For nearly five years, Ye Naing Shinn has visited the St. Paul Healing Center several times a week. As a Burmese interpreter, he is an essential part of the healing process for survivors. Ye sits with survivors, psychotherapists and social workers, interpreting stories of torture, words of reassurance, lessons on the effects of torture and referrals for clothing and housing.

Ye was born and raised in Burma where he learned English — primarily reading and writing. In 1995, he came to the United States to study math in college. But when he re-located to Minnesota, he began interpreting in the community and at CVT.

Last year, CVT provided counseling to 3,287 men, women and children. While the majority of psychotherapists and social workers are English speakers, the survivors we care for speak nearly 20 languages. In all of our healing work we use interpreters like Ye.

“Using an interpreter adds a different dynamic to counseling because another person with her own story, background and style are part of the counseling process,” said Sara Pearce, psychotherapist and trainer at our Ethiopia project. “It’s hard to get the concepts across. A lot of mental health terms don’t have direct translations so it can be tricky to find a shared understanding of what is happening for survivors.”

Ye experiences this regularly so he must figure out how to describe mental health concepts. Typically, he first explains the symptoms of PTSD to the survivor, and then says, “In the U.S., this is what they call PTSD.” As the survivor begins healing and adapting to the U.S. culture, Ye reduces the focus on the symptoms and begins referring more to the English terms of PTSD, anxiety and depression. “Some Karen [a minority group from Burma] have little education,” he explained. “They may be elderly and have memory problems, so it’s important to use words they can understand.”

“Not communicating with the client directly is challenging,” said Amanda McDonald, a social worker at our St. Paul Healing Center who works with interpreters daily. See page 3
Letter from the Executive Director

This month we mark 30 years of CVT. When CVT launched in May 1985, we were a very small staff working at the International Clinic of St. Paul Ramsey Medical Center. A few years later, we moved our offices to a Victorian house overlooking the Mississippi River on the University of Minnesota Campus and began building our programs.

We’ve grown dramatically since that time. Our international work began in Bosnia and Croatia in 1993 when psychotherapists travelled to the region to train care providers in the specialized treatment of torture survivors. And in 1999, we launched our first international direct healing project working with Sierra Leonean refugees in Guinea. We’ve now helped more than 33,000 survivors find the hope and courage needed to rebuild their lives.

But this work isn’t possible without supporters like you. Some of you have been with us from the earliest days. On the back page of this newsletter, you can read about one of those early supporters: David Weissbrodt was one of our founders and is now an emeritus director. There are others like him who have been donors for 30 years, and we’re so grateful for that long-term support.

The theme for this 30-year milestone is “It starts with hope” because hope is at the core of all of our work. We know that a survivor’s healing journey begins with just a glimmer of hope buried within the soul. Our training work starts with our hope for a larger community of professionals and organizations dedicated to healing survivors. And our policy advocacy work is inspired by our hope for a world without torture.

Looking forward, we still have so much work to do. Countless torture survivors around the world need healing. And while we will never meet the needs of all survivors, CVT is well placed to meet more of them — both here in the U.S. and abroad. We hope you’ll continue with us on this journey.

Please visit www.cvt.org/cvt30 to learn more about how we’ve grown into an international organization. And stay tuned during the coming year for more stories about our past and future. Thank you for your ongoing partnership.

Sincerely,

Curt Goering
Executive Director
“When you only understand half of what is said in a room, it can take longer to develop a strong relationship.”

To adapt to this challenge, the survivors, interpreters and care providers follow a few best practices. This begins at the first meeting with clear messages on the interpreter’s commitment to confidentiality so that the survivor can feel safe. The provider and survivor pause frequently to allow for interpreting. And to facilitate nonverbal communication, the counselor and survivor maintain eye contact, with the interpreter sitting close to both.

“Interpreters must have a bit of openness and empathy,” said Sara. “They need to be fully present and fully focused in a counseling session so they can interpret accurately.” Body language is also a part of interpreting. If an interpreter sits back and yawns, they show they are not very alert which can affect the counseling interaction.

Interpreters also help the counselors understand a culture’s values and customs. “They’re a bridge between cultures,” said Sara, and can provide guidance on the best words and terms to use.

“Interpreters have to give words to people’s stories and trauma, and speaking in first person can be very re-traumatizing,” said Sara. To stay emotionally healthy, interpreters are encouraged to take care of themselves. They may practice relaxation breathing, take a walk or talk with a colleague.

To cope with the survivors’ stories he hears and tells, Ye sometimes talks with one of the client services staff. “The more I understand the survivor’s situation, the more I can cope with what they’re going through,” he said.

