Human Rights and Asylum Clinic Proposal

Proposal

Our goal is to establish a Human Rights Clinic in Miami that will enable asylum-seeking clients/victims of torture and abuse to obtain medical affidavits that document potential physical human rights violations. The clinic will be based on an existing academic model in operation at the Mt. Sinai School of Medicine in New York. The purpose of the clinic will be to provide a service to the community while simultaneously providing education to medical students, residents, and fellows in this subject.

The Clinic

The overriding principle of the clinic is that we will not be providing direct medical or psychological care; our services will be restricted to an interview and physical/psychological exam that will result in a medical affidavit for the client that he/she may use as part of his/her case (all clients will be pursuing asylum status through the appropriate legal mechanisms available). As asylum seekers who have medical documentation of torture have a greater chance of being granted asylum status, the clinic will provide a valuable service for them. Again, clients will not be registered as patients receiving medical care.

Partners

Partners in the clinic will include local and national organizations such as Physicians for Human Rights (PHR), the Florida Immigrant Advocacy Coalition (FIAC), Catholic Charities, local attorneys, and grassroot organizations. These partners will serve to provide referrals for the clinic’s services.

Method

The clinic will be scheduled once to twice monthly on Monday afternoons and will be 3-3.5 hours in duration. There will be an appointment-based process (to be defined by partners, PHR at the University of Miami Miller School of Medicine, and Dr. Stephen Symes [ssymes@med.miami.edu]). We would prefer the location to be on the medical campus once appropriate agreements with the various institutions have been established. In the interim we could perhaps include FIAC or other offices.
**Initial Proposed dates:**

- Monday   March 1, 2-5pm
- Monday   March 15th 2-5pm
- March 29th 2-5pm

**Interview Process**

Clients will be seen by an attending physician (Dr. Symes or others with approved training), as well as a learner (medical student, global health resident, or fellow) who has received appropriate background education on torture/asylum evaluations. Interpreters will also be present, if needed. A 1:1 ratio of examiner/learner will be maintained as much as possible for privacy purposes.

The Interview will follow standard template created by experts in the documentation of human rights abuses at Physicians for Human Rights (see below). The general format of the interview is detailed as follows:

a. Initial case discussion and review of records with physician and learner- to include outline of how the interview will be conducted (15-30min)

b. Interview of client – to include medical and psychological and exams, as well as depression and PTSD screening (1 hour)

c. Post hoc discussion – recap and review, including discussion of impressions, missed opportunities, areas to be clarified, etc. (15-20 min)

d. Physical Exam – to include photographs that will be included as a part of the affidavit (30-45min)

e. Summary –learner will receive a sample affidavit that includes H&P and psychological evaluation and summary of the case. Learner and physician will agree on timetable for completion of document. (15 min)

The affidavit will be completed by the learner during the following weeks and will be sent to the attending physician/primary reviewer for editing. Estimated time for completion of the document (including review): 12-15hrs total per case.
Education

The Mount Sinai Human Rights Clinic has incorporated a half-day workshop for students/residents/fellows interested in participating in the process. The workshop includes training on how to appropriately interview clients (including assessment of psychological trauma) and document the torture/asylum process. We currently do not have resources to do this, but we envision working with PHR and others to develop an online training module that would provide our learners with background information.

The incorporation of the physician-learner model into the assessment of asylum-seeking clients/victims of torture and abuse is an accepted method of experiential learning in the United States. We expect that by providing such education we will develop a cadre of individuals who will eventually be able to function independently to complete medical affidavits for asylum seekers and victims of torture and abuse. Students and 1st year residents will not be allowed to sign affidavits, but we anticipate that upper level residents and fellows who have completed the appropriate background training and have been supervised in 3-4 affidavits may be able to function independently. We also expect that the clinic will provide a unique opportunity for medical education research.

Resources

The Mount Sinai Human Rights Clinic:

Founded by Dr. Ramin Asgary, the Mt. Sinai Human Rights Clinic serves to train medical students and physician-in-training in evaluation, documentation and management torture survivors and asylum seekers. Prepare medical affidavit as well as provision of care for torture survivors and asylum seekers. http://www.mssm-ghc.org/humanrights. For more information about Dr. Asgary, see below.

Physicians for Human Rights Asylum Network:

PHR's Asylum Network assist asylum seekers by conducting mental and physical evaluations to document the forensic evidence of abuse. PHR volunteer clinicians also use their expertise to educate their colleagues and to inform public policy affecting refugees and asylum seekers. Asylum Network volunteers number more than 500 nationwide. http://physiciansforhumanrights.org/asylum/

About Dr. Asgary, MD, MPH, CTM&H [ramin.asgary@mssm.edu]:

Dr. Asgary graduated from Tehran University School of Medicine, completed his residency in Internal Medicine and Social Medicine at Montefiore-Albert Einstein College of Medicine, and
his Preventive Medicine/Clinical Public Health fellowship at Mount Sinai. He completed his MPH in Refugee Health/Management of Complex Humanitarian Emergencies in Columbia University, and a MPH in Community Medicine at Mount Sinai. His area of interest/expertise is in international humanitarian assistance and relief work with emphasis on refugee situations. Dr. Asgary has worked as medical coordinator/program officer with Doctors without Borders since 1997 for Afghan refugees, and in Georgia, Russia, and war-torn area of Abkhazia, Sudan (Darfur), and Somalia/Kenya borders. Since 2001, he has been evaluating torture survivors in a human rights clinic, teaching clinical human rights, and advocating for asylum seekers. Dr. Asgary is currently a teaching faculty in the Dept of Preventive Medicine-MPH program, and the Global Health Center.
PHR ASYLUM STUDY
MEDICAL EVALUATION OF PHYSICAL EVIDENCE

