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COMPLETE

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Page 1

**Q1** Name of your organization.

The Center for Victims of Torture

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**Q2** Grant #

20180875

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**Q3** Grant Period

December 1, 2018 to November 30, 2019

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**Q4** Location of your organization

City	<b>Saint Paul</b>
State	<b>Minnesota</b>

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**Q5** Name and Title of person completing evaluation.

Leng Yang

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**Q6** Phone Number:

612.436.2608

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**Q7** Email address.

lyang@cvt.org

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Page 2: Key Outcomes and Results

## S.L. Gimbel Foundation Fund

### **Q8** Total number of clients served through this grant funding:

During the grant period, CVT assessed 484 new clients, 271 of whom were women. Of these, 180 were torture survivors.

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**Q9** Describe the project's key outcomes and results based on the goals and objectives. Use the following format: State the Goal: State Objective 1: Describe the Activities, Results and Outcomes for Objective 1: State Objective 2 (if applicable): Describe the Activities, Results and Outcomes for Objective 2: State Objective 3 (if applicable): Describe the Activities, Results and Outcomes for Objective 3:

Goal: To provide mental health counseling for women torture survivors in Nairobi, Kenya.

Objective: Decrease in mental health symptoms after 6 months among female clients receiving counseling services

Activities, Results and Outcomes: CVT conducted 105 six-month follow-up assessments with female torture survivor clients. (due to the transitory nature of refugees' lives, CVT is not able to locate all clients for follow up). Of those clients reached for follow-up, 100% of female torture survivor clients demonstrated an improvement in at least one area of psychological symptoms and behavioral problems between intake and the six month follow-up.

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**Q10** Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

CVT did not encounter any major obstacles during the reporting period. However, changes for refugees living in an urban environment have created some difficulty. The possibility of relocation from Nairobi to the Kakuma camp remains an option due to the lack of resources available for refugees. Additionally, security risks remain high for many refugees in Nairobi. As a result, CVT has received clients who need CVT services due to re-traumatization either from a violent crime or sexual assault.

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**Q11** How did you overcome and/or address the challenges and obstacles?

CVT has worked to ensure clients who relocate to the Kakuma camp have the option to continue counseling from the CVT Kakuma team. Clients who are re-traumatized are provided with individual counseling and physiotherapy to ensure stabilization. The client is then enrolled into group counseling with peer support. A social worker also provides referrals for clients to organizations which may provide legal advice and other support services.

CVT continues to advocate on behalf of clients during meetings with UNHCR and other partner organizations. CVT is a member of the Urban Refugee Population Network under the coordination of UNHCR. This network meets on a monthly basis in order to organize, coordinate and provide a better service provision to refugees in Nairobi.

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**Q12** Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Through CVT's mental health services provided to refugee women and youth CVT's intervention can change the direction of an entire family. Clients report and CVT's monitoring and evaluation systems inform that when the primary caregiver in a family heals from her traumatizing experiences, she can become a more effective mother and spouse again. The family can together move forward to address their own life challenges and participate effectively in the community.

CVT continues to implement a evidence-informed parenting/caregiver aftercare program designed to help caregivers, whom have also completed CVT counseling, to cope successfully with the parenting challenges presented to families experiencing war and refugee transitions. The vast majority of participants have been young mothers, many of whom are initially 'ambivalent parents,' as their children are often born from rape or sexual exploitation. also, or at times in addition to this, the young women feel too young and hesitant to fully embrace the mother role. This new programming component has been very well received in the community.

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**Q13** Briefly describe the impact this grant has had on the organization and community served.

This grant has given CVT the opportunity to increase awareness about the effects of torture and war trauma among the female refugee population, especially among those more vulnerable due to their legal status or social conditions (widows, lesbians, single women). Additionally, CVT was able to provide a supportive and conducive environment for clients to express themselves and address their shame and guilt, a common symptom among torture survivors. This grant has also allowed CVT to enhance the professional development of female counselors through trainings to address new challenges faced when working with refugees in an urban setting.

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### Page 3: Budget

**Q14** Please provide a budget expenditure report. Also, provide a budget narrative that explains how the funds were utilized, what was purchased, what were the expensed items based upon the budget that was submitted.

From December 2018 to November 2019, the salaries of two psychosocial counselors (PSCs) and one counseling supervisor (who also conducts counseling in addition to supervising PSCs) working in Nairobi were funded by this grant in addition to a portion of client transportation stipends, per the approved budget. A budge expenditure report will be sent to the foundation in a separate email.

