

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 medial 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 would 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.

7. Detainee's current location: State: _____

8. Type of detention facility and Facility Name: (Circle one and specify)

County/State Jail 1 Facility Name _____

_____ DHS Detention 2 Facility Name _____

_____ Contract facility 3 Facility Name _____

_____ Other 4 Facility Name _____

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. _____

Lined writing area consisting of 40 horizontal lines.

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:
None (NCW/CW/HCW/VDO)

Yes

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)

3. _____

 _____ (NCW/CW/HCW/VDO)
4. _____

 _____ (NCW/CW/HCW/VDO)
5. _____

 _____ (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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Fear | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Considered it Unnecessary | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Lack of Privacy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (specify) _____ | Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (specify) _____ | | | |

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.

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:

Yes No

Alcohol Abuse

Yes No

Drug Use

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:

Check ONE

Check ALL that Apply:

- | | | | |
|--|------------------------------------|----------------------------------|-------------|
| 1. _____ | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Treated | Persecution |
| Related <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2. _____ | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Treated | Persecution |
| Related <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 3. _____ | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Treated | Persecution |
| Related <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 4. _____ | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Treated | Persecution |
| Related <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 5. _____ | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Treated | Persecution |
| Related <input type="checkbox"/> Yes <input type="checkbox"/> 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 services? Yes No and receive adequate interpretation

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?

Y
e
s

N
o

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 Yes
 No

Anatomical Drawings of Physical Evidence Completed Yes
 No

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

TEXT

[Empty rectangular box for text entry]

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:

N
CW/C
W/HC
W/VD
O

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

N
CW/C
W/HC
W/VD
O

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

N
CW/C
W/HC

W/VD
O

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

N
CW/C
W/HC
W/VD
O

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

NCW/CW/HCW/VDO

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)

TEXT

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?

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 (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. _____ | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Treated | Persecution |
| Related <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2. _____ | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Treated | Persecution |
| Related <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 3. _____ | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Treated | Persecution |
| Related <input type="checkbox"/> Yes <input type="checkbox"/> 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. _____

3. _____

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.

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

Client

Hx: Yes No

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):

Other: (Specify) _____

Other: (Specify) _____

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

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mental
Condition Improved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cognitive Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mental
Condition Improved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mental
Condition Improved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____ <input type="checkbox"/> Yes
<input type="checkbox"/> No	Mental Condition Improved	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?

- Psychological Disorders: Trend in Symptoms (Circle ONE for each)
- | | |
|---|-----------------------------|
| 1. PTSD
/ Same / Worse / Much Worse | Greatly Improved / Improved |
| 2. Major Depressive Disorder
/ Same / Worse / Much Worse | Greatly Improved / Improved |
| 3. Other (specify): _____
/ Same / Worse / Much Worse | Greatly Improved / Improved |
| 4. Other (specify): _____
/ Same / Worse / Much Worse | Greatly Improved / Improved |
| 5. Other (specify): _____
/ Same / Worse / Much Worse | Greatly Improved / Improved |

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?

Y
e
s

N
o

Explain: _____

Neuro-Psychological Assessment Indicated by (specify): _____
 _____ Yes No

Referral Made

Yes No

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

General appearance: Casual dress, normal grooming and hygiene
 Other (specify): _____

Attitude: Calm & cooperative
 Other (specify): _____

Behavior No unusual movements or psychomotor changes
 Other (specify): _____

Speech: Normal rate, tone, volume, without pressure
 Other (specify): _____

Affect: Reactive and mood congruent Normal range
 Labile Depressed
 Tearful Constricted
 Blunted Flat
 Other (Describe)

Mood: Euthymic Anxious
 Irritable Depressed
 Elevated
 Other (Describe)

Thought processes: Goal-directed and logical Disorganized
 Other (Describe)

Thought content: Suicidal Ideation Homicidal

Active None Passive Active None Passive

Y N

Y N

Plan

If Active: Plan

If Active:

Intent

Intent

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

Psychological Testing Results (Optional)

TEXT

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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

TEXT

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)

TEXT

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.