PART I  PRE-INTERVIEW

NOTE: Obtain relevant information from Client’s I-589, Client Affidavit and/or Client’s Attorney


Teams (State=clinician initials):  AZ= CK/FM;  FL=SS/DH; NY&NJ=MW/FG;  PA=KR/JE;
TX=JW/BW;  VA=CK/SAM;
WA=RK/EK

2.  Clinical Evaluators: 
   (Name)  
   Physical Evidence
   Psychological Evidence

3. Interpreter:  ☐ Yes  ☐ No  Interpreted Language:  __________

4. Attorney Group (see list below):  __________ Other (specify)  __________

Florence Immigrant and Refugee Rights Project=1;  FIAC=2;  CCLS, Miami=3;  AFSC=4;  CCLS, New Jersey=5;  Legal Services of New Jersey=6;  CCLS, New York= 7;  PIRC = 8;  CAIR Coalition = 9;  NWIRP = 10;  American Gateways = 11;  OTHER (SPECIFY)=12

5. Arrival date in the United States:  ________-_______-______

6. Total Time of Detention (first date of detention to present):  ________ (months)
    __________ (days)

7. Port of entry in the United States:  (Circle one and specify)
   Airport  1  (specify)  ______________
   Seaport  2  (specify)  ______________
   US-Mexico Border  3  (specify)  ______________
   US-Canada Border  4  (specify)  ______________
   Other  3  (specify)  ______________
7. Detainee’s current location: State: ________________

8. Type of detention facility and Facility Name: (Circle one and specify)
   - County/State Jail 1
   - DHS Detention 2
   - Contract facility 3
   - Other 4

10. Total # of detention center facilities in which client has been held: ________

11. Detainee’s self-identified gender: Male ☐ Female ☐ Transgender ☐

13. Nationality (country of origin) ________________

14. Country in which alleged persecution occurred: ________________

15. Does detainee meet participation criteria? (Check ALL That Apply)
   - At least 18 years-old ☐ Yes ☐ No
   - Applying for Asylum, Withholding or Deferral of Removal ☐ Yes ☐ No
   - Currently Detained ☐ Yes ☐ No
   - Not Currently Charged with a Crime in the United States ☐ Yes ☐ No
   - Attorney Discussed with Client and Provided Consent ☐ Yes ☐ No

16. Client seeking asylum from persecution/fear of persecution on the basis of:
   - Race 1
   - Religion 2
   - Nationality 3
   - Social Group 4 (specify) ____________________________
   - Political Opinion 5
   - Other 6 (specify) ____________________________

PART II  CLINICAL INTERVIEW – PHYSICAL EVIDENCE
NOTE: Complete Pre-Interview Assessment Above

Introduction
Clinician: Review the following Istanbul Protocol considerations:
- Clinician identification
- Purpose of evaluation
- Description of evaluation content:
  - Importance of detail
  - Importance of accuracy
- Confidentiality and limitations thereof
- Risks/Benefits
- Control: Stop at any time
- Practical: Bathroom, refreshment, snacks
Other (Specify): ______________________________

Considerations Reviewed: □ Yes
□ No

Consent
CLINICIAN: Asylum Study Oral Consent Form Completed □ Yes □ No

Case Information
Date of Evaluation: _____-_____-_____

Interview Start time: ____________ (Note: End Time and Total Interview Time at end of interview)

Birth Date: _______________ Age: _______ Birth Place: _______________

Interview Conditions/Privacy:
- Private room / Door closed / No observers (visual or auditory) □ Yes □ No
- Private room / Door open with detention personnel having visual and/or auditory contact □ Yes □ No
- Public setting with detention personnel having visual and/or auditory contact □ Yes □ No

Additional Person(s) present during examination (in addition to clinician and interpreter)
□ Yes □ No
- Name: ____________________________ Position: _______________
- Name: ____________________________ Position: _______________
- Other (Specify): ________________________________
□ Yes □ No
Psychosocial History Pre-Arrest

Number of years of education attained: ________

Primary occupation in his/her country (specify) _________________________

Marital status: (Circle ONE) Single 1
Married 2
Divorced 3
Widowed 4

Total # of subject’s children: ________ (none = 0) and dependent children (<18yrs): ________ (none = 0)

Substance Use/Abuse History

Tobacco: _____________________
☐ Yes ☐ No

Alcohol: _____________________
☐ Yes ☐ No

Drugs: _____________________
☐ Yes ☐ No

Past Medical History

Major Illnesses/Chronic Diseases: _____________________
☐ Yes ☐ No

Injuries: _____________________
☐ Yes ☐ No

Surgeries: _____________________
☐ Yes ☐ No

Current Medications: _____________________
☐ Yes ☐ No

Review of Detention Facility Medical Records ☐ Yes
☐ No ☐ Not Available

List Relevant Symptoms/Diagnoses:
1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________
4. _______________________________________________________
5. Past Psychological / Psychiatric History (Included in Medical Evaluation of Psychological Evidence)

Allegations of Persecution (Open-ended inquiry, followed by direct questions as indicated)

Circumstances Preceding Persecution (i.e. discrimination, humiliation, coercion, client’s reactions, etc)

<table>
<thead>
<tr>
<th>Check All That Apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrimination</td>
</tr>
<tr>
<td>Humiliation</td>
</tr>
<tr>
<td>Coercion</td>
</tr>
<tr>
<td>Harassment</td>
</tr>
<tr>
<td>Threats (to self, family, friends, associates)</td>
</tr>
<tr>
<td>Arrest/Detention</td>
</tr>
<tr>
<td>Destruction of Property</td>
</tr>
<tr>
<td>Other: (Specify)</td>
</tr>
</tbody>
</table>