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### Page 4: Success Stories

**Q15** Please relate a success story:

## S.L. Gimbel Foundation Fund

Mary\* was leading a peaceful life while in her home country, which is located in Eastern Africa. Her situation took a drastic turn in 2018. She had to flee with her family to Kenya. Mary and her husband were subjected to inhumane treatment and torture by military officials from her home country.

Her spouse was a passionate and dedicated health professional working in one of the government hospitals. One day, in the line of duty, some government officials approached him and demanded that he put an end to the lives of some activists admitted at the hospital by poisoning them. Every health professional is expected to adhere to the ethical practices laid out in the Hippocratic Oath. They are required to do no harm. Yet those government agents expected him to kill activists who were mercilessly beaten up by the anti-riot police for exercising their right to peaceful demonstrations against an oppressive government. His integrity and morals would not allow him to do as he was asked and that is when he and his family were put through the unimaginable.

Mary's husband was captured by military officials and imprisoned. He was beaten up and threatened while in custody as punishment for defying the orders from the military. The officials later raided his home, beat up, threatened and raped Mary while her children were in the house. Mary lost consciousness during this assault as a result of the direct blows to her head. During this persecution, her father was killed and her brother in law went missing. They have never heard from him since then. Immediately after her husband was released from prison they fled to Kenya for fear of their lives.

Mary was devastated after the rape. She felt ashamed and suspected her husband would want a divorce. She was planning to commit suicide after the sexual abuse, but changed her mind because her husband accepted her and reassured her. She tested for HIV and discovered she was negative and this made her get rid of the suicidal thoughts. Despite her resolve to stay alive, Mary was still deeply tormented by her traumatic ordeal. She kept on re-experiencing that fateful night; her sleep was affected and plagued by nightmares. Most of the time she was sad, cried easily and lived in fear. She was still ashamed for being raped. Furthermore after the beatings she experienced caused pain in her knees, her upper back and right hand.

In early 2019, Mary came to CVT because she wanted to receive counselling. She had gotten information from a former client about the services offered at CVT. During the initial counselling assessment, she mentioned that she, "wants to live a normal life." She wanted to put an end to her sadness and to sleep better. At CVT, Mary attended the 10 week counselling and physiotherapy group sessions in a bid to reduce her physical and psychological symptoms.

Following the counselling sessions, she was assessed twice by the psychosocial counsellor by way of the 3 and 6 month follow ups. During the 6 months follow up, Mary reported she sleeps like a baby and that she does not cry as much as she did during the group sessions. She was now focused on getting a better job to help her cope with living expenses. However, she mentioned her biggest problem was feeling extra alert and on guard most of the time following an additional attack she suffered while in Kenya and prior to her 6 month follow up. Some men beat her up near her current home and took some money she had with her from selling some snacks. She did not recognize her attackers, but she was frightened because they spoke her native language and she feared she was targeted.

During her initial physiotherapy assessment Mary had not only mentioned her body pains, but also how the pain in her upper back and right upper limb interfered with her ability to prepare and cook the snacks she was selling to assist with her family's expenses. She had a lot of pain and in both of her knees making it difficult to ascend stairs. During her 3 month follow up assessment, the initial pain she had complained of in her body had been eliminated. She only mentioned that she had discomfort in her nose due to the flu. Mary was able to perform her activities with ease, but heavy work remained a challenge for her.

Mary was also a participant CVT's parenting program which helps improve coping strategies and parenting skills in our clients post trauma. Both Mary and her spouse received counselling and physiotherapy at CVT and she says this strengthened their relationship and bond as a family.

Maya Angelou once mentioned, "I can be changed by what happens to me, but I refuse to be reduced by it." Mary is an example of the resilience of the human spirit. The situation for most refugees in their host country is not ideal. Refugees usually have to endure unaffordable healthcare, security concerns, poverty and few employment opportunities. Despite all these challenges, clients like Mary and her husband can afford to smile, laugh and restore their dignity, purpose and hope once again. The coping skills they were taught during the sessions help them through the difficult moments they face even after the sessions are complete. To witness firsthand the impact of the CVT intervention is quite a privilege.

**Q16** Please relate a success story here:

“My background is in nursing and a while back when I was working as an ambulance nurse, I responded to an emergency that happened at the UNHCR office. A boy had fainted in front of the UNHCR gate and we took him to the Kenyatta National Hospital. I was on the evening shift and took him through the process of admission as well as a number of tests. For the better part of the night, I was pushing him on a stretcher from one room to another, but every test done was negative. The following morning the boy woke up feeling better and not even paracetamol was administered.

