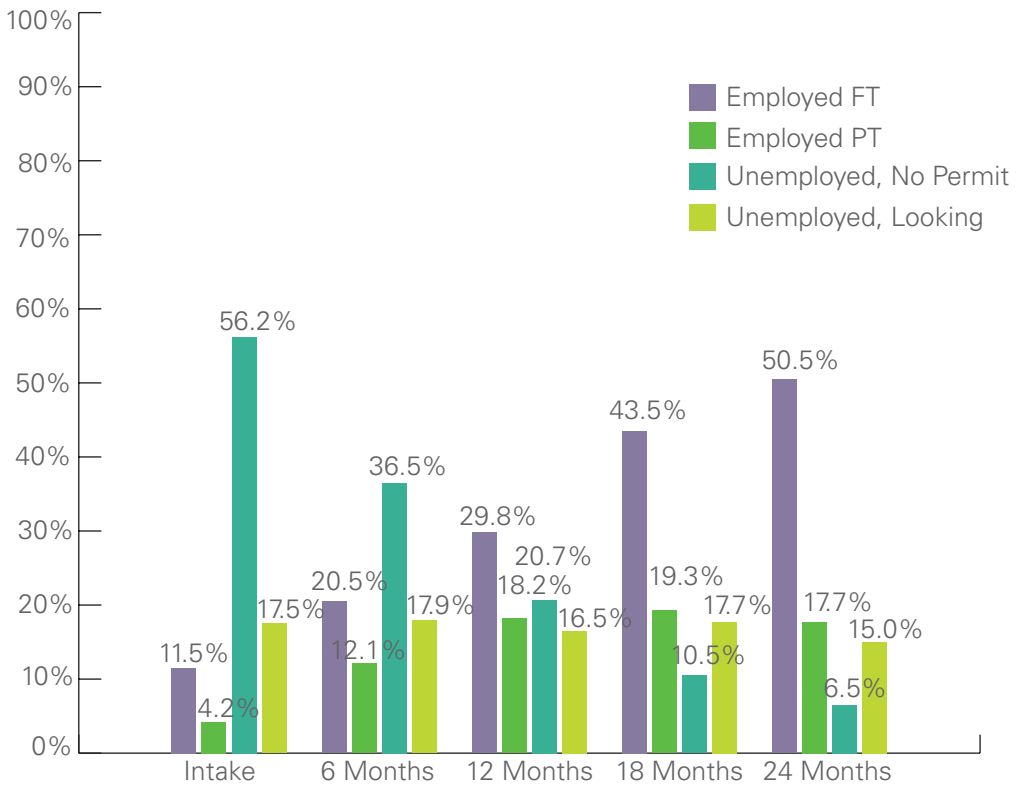


Chart 8 shows the proportion of Kovler Center participants who took classes or were going to school during their 24 months in the program. Participants are most likely to enroll in classes within the first year, where after that, jobs and family become more of a priority. Most of Kovler Center participants who do take classes are enrolled in English as a second language courses.

The proportion of participants who report they speak English "somewhat well" or "very well" does not appear to improve much over time, although Kovler Center staff believe participants are extremely modest when

it comes to rating their own English language abilities. More sizeable progress is made in their ability to read and write the English language while in the program (see Chart 9).

