Evaluation and Treatment of Survivors of Torture

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Case: Mr. L

- 74 yo man, Vietnamese minority, speaking Vietnamese presents to clinic for routine follow up of chronic leg pain. He reports increasing R leg numbness and weakness and difficulty with gait. Associated with insomnia.

- He has been followed at Harborview for 20+ years and has seen multiple subspecialists in neurology, rehab, and ortho for this issue.
Case: Mr. L

- **Neuro exam:** A& O x 3, CN 2-12 intact, Reflexes: 2+ and symmetrical with plantar reflexes down going, limited extension, decreased light touch and 2 point discrimination R lower leg, normal strength but subjective weakness.

- **Cerebellar intact** (heel-shin, Romberg neg) but wide based gait.
Case: Mr. L

- Labs: normal CMP, CBC, TSH, B12, Folate, (-) RPR, (+) Quantiferon

- Studies: CT head unremarkable, MRI no infarcts, EMG: myotonia

- Treatment: some improvement with Dilantin, Gabapentin not helpful.
Right Leg Numbness
History of Injury
So finally I was imprisoned. There were only 8 of us and we cannot fight back. We are on top of the hill and we ran out of ammunition. We were
Case: Mr. L

- Patient identifies injuries suffered during imprisonment and torture as cause.
- He experiences ongoing difficulties with numbness and weakness that wax and wane and associate with anatomically unrelated symptoms such as insomnia, hunger, fear.
- He is reluctant to agree to studies, have blood drawn, or take medication.
Objectives

- General Objective: Histories of torture are commonly encountered at Harborview among immigrant patients.

- Ideally a physician practicing here would recognize the significance of this history, know how to record and document it, and how to integrate this history into medical decision making.
Objectives

- Background and Definition of Torture
- Common Methods of Torture
- Obtaining the History
  - Whom to screen
  - How to ask
- Documentation
- Referrals
Background and Definition of Torture
Background

- Nearly half of the world’s 200 nations torture their citizens.
- 6-12% of immigrants from countries where torture is practiced report a history of torture.
- 20-40% of asylum-seeking refugees from Somalia, Ethiopia, Eritrea, Senegal, Sierra Leone, Tibet, and Bhutan report being tortured.
- Approximately 500,000 torture survivors live in the US.

How do we define torture?

- Torture means an act committed by a person acting under 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 lawful control (18 U.S.C. 23490(1) 1998).
How do we define torture?

- A) The intentional infliction or threatened infliction of severe physical pain or suffering.
- B) The administration or application, or threatened administration or application, of mind altering substance or other procedures calculated to disrupt profoundly the senses or the personality.
- C) The threat of imminent death or
- D) The threat that another person will imminently be subjected to death, severe physical pain or suffering, or the administration or application of mind-altering substances or other procedures calculated to disrupt the senses or the personality.
Common Methods of Torture
Methods of Physical Torture

- Beatings (kicks, canes, sticks rifle butts)
- Head trauma
- Falanga (blunt trauma to the soles of feet with canes and batons)
- Burns
  - Necklacing - a gasoline filled tire around the neck lit on fire.
  - Cigarettes/ lighters
  - Hot liquids
  - Heated plastic
  - Heated metal
Traumatic Brain Injury

Photo: Greg Wood/AFP/Getty Images
Asphyxiation

Photo: Bryan Gosline. This file is licensed under the Creative Commons Attribution-Share Alike 2.0 Generic
Water Boarding/ Asphyxiation

Photo: Public Domain. Source: http://www.newyorker.com/
Physical Torture Techniques

- Detention
  - Isolation
- Caging
- Deprivation of Food and water
- Crowded cells extreme temperatures and no ventilation
Forced Postures

