UNITED STATES DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

In the Matter of:	)
	)
[redacted]	) APPLICATION FOR ASYLUM,
	) WITHHOLDING OF REMOVAL AND
A [redacted]	) RELIEF UNDER THE CONVENTION
	) AGAINST TORTURE
	)

AFFIDAVIT OF NAME OF [redacted], PHD

STATE OF NEW YORK)
) ss.
CITY OF NEW YORK)

I, [redacted], PhD, being duly sworn, hereby depose and say, under penalty of perjury under the laws of the United States of America, that the following is true and correct:

I. Summary of Conclusions

1. I first met with [redacted] on [redacted] 2011. She was transferred to my care by her former counselor at Sanctuary for Families, [redacted], who is a social worker. In the process of beginning therapy with [redacted], I conducted two clinical interviews and utilized two, standardized questionnaires in order to clarify and understand her current psychological state. The following statement is based upon two in-depth interviews with [redacted] on [redacted] and [redacted], 2011.

2. Based on my interviews with [redacted] and my extensive experience working with women who have been victims of family violence, I find [redacted]'s account of her own symptomatology, which is described below, to be highly credible. I also believe her when she expresses fear that she will be persecuted and possibly suffer grave injury should she return to Ivory Coast.

3. Over the last several years, I have evaluated and counseled dozens of women who have experienced familial violence, intimate partner violence and other forms of trauma. I feel compelled to emphasize that [redacted] presents as one of the most highly traumatized women I have met in my career. She presents with chronic, severe Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder, and the intensity of her symptoms is striking. It is clear, in my mind, that her PTSD and depression are inextricably linked to the sexual abuse and impregnation she experienced at the hands of her own father at a young age, and the female genital mutilation she experienced while in his care.

II. Credentials

4. I am the Consulting Clinical Psychologist to Sanctuary for Families (SFF) and have served in that position since November 2008. Sanctuary for Families is one of the largest domestic violence service providers in New York State. For Sanctuary for Families, I provide individual, family, and group therapy; perform neuropsychologically informed testing; supervise and train clinicians; and perform psychological evaluations for evidentiary purposes.

5. I hold a Doctoral Degree in Clinical Psychology from Columbia University and a Master's Degree in applied Child Development from Tufts University. I have worked at St. Luke's Hospital's Child and Family Institute in NYC, the NYU Child Study Center, Andrus Children's Center in Peekskill, New York, and I currently maintain a private practice. I also served as co-director of Clinical Training at the Phipps Community Development Corporation's Psychology Extern Program in the Bronx, New York. I have extensive experience working with children and families who have experienced a range of urban trauma, particularly the trauma of interpersonal violence. Additionally, I am fluent in French, [redacted]'s primary language.

III. Background

A. Reason for Referral

6. [redacted], [redacted]'s former counselor, in cooperation with [redacted], [redacted]'s attorney, referred [redacted] to me for psychological care in [redacted] 2011. My understanding is that Ms. [redacted] had been meeting with [redacted] on a regular basis and had assisted [redacted] to obtain psychiatric care for the significant symptoms of PTSD and depression with which she struggled. Ms. [redacted] sought to link [redacted] to intensive psychotherapy in order to help her manage her emotional symptoms in light of the multiple incidents of trauma she has suffered. [redacted] continues to receive care from a psychiatrist, and I am in contact with him.

B. Description of the Client and Behavioral Observations

7. [redacted] is a 34 year-old French-speaking female from Ivory Coast. She currently lives in New York City in a long-term domestic violence shelter. She lives alone with and is the sole caregiver for her 10 month old daughter, [redacted]. [redacted] attended both interviews with her mother. On both occasions, [redacted] was casually dressed and well-groomed. She appears her stated age of 34. Her daughter was clean and well-groomed.

8. [redacted] speaks French fluently, as it is the official language of Ivory Coast, and she used it throughout her life. Our interviews were conducted exclusively in French.

9. [redacted] was very cooperative and forthcoming throughout the interviews. She warmed up to me as examiner rather quickly, and she appeared comfortable with herself

and with me. She thoughtfully answered each question. Throughout the majority of our two sessions together, [redacted] was quite emotional. She wept deeply and often as she answered my questions. She appeared depressed and despondent, yet she was able to brighten with hope as she spoke of her youngest daughter.

10. Additionally, it is of utmost importance to note that, in spite of the emotional tenor of these sessions, [redacted] attended warmly to her daughter and presented as a mother who is clearly attuned to her daughter's needs. For example, during our second session, she recognized quickly daughter's signs of fatigue and was able to soothe her to sleep in her arms, in spite of the fact that she herself was emotionally involved in the interview at hand.

11. It is noteworthy that [redacted] presents as honest and gifted with language. She is very expressive and emotionally responsive - presenting as notably self-aware. Overall, her affect ranged from sad and depressed to neutral.

12. [redacted] demonstrated no evidence of thought disorder; her thought process was logical and coherent. She was able to understand abstraction. She easily conversed and tracked the back and forth nature of a dyadic conversation. She was very focused and participated fully for the entire two hour-long interviews. Her speech was normal rate and rhythm with no noted idiosyncrasies. She reported that, since her hospitalization in September, and since beginning the course of psychiatric medication prescribed her, she has not experienced any hallucinations or delusions.