Narrative Account of Persecution Event(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Forms of Alleged Persecution:
Check All That Apply:
- Torture
- Ill Treatment
- Severe sexual, physical, or emotional harm by family member (spouse, parent, child)
- Sexual Violence/Other Gender-Based Violence
- Discrimination
- Foreign Detention
- Gay/Lesbian/Bi-Sexual/Transgender
- One-child policy
- Female Genital Cutting/Mutilation (FGC/M)
- Sensory Deprivation
- Kidnapping
- Forced Labor (i.e. bonded labor)
- Slavery
Gang Violence

Other: (Specify) ______________________________________

Other: (Specify) ______________________________________

Alleged Perpetrators:
Check All That Apply:
State (government) Actors  □ (Specify) ____________
Non-State Actors  □ (Specify) ____________
Non-State Actors  □ (Specify) ____________
Non-State Actors  □ (Specify) ____________
State vs. Non-State Actors UNKNOWN  □

Physical Symptoms and Disabilities (Acute and Chronic):

NOTE: NCW: Not Consistent With; CW: Consistent With; HCW: Highly Consistent With; VDO: Virtually Diagnostic Of

Acute Physical Symptoms and Disabilities (note consistency with alleged injuries):
□ Yes    □ None
1. ______________________________________ (NCW/CW/HCW/VDO)
2. ______________________________________ (NCW/CW/HCW/VDO)
3. ______________________________________ (NCW/CW/HCW/VDO)
4. ______________________________________ (NCW/CW/HCW/VDO)
5. ______________________________________ (NCW/CW/HCW/VDO)
Observations of Acute Physical Signs (note consistency with alleged injuries):
- [ ] Yes  [ ] None

1. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
2. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
3. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
4. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
5. ____________________________________________
   ______ (NCW/CW/HCW/VDO)

Observations of Healing of Acute Physical Signs/Symptoms:
- [ ] Yes  [ ] None

Chronic Physical Symptoms and Disabilities (note consistency with alleged injuries):
- [ ] Yes  [ ] None

1. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
2. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
3. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
4. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
5. ____________________________________________
   ______ (NCW/CW/HCW/VDO)

Observations of Chronic Physical Signs (note consistency with alleged injuries):
- [ ] Yes  [ ] None

1. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
2. ____________________________________________
   ______ (NCW/CW/HCW/VDO)
Port of Entry Experiences

Credible Fear
At the time of your arrival to this country, was your right to apply for asylum adequately explained to you by DHS officials?
☐ Yes ☐ No

Did you inform DHS personnel that you were persecuted in some way?
☐ Yes ☐ No

Are there some persecution experiences that you did not report to the DHS officials?
☐ Yes ☐ No

If “Yes,” explain why some persecutions experiences were not reported:

Check ALL That Apply:

Shame ☐ Yes ☐ No
Fear ☐ Yes ☐ No
Considered it Unnecessary ☐ Yes ☐ No
Lack of Privacy ☐ Yes ☐ No

(specify) ____________________________

(other) ☐ Yes ☐ No

Do you feel you had adequate privacy during the interview?
☐ Yes ☐ No

When you were interviewed at the airport by DHS, did you need an interpreter?
☐ Yes ☐ No

If “Yes,” was an interpreter provided?
☐ Yes ☐ No
If “Yes,” was the interpretation adequate?  
☐ Yes  ☐ No

CLINICIAN: Is the client a survivor of torture or rape?  
☐ Yes  ☐ No

Mistreatment
Were you mistreated in any way by DHS personnel at the airport (port of entry)?  
☐ Yes  ☐ No

Check ALL that Apply:
Verbal Insults  ☐ (Specify) ______________
Public Humiliation  ☐ (Specify) ______________
Shackles  ☐
No Access to toilet  ☐
Strip Searched  ☐
Body Cavity Search  ☐
No Food or Water > 8 hrs.  ☐ (Specify) ______________
Threats of Harm  ☐ (Specify) ______________
Physical Violence  ☐ (Specify) ______________
Other: ______________  ☐ (Specify) ______________
Other: ______________  ☐ (Specify) ______________

Flight Risk
Do you have any family or friends in the US who could help support you if you were released?  ☐ Yes  ☐ No

Check ALL that Apply:
Family  ☐
Friends  ☐
Social Group/Agency  ☐
Other  ☐ Specify ______________

If you were not detained would you be able to support your basic needs like food, a place to live and getting to appointments?  
☐ Yes  ☐ No
Clinician: note any significant lifetime history of:

- Alcohol Abuse
  - Yes
  - No

- Drug Use
  - Yes
  - No

Danger to the Community

Have you ever been convicted of a crime?

- Yes
- No

Since you arrived in the United States, have you been charged with any crime?

- Yes
- No

Have you ever harmed yourself or others?

- Yes
- No

Explain: ________________________________

Have you ever been detained by police or security forces outside the United States (beyond what you have already told me)?

- Yes
- No

Specify Why: ________________________________

When you arrived at the airport (port of entry), were you asked questions about supporting terrorist activities or terrorist groups?

- Yes
- No

If you were released from custody, which of the following would be acceptable to you:

- Wearing an ankle bracelet to monitor your location?
  - Yes
  - No

- Making weekly visits to a DHS monitoring official?
  - Yes
  - No

- Unannounced visits to you by a DHS official?
  - Yes
  - No

- Reporting to DHS officials by phone at a designated time?
  - Yes
  - No

- Curfew requiring you to stay at home on weekends and evenings?
  - Yes
  - No

Do you have other comments regarding experiences at the time of your arrival to this country?