Chart 8: Education Status

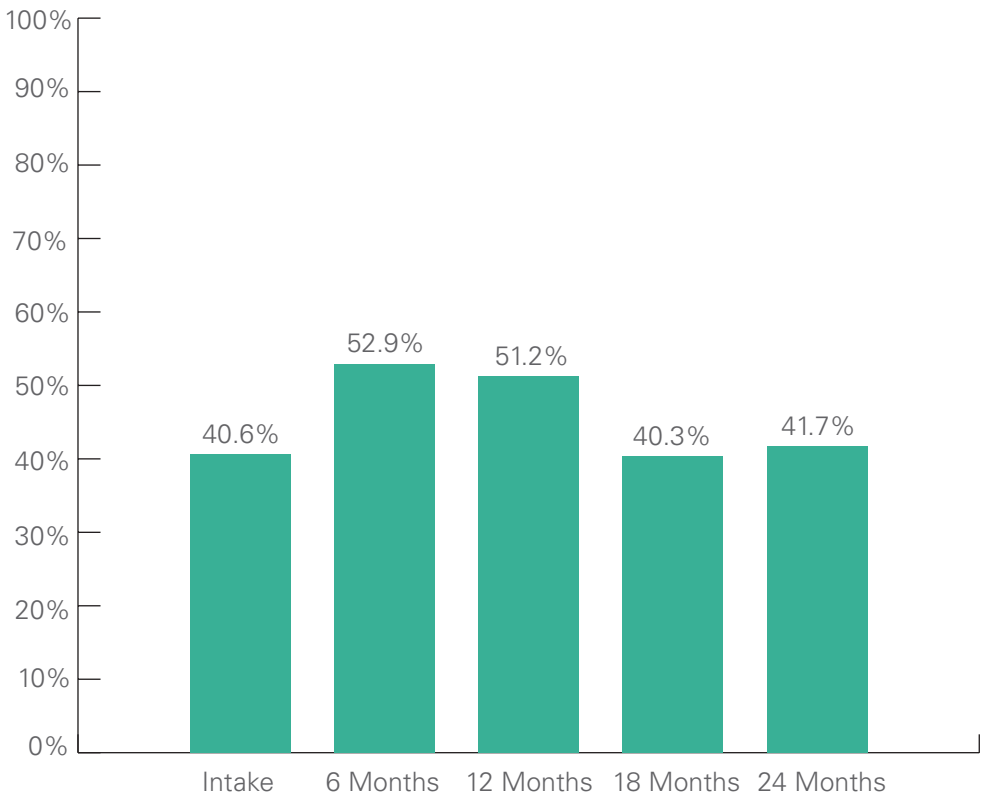
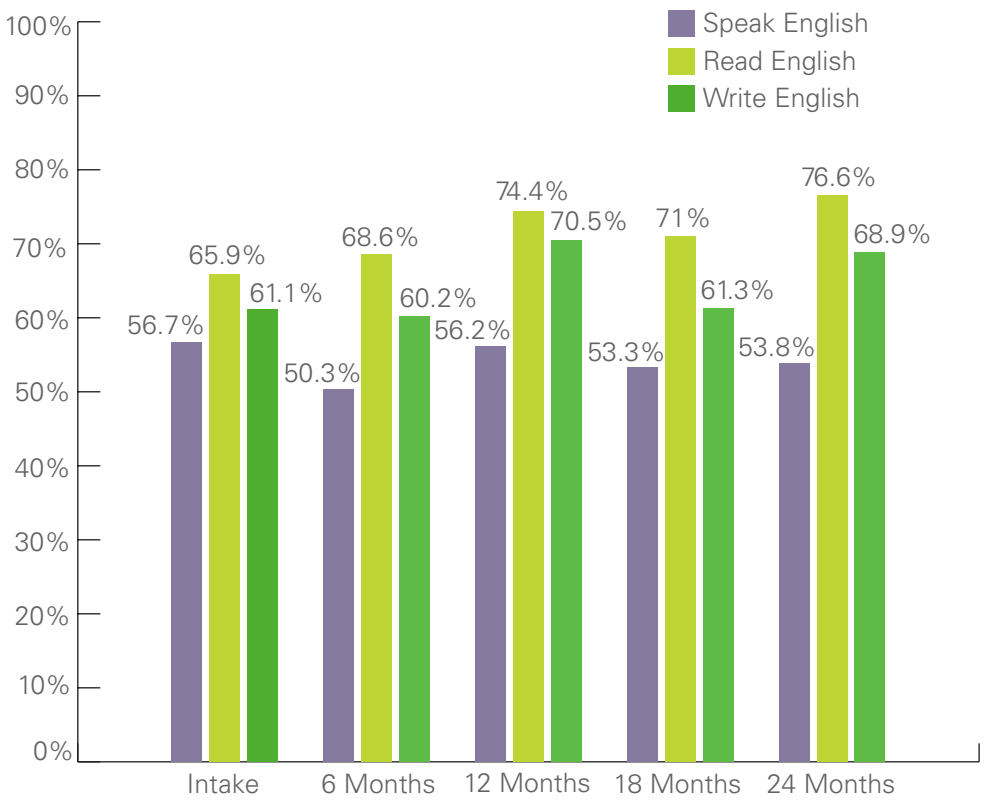


