

Mary C. Smith, Ph.D
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IN THE MATTER OF: Ms. Jane Doe

AFFIDAVIT OF
DR. MARY C. SMITH
IN SUPPORT OF
APPLICATION FOR
POLITICAL ASYLUM

I, Mary C. Smith, hereby swear and affirm the following:

1. I am a licensed psychologist, specializing in the psychological treatment of adults. I completed my Ph.D. in Psychology in 1991 at the University of Maryland, College Park. I completed one year of post-doctoral supervised experience in a private practice that specialized in treating adults with childhood physical and sexual abuse. I also hold a Masters Degree in Science (1974) specializing in Psychiatric Nursing. I have been practicing psychotherapy for 29 years. I have worked with torture victims at Advocates for Survivors of Torture and Trauma (ASTT), Baltimore, MD since January of 2000. My specialized training in the evaluation and treatment of trauma survivors is detailed in my attached Curriculum Vitae.
2. I conducted a psychological evaluation of Ms. Jane Doe at the office of ASTT in Baltimore, MD on 10/16/03, 10/20/03, and 11/3/03. The goal of the evaluation was to assess for psychological effects resulting from Ms. Doe's experiences in Indonesia, prior to her arrival in the United States on 2/5/2000.
3. My Diagnostic Impression is that Ms. Doe exhibits symptoms of (1) Post Traumatic Stress Disorder (PTSD), (2) Major Depressive Episode, and (3) Panic Attacks associated with being in crowds. The first two diagnoses started after the three traumatic events Ms. Doe experienced as an adult. The third diagnosis started when Ms. Doe was a young teenager. All three diagnoses meet the criteria for those diagnoses established by the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM-IV), of the American Psychiatric Association. If faced with returning to an unsafe environment, Ms. Doe would be at risk for significantly worsening psychological symptoms and decrease in functioning. I found her account to be credible for the reasons detailed in paragraph number 12.

Affidavit of Mary C. Smith, Ph.D.

Ms. Doe

4. **Personal History:** Ms. Doe is a [REDACTED] woman who grew up in [REDACTED]. Her parents also grew up in [REDACTED]. Her paternal grandparents and maternal grandfather emigrated from [REDACTED] to [REDACTED]. She has a sister who is 28, married with one child and a brother who is 25. Her father has an import/export business and her mother is a housewife. She has a college degree in marketing and worked in [REDACTED] in an insurance company. She was married in [REDACTED] to a Chinese [REDACTED] who also grew up in [REDACTED].
5. **Significant in her history is that she experienced many incidents of being harassed due to being [REDACTED].** She reports experiences such as being touched on her legs and buttocks, cursed at, having dirty water thrown at her while she was going to school with her sister, or in public, at the market, etc. In addition, she described various ways in which [REDACTED] people were systematically discriminated against by the government. When she was 5 or 6, she experienced a riot in her [REDACTED] neighborhood in which the windows in her house were shattered and large areas of the neighborhood were destroyed. Due to these incidents, her family was very protective and when possible, she stayed in a circumscribed area of town populated by [REDACTED] people.
6. **History of Traumatic Experiences:** Ms. Doe described in detail, the riot in [REDACTED] in 1998, during which her office was looted and destroyed and she was sexually assaulted and narrowly escaped being raped, the looting and burning of her and her husband's business, and the disruption and harassment of her prayer group. When describing the sexual assault, she described her feeling during the attack as "desperate." She said, "I will never forget...all my life...I feel dirty." Since that incident she has had frequent memories of the attack and never feels safe, always feeling scared of strangers. She said, "Why did all this happen to me...I'm so unlucky?" She describes herself as always feeling stressed with persistent regret about the attack. She often feels that she would rather die than live with the memories of the attack.
7. **Mental Status Examination:** Ms. Doe was alert, fully oriented, and neatly dressed. She appeared distressed while discussing her traumatic experiences and cried frequently during the interviews. Her speech was goal directed with no evidence of hallucinations, delusions, or thought disorder. Thought process was normal in flow and logical in form. Fund of knowledge, vocabulary, and sentence structure appeared above average. Mood is lowered and she reports that she feels stressed much of the time. She has suicidal thoughts, occasionally now and more frequently last year when she reports, she was feeling desperate. She has not made any suicide attempts. Insight and judgment were good.
8. **Diagnostic Impression:** Ms. Doe experienced significant trauma from the attempted rape, looting and burning of her business, and other incidents of

harassment she experienced in [REDACTED]. Diagnostic impression, based on the Diagnostic and Statistical Manual-IV (DSM-IV) of the American Psychiatric Association is as follows: (1) Post Traumatic Stress Disorder (PTSD) (2) Major Depressive Episode (3) Panic Attack associated with phobia of crowds. Evaluation of symptoms was done with two psychological measures, Hopkins Symptom Checklist and the Harvard Trauma Guide.