- Yes
- No

__________________________________________
Detention Experiences

Have you been given adequate access to visit/communicate with your lawyer?
☐ Yes ☐ No

Have you been given adequate access to recreational activities?
☐ Yes ☐ No
Activity Type(s): _______________________; Duration: _______; Frequency: _______

Are there other conditions of detention which have adversely affected you physical or mental health?
☐ Yes ☐ No
If “Yes,” explain: __________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Check ALL that Apply:
Food quality and quantity ☐ Yes
☐ No
Temperature control ☐ Yes
☐ No
Sanitary conditions ☐ Yes
☐ No
Access to and/or privacy in showers ☐ Yes
☐ No
Necessities for personal hygiene (i.e. soap, toilet paper) ☐ Yes
☐ No
Free sanitary products provided for woman ☐ Yes
☐ No ☐ N/A
Clothing laundered regularly ☐ Yes
☐ No
Bedding appropriate for comfort and temperature ☐ Yes
☐ No
Other (Specify): __________________________________________
☐ Yes ☐ No

Have you met with a DHS/detention facility medical professional to determine whether you are eligible for humanitarian parole?
☐ Yes ☐ No

If “Yes,” explain: __________________________________________
Is there any other information you would like to add about your experiences in detention?

☐ Yes  ☐ No

Medical Care in Detention (NOTE: Psychological care will be assessed separately)

Have you experienced any serious PHYSICAL health problems while you have been detained?

☐ Yes  ☐ No

List Physical Problems:

1. Evaluated Treated Persecution  
   Related  ☐ Yes  ☐ No

2. Evaluated Treated Persecution  
   Related  ☐ Yes  ☐ No

3. Evaluated Treated Persecution  
   Related  ☐ Yes  ☐ No

4. Evaluated Treated Persecution  
   Related  ☐ Yes  ☐ No

5. Evaluated Treated Persecution  
   Related  ☐ Yes  ☐ No

While in detention, were you provided a verbal or written explanation of how to access health care services?

☐ Yes  ☐ No

While in detention, have you been examined and/or treated by and health care providers?

☐ Yes  ☐ No

If “Yes,”

Did you need and receive adequate interpretation services?

☐ Yes  ☐ No

Have you ever been shackled during medical visits?

☐ Yes  ☐ No
Was there adequate privacy for the medical evaluation? (i.e. others in the room)

☐ Yes  ☐ No

While in detention, have you experienced difficulty in obtaining health care services that you needed?

☐ Yes  ☐ No

If “Yes,” explain: ____________________________________________

__________________________________________________________

At any time since you have been detained by DHS, were you forced to take any medications or medical treatments against your will?

☐ Yes  ☐ No

If “Yes,” explain: ____________________________________________

__________________________________________________________

At any time since you have been detained by DHS, were you mistreated for seeking medical care?

☐ Yes  ☐ No

If “Yes,” explain: ____________________________________________

__________________________________________________________

Do you have other comments regarding the medical care that you received in detention?

☐ Yes  ☐ No

__________________________________________________________

Physical Examination (Record all pertinent positive and negative findings)

NOTE: Conduct at the end of the interview
General Appearance: 

Skin: 

Face/Head: 

Eyes/Ears/Nose/Throat: 

Oral Cavity/Teeth: 

Chest/Abdomen (including vital signs): 

Genitourinary System: 

Musculoskeletal System: 

Nervous System (Central and Peripheral): 

Mental Status Exam: Optional, but indicated for allegation of head trauma with altered mental status
[See separate “Brief Mental Status Exam (MSE) Form which includes the following domains: appearance, attitude, behavior, mood and affect, speech, thought process, thought content, perception, cognition, insight and judgment.]

Photographs of Physical Evidence Taken
☐ No ☑ Yes

Anatomical Drawings of Physical Evidence Completed
☐ No ☑ Yes

Duration of Evaluation: Interview Start time: ____________
End Time ____________ (complete at end of clinical interview)
Total Hours/Min ____________/_________ (complete at end of clinical interview)

End Interview
PART III  POST-INTERVIEW ASSESSMENT

NOTE: *NCW: Not Consistent With; CW: Consistent With; HCW: Highly Consistent With; VDO: Virtually Diagnostic Of

Interpretation of Physical Evidence

Allegations of abuse/persecution corroborated by physical findings:

List relevant physical findings and level of consistency for each:  Circle ONE for Each

1. NCW/CW/HCW/VDO
2. NCW/CW/HCW/VDO
3. NCW/CW/HCW/VDO
4. NCW/CW/HCW/VDO
5. NCW/CW/HCW/VDO

Consistency between acute physical symptoms/signs/disabilities and alleged injuries/abuse:

Consistency between reported healing of acute physical symptoms/signs/disabilities and alleged injuries/abuse:

Consistency between chronic physical symptoms/signs/disabilities and alleged injuries/abuse:
Consistency between reported healing of chronic physical symptoms/signs/disabilities and alleged injuries/abuse:

Consistency between examination findings of the individual with knowledge of torture methods and their common after-effects used in a particular region:

Other Corroborating Information:
List other corroborating information and level of consistency:
Circle ONE for Each

1. NCW/CW/HCW/VDO
2. NCW/CW/HCW/VDO
3. NCW/CW/HCW/VDO
4. NCW/CW/HCW/VDO
5. NCW/CW/HCW/VDO

*Specific historical information may be useful in corroborating accounts of abuse. For example, a detailed account of the individual’s observations of acute lesions—and the subsequent healing process—often represents an important source of evidence in corroborating specific allegations of torture or ill-treatment. Also, historical information may help to correlate individual accounts of abuse with established regional practices. Useful information may include descriptions of torture devices, body positions, and methods of restraint; descriptions of acute and chronic wounds and disabilities; and identifying information about perpetrators and places of detention.