### Interpreting Internationally

Interpreting for an international project brings additional challenges. Most of the healing work occurs during group counseling. Often people talk over each other which doesn’t allow time for interpretation. The interpreter must slow down the talking so the English-speaking psychotherapist/trainer can keep up.

For the Ethiopian interpreters who live near the refugee camp during the week, self-care can be difficult. Interpreters are encouraged to debrief with staff and attend all self-care and training activities. Due to the high risk of burnout and secondary trauma in the camps, the interpreters often opt to tell stories of trauma or torture in the third person. Rather than saying “I was raped,” the interpreter might say, “She says she was raped,” and then switch back to speaking in the first person. The team has found this helps to reduce the risk of re-traumatization.

Outside of the counseling sessions, the interpreters provide written translations of all training materials and assessments of survivors. And since the local refugee counselors don’t speak English, the interpreters must be present during meetings and job interviews. This added responsibility requires that international interpreters have a very high level of proficiency in reading and writing English, as well as speaking the language.

“When working with other cultures, we need to really value our interpreters and their knowledge. CVT recognizes this and I’m grateful for that,” said Sara.

### Committed to Healing

No matter what language they interpret or the location where they work, interpreters must be dedicated to healing survivors. “A successful interpreter at CVT is someone who truly cares and is committed to what we do,” said Amanda.

“The survivors need a lot of help, and I see a lot of suffering,” Ye said. And because the healing journey includes many ups and down, “the hardest thing is that every week, you don’t know what they’ll have experienced.”

Ye explained that it’s difficult to see survivors in the early stages of counseling. “They don’t understand what they’re experiencing. I put myself in their shoes and try to be passionate about it,” said Ye. “I’m very proud to be part of CVT and see what a great job it’s doing. Without CVT, I don’t know how the survivors would rehabilitate.”

CVT’s activities in Ethiopia are financed by the United States Department of State’s Bureau of Population, Refugees and Migration.
David Weissbrodt: From Task Force to Emeritus Director

When University of Minnesota law professor David Weissbrodt traveled to Copenhagen to visit the International Research and Rehabilitation Centre for Torture Victims early in 1985, he never thought it would launch a 22-year director role with a torture survivor rehabilitation center.

David made the trip as part of a task force appointed by Minnesota Governor Rudy Perpich. The Governor directed the group to examine the feasibility of a Minnesota center for torture survivors.

Initially, there was a list of various initiatives to support survivors of torture. A healing center was the most ambitious. “Ideas are cheap, but we kept pushing forward with the organization,” said David.

“It was out of that visit that I wrote a memo about creating a center,” said David. Proceeding with the idea, CVT’s articles of incorporation were filed on May 14, 1985.

A widely published international human rights law expert and founder of the University of Minnesota Human Rights Center, David served on CVT’s board of directors from the founding to 2007, and is an emeritus director of CVT. During his time on the board, CVT hired long-time Executive Director Douglas A. Johnson, opened an office in Washington, D.C., and launched international training and healing projects.

David readily gives credit for CVT’s launch to several other current and former board members. “It was a good group of people. They all cared a lot and were fun to work with.”

“CVT has established a level of credibility in the human rights movement. It has knowledge of torture from the medical perspective, which makes it unique and important,” said David. “I’m proud of having made a contribution to what has become one of the most significant human rights organizations in the world.”

Join CVT’s Circle of Hope

With your ongoing support, you have made a significant difference in our ability to heal the wounds of torture — in torture survivors, their families and their communities. We are so grateful for your compassion and generosity.

Today we invite you to bring hope and healing to thousands of torture survivors in a very special way — by becoming a member of CVT’s Circle of Hope.

In the first four months of 2015, more than 30 new supporters have stepped forward to join our Circle of Hope. By making a gift each month, you can join 475 other committed supporters in building a steady stream of support that allows us to bring healing to survivors in Kenya, Ethiopia, Jordan and here in the United States. Circle of Hope gifts also provide vital support to our advocacy efforts to end the use of torture.

Our Circle of Hope program is growing because people like you make modest gifts of $15, $20 or $25 each month. For less than a dollar a day, you can make an enormous difference in the life of a torture survivor. Monthly gifts can be made with an automatic credit card charge or via electronic fund transfers.

You can join the Circle of Hope by contacting Ashley at 612.436.4892 or agotreau@cvt.org. It’s easy and convenient, and you can change or stop your monthly contribution at any time. Thank you for your continued commitment to CVT’s mission of hope and healing.