

## Caring for torture survivors

CAROLYN SCHIERHORN

“The woman had been kept as a sex slave for so long that it was difficult for her to understand that she was a free person, deserving of human compassion and dignity,” wrote Sondra S. Crosby, MD, in the Sept 18, 2007, issue of *Annals of Internal Medicine*. “She was raped, shackled, beaten, burned, forced to drink human blood and eat human flesh.

“I had many sleepless nights while I was documenting her story for a medical affidavit as part of her political asylum application.”

Titled “Seeking Asylum From Torture: A Doctor’s View,” Dr Crosby’s essay was among several handouts Kathleen A. Spreen, DO, MPH, provided her audience at the AOA convention’s International Seminar. (See the list of resources on Page 22.)

During a presentation titled “Torture Survivor Medical Care: Clinical Response and Treatment,” Dr Spreen outlined the physical and psychological abuse endured by torture victims—from being shocked, mutilated and denigrated to being made to watch loved ones tortured.

The US Department of Health and Human Services’ Office of Refugee Resettlement estimates that there are more than 400,000 survivors of torture living in the United States today.

“Torture survivors include community leaders and people who were total-

ly marginalized [in their homelands],” noted Dr Spreen, a family physician who volunteers her services to the Baltimore-based Advocates for Survivors of Torture and Trauma (ASTT). “In almost all cases, they hold different political or religious beliefs than their torturers hold.”

The ASTT, which assists torture survivors living in metropolitan Baltimore and Washington, DC, works with clients from 40 countries and six continents. Rich and poor, male and female, ASTT clients have ranged in age from 5 to 85, according to Dr Spreen.

Physicians who volunteer their services to the ASTT and similar organizations perform physical examinations of torture victims, documenting evidence that refugees and other asylum seekers can use in immigration court. Physician volunteers also provide medical care to torture survivors and help them obtain other needed services.

### What happens to victims

“The psychological consequences of torture are vast and varied,” said Dr Spreen, who is AOA board certified in preventive medicine and occupational medicine, as well as family medicine. The mental health problems associated with torture include posttraumatic stress disorder (PTSD), depression, anxiety and substance abuse.

What’s more, torture victims often undergo personality changes, becoming suspicious of others, paranoid and passive, Dr Spreen noted. “They may come to feel that they are permanently damaged, that nothing will ever be the same,” she added.

Citing an article on the diagnosis and management of PTSD published in the



“The psychological consequences of torture are vast and varied,” stresses Kathleen A. Spreen, DO, MPH, a family physician who volunteers with Baltimore-based Advocates for Survivors of Torture and Trauma. (Photo by Carolyn Schierhorn)

May 2007 issue of *JAOA—The Journal of the American Osteopathic Association*, Dr Spreen described some of the PTSD symptoms commonly experienced by torture survivors.

“The [torture] event is persistently re-experienced,” she elaborated. “[The survivors] have intense distress at any cues that trigger the memory of the event.

“They avoid all associated cues. They avoid people or activities that remind them of the event.”

Torture survivors detach themselves from others, have little interest in activities most people enjoy, and have a flat affect, Dr Spreen said. Most notably, they suffer from hyperarousal, manifested by difficulty sleeping and concentrating, excessive vigilance, and an exaggerated startle response.

### HEARTS approach

Dr Spreen recommended that DOs inter-

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ested in treating torture survivors read a book by Judith Lewis Herman, MD, titled *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*.

Dr Herman's techniques for helping survivors adapt to their current surroundings and cope with the past include the following:

- Re-establish a sense of basic safety.
- Recognize the need for both closeness and distance.
- Withhold judgment.
- Listen.
- Bear witness.

"You have to allow torture survivors to remember the events and mourn that past part of their lives," Dr Spreen said. "And you have to help survivors reconnect with ordinary life. Sometimes they need to be taught what a normal life is."

The principles outlined by Dr Herman form the basis of the ASTT's approach to treating torture survivors—an approach known as "healing the HEARTS of survivors." The HEARTS acronym stands for *history* "listened to gently and patiently," Dr Spreen said; *emotions* focus; *asking* about symptoms; *reasons* for symptoms; *teaching* relaxation and coping; and *self-change*, or taking good from one's old life to build a new life.

### Tick tick tick ...

"There is probably no issue in the United States right now more controversial than the use of torture," Dr Spreen emphasized. (See the accompanying article at right) "Advocates of torture say that sometimes torture is essential in gathering information from people that will save innocent lives. In contrast, opponents of torture say that torture is never

## Definition of torture enveloped in controversy

The United Nations and the executive branch of the US government disagree over the definition of *torture*, Kathleen A. Spreen, DO, MPH, pointed out during her presentation at the AOA's 9th annual International Seminar.

The United Nations considers torture to be any act, whether physical or mental, in which pain or suffering is inflicted to gain information or a confession or to coerce, intimidate or punish with the consent of someone in authority.

"But the executive branch," Dr Spreen said, "defines *torture* as physical injury so severe that death, organ failure or permanent damage results. The executive branch does not recognize any psychological techniques as torture. So this allows for the use of intensive interrogation methods such as waterboarding."