Detention Facility Medical Records
Detention facility medical records corroborate physical evidence □ Yes □ No □ N/A

Credibility Assessment (optional for affidavit)
Consider whether the client’s credibility is supported by each of the following:

The client did not over-endorse physical symptoms and/or disabilities
☐ Agree ☐ Disagree

The client was not excessively or inappropriately suspicious or defensive
☐ Agree ☐ Disagree

Consistency between the observed affect of the client and the content of the evaluation
☐ Yes ☐ No

Were there any inconsistencies noted in your clinical evaluation?
☐ Yes ☐ No

List: 1. ____________________________________________

  2. ____________________________________________

  3. ____________________________________________

  4. ____________________________________________

  5. ____________________________________________

If “YES,” are the ALL of the inconsistencies noted above adequately explained by following factors?

☐ Yes ☐ No

• If “NO,” explain: ____________________________________________
  ____________________________________________
  ____________________________________________
If “YES,” Check ALL That Apply:
Factors directly related to the torture experience
☐
Factors related to the psychological impact of torture
☐
Cultural factors
☐
Factors related to interview conditions or barriers of communication
☐

Conclusions and Recommendations

Clinician’s opinion on the consistency between all sources of evidence cited above (physical findings, historical information, photographic findings, diagnostic test results, knowledge of regional practices of persecution, consultation reports, etc.) and allegation of persecution: NCW/CW/HCW/VDO

List ongoing physical symptoms/disabilities:
List Symptoms /Disabilities: Check ALL that Apply:
Check ONE

1. ________________________________ ☐ Evaluated ☐ Treated Persecution
   Related ☐ Yes ☐ No
2. ________________________________ ☐ Evaluated ☐ Treated Persecution
   Related ☐ Yes ☐ No
3. ________________________________ ☐ Evaluated ☐ Treated Persecution
   Related ☐ Yes ☐ No

In my opinion, the client needs further evaluation and/or treatment for the following problems: ☐ Yes ☐ No
1. __________________________________________
2. __________________________________________
3. __________________________________________

In my opinion, detention of the client has had harmful effects:
☐ Yes ☐ No
1. __________________________________________
2. __________________________________________
The client has NOT met with a medical professional to determine the severity of the client’s PHYSICAL condition.

☐ Yes  ☐ No

In my opinion the client has a medical condition that makes detention problematic and/or inappropriate.

Explain: __________________________________________

☐ Yes  ☐ No

In my opinion, it is unlikely that the client would fail to appear in court if he/she were not detained.

☐ Yes  ☐ No  ☐ N/A (Not Able to Assess)

In my opinion, the client does not pose a risk to him/herself or the community.

☐ Yes  ☐ No

Statement of Truthfulness
For example, "I declare under penalty of perjury, pursuant to the laws of (XX country), that the foregoing is true and correct and that this affidavit was executed on X/X/X at (City), (State or Province)."

Statement of Restrictions on the Medical Evaluation/Investigation (For Subjects in Custody): For example, “The undersigned clinician(s) personally certify that they were allowed to work freely and independently, and permitted to speak with and examine (the subject) in private, without any restriction or reservation, and without any form of coercion being used by the detaining authorities;” or alternatively: “The undersigned clinician(s) had to carry out his/her/their evaluation/investigation with the following restrictions:...”

Clinician’s Signature, Date, Place

Relevant Appendices: e.g. Clinician’s Curriculum Vitae, Anatomical Drawings for Identification of Torture and Ill-treatment, Photographs, Consultations, and Diagnostic Test Results, among others.
PHR ASYLUM STUDY
MEDICAL EVALUATION OF PSYCHOLOGICAL EVIDENCE

PART I     PRE-INTERVIEW

NOTE: Obtain relevant information from Medical Evaluation of Physical Evidence, Client’s I-589, Client Affidavit and/or Client’s Attorney

CASE ID_________ (A:1-5; B:6-10; C:11-15; D:16-20; E:21-25; F:25-30; G:31-35; H:35-40)

Teams (clinician initials): A=CK/FM, B=SS/DH, C=MW/FG; D=KR/JE; E=KR/To be announced

Clinical Evaluator: Psychological Evidence ________________________

Interpreter: ☐ Yes ☐ No Interpreted Language: ____________

Duration of Evaluation: Start time: ____________ End Time ____________ (complete at end of clinical interview)

Total Hours/Min _________ / _________ (complete at end of clinical interview)

Birth Date: ____________ Age: ________ Birth Place: _______________

Detainee’s Self-identified Gender: Male ☐ Female ☐ Transgender ☐

PART II     CLINICAL INTERVIEW – PSYCHOLOGICAL EVIDENCE

CLINICIAN: Review content of Medical Evaluation of Physical Evidence

Introduction

Clinician: Review the following Istanbul Protocol considerations:

Clinician identification
Purpose of evaluation
Description of evaluation content:
Importance of detail
Importance of accuracy
Confidentiality and limitations thereof
Risks/Benefits
Control: Stop at any time
Practical: Bathroom, refreshment, snacks
Other (Specify): ________________________________