Photo: Public Domain, retrieved from Wikipedia
Forced Feeding

Photo: Minghui.org
Methods of Physical Torture

- Shaking
- Dental Trauma
- Suspension
- Electric Shocks
- Cutting
- Penetration: pins under nails, rectal probes, objects in the mouth
- Simulated Drowning: water boarding or submarino
- Sensory Deprivation: isolation, hoods, blind folds, ear muffs
Methods of Physical Torture

- Sexual trauma
  - Rape
  - Rape with instruments
  - Female genital cutting
  - Humiliation: nakedness, forced postures, threats, witnessed rape
- Sodomy
- Direct genital trauma: banding, blunt trauma, pliers, weights applied to scrotum
Penetration

Photo: Falong Gong Human Rights Working Group
Penetration

Photo: geelongadvertiser, Examiner.com
Mental Torture

- Humiliation
- Forced nakedness
- Forced to consume human flesh, excrement, urine, blood
- Mock executions
- Psychoactive compounds (LSD, amphetamine, truth serum)
- Threats against children, family, friends
- Witnessed torture
- Hearing pleas and screams
Humiliation

Photo: By User Blankfaze on en.wikipedia [Public domain], via Wikimedia Commons
Necklacing is the practice of summary execution and torture carried out by forcing a rubber tire, filled with petrol, around a victim's chest and arms, and setting it on fire. The victim may take up to 20 minutes to die, suffering severe burns in the process.
Necklacing

Photo: National Journal
Sexual Torture

Photo: Falun Dafa
Sleep Disturbance

Photo: Falun Dafa
Methods of Physical Torture

- Sensory stimulation:
  - Temperature extremes: hot boxes, stripped in the snow and ice
  - Loud noises
  - Flashing lights
  - Sleep deprivation
Sensory Overload

Photo: Falun Dafa
Sensory Deprivation / Sensory Overload

By Shane T. McCoy, U.S. Navy [Public domain], via Wikimedia Commons
Country Condition Reports

- Gulf Coast Jewish Family and Community Services
- http://gulfcoastjewishfamilyandcommunityservices.org/refugee/resources/country-condition-reports/

Torture Methods

SEVERE BEATINGS with fists, rifle butts, canes, sticks, branches, batons, chains, and belts on the head, back, arms and soles of the feet have been done to intimidate and get information from detainees about others. Prison guards reportedly change every hour, and with the change come new beatings to someone in the prison. Prisoners are always fearful of beatings. Torture and beatings during interrogations have resulted in hospitalization and death.

FORCED FIGHTING between prisoners has occurred for the amusement of the guards.

GHEPUWA occurs when torturers stand on or press on a prisoner’s legs that have been tied or clamped with bamboo.

SEXUAL HUMILIATION including anal insertion with canes, being stripped naked and forced to walk in the prison yard in front of guards and their wives with weights tied to the genitals, being stripped naked, tied, and beaten in public in the police courtyard in front of relatives and the public has been used to convince the public not to support anti-national groups, protests, and activities.

Current Situation

GOVERNMENT: Bhutan’s constitutional monarchy officially began on July 18, 2008 when parliament adopted the constitution moving Bhutan from an absolute monarchy to a parliamentary democracy. Parliament consists of a National Council of 25 seats of which 20 members are elected by each of the 20 districts and the remaining five are nominated by the monarch, and of the National Assembly of 47 seats which are elected by direct popular vote. The Supreme Court is maintained by the king and the high court is appointed by the king.

ETHNIC MAKEUP: Ngapals, Sharhaps, and Lhokshampas; the Ngapals are the majority and dominant group in society and the government. Their culture, norms, and Buddhist religion are considered to be the standard that all citizens should adhere to. They are believed to have migrated from Tibet in the 8th and 9th centuries. The Sharhaps are thought to be descendants of the earliest and largest group to live in Bhutan. Together with the Ngapals and other indigenous groups they are known as the Drupkas and account for 65% of the total population. The Lhokshampas are descendants of blend and indigenous peoples.

