

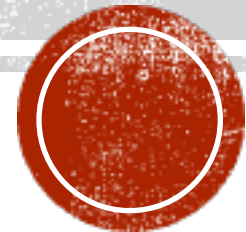
Effective Assessment of Torture Survivors for Optimal Care in the Primary Care Setting

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BACKGROUND

What is 'Torture'?

- "Torture is when somebody in an official capacity inflicts severe mental or physical pain or suffering on somebody else for a specific purpose."
- **Systematic and purposeful**

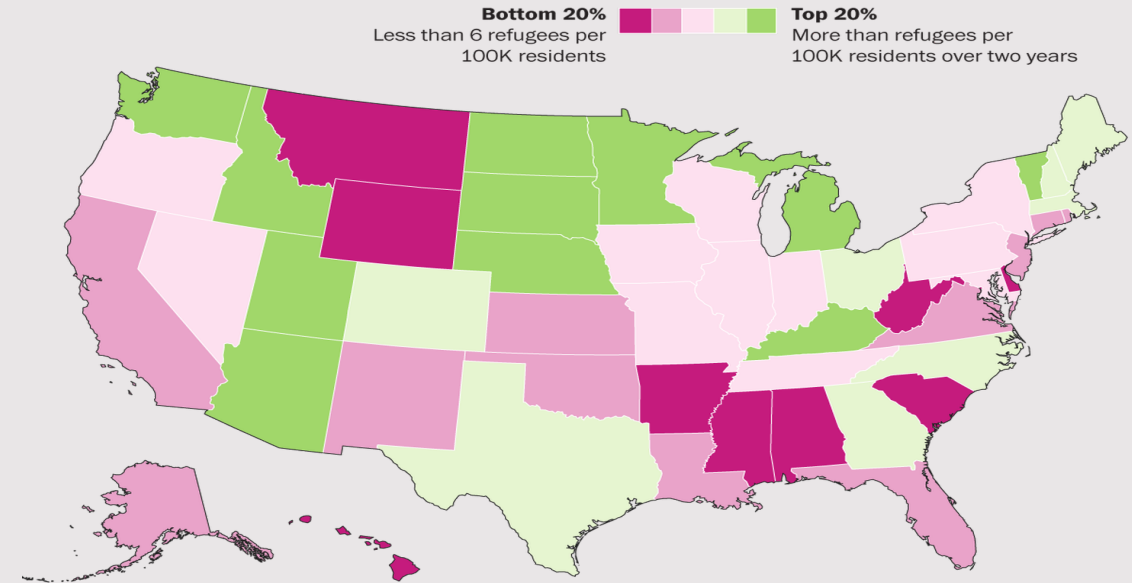
Torture globally and locally

- Within the past 5 years, torture has been documented in 141 countries.
- The number of torture survivors living in the United States equals that of individuals living with Parkinson's disease— 500,000.
- 30,000 torture survivors living in MN.

**TORTURE IS A
PREVENTABLE PUBLIC
HEALTH EPIDEMIC**

The most welcoming and least welcoming states for refugees

Some states take in many more refugees than others. Relative to their own populations, North and South Dakota have settled the most refugees in recent years, while Southern states have taken in some of the fewest. These numbers are summed over fiscal years 2013 and 2014.



Refugee

- an individual forced to flee his or her home because of war, violence or persecution, often without warning.
- An official government or United Nations Refugee Agency determines if the individual meets the definition of refugee based on well-founded fear.

Asylum seeker

- An individual whose claim for refugee status has not yet been determined legally

Immigrant

- An individual who makes a conscious decision to move to a foreign country with the intention of settling there.



NM-BC Clinic and Torture Survivors

Refugee health in Brooklyn center

- 20% of combined population of Brooklyn Center and Brooklyn Park are refugees, up to 15% Liberian refugees.



Typical Presentation:

- Refugees do not disclose a pertinent medical history of torture unless directly asked.
 - According to a study focused on Brooklyn Center, 2/3 of surveyed refugee patients did not share how political conflict affected them with their medical care team, and their doctors never asked.
- Refugees are interested in learning about impact of stress and trauma on health

NM-BC clinic Patient encounter:

68 yo male from Liberia seeking primary care check in at clinic after completing a program through Center for Victims of Torture, MN.

