Primary Care for Survivors of Torture and Refugee Trauma

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KEY POINTS

• Health professionals, including Primary Care Providers (PCP’s) will encounter Survivors of Torture and Refugee Trauma

• Survivors of torture and related trauma may present with a variety of health concerns and needs (medical, psychological and social)

• PCP’s and other health professionals can play an important role in promoting the health and well-being of survivors of torture and refugee trauma
HEALTH

“A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”

World Health Organization Constitution
HEALTH

Physical

Social

Psychological
Case Presentation

25 year old African male c/o severe hand and arm pain and difficulty sleeping.

**Medications:**
None

**Past Medical/Surgical History:**
None

**Social History:**
Denies use of cigarettes, drugs, alcohol; was college student in country of origin; speaks French; currently homeless

**Trauma History:**
- Arrested/imprisoned for several weeks in country of origin reportedly because of his participation in peaceful pro-democracy political activities
- Repeatedly interrogated about activities and threatened
- Repeatedly beaten
- Mock Execution
- Hand shackled to chain attached to ceiling and left dangling
- Confined in dirty, overcrowded cell
- Subsequently released, but fearing re-arrest fled his country
What is Torture?*

- Severe pain or suffering (physical or mental)
- Intentionally inflicted
- For a purpose: e.g. to obtain information or confession; as punishment for a suspected act; or for purposes of humiliation, intimidation and coercion
- Inflicted by or at the acquiescence of public officials

*UN Convention against torture and other cruel, inhuman or degrading treatment or punishment
Definition of Torture Under U.S. Law

“Torture” means an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control.

(Title 18; U.S. Criminal Code)
Common Forms of Torture

• **Physical**
  – Beatings, suspension in painful positions, electric shocks, asphyxiations, chemical exposures, Exposure to loud noises, bright lights, sexual assault, poor conditions of detention-starvation

• **Psychological**
  – Verbal abuse, threats of death, further torture, harm to self or family/friends, mock execution, forced behaviors (ex. forced sexual intercourse or forced to engage in practices against one’s religion), sleep deprivation

Many forms of torture / mistreatment have both physical and psychological components

Torture happens in the context of many other traumatic events:
(e.g. Forced migration because of war/persecution; witnessing other human rights abuses; profound socio-economic difficulties.)
Torture: Context and Setting

- Many forms of torture / mistreatment have both physical and psychological components.

- Any one form of torture / mistreatment rarely occurs in isolation but in combination with several abusive techniques.

- Potential harm caused by the combination is greater than the additive effect of individual techniques.
  - Eg. Stress positions may follow blunt trauma, thereby increasing risk of clot formation.
  - Eg. Isolation, sleep deprivation, sexual humiliation may occur in combination intensifying trauma and impact.

- All torture, whether primarily physical or psychological in technique aims to establish the total control of the torturer over the victim.

- Such loss of control, or loss of autonomy, results in extreme helplessness and distress.
Health Consequences of Torture

• **Physical**
  – Bruises, scars, broken bones, joint and muscle pain, headaches, neurological damage (e.g. hearing loss), infectious diseases (e.g. STD’s, chronic pain)

• **Psychological**
  – Symptoms/diagnoses of Depression, Anxiety, Post-traumatic Stress Disorder, Cognitive deficits

• **Social**
  – Withdrawal, isolation, mistrust, substance abuse

The Physical, Psychological and Social Dimensions of health, and the health consequences of torture are all interrelated.
Prevalence of Torture

• Documented to occur in more than 90 countries, worldwide (Source: Human Rights Watch, Amnesty Intl. U.S. State Dept.)
• 5-35% of refugees and asylum seekers are torture victims (Source: numerous sources in the medical literature)
• More than 400,000 torture victims, who fled their native countries, are believed to reside in the USA (Source: Office of Refugee Resettlement)
Prevalence of Torture in the Primary Care Setting

• 7-11% of immigrant patients in the primary care setting have endured torture
  (Source: Eisenman, Keller Kim, 2000; Eisenman, Gelberg, Liu & Shapiro, 2003; Crosby et al. 2006;)

• Many more have likely experienced / witnessed traumatic human rights abuses

• Few if any individuals reported their history of torture / trauma to their physician nor were asked about it
Evaluating and Caring for Torture Survivors
General Principles

• Recounting the events of abuse can be extremely stressful and potentially re-traumatizing for the victim
  – Utilize “active listening”
  – Acknowledge difficulties of talking about traumas

• Listening to accounts of torture / trauma can be very stressful for the interviewer as well (vicarious traumatization)

• Establishing a rapport and eliciting a thorough and complete history can take time
General Principles (cont.’d)

• There is variability with the degree of physical and psychological signs, symptoms, or consequences which a torture victim will manifest.

• There is variability in the manner in which torture victims conduct themselves in interviews and in recounting the events of their abuse.

• Health professionals may have participated directly or indirectly in the individual’s abuse.