Bhutan
Obtaining the History
Overview

- Whom to screen
- Barriers to obtaining the history
- Using the history
Whom to Screen

- Status as a refugee or asylum seeker
- History of civil war in country of origin
- Reluctance to divulge experiences in country of origin
- Physical scarring
- Physical symptoms with no known medical cause
- Psychiatric symptoms of trauma: depression, nightmares, being easily startled, trouble sleeping

Photo: Inform Africa
Refugee Arrivals by Country of Nationality in 2012

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<th>Number</th>
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Refugee Arrivals by State of Residence in 2012

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Barriers to Obtaining the History

- Uncertainty about relevance to current issues
- Fear of opening “Pandora’s Box”
- Fear of re-traumatizing the patient
- Time constraints
- Language and cultural barriers
- Difficulty getting a cohesive story
Uncertainty about relevance to current issues

- Patients’ experiences of torture affects nearly every aspect of their interface with the medical system
- Torture history is particularly relevant when dealing with issues of
  - Medication nonadherence
  - Lack of follow-through on labs, studies, referrals
  - Unexplained chronic pain
  - Psychiatric disorders
Barriers to communication

- Interviews were conducted of 53 refugee patients in a suburban Midwest primary care clinic.
  - 2/3 of refugee patients reported that they never shared how they were affected by political conflict with their doctors and that their doctors never asked.
  - Most stated that they would like to learn more about the impact of trauma on their health and discuss their experiences with their doctors.

“When I came to the United States in the early 1980s, my nightmares got worse. . . The hospital setting brought back bad memories, and it was difficult to tell people what had really gone wrong with me. The doctors never asked questions about the source of my nightmares but gave me medication anyway. . . Eventually, I did not take the medications prescribed.”

Richard Oketch, torture survivor from Uganda
Fear of opening “Pandora’s Box”

- “to perform an action that may seem small or innocuous, but that turns out to have severe and far-reaching consequences” (wikipedia)
- A torture history has some parallels to asking about for domestic violence, homelessness, illicit drug use, incarceration
- We like to find problems that we can fix

Graphic: Nick Pontikis, Minor Greek Gods
Does asking about torture re-traumatize the patient?

- We likely unintentionally retraumatize torture survivors all the time.
- Torture is pseudo-medical by nature:
  - procedures
  - administration of drugs
  - supervision or even performing of torture by physicians (e.g. forced abortions and IUD placement in China)

Photo: Falun Dafa
Asphyxiation, Draping

Photo: PHI2010

Photo: IPICCU
Positional Torture, MRI scanners

Photo: www.revcom.us/i/abughraib.jpg

Photo: Cedars-Sinai
Electrical Torture, ECGs, EMGs
Starvation, Dieting or NPO

Photo: By Pvt. H. Miller (The National Archives) [Public domain], via Wikimedia Commons

Photo: www.articlesweb.org/
Time Constraints

- Questions and documentation should be focused on the goal of the interview
  - Asylum
  - Consultation
  - Primary care
How and What to Ask

- “Some people in your situation have experienced torture. Has that ever happened to you?”
- “Did you ever experience physical or mental suffering that was deliberately inflicted by a soldier, policeman, or militant, or someone acting with government approval?”
- “Have you ever been arrested or put in jail?”
- “In what country were you born?” then “Can you tell me what made you leave your country?”
Pitfalls in obtaining the history #1: Language and cultural barriers

- Always use an experienced professional interpreter, preferably in-person
- Be aware of differences in dialect, ethnic group, age and gender
- Be aware of cultural differences when trying to construct a linear timeline of events
Caution Documenting Timeline:
Linear narratives difficult

I was arrested in 73 and 78. But it's not because I was teaching. It was politically (motivated).
Pitfalls in obtaining the history #2: The “difficult historian”

- Numerous factors contribute to difficulty in recalling specific details of torture
  - Trauma results in fragmentation of memories
  - Sensory deprivation
  - Sleep deprivation
  - Traumatic brain injury
  - Depression, PTSD