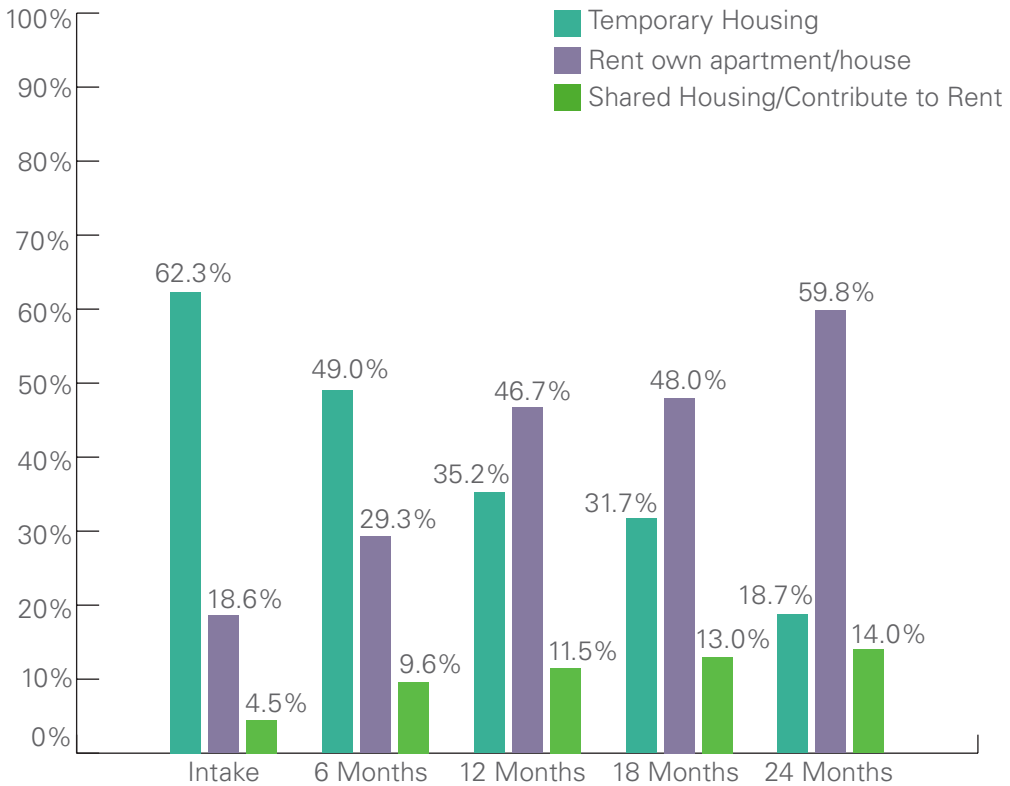
Chart 9: English Language Ability



Stable and adequate housing is always a major concern for participants. Homelessness and unstable housing situations understandably complicate efforts towards symptom reduction and improved health. However, there was improvement in the housing status of some of the participants. For example, the percentage of participants who lived in temporary housing and were not able to contribute to rent decreased from 62.3% at intake to 18.7% at 24 months (see Chart 10). Further, the proportion who contributed rent to either their own apartment or home, or in a shared space, increased at each re-administration interval; while only 23.1% of

