

the storycloth

A Publication of the Center for Victims of Torture
Winter 2003, Volume 13, Issue 3
www.cvt.org

Healing the Whole Person

Torture survivors often feel like they are trapped in a complex web of pain – both physical and mental.

CVT provides comprehensive care to help survivors heal as whole people.

Painting by Sushil Thapa of the Center for Victims of Torture (CVICT) in Nepal.



Sandra* called CVT after a sleepless night, one of many bad nights she had had in the four months since she fled her home in West Africa. She knew she needed help and she had heard from others in her community that CVT might be the place to get it.

Sandra's anxiety was keeping her awake at night and vivid memories of being tortured were haunting her during the day. She had chronic, unexplained pain in her abdomen. She didn't know whether she would be allowed to stay in the United States and wasn't allowed to hold a job while she waited to find out.

People like Sandra, whose lives have been torn apart by torture, may need many different kinds of help. They often need

medical care, psychological care and help navigating the social service and legal systems. Many need physical therapy or therapeutic massage. CVT, believing that we need to heal the whole person, offers clients all of these services as part of a holistic model of treatment.

When Sandra called CVT, she talked to a staff member about what she was going through and what she had experienced in her home country. Because Sandra was still learning English, she asked to have an interpreter present, which CVT arranged. More than half of CVT clients use an interpreter.

According to Kathy McCullough-Zander, a nurse and clinic manager at CVT, some people are ambivalent about seeing a ther-

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apist because of the stigma that mental health care often carries, especially in some immigrant communities. Also, seeking long-term care requires a significant commitment on the part of the individual – in terms of time and effort. Some people aren't ready or able to make that sort of commitment yet.

CVT staff determined that Sandra was interested in receiving the kind of services offered by CVT and that she had indeed suffered torture, as defined by the UN Convention

Against Torture, so she was accepted as a client. Not all people who come to CVT seeking help become clients. Many, such as those who have suffered war trauma, rather than torture, and those who primarily need one type of care, rather than holistic treatment, are referred to other qualified caregivers.

After the first appointment, Sandra's next step was to meet with a social worker to make sure that her basic needs, such as housing and food, were provided for. For the moment, Sandra was comfortable living with her cousin, which was one of the reasons she came to Minnesota.

After discussing her plans for the future with the social worker, Sandra saw a nurse, who assessed her primary health care needs and referred her to a primary care physician. Sandra's nurse asked whether she wanted to get tested for HIV. Sandra had been raped and therefore had a higher risk of infection. According to McCullough-Zander, "almost all of our

female clients have been raped." After discussing it with her nurse, Sandra decided not to get tested right away; she did not feel ready to deal with the results yet.

Sandra then saw a physician who gave her a full physical examination and took photographs of her scars. Sandra will be able to present these as documentation of her torture to the U.S. Citizenship and

Take an online photo tour of CVT's Minneapolis healing center at www.cvt.org

Immigration Services (formerly the Immigration and Naturalization Service) in support of her asylum case. About 80 percent of new clients at CVT are seeking political asylum and presenting medical evidence of torture supports their asylum cases.

Sandra's next appointment was with a CVT psychiatrist, who diagnosed her with posttraumatic stress disorder. PTSD is a psychiatric disorder that can be caused by witnessing life-threatening events. People with PTSD suffer nightmares and flashbacks and feel detached from daily life. She also prescribed anti-depressants.

McCullough-Zander explains that nearly all clients are suffering depression serious enough to need medication.

Sandra has been coming to CVT for about two months now. She just started seeing a physical therapist who gives her therapy once a week and recommended she

spend time in CVT's healing garden. It's sometimes challenging for Sandra to come to the weekly appointments – she has to change buses twice to get her from her cousin's apartment – and working through her trauma can be emotionally exhausting. But she has made a commitment to healing and is willing to work hard at it.