IV. Report and Diagnosis

A. Report of Interviews

13. As part of my own clinical intake process, I routinely administer two standardized questionnaires: The PTSD Checklist, Civilian Version (PCL-C), developed by F. Weathers and Colleagues at the National Center for PTSD in 1993, and the SPACE, or "Shorter Psychotherapy and Counseling Evaluation," developed by J. Halstead, C. Leach, and R. Rust (2007). The PCL-C consists of 17 questions that correspond to the diagnostic criteria for PTSD in the DSM-IV. The 19 items of the SPACE have been shown to highly correlate with well-known measures of depression.

14. On [redacted]'s PCL-C, she scored a 75, suggesting she experiences severe PTSD. (Scores of 44 and higher are indicative of PTSD.) [redacted] reported experiencing symptoms of re-experiencing, avoidance, and increased physiological arousal - the three clusters of symptoms that comprise PTSD. Specifically, she struggles with the following:

    (1) <u>Reexperiencing</u>: [redacted] is haunted by flashbacks and memories of her father repeatedly raping her, as well as by images of her own excision; traumatic nightmares in which she is being raped by her father or other men, or in which she is being "judged" at the gates of hell as to whether or not this rape experience

makes her a "prostitute"; having physiological symptoms in response to vivid memories and flashbacks (i.e. sweating, pounding heart);

(2) Avoidance: trying to block out thoughts and feelings related to the abuse by her father and its aftermath; avoidance of any reminders of her father - his abuse and the excision he demanded; loss of interest in previously rewarding activities: swimming and dressing up; feeling distant and disconnected from those around her; feeling emotionally numb; and a sense of a foreshortened future, as if her goals for her own future have died. It is notable that [redacted] links her loss of interest in swimming and dressing in a feminine way directly to her circumcision. She reports that, as she matured, she realized the consequences of her circumcision and felt deeply shamed by it.

(3) Increased Arousal: difficulty falling asleep and staying asleep; irritability; exaggerated startle response to benign stimuli; and hypervigilance.

15. Contributing to these symptoms are the several forms of trauma [redacted] experienced during the course of her life, including: childhood violence; childhood rape; the traumatic experience of female genital mutilation; intimate partner violence; and emotional abuse. However, it is important to note that [redacted] stated that while the abuse she suffered by the father of her first daughter was deeply scarring and traumatic, the events that came to mind when she responded to the PCL-C were the sexual abuse by her father and the excision that she experienced as a result of his will and wishes. She reports that her nightmares and trauma symptoms began when she was a young adolescent. These symptoms appear to have been greatly exacerbated by the isolation she experienced once she chose to move to New York and leave her country and community of origin. She stated that last August and September, her insomnia peaked. She began having nightmares every night, and she was haunted by the images of being judged at the gates of hell for being raped by her father. As she slept less and less, she reports that she began to hear voices and hallucinate. It was at this time that she was hospitalized.

16. According to [redacted]'s responses to the SPACE, she is currently experiencing moderate symptoms of depression. She endorsed having negative views of herself and her future, and feeling generally blue, sad and depressed. As noted above, she cried throughout both sessions of interviewing. She also reports several cognitive symptoms of depression that relate to poor information processing, such as: trouble with memory, thinking and decision making. It is noteworthy that, in spite of the level of [redacted]'s sadness and despair, which was quite palpable to this writer, she does not appear to be at risk for harming herself at this time. She reports a strong belief in God and a conviction that she will get through this in order to mother her daughters.

17. In my experience with survivors of severe trauma, such as [redacted], it is quite common for women to experience depression as secondary to their PTSD symptoms. In many cases, this depression is aggravated by the experience of immigration in order to escape abusers and the resulting separation from family and support systems back home. In [redacted]'s case, she reported feeling as if her entire support network (her mother

and the father of her second child) had been cut off from her when she moved to the United States. She was quite self-aware in describing the ways in which she found herself, suddenly, with a newborn baby, anxious and alone in a shelter, and without her usual sources of support and encouragement to help her fight off the negative, intrusive thoughts of trauma. She stated that, without any feedback from those close to her, she begin to doubt her own self-worth and value as a person. While I was not [redacted]'s therapist in September when she was hospitalized for hallucinating, it is likely that the isolation, the post-traumatic nightmares and the attendant insomnia exacerbated her depression to such a state that she experienced a brief psychotic episode. It is hoped that as [redacted] begins to learn strategies to cope with her PTSD symptoms and challenge her own intrusive thoughts, that both her anxiety and depression will decrease.

B. Diagnosis

18. At this time, [redacted] meets criteria for the following diagnosis:

Axis I	309.81 PTSD, Chronic, Severe
	311.00 Depressive Disorder Not Otherwise Specified
Axis II	None
Axis III	None
Axis IV	survivor of family sexual abuse, survivor of FGM, survivor of domestic violence, alienation from family and community of origin, immigration status
Axis V	GAF (current) = 55

B. Recommendations

19. [redacted] is a remarkable woman who manages to function and provide loving care to her young daughter despite her severe symptoms of PTSD and depression brought on by many traumatic events. She is positive and determined to raise her children in safety.

20. It is my recommendation that [redacted] be afforded the opportunity to continue to receive psychotherapy on a long-term basis and psychiatric care as needed. She struggles with severe symptoms of PTSD and Depressive Disorder, and it is important that she have access to the services that will help her to deal with the effects of the trauma she experienced in her life.

Wherefore, I certify that the foregoing is true and correct to the best of my knowledge.

[redacted]

[redacted], PhD
Licensed Clinical Psychologist

Sworn before me this [redacted] day of [redacted] 2011

[redacted]

Notary Public