

# Title: Services for Survivors of Torture Medical Care Survey

## Page 1

The Office of Refugee Resettlement (ORR) Division of Refugee Health (DRH) seeks to learn more about the medical care provided to individuals served by Services for Survivors of Torture (SOT) programs. Specifically, DRH seeks to better understand SOT program capacity, partnerships with other organizations, and technical assistance and training needs related to medical care. As part of this effort, the National Capacity Building Project's Medical Task Force (MTF) is conducting a program survey. This survey is voluntary; however, we encourage each program to participate. The survey should take about 30 minutes for one person from each program to complete. We are asking every program to complete the survey by **DATE**. The results will inform the medical care recommendations MTF makes to DRH. We appreciate your time and effort in completing this survey.

Thank you,

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Please note, it is best to have the Program Director or Medical Director, if applicable, complete this survey. Please feel free to download this Word version of the survey to review prior to completing the survey online. Once you have the information you need, please complete the survey online. If you do not know the answer to specific question(s) you may leave the response blank and proceed with the remainder of the survey. The information you provide will not be shared with other SOT programs. Individual program responses will not be shared with ORR – instead, the Medical Task Force will combine responses from all programs before sharing information with ORR. The information shared will not include names or other identifiable information. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly linked to you.

If you are ready to begin the survey, please click “next.”

**The Paperwork Reduction Act Statement:** This collection of information is voluntary and will be used to document the medical needs of the Services for Survivors of Torture Program and the provision of services to individuals served by that program. Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, collaboration, and reviewing the collection of information, and completing the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0531 and it expires **DATE**.

## Page 2

### **Instructions**

Navigating through the survey

- You may take this survey on any device, including cell phones or tablets. However, for convenience when typing we suggest taking the survey on a computer.

- If you would like to gather the information before responding you can download a Word version of the survey so that you can print it and fill it out, then enter your responses all at one time. To download the Word version, click here: [\[LINK\]](#)
- As you work through the survey, your responses are automatically saved after each page is completed (after each time you hit 'NEXT'). You may change a response by clicking on the BACK button at the bottom of the page (not your browser's 'back' button). Use the NEXT button to advance to the next page.
- When you have completed the survey, please click on the SUBMIT button at the end of the survey. You may submit the survey even if there are some questions that you do not answer. Once you submit the survey, you will not be able to return to it without contacting us.
- If you have any questions or concerns, please contact Jillian Stile, Senior Advisor, Harvard Program in Refugee Trauma at 917-499-1354 or [jstilephd@gmail.com](mailto:jstilephd@gmail.com) to discuss them.

If you are ready to complete the survey, click “Next.”

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### Glossary of Terms:

**Medical Director or Coordinator:** A licensed medical doctor, nurse practitioner, or physician assistant who oversees the medical care of survivors, helps develop and maintain a network of primary care and specialty providers, supervises referrals, follows up to ensure timely and appropriate service delivery, and collects outcome information.

**Primary survivor of torture:** Torture is the deliberate and systematic dismantling of a person’s identity and humanity through the infliction of physical and psychological pain and suffering. Primary torture survivors are individuals who meet the definition as outlined in the TVRA. This category includes individuals who were forced by perpetrators to either torture or witness the torture of another person.

**Secondary survivor of torture survivor:** Based on a whole-family and public health approach, ORR defines a secondary survivor as a relative or other individual closely associated with a primary survivor, who is impacted by the torture and subsequent trauma in a way that threatens their health and ability to function.

**Question #1:** Do you have a Medical Director (See Glossary) on site in your Survivors of Torture (SOT) program? Yes  No

- If yes, is this a volunteer position  or paid position ?
- If yes, how many hours per week?

**Question #2:** On average, how many survivors of torture and/or asylum seekers have you treated over the 12-month fiscal year October 1 2020 – September 30 2021 **[unduplicated count]?**

- Primary Survivors of Torture (See Glossary)
- Secondary Survivors of Torture (See Glossary)
- Current Asylum Seekers

- Please estimate the percent of children/adolescents treated.
- Please estimate percentage of females  and males.

**Question #3:** Do your patients have access to a psychiatrist, nurse practitioner, or a primary care practitioner who can prescribe psychotropic drugs?

Select one:

|            |                          |
|------------|--------------------------|
| Always     | <input type="checkbox"/> |
| Very Often | <input type="checkbox"/> |
| Sometimes  | <input type="checkbox"/> |
| Rarely     | <input type="checkbox"/> |
| Never      | <input type="checkbox"/> |

- If yes, is the prescriber on-site or off-site? On-site  Off-site

**Question #4:** Do you your patients have access to primary healthcare?

Select one:

|            |                          |
|------------|--------------------------|
| Always     | <input type="checkbox"/> |
| Very Often | <input type="checkbox"/> |
| Sometimes  | <input type="checkbox"/> |
| Rarely     | <input type="checkbox"/> |
| Never      | <input type="checkbox"/> |

- If yes, is the primary healthcare provider on-site or off-site? On-site  Off-site

**Question #5:** Does your organization have any case managers at your site? Yes  No

- If yes, how many full-time equivalents?

**Question #6:** Do you have any community health workers at your site? Yes  No

- If yes, how many full-time equivalents?

**Question #7:** Is your clinical staff able to help patients successfully use the medical healthcare system?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

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**Question #8:** If you want to see the health records of your patients (e.g., x-rays, lab reports, biopsy results, etc.), how often are you able to obtain them from the primary healthcare system?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

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**Question #9:** Do your patients have access to medical specialists (e.g., orthopedics, women's health, dermatology, pediatrics, and other medical and surgical specialists)?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

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**Question #10:** Do your patients have access to women's healthcare?