McCullough-Zander explains that, typically, "we see improvement within the first two weeks." She emphasizes that the healing process is very individual. Each client has been through different experiences and survived torture of varying severity. Each has his or her own level of resiliency and way of coping. CVT tailors its treatment program to meet those individual needs.

Sandra has an asylum hearing in a few months. If she is granted asylum, she will be allowed to look for work and may be able to find an apartment of her own. She may occasionally be too busy to make it to her weekly appointments.

McCullough-Zander says this is typical: "When their lives become more stable, we begin to see our clients less. It often means they're on the road to healing."

**Sandra is a composite of several CVT clients, representing what many clients experience. To protect the privacy and security of our clients, we do not tell individual clients' stories without changing all identifying details.* 🌻

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For help making a contribution of appreciated securities to CVT, please contact Mary Kelley at mkelley@cvt.org or (612) 436-4859. CVT does not give tax, financial or legal advice. Please consult your qualified advisor.

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Published by the Center for Victims of Torture

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Graphic design: Schwartz Powell Design

Printing: Gopher State Litho

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Our mission: To heal the wounds of torture on individuals, their families and their communities, and to stop torture worldwide.

Restoring the dignity of the human spirit



Ayesha Mahmood:

Combining Technology and Human Rights

By Joyce Connelly

Ayesha Mahmood has been volunteering with human rights organizations in Pakistan since she was 15. Her family, she says, inspired her to get involved. “My mother is an activist, and when I was 12 or 13, I would go with her on marches for human rights,” she explains. “My mother’s family has long been involved in human rights issues.”

Ayesha, now 24, has made her concern for social causes part of her career. She works for Struggle for Change (Sach) in Pakistan and is spending this fall as an information technology intern at CVT. Sach is a participant in CVT’s International Capacity Building Project (see below for more about the project).

Ayesha is doing the internship as one of

six women selected to participate in the Jagriti Foundation’s Bridging Worlds Emerging Leaders program. The Jagriti Foundation is an international organization committed to promoting the work of local NGOs and fostering exchange between women’s organizations around the world. This is the first year of the Emerging Leaders program.

In Pakistan, Sach treats survivors of organized violence and torture, particularly refugees and people in prison. Sach also has a special focus on women and children, who are among the most likely to suffer from oppression in Pakistan.

Ayesha explains that Sach is very much a grassroots organization. “Everything is done out of one building. People walk in the front door for client services, and they can see everything that is going on because all of the departments are right there.” Sach has a staff of 42 people and treats more than 30 people a day. “Resources there are very limited,” Ayesha says. “With all the new skills I learned during my internship at CVT, I think I will be able to

do my work more efficiently and help build Sach’s capacity to treat people in the long run.”

Recently, Sach received funding from CVT’s International Capacity Building Project that will allow it to move its administrative staff to another building, raise awareness of the effects of torture and violence in Pakistan and train more professionals who can extend the support network for victims of torture.

CVT has benefited from Ayesha’s skills and hard work, too. “It’s been great having Ayesha around,” says Becky Lien, a member of CVT’s technology staff. “I’d say we’ve definitely gained at least as much from her internship as she has. She’s developed several applications that will improve the way we all work around here.”

Ayesha is excited to share her experiences with her colleagues when she returns. “I have realized that this is what I want to do,” she says. “At the end of the day I feel satisfied. I feel as though I have made a difference.”

CVT Hosts Conference for Treatment Centers

February 23-27, 2004, in Nairobi, Kenya

In February, representatives from 15 countries will meet in Nairobi, Kenya, for the International Capacity Building Project’s first project-wide conference. The conference follows four smaller regional workshops that have been held over the past three years.

Pamela Kriege, the project coordinator explains that there was a great demand for the conference among project participants as a way to build a strong network. “People wanted to connect with others working with the same issues outside their own regions,” she says. “This is a chance for us to get together and get fresh perspectives and share new ideas.”

Two representatives from each of the 15 participating centers will attend the conference, along with CVT staff and representa-

tives from U.S. Agency for International Development, which provides funding for the project. Community members, including staff from embassies and nongovernmental and international organizations in Nairobi will be invited to attend workshops held by the participants on the first day of the conference.