Authorized by the administration of President George W. Bush for use on "extrajudicial prisoners of the United States," waterboarding simulates the effects of drowning in a controlled environment in which, typically, water is repeatedly poured over a person's face, which may be covered by a wet cloth or a porous sheet of cellophane.

"For someone who doesn't know how to swim, the technique of waterboarding is especially terrifying," emphasized Dr Spreen, who volunteers with Baltimore-based Advocates for Survivors of Torture and Trauma (ASTT).

The ASTT contends that any distinction between physical and psychological torture is artificial. "Since both physical and psychological techniques seek to destroy an individual's sense of safety and trust, as well as his or her ability to function, they are equally harmful," Dr Spreen said, explaining the ASTT's position.

—Carolyn Schierhorn

morally justified and, frankly, does not work."

Dr Spreen pointed out that one prominent torture survivor, US Sen John McCain, R-Ariz, says that torture leads to information. But the senator questions whether the information is reliable.

"McCain has said that he would recite the names of the Green Bay Packers'

**"You have to help (torture) survivors reconnect with ordinary life."**

—Dr Spreen

offensive line when he was asked the names of co-conspirators [while held as a prisoner of war in Hanoi, Vietnam] because he would do anything to get the torture to stop," Dr Spreen observed. "So you have to wonder about the kind of information you can gather through torture."

Syndicated columnist Charles Krauthammer has described the "ticking time bomb" scenario as the most powerful justification for torture, Dr Spreen continued.

"Krauthammer," she elaborated, "asks you to consider that a terrorist has planted a bomb that is going to go off in a few hours. Is it justified to torture somebody to get information on the location of that bomb so that you can save the lives of thousands of innocent people?"

Darius Rejali, PhD, an internationally recognized expert on government torture whose book *Torture and Democracy* was published this month, argues that the ticking-time-bomb scenario is unrealistic, Dr Spreen said. A professor of political science at Reed College in Portland, Ore, Dr Rejali has pointed out



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that a terrorism suspect being tortured would likely give false information on the bomb's location.

"In fact, there is no evidence that torture provides useful intelligence," Dr Spreen stressed. "Even the *US Army Field Manual* states that there are much more useful ways of gathering intelligence, such as gaining the trust of the local people."

While making clear her opposition to physical and psychological torture as a means, Dr Spreen invited seminar participants to decide for themselves whether torture is justified by its ends.

"As physicians and medical students," Dr Spreen emphasized, "you must form your own opinions on this issue." AOA

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*Carolyn Schierhorn is the senior editorial project manager in the AOA Department of Publications.*

### For additional information

Physicians interested in learning more about treating torture survivors should consult the following resources, advises Kathleen A. Spreen, DO, MPH, a volunteer with Advocates for Survivors of Torture and Trauma (ASTT) in Baltimore:

- "Diagnosis and Management of Posttraumatic Stress Disorder in Returning Veterans," an article written by Roy R. Reeves, DO, PhD, that was published in the May 2007 issue of *JAOA—The Journal of the American Osteopathic Association*.
- "Seeking Asylum From Torture: A Doctor's View," an essay written by Sondra S. Crosby, MD, that was published in the Sept 18, 2007, issue of *Annals of Internal Medicine*.
- *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*, a book written by Judith Lewis Herman, MD. The second edition was published by Basic Books in 2001.
- *Torture and Democracy*, a book written by Darius Rejali, PhD, that was published in December 2007 by Princeton University Press.

#### On the Web

For more information, physicians can also consult the Web sites of organizations dedicated to helping torture survivors. Here is a sampling suggested by Dr Spreen:

- ASTT—[www.astt.org](http://www.astt.org).
- Survivors of Torture International—[www.notorture.org](http://www.notorture.org).
- International Rehabilitation Council for Torture Victims—[www.irct.org](http://www.irct.org).
- National Consortium of Torture Treatment Programs—<http://ncttp.westside.com>.

## Patient diversity calls for physician sensitivity



CAROLYN SCHIERHORN

"The population of the United States is changing very quickly," David E. Garza, DO, the president of the Texas Society of the American College of Osteopathic Family Physicians, stressed to his AOA convention audience.

In May 2007, the US Census Bureau reported that the nation's minority population in 2006 approached 105 million people, more than one-third of all US residents.

Hispanics constitute the largest minority group in the United States, numbering 44.3 million people—14.8% of the total

US population—as of July 1, 2006. Totaling 40.2 million people (or 13.4% of the US population), blacks make up the nation's second-largest minority group, followed by Asians, with 14.9 million (or 5% of the US population). American Indian and Alaskan native populations constitute the fourth-largest minority group, with 4.5 million people (or 1.5% of the US population), followed by native Hawaiians and other Pacific islanders, with 1 million (or 0.33% of the US total).

Between July 1, 2005, and July 1,

2006, the Hispanic population in the United States increased by 3.4%, while the Asian population increased by 3.2%, making Hispanics and Asians the two fastest-growing ethnic groups in the country.

This article is based on a presentation given at the 112th Annual AOA Convention and Scientific Seminar, held Sept 30-Oct 4, 2007, in San Diego. Conducted on Oct 2, the session titled "Cultural Competency in Caring for Patients" was part of the didactic program of the American College of Osteopathic Family Physicians.