Global Health: Medical Education and Training Help Torture Survivors Build a New Life

By Eve Glicksman

Until hours before the Boston woman delivered her baby, not one of her physicians had noticed she had been the victim of genital mutilation. The account comes from Jillian M. Tuck, J.D., who manages a national program at Physicians for Human Rights (PHR) to provide forensic medical evaluations for people seeking asylum.

In the United States, the number of torture survivors—half a million—is the same as the number of people with Parkinson’s disease, according to Steven H. Miles, M.D., professor of medicine at the University of California, Los Angeles; and Columbia University College of Physicians and Surgeons. “So shouldn’t physicians be able to recognize signs of torture the same way they would be expected to notice symptoms of Parkinson’s?” he asks.

Treating trauma stemming from human rights abuses can have significant benefits for a victim’s personal and professional life. But many physicians miss the signs that a patient has been tortured. Miles, who serves on the board of the Center for Victims of Torture in St. Paul, described an Eritrean immigrant who was in the emergency room (ER) of the Center for Victims of Torture in St. Paul, described an immigrant group exhibits signs of depression or PTSD, complains of unexplained pain, or is known to be seeking asylum. In an article he published last year in The Journal of Family Practice, he suggested this basic screening question: “Some people in your situation have experienced torture. Has that ever happened to you?”

Many torture survivors live in urban centers, so health care providers should not marginalize the problem. Miles continued. “Torture is one of those taboo areas [in medicine] that we need to learn how to do better.” Clinical education, research, and efforts to develop appropriate therapies for torture victims remain inadequate, he said.

Teaching medical students how to document torture

PHR hosts training sessions across the country for physicians on how to document evidence of psychological or physical torture for people seeking political asylum. Physician volunteers then conduct forensic evaluations—about 450 each year—of people referred to them by PHR. “Many of the national trainers for this focused clinical area of expertise are in our teaching hospitals,” said Cohen, $300,000, M.D., M.S.P.H., AANEC senior director of health care affairs, who is a PHR trainer and volunteer.

In 2010, PHR and Weill Cornell Medical College established a unique partnership to bring medical students into the loop: the student-run Weill Cornell Center for Human Rights Clinic (WCC CRH) has medical students shadowing attending physicians as they conduct the evaluations. Students are taught how to draft a medical affidavit, which is then vetted by the supervising physician.

Medical documentation often is a determining factor when a judge grants someone asylum. If there are discrepancies in the refugee’s story, for instance, a physician may note that cognitive disabilities caused by head trauma could account for inconsistencies. A 2009 study of 2,400 asylum seekers published in the Journal of Immigrant and Minority Health showed that 30 percent who had medical documentation of past torture were granted asylum compared with 27 percent who lacked this evidence. In the WCC CRH program, all 120 clients evaluated by WCC CRH physicians were granted legal protection within the United States.

“We’ve literally seen lives and providing students with an incredible learning experience at the same time,” said Ellie-lamer, WCC CRH executive director and fourth-year medical student at Weill Cornell. The WCC CRH has become the model for other universities looking to develop collaborations with PHR, including the University of Pennsylvania Perelman School of Medicine; University of Michigan Medical School; David Geffen School of Medicine at the University of California, Los Angeles; and Columbia University College of Physicians and Surgeons.

After the evaluations, the physician supervisors are careful to keep their patients’ trauma out of their personal lives. “We’re literally saving lives and providing students with an incredible learning experience at the same time,” said Ellie-lamer, WCC CRH executive director and fourth-year medical student at Weill Cornell.

No evidence-based guidelines or standard curriculum exists for assessing and treating torture survivors, said Miles, who is teaching a graduate course on physicians and torture survivors this fall. The signs of physical and mental instability can be invisible to an untreated eye, especially if the abuser took steps to hide physical evidence. Victims commonly suffer from PTSD and clinical depression, which may be accompanied by chronic pain syndromes, anxiety, and a concussive head trauma. Standard interventions may include physical therapy, psychiatric medication, individual and family psychotherapy, and cognitive behavioral therapy to process and desensitize memories.

But the problems of torture survivors and asylum-seekers, noted Alison R. Guttman, M.D., Ph.D., forensic psychiatry fellow at the University of Pennsylvania Perelman School of Medicine and PPCRC medical director. “Learning your entire family and culture behind can have a profound effect on mental health, sometimes more overwhelming than the torture itself.”

The Department of Psychiatry and Behavioral Sciences at George Washington University (GWU) Medical Center offers a four-year Global Mental Health Track for psychiatry residents that includes the Program for Survivors of Torture and Trauma. In addition to following the academic curriculum, residents can train at a clinic in Northern Virginia where more than 150 torture survivors are treated each year. Residents in the track also can spend part of the year training in low- and middle-income countries and post-conflict settings of the Middle East, Africa, or Asia.

The emphasis in the Global Mental Health track is not so much on treating disorders as it is on treating patients within the full context of their family, religious faith, culture, and political or economic circumstances. At the clinic, staff have seen former Sandinista soldiers from Central America, survivors of the killing fields of Cambodia, Bosnian survivors of ethnic cleansing, Iraqi political prisoners, women gang-raped in the Congo, and Sudanese physicians who were coordinating operations for human rights in Darfur.

Many torture survivors have experienced loss, trauma, and dehumanization. The biggest challenge for residents is to establish an empathetic connection with the torture survivors without being overcome by the horror of their stories, said Griffin, who is interim chair of the GWU Department of Psychiatry and Behavioral Sciences. “They are listening to accounts of electric shocks, beatings, endless interrogations, and families being forced to commit degrading sexual acts with each other in front of weeping soldiers or police. It’s hard not to feel overwhelmed.”

Treating psychiatric and physical symptoms may be secondary, in fact, to the larger goal of restoring the torture survivor’s dignity, hope, and sense of a worthy life. Residents are taught how to treat torture survivors—depersonalization, grief, loneliness, and humiliation, which often are more devastating than PTSD breakdowns and nightmares, Griffin said.

If there is a positive note, these survivors—many of whom have been tortured at a young age—often show a better treatment response compared with people whose psychiatric illness is the result of genetic vulnerabilities or childhood deprivation, said Griffin. Nearly all those treated by GWU faculty and physicians at the clinic have experienced significant reductions in symptoms to the point where they can begin rebuilding their lives in the United States, he said.

“We have a powerful lesson for residents to witness how people can recover from extreme adversity,” Griffin summed up. “No matter how bad the torture was, some part of that person is intact. It’s the job of the clinician to find out who the person was before the torture and degradations—what matters to him or her, what values and commitments were important—and build from that.”