Considerations Reviewed: □ Yes □ No

Consent
CLINICIAN: Asylum Study Oral Consent Form Completed □ Yes □ No

Case Information

Date of Evaluation: ______-______-______

Interview Start time: ___________ (Note: End Time and Total Interview Time at end of interview)

Birth Date: ________________ Age: _______ Birth Place: ________________

Self-Identified Gender: Male □ Female □

Interpreter: □ Yes □ No Interpreted Language: __________

Interview Conditions/Privacy:
Private room / Door closed / No observers (visual or auditory) □ Yes □ No
Private room / Door open with detention personnel having visual and/or auditory contact □ Yes □ No
Public setting with detention personnel having visual and/or auditory contact □ Yes □ No
Additional Person(s) present during examination (in addition to clinician and interpreter) □ Yes □ No
Name: ___________________________ Position: ________________

Name: ___________________________ Position: ________________

Other (Specify): ________________________________

□ Yes □ No

Past Psychological / Psychiatric History
Hx: □ Yes □ No

Client
Family Hx:
☐ Yes
☐ No

Past Medical History: DEFERRED TO MEDICAL EVALUATION OF PHYSICAL EVIDENCE ☐

Pre-Persecution Psychosocial History

Work/School Experiences: ________________________________
______________________________
______________________________
______________________________
______________________________

Family relationships: ________________________________
______________________________
______________________________
______________________________
______________________________

Social activities & relationships: ________________________________
______________________________
______________________________
______________________________
______________________________

Political Affiliation/Activities: ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

History of past trauma (childhood abuse, war trauma, domestic violence, significant losses, etc.): ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Coping Strategies: _________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Cultural and religious background: _________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Developmental history: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Daily life: ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Interests: ________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Future Plans: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

CLINICIAN: AFTER INTERVIEW - List psychosocial factors relevant to individual meaning assigned to persecution experience(s):
1. ________________________________________________________________
   ________________________________________________________________
2. ________________________________________________________________
   ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. 

Allegations of Persecution (Open-ended inquiry, followed by direct questions as indicated)

CLINICIAN: See Medical Evaluation of Physical Evidence

Circumstances Preceding Persecution (i.e. discrimination, humiliation, coercion, client’s reactions, etc)

Discrimination
Humiliation
Coercion
Harassment
Threats (to self, family, friends, associates)
Arrest/Detention
Destruction of Property
Other: __________________________ (Specify) __________________________

Other: __________________________ (Specify) __________________________

Narrative Account of Persecution Event(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Forms of Alleged Persecution:  

DEFERRED TO MEDICAL EVALUATION OF PHYSICAL EVIDENCE  

Check All That Apply:  

☐ Torture  
☐ Ill Treatment  
☐ Severe sexual, physical, or emotional harm by family member (spouse, parent, child)  
☐ Sexual Violence/Other Gender-Based Violence  

☐ Discrimination  
☐ Foreign Detention  
☐ Gay/Lesbian/Bi-Sexual/Transgender  
☐ One-child policy  

☐ Female Genital Cutting/Mutilation (FGC/M)  

☐ Sensory Deprivation  
☐ Kidnapping  
☐ Forced Labor (i.e. bonded labor)  

☐ Slavery  
☐ Gang Violence
Alleged Perpetrators: DEFERRED TO MEDICAL EVALUATION OF PHYSICAL EVIDENCE

Check All That Apply:
State Actors
(Specify)

Non-State Actors
(Specify)

Non-State Actors
(Specify)

Non-State Actors
(Specify)

Persecution on the Basis of: DEFERRED TO MEDICAL EVALUATION OF PHYSICAL EVIDENCE

Check All That Apply:
Race: ..................................................1
Religion: ..............................................2
Nationality: ..........................................3
Membership in a particular Social Group: 4 (Specify) ..................................................

Political Opinion: .................................5
Other: ...................................................6 (Specify) ............................................

Post-Persecution History (Prior to arriving in the US)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
Significant Traumas/Losses Post-Persecution:

- [ ] Yes
- [ ] No

1. ____________________________________________________________
   —

2. ____________________________________________________________
   —

3. ____________________________________________________________
   —

4. ____________________________________________________________
   —

5. ____________________________________________________________
   —

Port of Entry Experiences (Upon arriving in the US)

How were you treated by US officials when you first arrived in the US? ____________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

What were your thoughts and reactions at that time? ________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Do you have other comments regarding experiences at the time of your arrival to this
country? 
- [ ] Yes
- [ ] No

_____________________________________________________________

_____________________________________________________________

Detention Experiences
Were you mistreated in any way by DHS/detention staff or other detainees at the detention facility? □ Yes □ No

Check ALL that Apply:
- Restrictions on Religious Practice
  □ (Specify) ________________
- Isolation/Segregation
  □ (Specify # Days) ________________

Specify Abuse
- Verbal Abuse
  □ Staff/Other Detainee ___________
- Threats of Harm
  □ Staff/Other Detainee ________
- Physical Abuse
  □ Staff/Other Detainee ________
- Other: __________________________
  □ Staff/Other Detainee ___________
- Other: __________________________
  □ Staff/Other Detainee ___________

Has your time in detention been difficult for you emotionally?
□ Yes □ No

If “Yes,” explain: __________________________

____________________________
____________________________
____________________________
____________________________
____________________________
Have you met with a mental health professional to determine whether you are eligible for humanitarian parole?  
☐ Yes  ☐ No

Psychological Care in Detention

During the time you have been in detention, have you requested counseling for feelings of sadness, nervousness, difficulty sleeping or any other mental health problems?  
☐ Yes  ☐ No

While in detention, have you experienced difficulty in obtaining mental health care services that you needed?  
☐ No  ☐ N/A (no services needed)  ☐ Yes

If “Yes,” explain: ____________________________________________

During the time you have been in detention, have you received counseling for feelings of sadness, nervousness, difficulty sleeping or any other mental health problems?  
☐ Yes  ☐ No

If “Yes” what psychological services did you receive?