9. Ms. Doe exhibits signs of PTSD in the six categories required for diagnosis. These are: (1) Experience of events that threatened death or serious injury, and personal response of fear, helplessness, or horror: these included the sexual assault, the looting and burning of her business, and the harassment and threats during her prayer group; her emotional experience during the sexual assault was described as “desperate” and feeling like “I am dying,” consistent with a response of fear and helplessness; (2) Symptoms of Re-experiencing including: frequent memories of the attacks and associated feelings of fear and physiological reactivity such as headaches; frequent nightmares with images such as being chased and having threatening strangers in the dreams; (3) Avoidance of stimuli associated with the event and numbing of general responsiveness, feels that she can’t be close to people and can’t trust people, fears that if people know what happened to her (“that I was almost raped”), they would think ill of her or talk negatively about her; avoids church, although she is quite religious, because she feels “dirty” after the sexual assault and doesn’t feel comfortable in church, feels like a different person than the person she was before the trauma; she also avoids violent movies, a behavior she’s had since she was a child but that has worsened since the trauma; (4) Symptoms of Arousal including: difficulty sleeping, sleeps 4-5 hours per night, feeling on guard and circumscribing her activities in public, and feeling fearful when she sees people that resemble the perpetrators of the violent events; the fearfulness was experienced earlier in her life associated with harassment, and has intensified since the traumatic events; (5) Duration of symptoms is longer than 1 month, and (6) The distress is clinically significant. Since Ms. Doe’s symptoms meet all six criteria, Post Traumatic Stress Disorder is the diagnosis.

10. Ms. Doe’s symptoms also meet the criteria for the diagnosis of Major Depressive Episode, which requires (1) five of nine symptoms of depression to be present during the same two week period, and (2) the symptoms represent a change from previous functioning. The symptoms of depression Ms. Doe exhibits include: suicidal thoughts and feeling at times that she would rather die than live with what happened to her. She reports that she always feels stressed and wonders why she must go through the pain she feels; her suicidal thoughts were particularly pronounced during the first several months that she lived in the United States, when she described herself as desperate; lowered mood, difficulty sleeping, fatigue, and diminished interest in usual activities.

11. Diagnosis of Panic Attacks with phobia of crowds, includes feelings of anxiety, “can’t get enough air”, dizziness, vomiting, and embarrassment, associated with being in places where there are many people. These symptoms started when she was a teenager and are most likely associated with the early trauma of experiencing a riot outside of her home at age 5 or 6, the long history of harassment she was subject to as a [REDACTED] person in [REDACTED], and an experience of being teased, humiliated, and hit repeatedly by a classmate when she age 14-15. She managed these symptoms by socializing in small groups and avoiding situations with large numbers of people. She functioned well in school and has had no prior psychological treatment.
12. Credibility: I found Ms. Doe’s account to be credible based on guidelines for assessing credibility used at ASTT. The criteria are the following: (1) her verbal description of events was detailed, logical, and consistent throughout all interviews and consistent with her written account; (2) her non-verbal and emotional responses were congruent with her verbal description of events and consistent with presentations of people with PTSD. For example, she appeared quite distressed and cried intensely when discussing the traumatic events and at times had difficulty continuing to talk about her experiences. Her spontaneous description of her symptoms was detailed and non-evasive, and she was candid about symptoms that existed prior to the major traumatic events. (3) Her symptoms are consistent with what could be expected from exposure to trauma and similar to presentations of other trauma survivors with whom I have worked. (4) Although she has pre-existing symptoms of anxiety and fear in response to strangers and crowds, these symptoms have worsened since the traumatic events. In addition, she has experienced new symptoms, consistent with PTSD, that were not present prior to the trauma. (5) There is no thought disorder or psychosis that would interfere with giving a rational account of her experiences.
13. In conclusion, the diagnoses are Post Traumatic Stress Disorder and Major Depressive Disorder, both of which have occurred since the traumatic events and Panic Attacks with phobia of crowds. Recommendations are to continue with psychotherapy to manage the symptoms and stabilize mood. Ms Doe has agreed to continue with psychotherapy. Ms. Doe’s daily functioning is significantly affected by the symptoms of PTSD and depression. If she were to return to an unsafe situation, she would be at risk for further deterioration in her psychological status and significant risk to her ability to maintain basic functioning.

Affidavit of Mary C. Smith, Ph.D.

Ms. Doe

Signed under the pains and penalties of perjury under the laws of the State of Maryland

Mary C. Smith, Ph.D.

Date

City/County of Baltimore

State of Maryland

Sworn to and subscribed before me this _____

Day of _____, 2003

Witness my hand and official seal.

Notary Public

My commission expires _____.