• Anticipate and Address potential barriers
  – E.g. Interpreter needs, gender issues, time limitations.
Physical Examination of Torture Survivors

- Thorough physical examinations are important for addressing health needs and for documentation
- Sensitivity
  - start with less intrusive elements of physical examination
  - avoid prolonged nakedness
  - explain each step as you go
- Physical findings may or may not be present
  - A “normal” physical examination does not negate allegations of torture
  - Many forms of torture / trauma leave no marks
  - Substantial gap of time between trauma and evaluation
Ancillary Tests

• Be mindful of cultural issues and potential for re-traumatization
• Provide appropriate explanation/preparation
  – Blood drawing
    • Blood is a “sacred” element in many cultures
    • Blood drawing may have been a form of abuse
  – Electrocardiograms
    • May be stressful for individuals subjected to electric shock torture
  – CT Scans/MRI’s
    • May cause anxiety from sensation of enclosed space
    • Start with less intrusive elements of physical examination
Common Medical Problems Among Torture Survivors

• Musculoskeletal
  – Fractures, chronic pain including lower back pain, pain on walking from “Falanga” (beatings on soles of feet)

• Neurological
  – Headaches, visual/hearing loss, vertigo, cognitive impairments

• Dermatological
  – Scars, keloids, ulcers

• Infectious Diseases
  – Tuberculosis, parasitic infections, sexually transmitted diseases
Common Medical Problems Among Torture Survivors

• Urological/Gynecological
  – High prevalence of sexual assault among both men and women
  – Increased rates of depression/PTSD among victims of sexual assault

• Dental
  – Poor dentition as a result of beatings, malnutrition, inadequate access to dental care

• Gastrointestinal
  – Parasitic infections, hepatitis, dyspepsia
Common Psychological Symptoms, Diagnoses Among Torture Survivors

• Depressive symptoms
  – Sadness, hopelessness, shame, difficulty concentrating, sleep difficulties

• Anxiety symptoms
  – Nervousness, Intrusive memories, nightmares, sleep difficulties, startle response, irritability,

• Memory and concentration impairments

• Somatic symptoms

• Diagnoses of Depression, Posttraumatic Stress Disorder

➔ Presence of multiple symptoms and co-morbidity of Depression/PTSD is common
Posttraumatic Stress Disorder (PTSD)

- **Re-experiencing**: intrusive thoughts and images, flashbacks, nightmares
- **Hyperarousal**: poor sleep, irritability, startle response, poor concentration
- **Avoidance**: numbing, emotional constriction, avoiding reminders of the trauma
Depression

• Low mood
• Sleep, appetite disturbance
• Low energy
• Feelings of self-blame, guilt, worthlessness
• Poor concentration
• Suicidal feelings

(All of these symptoms can seriously impair day-to-day coping and planning for one’s future)
Health Screening

• Testing for evidence of exposure to or immunity of infectious diseases
  – Tuberculosis (chest x ray for any patients with pulmonary symptoms or PPD +)
  – HIV and syphilis
  – Hepatitis
  – Stool for ova and parasites
  – Measles, mumps, rubella antibody titres (often needed for employment)

• General primary care screening
  – Hypertension, cholesterol
  – provision of vaccinations,
  – Routine labs (CBC, chemistry profile including electrolytes and liver function)
Provision of Multidisciplinary and Interdisciplinary Care

• Identify colleagues from different disciplines in your practice/institution, referral network
  – Medical/subspecialty
  – Mental Health
  – Social
  – Legal
  – Community organizations

• Establish and maintain effective communication

• Learn about the communities you are serving (cultural competency)
Medical Documentation of Torture

• Medical documentation of torture/trauma can be especially important for those applying for asylum

• Organizations providing resources and coordination of health professionals documenting torture/trauma
  – Physicians for Human Rights (www.phrusa.org)
  – Doctors of the World (www.doctorsoftheworld.org)

• Istanbul Protocol: “Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment” http://www.unhchr.ch/pdf/8istprot.pdf
Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

- International guidelines for medical legal investigation and documentation of torture and ill treatment.
- Adopted by the United Nations as the “gold standard” for such evaluations
- Product of three years of analysis / research and drafting by more than 75 forensic doctors, physicians, psychologists, human rights monitors, and lawyers representing 40 organizations and institutions from 15 countries.

“The absence of physical evidence should not be construed to suggest that torture did not occur, since such acts of violence against persons frequently leave no marks or permanent scars.” (48, U.N. Doc HR/P/PT/8/Rev.1 Aug. 9, 1999)
Physicians Roles in Promoting Human Rights


• Identification
  – Awareness of prevalence of human rights concerns, identifying human rights concerns in clinical context and in the community

• Treatment
  – Providing medical, mental health and social services

• Documentation
  – Medical/forensic documentation
  – Research, e.g. Prevalence/health impact of human rights abuses

• Advocacy
  – Exposing and condemning human rights violations
  – Education colleagues, the public and policy makers
  – Developing/Changing Policy
  – Individual Role/participation in professional organizations
Resources

The following sites provide referral resources as well as educational materials about caring for torture survivors

• **National Consortium of Torture Treatment Programs (USA)**
  – Includes more than 25 programs throughout the United States providing services to torture victims. [http://ncttp.org](http://ncttp.org)

• **Bellevue/NYU Program for Survivors of Torture**
  – [www.survivorsoftorture.org](http://www.survivorsoftorture.org)

• **Center for Victims of Torture** [http://www.cvt.org/](http://www.cvt.org/)

• **Florida Center for Survivors of Torture, National Partnership for Community Training** [http://www.gcjfs.org/fcst/npct.htm](http://www.gcjfs.org/fcst/npct.htm)

• **International Rehabilitation Council for Torture Victims:**
  – (IRCT) Promotes and supports rehabilitation of victims and prevention of torture through nearly 200 rehabilitation centres worldwide.
  – [http://www.irct.org](http://www.irct.org)