CLINICIAN: List relevant treatment modalities and whether they reportedly improved mental condition:

Pharmacologic  ☐ Yes  ☐ No  ☐ Yes  ☐ No  Mental Condition Improved  ☐ Yes

Cognitive Therapy  ☐ Yes  ☐ No  ☐ Yes  ☐ No  Mental Condition Improved  ☐ Yes

Other: ____________________________________________  ☐ Yes

Mental Condition Improved  ☐ Yes  ☐ No  Other: ____________________________________________  ☐ Yes

☐ No

During the time that you have been in this detention facility, have you had thoughts of ending your life?  
☐ Yes  ☐ No

If “Yes,” did you tell immigration detention facility staff?  
☐ Yes  ☐ No

If “Yes,” how did they respond?
During the time that you have been in detention, have you attempted ending your life?

☐ Yes  ☐ No

If “Yes,” to what extent do you think the stress of being in immigration detention is responsible for your thoughts and/or attempts at ending your life? (Check ONE)

☐ Not at all
☐ A little
☐ Quite a lot
☐ Extremely

Psychological Symptoms and Disabilities Following Persecution: (Prior to Arrival in US)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
List Relevant Psychological Disorders: Sub-Threshold

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Diagnostic Criteria</th>
<th>Sub-Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PTSD</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Major Depressive Disorder</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Other (specify):</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Other (specify):</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Other (specify):</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

The client has persecution-specific psychological symptoms?

☐ Yes ☐ No

Check ALL That Apply:

- Content of nightmares ☐
- Content intrusive recollections specific to alleged persecution ☐
- Triggers for intrusive recollection specific to alleged persecution ☐
- Triggers for reliving experiences specific to alleged persecution ☐
- Triggers for avoidance reactions specific to alleged persecution ☐
- Other (specify): ☐

Psychological Symptoms and Disabilities Since Arrival in US

Since being in INS Detention, have the psychological symptoms you described:

- Improved a great deal ☐
- Improved a little ☐
- Stayed about the same ☐
- Become a little worse ☐
- Become much worse ☐
To what extent do you think detention is contributing to the symptoms you mentioned above?

- Not at all
- A little
- Quite a lot
- Extremely

Elaborate on trends in psychological symptoms and disabilities: ______________________

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________


Psychological Disorders:  
ONE for each)  
1. PTSD  
   / Greatly Improved / Improved / Same / Worse / Much Worse  
2. Major Depressive Disorder  
   / Greatly Improved / Improved / Same / Worse / Much Worse  
3. Other (specify): ___________________________  
   / Greatly Improved / Improved / Same / Worse / Much Worse  
4. Other (specify): ___________________________  
   / Greatly Improved / Improved / Same / Worse / Much Worse  
5. Other (specify): ___________________________  
   / Greatly Improved / Improved / Same / Worse / Much Worse  

The client has detention-specific psychological symptoms?  
☐ Yes ☐ No  
Check ALL That Apply:  
Content of nightmares ☐  
Content intrusive recollections specific to alleged persecution ☐  
Triggers for intrusive recollection specific to alleged persecution ☐  
Triggers for reliving experiences specific to alleged persecution ☐  
Triggers for avoidance reactions specific to alleged persecution ☐  
Other (specify): ___________________________

Since being in INS Detention, have you experienced any new or additional mental health symptoms or problems?  
☐ Yes ☐ No  

Explain: ___________________________

______________________________

______________________________

______________________________

______________________________

Neuro-Psychological Assessment  
Indicated by (specify): ___________________  
☐ Yes ☐ No
Referral Made

Brief Mental Status Examination (Optional based on Clinician’s Judgment)

<table>
<thead>
<tr>
<th>General appearance:</th>
<th>☐ Casual dress, normal grooming and hygiene</th>
<th>☐ Other (specify): ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ No unusual movements or psychomotor changes</td>
<td>☐ Other (specify): ____________________________</td>
</tr>
<tr>
<td>Attitude:</td>
<td>☐ Calm &amp; cooperative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Normal rate, tone, volume, without pressure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Labile</td>
<td>☐ Depressed</td>
</tr>
<tr>
<td></td>
<td>☐ Tearful</td>
<td>☐ Constricted</td>
</tr>
<tr>
<td></td>
<td>☐ Blunted</td>
<td>☐ Flat</td>
</tr>
<tr>
<td></td>
<td>☐ Other (Describe)</td>
<td></td>
</tr>
<tr>
<td>Mood:</td>
<td>☐ Euthymic</td>
<td>☐ Anxious</td>
</tr>
<tr>
<td></td>
<td>☐ Irritable</td>
<td>☐ Depressed</td>
</tr>
<tr>
<td></td>
<td>☐ Elevated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other (Describe)</td>
<td></td>
</tr>
<tr>
<td>Thought processes:</td>
<td>☐ Goal-directed and logical</td>
<td>☐ Disorganized</td>
</tr>
<tr>
<td></td>
<td>☐ Other (Describe)</td>
<td></td>
</tr>
<tr>
<td>Thought content:</td>
<td>☐ Suicidal Ideation</td>
<td>☐ Homicidal</td>
</tr>
<tr>
<td>Ideation</td>
<td>☐ None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Passive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Active</td>
<td></td>
</tr>
</tbody>
</table>