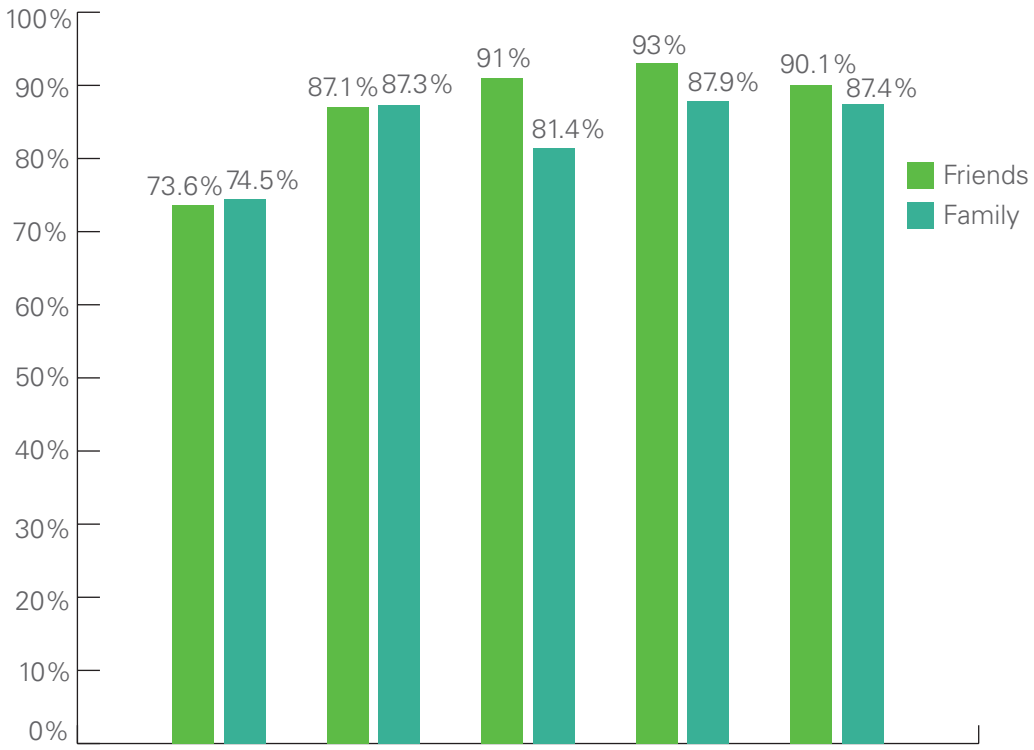
participants contributed to rent at intake, 73.8% did so the 24-month interval. Lastly, there was a reduction in the percentage of participants living in shelters or other non-ideal housing (e.g. garage, storage room, etc.) at the 12, 18, and 24-month follow-ups, compared to intake.

Chart 10: Housing Status



Participants' personal relationships also improved. When asked to describe the satisfaction they had with their relationships with friends and family, the percentage of participants who replied "satisfied" or "very satisfied" increased at every interval compared to intake (see Chart 11).

Chart 11: Interpersonal Relationships Status



The domain of physical health improved for several conditions as well. Compared to intake, there was a reduction in the percentage of participants who reported experiencing migraines, joint pain, back pain, stomach pain, numbness in extremities, racing heartbeat, breathing difficulties, night sweats, and digestive problems. Notably, the percentage of participants experiencing migraine headaches dropped from 71.2% at intake to 38.9% at the 24-month follow-up, while the proportion of participants with a racing heartbeat declined from 58.1% at intake to 30.6% at 24 months (see Table 3).

Conversely, the proportion of participants with hypertension increased over time. At intake, 13.1% of participants had hypertension, which increased to 20.4% at 24 months. The increase in this chronic condition can probably best be explained by the natural process of aging and the fact that like other chronic conditions, once onset occurs, it is often irreversible. Further, access to medical care through Kovler Center may have afforded participants the opportunity for a diagnosis of hypertension, which may require a doctor's expertise to identify as compared to other conditions (e.g. migraines, joint pain, difficulty breathing, etc.).