The project works with 15 treatment centers around the world to build their capacity to provide high-quality services to torture survivors. It seeks to expand centers’ clinical capacity, to make each center more stable organizationally and financially, and to help develop effective advocacy campaigns. The participating treatment centers are located in Bulgaria, Cambodia, Ethiopia, Guatemala, India, Nepal, Pakistan, Palestine, Peru, Romania, South Africa, Rwanda, Kenya, Bangladesh and Uganda.

CVT psychologists and clinical social workers provided

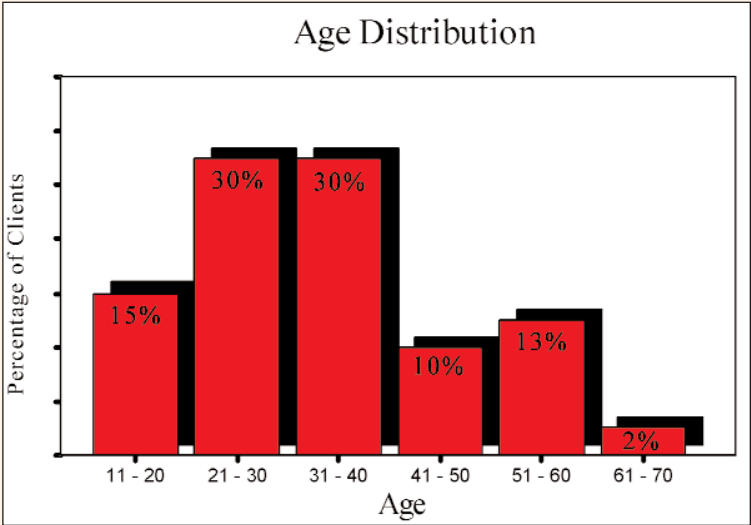
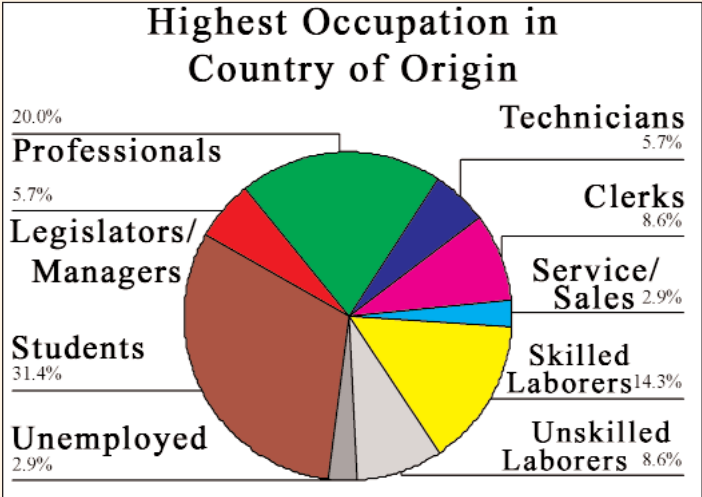
1778

hours
of individual therapy
between January 1 and
October 31, 2003.

A Statistical Snapshot of CVT Clients

CVT clients are a diverse group of people who share in common a horrific experience. Our current clients come from 31 countries, but over the years we have treated people from more than 60 countries.

- ◆ Our clients are divided almost evenly between men and women.
- ◆ Most are between 20 and 40 years old. A small number of new clients in 2003 were children.
- ◆ The overwhelming majority, currently, are from Africa.



Our clients are a highly educated group of people.

- ◆ About 60% have at least a high school education.
- ◆ Three-quarters were students or some kind of professional before leaving their countries of origin.
- ◆ But three-quarters are unemployed when they begin treatment. Only one-third have legal authorization to work in the U.S. when they first come to CVT.

4 *Charts are based on new CVT clients, Jan. 1 - Oct. 31, 2003.