*Y N*

If Active: Plan ☐ ☐

If Active: Intent ☐ ☐
Means □ □

Obsessions/Compulsions
□ Delusions
□ Phobias
□ Other (Describe)

Perception:
□ No hallucinations or delusions during interview
□ Other (Describe)

Orientation:
□ Oriented X 3
□ Other (Describe)

Memory/Concentration:
□ Short term intact
□ Long term
□ Other (Describe)

Distractable/inattentive
□

Insight/Judgment:
□ Good
□ Fair
□ Poor

Assessment of Social Functioning

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Duration of Evaluation: Interview Start time: ____________
End Time ____________ (complete at end of clinical interview)
Total Hours/Min: _________/_______ (complete at end of clinical interview)

Psychological Testing Results (Optional)

TEXT
PART III  
POST-INTERVIEW ASSESSMENT

NOTE: *NCW: Not Consistent With; CW: Consistent With; HCW: Highly Consistent With; VDO: Virtually Diagnostic Of

Interpretation of Psychological Evidence

Consistency between psychological symptoms/disabilities and allegations of persecution:  
NCW/CW/HCW/VDO

The psychological findings are expected or typical reactions to extreme stress within the cultural and social context of the individual?  
☐ Yes ☐ No

The individual meaning of persecution is corroborated by the client’s prior psychosocial history:  
☐ Yes ☐ No

The client has persecution-specific psychological symptoms?  
☐ Yes ☐ No

Other factors which corroborate allegations of persecution:  
☐ Yes ☐ No
1. 
2. 
3. 

Other possible causes for client’s psychological symptoms/diagnoses  
1. 
2. 
3. 

Trends in psychological symptoms correlate with presence/absence of external stressors (e.g. ongoing persecution, forced migration, DHS/contract detention, loss of family and social role, etc):  
☐ Yes ☐ No
Detention has exacerbated psychological condition.

☐ Yes  ☐ No

The client has detention-specific psychological symptoms?

☐ Yes  ☐ No

The client’s physical condition likely contributes to the clinical picture (i.e. head trauma)

☐ Yes  ☐ No

If “Yes,” specify: __________________________________________

Detention Facility Mental Health Records
Detention facility mental health records corroborate the client’s psychological evidence

☐ Yes  ☐ No  ☐ N/A

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

Credibility Assessment (optional for affidavit)

Consider whether the client’s credibility is supported by each of the following:

The client did not over-endorse physical symptoms and/or disabilities

☐ Agree  ☐ Disagree

The client was not excessively or inappropriately suspicious or defensive

☐ Agree  ☐ Disagree

Consistency between the observed affect of the client and the content of the evaluation

☐ Yes  ☐ No

Cause – specific symptoms

☐ Yes  ☐ No

Were there any inconsistencies noted in your clinical evaluation?

☐ Yes  ☐ No

List:  1. ____________________________________________________________

________________________________________
2. _______________________________________________________________________

3. _______________________________________________________________________

4. _______________________________________________________________________

5. _______________________________________________________________________

If “YES,” are ALL of the inconsistencies noted above adequately explained by following factors?

☐ Y e s

☐ N o

If “NO,” explain: _______________________________________________________________________

______________________________________________________________________________

If “YES,” Check ALL That Apply:
Factors directly related to the torture experience
☐
Factors related to the psychological impact of torture
☐
Cultural factors
☐
Factors related to interview conditions or barriers of communication
☐

Conclusions and Recommendations

TEXT

Clinician’s opinion on the consistency between all sources of evidence cited above (psychological findings, historical information, knowledge of regional practices of persecution, consultation reports, etc.) and allegations of persecution:

NCW/CW/HCW/VDO
The clinical picture does NOT suggest a false allegation of torture?  
☐ Yes  ☐ No  
If “No,” Explain: ________________________________

List ongoing physical psychological symptoms/disabilities related to persecution and detention:

In my opinion, the client needs further evaluation and/or treatment:  ☐ Yes  ☐ No  
List ALL That Apply:
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

In my opinion, detention of the client has and continues to have adverse psychological effects:  ☐ Yes ☐ No  
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

The client has NOT met with a medical professional to determine the severity of his/her psychological condition.  
☐ Yes  ☐ No

In my opinion, the client has not received adequate treatment for his/her psychological condition. ☐ Yes ☐ No

In my opinion the client has a psychological condition that makes detention problematic and/or inappropriate.  
Explain: ________________________________________  
☐ Yes  ☐ No

In my opinion, it is unlikely that the client would fail to appear in court if he/she were not detained.  
☐ Yes  ☐ No  ☐ N/A (Not Able to Assess)
In my opinion, the client does not pose a risk to him/herself or the community.

☐ Yes  ☐ No

DSM Multiaxial Evaluation (Optional)

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Statement of Truthfulness
For example, "I declare under penalty of perjury, pursuant to the laws of (XX country), that the foregoing is true and correct and that this affidavit was executed on X/X/X at (City), (State or Province)."

Statement of Restrictions on the Medical Evaluation/Investigation (For Subjects in Custody): For example, “The undersigned clinician(s) personally certify that they were allowed to work freely and independently, and permitted to speak with and examine (the subject) in private, without any restriction or reservation, and without any form of coercion being used by the detaining authorities;” or alternatively: “The undersigned clinician(s) had to carry out his/her/their evaluation/investigation with the following restrictions:...”

Clinician’s Signature, Date, Place

Relevant Appendices: e.g. Clinician’s Curriculum Vitae, Anatomical Drawings for Identification of Torture and Ill-treatment, Photographs, Consultations, and Diagnostic Test Results, among others.