- Use caution in documenting specific dates, places, or names in legal documentation
Memory Loss

I would like to say one more thing. I was tortured by the enemy for a long time and my mind was affected.
Pitfalls in obtaining the history #3: “Pain all over”

- Patients may have difficulty describing symptoms or have symptoms that are linked in “non-anatomic” ways
  - Physical connections created by specific torture experiences
  - Diminished body awareness
Using the History

- Alert other providers
- Educate patient on the mind-body connections and ties between symptoms and psychosocial stressors
- Educate patients on prognosis for their symptoms
- Give control back to the patient
Alert other providers

**Problem List**

- **Diagnosis**: Torture victim
  - **Overview**: Imprisoned 3 times in his home country, subjected to beatings with fists and canes, suffered loss of consciousness, escaped to US and granted asylum in 2009

**Mark as Reviewed**

Last Reviewed by Ahrenholz, Nicole C on 5/20/2013 at 11:18 AM

**Close**

**Progress Notes**

- Create Note in NoteWriter
- Create Note
- Refresh

No notes filed.

**SmartSets**
Educate Patients on the Mind-Body Connection

- Normalize the patient’s symptoms as a common response to the trauma suffered
- Reframe the idea of mental health treatment

“Torture survivors frequently need help in understanding the links among torture, emotional effects, and effects on the body. Survivors are usually relieved to hear they are not abnormal, weak, or crazy, and their symptoms are a normal human reaction to extreme stress. . . With education and guidance, survivors can learn to correlate these somatic symptoms with emotional trauma and stress, knowing that with time, as they begin to feel better emotionally, their physical pain may also lessen.”

- Healing the Hurt, Center for Victims of Torture
Educate Patients on Prognosis

- Many patients believe that their physical and psychological symptoms should improve upon their arrival to the US, but the opposite is often true.
- Address torture-related symptoms as a chronic disease, with expected periods of improvement and exacerbation.
Connect history to symptoms
Give Control Back to Patients

- Empower patients as much as possible
  - History: emphasize patient control over answering questions or choosing not to answer
  - Physical exam: ask permission prior to exam, be sensitive to patient comfort and positioning
  - Labs/Studies: allow patient to stop or delay procedures if possible
  - Treatment: acknowledge the patient’s choice in medication adherence, educate on goals and duration of medications
Northwest Center for Health and Human Rights

- Funding from the Office of Refugee Resettlement under its Torture Victims Rehabilitation Act
- Partnership between IMC physicians, NW Immigrant Rights attorneys, International Counseling & Community Services mental health providers
- Goals in the first year are to
  - Improve the stability, health, and adjustment for torture survivors in WA
  - Expand services to torture survivors in King County, WA
  - Increase collaboration and leverage resources across the medical, mental health, and legal fields
  - Raise awareness of services available to survivors in refugee, immigrant, and asylee communities
  - Increase knowledge and skills among community providers working with torture survivors
Summary Recommendations

1) Consider torture when seeing patients from regions of the world known to be in conflict.

2) If you suspect a history create a safe setting in which to inquire, go slowly, be clear.

3) Obtain a clear history, a general timeline of events and durations and the sequelae they experienced initially and persistently.

4) Document the history.
Summary Recommendations

- 5) Be aware of torture experience as you order tests and prescribe therapy for reactivating parallels with torture experience.
- 6) Give the patient some control over the medical event.
- 7) Discuss with consultants and therapists so that they understand.
- 8) Anticipate reactivation of PTSD and pain.
- 9) Symptoms may be linked in unusual “non-anatomic” associations because of torture connection.
There are two ubiquitously present civil institutions that are present in the process: medicine and law, health and justice. These were the institutions most consistently inverted in the concentration camp. The trial is the first weapon against the prisoner, instead of evidence that might result in punishment, punishment is used to produce evidence. The second is the inversion of medicine or its variant the scientific laboratory. This is demonstrated by the presence of medical figures (Dr. Mengele), procedures (enemas) or medications (insulin). In this case used to disrupt the body not to heal it. “Civilization is brought to the prisoner and in his presence annihilated in the very process by which it is being made to annihilate him.”
Avoid insisting on a easy to follow timeline

