

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,

Richard F. Mollica, MD
Director, Harvard Program in Refugee Trauma
+1 781 999 0502

Jillian M. Stile, PhD
Senior Advisor, Harvard Program in Refugee Trauma
+1 917 499 1354

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 to discuss them.

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

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	
Very Often	
Sometimes	
Rarely	
Never	

- 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	
Very Often	
Sometimes	
Rarely	
Never	

- 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	

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	

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	

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	

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

☐ No ☐

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 ☐

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	

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

Yes ☐ No ☐

- If yes, how many?

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	

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

Select one:

Weekly	
Twice monthly	
Monthly	
Semi-annually	
Annually	

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

Select one:

Weekly	
Monthly	
Semi-annually	
Annually	
Never	

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.