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Affidavit

Dr. Mary Fabri being first duly sworn deposes and states:

Qualifications:

1. Please refer to original affidavit of July 18, 2014.

Background Information:

2. Mr. Michael Deutsch, attorney for Ms. Rasmea Odeh, requested my professional input regarding the impact of a second evaluation of Ms. Odeh being conducted.
3. Torture rehabilitation includes assessment and treatment of torture survivors and has been developing since the 1970's. Centers that focused on providing specialized care to survivors were founded in the United States, Canada, and Europe in the late 1970's and early 1980's. These centers of care continue and have a body of knowledge concerning the physical and psychological well being of torture survivors.
4. Publications from clinicians working with torture survivors put forth recommendations for assessing survivors. One of the gold standard recommendations is the importance of developing rapport between the client and evaluator. Suspiciousness and mistrust are common among trauma survivors. It is also generally known to trauma specialists that survivors often feel shame, do not want to talk about the details of the traumatic events, and desire to put the events in the past. For some, clinical interviews remind the survivor of interrogations. The amount of time that has passed from the original trauma events and the interview is not important. The psychobiology of traumatic memories creates vulnerability for emotional dysregulation that persists.
5. Trauma specialists believe it is an essential requirement to provide conditions that encourage safety and trust between the clinician and the trauma survivor. Setting, tone, and demeanor of the evaluator influence the evaluation process.
6. Retraumatization is defined as traumatic stress reactions, responses, and symptoms that occur after traumatic events and can be physical, psychological, or both. It is the opening of emotional wounds or the anticipation of the rewounding.
7. Trauma specialists agree that efforts must be taken to avoid the retraumatization of survivors, especially by professionals. Victims of human-perpetrated trauma are

vulnerable to being harmed by insensitivity to the special problems caused by severe trauma and by inappropriate professional care.

Psychological Assessment:

8. Ms. Odeh manifested symptoms consistent with the diagnosis of Post Traumatic Stress Disorder, chronic type, at the time of the initial psychological evaluation documented in the affidavit of July 18, 2014 and again in an addendum written on February 9, 2015 after the detention following the guilty verdict in the unlawful procurement of naturalization on November 10, 2014. Her symptoms are consistent with her report of torture.
9. The initial evaluation took place over six sessions that lasted approximately three hours each. Ms. Odeh arrived on time for each session and was cooperative. A bilingual Arabic-English interpreter was present at each session to assist Ms. Odeh when needed. The sessions were marked by periodic breaks to allow Ms. Odeh to compose herself when tearfulness turned to sobbing or irritation became agitation. One example was when Ms. Odeh described the sexual torture event and she became overwhelmed with emotions and was sobbing, she stated, "The sexual torture changed me. It affected me. I have never married after that." At this time, it was decided to end the session for the day to allow Ms. Odeh to compose herself. At other times in sessions, Ms. Odeh was able to compose herself with a trip to the restroom, a glass of water, or a walk down the hallway and back. She frequently commented that she had developed a headache during the session, stating, "This gives me a headache, a bad headache. I feel like throwing up." Consideration of the emotional state of the person being evaluated is an important component of trauma assessments.
10. Ms. Odeh reported at one point during the evaluation, "I have two personalities. The inside which is the result of the torture – fearful, insecure, unsafe, threatened – and the personality for others to see, that I want to be – a strong woman, confident, striving to be the best." This statement reflects what clinicians working in torture rehabilitation observe – the internal distress versus the daily appearance of functionality.
11. Ms. Odeh has met the criteria for Post Traumatic Stress Disorder, Chronic, and is well documented in the recognized and standardly used evaluation process conducted by this clinician.
12. Ms. Odeh is vulnerable to the occurrence of retraumatization if a second evaluation is conducted. As a torture survivor, her personal reactions to an evaluator can affect the evaluation and thus its outcome. For example, Ms. Odeh's torture included

sexual assault and therefore, the sex of the evaluator is a concern. It can be retraumatizing if she has to describe details of her trauma to someone who is similar to the perpetrators. Additionally, recalling painful and distressing events and their details is retraumatizing and makes Ms. Odeh vulnerable to the reactivation of PTSD symptoms.

13. As the evaluating clinician, I want to express my professional concerns about the well-being of Ms. Odeh related to the ordered re-evaluation and the potential distress it will cause and its impact on her functioning.

References:

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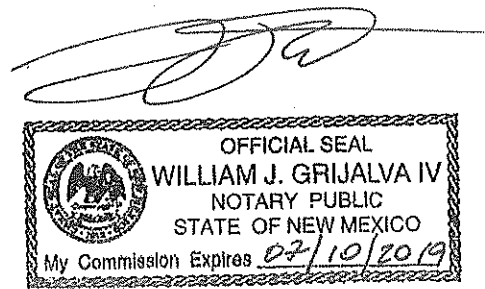
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Respectfully submitted by:

Mary Fabri, PsyD

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State of New Mexico
County of McKinley

Signed before me by Mary Fabri
This 3rd day of Sept, 2016.