Select one:

|        |  |
|--------|--|
| Always |  |
|--------|--|

|            |  |
|------------|--|
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

If Yes:

Do your patients have access to Obstetric Care?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

Do your patients have access to Preconception Counseling?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

Do your patients have access to Contraception?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

Do your patients have access to Pregnancy Terminations?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

Do your patients have access to Pediatric Care?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

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**Question #11:** Do you or a partner agency have a specialized program for gender-based violence? Yes

No

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**Question #12:** Do you or a partner agency have a specialized program for to traumatic brain injury (TBI)? Yes  No

Evaluation: Yes  No

Treatment: Yes  No

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**Question #13:** Do your patients have access to dental care?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |

|       |  |
|-------|--|
| Never |  |
|-------|--|

**Question #14:** Do you use the Bio-Psycho-Social (BPS) approach in your clinical diagnosis and treatment?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

If Yes:

In using the BPS approach, do you ask about the Trauma Story?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

In using the BPS approach, do you elicit the medical problems of the patient?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

In using the BPS approach, do you elicit the psychological/psychiatric problems of the patient?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

In using the BPS approach, do you elicit the social needs of the patient?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

In using the BPS approach, do you elicit the spiritual needs of the patient?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

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**Question #15:** Do you have survivors of torture on your staff who provide therapy and social services?

Yes  No

- If yes, how many?

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**Question #16:** Rate the frequency of each of these therapy approaches in your organization.



**Case Management**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Supportive Psychotherapy**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Narrative Therapy**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Meditation/Mindfulness**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |

|        |  |
|--------|--|
| Rarely |  |
| Never  |  |

**Cognitive Behavioral Therapy**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Eye Movement Desensitization and Reprocessing (EMDR)**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Art Therapy**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Music Therapy**

Select one:

|        |  |
|--------|--|
| Always |  |
|--------|--|

|            |  |
|------------|--|
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Massage/Physical Therapy:**

Select one:

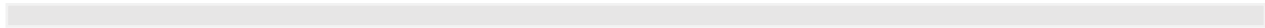
|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Play Therapy:**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Other Therapy (Describe):**



**Question #17:** Do you request that your patients evaluate your medical care services?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |

|       |  |
|-------|--|
| Never |  |
|-------|--|

**Question #18:** In communicating with your patients, how frequently do you use the following approaches?

**Telephone interpreter**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Trained on-staff interpreter**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Family/Community member**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Other staff (e.g., receptionist)**

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Question #19:** Do you have a training program for your medical interpreters? Yes  No

**Question #20:** Do you offer supervision for your medical interpreters? Yes  No

**Question #21:** Is your clinical staff familiar with using the Refugee Health Screen-15 (RHS-15) in screening patients? Yes  No

- If yes, how often do they use the RHS-15?

Select one:

|            |  |
|------------|--|
| Always     |  |
| Very Often |  |
| Sometimes  |  |
| Rarely     |  |
| Never      |  |

**Question #22:** Do you have an organized selfcare program for your staff/trainees? Yes  No

**Question #23:** Do you have a designated person on your staff responsible for the staff's self-care? Yes  No

**Question #24:** How often does your clinical staff meet with their designated supervisor(s)?

Select one:

|               |  |
|---------------|--|
| Weekly        |  |
| Twice monthly |  |
| Monthly       |  |
| Semi-annually |  |
| Annually      |  |

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**Question #25:** How often does management staff meet with their designated supervisor(s)?

Select one:

|               |  |
|---------------|--|
| Weekly        |  |
| Twice monthly |  |
| Monthly       |  |
| Semi-annually |  |
| Annually      |  |

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**Question #26:** How often do your staff train affiliated medical providers?

Select one:

|               |  |
|---------------|--|
| Weekly        |  |
| Monthly       |  |
| Semi-annually |  |
| Annually      |  |
| Never         |  |

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**Question #27:** How often do your staff train refugee and community service providers in your local community?

Select one:

|         |  |
|---------|--|
| Weekly  |  |
| Monthly |  |

|               |  |
|---------------|--|
| Semi-annually |  |
| Annually      |  |
| Never         |  |

**Question #28:** Do you have any on-site healthcare professional training programs?

Yes  No

If Yes:

**Medical Interns and Residents?** Yes  No

If yes, how many trainees per year?

**Clinical Psychologists?** Yes  No

If yes, how many trainees per year?

**Social Workers?** Yes  No

If yes, how many trainees per year?

**Nurses/NPs?** Yes  No

If yes, how many trainees per year?

**Mental health counselors?** Yes  No

If yes, how many trainees per year?

**Medical Technicians?** Yes  No

If yes, how many trainees per year?

### Open-Ended Questions

Please write in your comments:

**Question #29:** How do you care for the medical and psychiatric needs of people in detention, Including families and children?

**Question #30:** What are your biggest challenges to providing medical care to your patients who are torture survivors and/or asylum seekers?

**Question #31:** How do you recommend that SOT programs improve their medical care of torture survivors?

**Question #32:** What recommendations do you have for SOT programs to provide self-care to staff to avoid burnout?

**Question #33:** What training or technical assistance do you recommend to enhance the medical care of torture survivors?



The questionnaire is anonymous but for administrative purposes we ask that you include your name and organization. You can also choose not to include this information.

**Personal Information**

Name:

Name of Organization:

Location (City/State):

**Thank You Page: Thank You!**

Thank you for completing the survey. We will send you a follow up email to confirm that we have received your response.