Table 3: Physical Health Status

	Intake (n=215)	6 Months (n=157)	12 Months (n=123)	18 Months (n=124)	24 Months (n=108)
Migraine Headaches	71.2%	43.9%	35.0%	30.6%	38.9%
Back Pain	62.9%	58.6%	60.2%	57.3%	59.3%
Racing Heartbeat	58.1%	44.2%	34.4%	29.0%	30.6%
Joint Pain	53.3%	49.0%	43.1%	45.2%	50.0%
Waking up in a cold sweat	49.8%	32.7%	27.0%	20.2%	26.9%
Neck/Shoulder Pain	46.3%	51.6%	46.3%	43.5%	44.4%
Digestive Probems	45.1%	35.3%	21.1%	20.2%	25.0%
Numbness in extremeities	42.1%	35.7%	26.0%	29.0%	33.3%
Pain in Lower Stomach	40.6%	34.4%	29.3%	27.4%	30.6%
Breathing Difficulties	40.0%	25.8%	24.4%	14.5%	21.3%
Hypertenstion	13.1%	17.8%	16.3%	16.9%	20.4%
Diabetes	8.4%	8.3%	8.9%	6.5%	6.5%

In addition to tracking the progress of participants with respect to anxiety, depression, trauma, and functional well-being, Kovler Center gathers and tracks feedback from participants via a satisfaction survey which is also administered at each six month interval following intake. Participants are asked to rate their satisfaction with the services that they have received at Kovler Center on a number of attributes and then to rate their overall experience at Kovler Center. This survey provides a comprehensive assessment of participants' experiences with Kovler Center.

A total of 373 satisfaction surveys were completed between January 1, 2012 and May 31, 2016. Using a 4-point scale (1 = not at all and 4 = very much), the average total satisfaction score on the survey was 3.88 (see Table 4). When asked to rate their overall satisfaction with Kovler Center, 98.7% of respondents to the new survey gave a rating of 3 or higher. In fact, 85.7% of the participants who completed the new survey gave the highest possible rating when asked to indicate their overall level of satisfaction with Kovler Center. This is a significant improvement compared to Fiscal Year 2010 when 50% of participants gave the highest satisfaction rating. The average score for each question on the survey is presented in Table 4 on the next page.

Table 4: Satisfaction with Marjorie Kovler Center

Questions	Mean Score (n=373)
Staff and volunteers are respectful and polite	3.97
Staff and volunteers listen to me and understand me	3.92
I am encouraged to participate in my treatment planning	3.86
The Kovler Center is pleasant, clean and comfortable	3.83
The services offered at the program are relevant to my needs	3.83
The staff responds to my needs in a timely fashion	3.82
The program helps me cope with successfully with my challenges	3.81
The program embraces my culture and languange	3.71
The program helps me obtain community re-sources	3.67
Overall, I am satisfied with the program	3.88

As part of the satisfaction survey, participants were asked an open-ended question about the services that have been the most helpful to them while in the Kovler Center program. Although they reported myriad services that were helpful top-of-mind, medical services (including primary care, medication, medical insurance) and mental health services (including counseling, psychotherapy, psychiatric services) were cited most often, by far. Other services considered helpful were the staff (professional, caring, friendly, responsive), legal assistance (getting asylum), and assistance with dental needs, transportation, and food.

Conversely, participants are asked how Kovler Center could improve or make their experience better and six in ten typically cannot, or do not, offer any suggestions for improvement. Those who do offer suggestions report that Kovler Center staff could better follow through on appointments/plans, better assist with housing and employment issues, and better assist with medical issues. They also said they would like to see wait time for services reduced.

CONCLUSION

With recognition of the horrific experience that torture is, with acknowledgement of the right to rehabilitation, and with evidence of the effectiveness of the services of the Heartland Alliance Marjorie Kovler Center, it is imperative that torture survivors who come to Chicago are able to access and fully engage in these healing services. Medical, mental health, social services, and legal services if provided as described in this document will give survivors, whose lives have been shattered, a chance to heal. Our community must not fail.

Marjorie Kovler Center
1331 West Albion Avenue
Chicago, IL 60626
773-381-4070
Kovler@heartlandalliance.org
heartlandalliance.org/kovler

Heartland Alliance International
208 South LaSalle Street, Suite 1300
Chicago, IL 60604
312-660-1356
hainternational@heartlandalliance.org
heartlandalliance.org/international

HEARTLAND
ALLIANCE
MARJORIE KOVLER CENTER