I later learned that the boy was a refugee from Somalia and had watched his parents and siblings murdered by uniformed authorities. Whenever he saw a person in uniform like the UNHCR security guards, he would faint. At the hospital, just when he was regaining consciousness, he saw the hospital security guards and this further worsened his condition. At the time, someone had commented that he was pretending and wasn't sick, but knowing what I now know about trauma, I realize that the boy needed trauma counselling more than hospital management. In retrospect, this has made my work at CVT much more admirable.

I started working for CVT as a Psychosocial Counsellor in 2013 when the Nairobi program was starting. Coming from a nursing background, I am pleased at how I transitioned and managed to acquire new professional knowledge and skills with the experience and training I was receiving from CVT as well as by enrolling and successfully completing a Bachelor's degree in Counselling Psychology.

The trauma counselling model at CVT uses an approach of 10 group therapy sessions, once every week after intake, and after that individual client follow ups done after one, three, six and 12 months from the date of the initial intake assessment. What amazes me during these follow up sessions is how closely connected I feel towards my clients, the resilience our clients have despite what they have endured and continue to endure, and the marked improvement they report in their signs and symptoms. This feedback has given me the fuel to continue offering my services as a counsellor at CVT for as long as I have.

Trauma work is not easy. I can say this as one who has been in the field for a number of years now. Our purpose when providing our services is very clear- restoring the hope and dignity of our clients. Many of our clients usually come in a hopeless state, experiencing a lot of suicidal thoughts or ideations, flashbacks of their traumatic experiences, intrusive thoughts of their traumatic events and sleepless nights, among other trauma-related symptoms. When we go through our standard intake assessment when they first come to CVT, they will sometimes ask, “How did you know I have all these symptoms?” However, seeing the impact therapy has had on the clients I have served has given me a lot of satisfaction.

In the course of my time at CVT, I have also played a key role as a facilitator in the Parenting program which was developed about three years ago. The Parenting program focuses on parenting during trauma transitions and was started after reports from our clients of parental neglect and abuse, with some saying they didn't understand why they were beating their children and that they regretted it. It was recognized that a number of the parenting challenges that our clients were experiencing were related to their own trauma as parents and caregivers as well as their children's trauma. It was thought that reaching the parents and caregivers would also address the children's trauma as we currently do not have a program that is specifically tailored for children.

The six sessions of psychoeducation the parents and caregivers receive has had a lot of impact. The parents and caregivers started reporting having a stronger attachment with their children as well as working on repairing the damage they had inadvertently caused their children, listening and improving the communication skills, using less physical punishments and having better family relationships.

I remember one parent saying at the end our sessions that her son asked, “Mum, did they change your medicine? You no longer beat us, you care and have stopped shouting at us. They need to continue with that medicine.”

The continuous training and supervision I receive at CVT also keeps me in check. The training we receive often has had an impact on my practical work. I have also grown in my own training skills as our supervisors also organize for us to train our peers., Thus helping us not only improve our training skills but also learning and transmitting new knowledge related to our work. Continuous clinical supervision sessions every week, including live in-group supervision, and debriefing after group therapy has helped me maintain my psychological well-being. prevent burnout and enhanced my effectiveness in the therapy that I am providing.

## S.L. Gimbel Foundation Fund

Self-care is and has been an important component of my work as a psychosocial counsellor working with war trauma and torture survivors. Being intentional about taking care of myself was initially a challenge, but through continuous supervision and support from my supervisors, as well as setting goals for how I intended to do my own self-care, I have become better at this.

I consider my work at CVT a calling more than a profession and I'm proud of how far I have come."

Habiba Mohammed, Psychosocial Counsellor, CVT Nairobi Program

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**Q17** Please relate a success story here:

**Respondent skipped this question**

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### Page 5: Organizational Information

**Q18** Which category best describes the organization. Please choose only one.

**Medical/Health/Public Agency**

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**Q19** What is the organization's primary program area of interest?

**Health & Human Services**

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**Q20** Percentage of clients served through grant in each ethnic group category. Total must equal 100%

Other **100**

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**Q21** Approximate percentage of clients served from grant funds in each age category.

Youth ages 13-18 **4**  
Adults **92**  
Senior Citizens **3**

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**Q22** Approximate percentage of clients served with disabilities from grant funds.

Mentally/Emotionally Disabled **97**  
Other Disability **3**

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**Q23** Approximate percentage of clients served in each economic group.

Working Poor **40**  
Other **60**

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**Q24** Approximate percentage of clients served from grant funds in each population category.

Disabled **3**  
Abused Women/Children **97**

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