I was arrested in 73 and 78. But it's not because I was teaching. It was politically (motivated).
Documentation

- Pre-torture psychosocial history
  - Daily life
  - Family
  - Occupation and interests
  - Alcohol and drugs
Documentation

- Summary of torture events
- Caution with dates and times (best to leave out of legal documentation)
- Post-torture physical and psychological review of symptoms
  - Both immediately after torture and present symptoms
- Post-torture psychosocial history including journey to the US
Documentation: Physical sequelae of torture

- **Neurologic**
  - Shaking, TBI → subdural hemorrhages
  - Nerve Injuries post-traumatic/electrical
  - Cognitive impairment

- **Eyes**
  - forced sun gazing → Solar retinopathy
  - Ocular trauma → secondary glaucoma

- **ENT**
  - Facial fractures and scarring
  - Ruptured eardrums, hearing loss

- **Skin**
  - Burn Injuries
  - Keloids and painful scars

- **MSK**
  - Poorly healed fractures requiring revision
  - Amputations and missing extremities and digits
Physical Sequelae

- Female Genital Cutting
  - Chronic pelvic pain
  - Chronic infections
  - Inclusion cysts
  - Keloids
  - Hematocolpus
  - Dyspareunia
  - Sexual dysfunction
  - Infertility
Treatment

- Are there financial and legal issues?
  - DUI
  - DV
  - Immigration
  - Detention or Deportation?
- Is there PTSD, Anxiety, Panic Disorder, Depression?

- Northwest Immigrant Rights
- International Counseling and Community Services
Summary Recommendations

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9) Symptoms may be linked in unusual “non-anatomic” associations because of torture connection.
Summary

- A history of torture is common in certain immigrant and refugee populations (IMC patients)
- Obtaining a history of torture can occur in a single visit or slowly over months to years
- Knowledge of a history of torture increases understanding and helps direct future care
- Documentation of a torture history can help consultants as well as aid in patients’ legal issues (e.g. asylum)
Pain and Interrogation

“Intense pain is world destroying. In compelling confession, the torturer compels the prisoner to record and objectify the fact that intense pain is world destroying. It is for this reason that while the content of the prisoner’s answer is only sometimes important to the regime, the form of the answer, that of his answering is always crucial.”

In this way the body and the voice are dominated, distorted, and the prisoner’s world is dissolved and unmade.
The Structure of Torture

3 Simultaneous Phenomena

1) the infliction of pain

2) the objectification of the subjective attributes of pain

3) the translation of the objectified attributes of pain into the insignia of power
The Structure of Torture

“The act of torture contains language, but it is itself a language, an objectification, an acting out... In the very process it uses to produce pain within the body of the prisoner, it bestows visibility on the structure and enormity of what is usually private and incommunicable...”
Pain and Interrogation

Torture consists of a primary physical act, the infliction of pain, and a primary verbal act, the interrogation. But for every instance in which someone with critical information is interrogated, there are hundreds interrogated who could know nothing of remote importance to the stability or self-image of the regime. The motive for the arrest is often a fiction, just as the motive for punishing those imprisoned is often a fiction, and what masquerades as the motive for torture is also a fiction.

Pain and Interrogation

“Pain and interrogation inevitably appear together in part because the torturer and the prisoner each experience them as opposites. For the torturer human agony is made invisible by the feigned urgency of the question. For the prisoner the overwhelming fact of his agony will make neutral and invisible the significance of any question as well as the significance of any world to which the question refers.”

References

- Thanks to Rozie Erlewine and Yetta Levine for putting together the video clips