Liberia and Torture

- 1989-2003 Civil War forced 1/2 of population to flee and lead to death of 150-250 thousand humans
- All parties to conflict were responsible for human rights atrocities including torture, rape, sexual slavery, summary executions, and forced conscription of child soldiers.

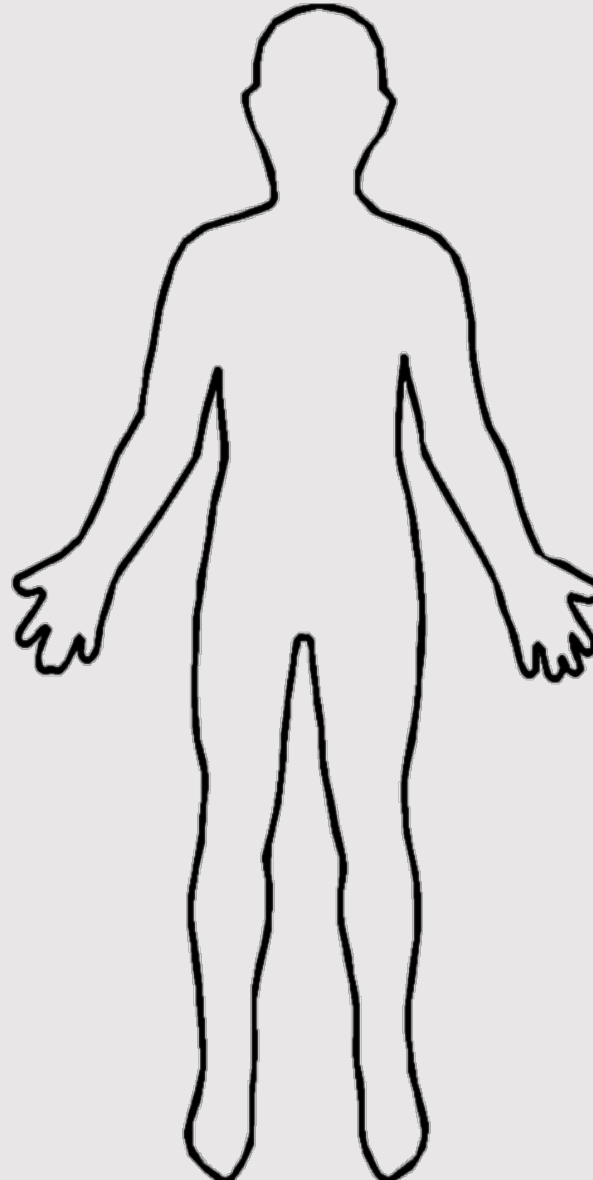
NM-BC clinic

- Thoughtful and collaborative provider team
- Aware of Center for Victims of Torture, MN program
- Official policy regarding torture survivor care not in place



Why is it important to screen for torture?

- **Profound effect on physical and psychological wellbeing**
- **Physical**
 - Neuro: Concussive trauma, headaches, cognitive deficits
 - Cardiovascular: HTN
 - GI: abdominal pain, anal issues
 - Endocrine: DM,
 - Musculoskeletal: old fractures, ligament tears dislocation, scars, pain
 - HEENT: hearing loss, dental issues, missing teeth, pain
 - GU: sexual problems
 - **Physical exam findings may be minimal**
- **Psychological**
 - Conditions: PTSD, Anxiety, Depression
 - Symptoms:**
 - Difficulty concentrating, memory loss
 - nightmares, intrusive recurrent thoughts of trauma, feeling on guard at all times
 - hopelessness, depressed mood, suicidal thoughts, appetite disturbance, lack of interest



- **Future safety of refugees**
 - 90% of asylum seekers with medical documentation granted asylum, compared to 37% who lack support.
- **Cost effective, high sensitivity (80%) and specificity (90%).**
- **Effective treatment exists!**
 - Torture survivor specific organizations
 - Physical therapy
 - Cognitive Behavioural Therapy
 - Narrative Exposure Therapy
 - Medical management of physical and psychological symptoms

Through acknowledging and understanding an individual's history of torture, providers are better able to address current physical and psychological needs



How should providers screen for torture?

“I walked a fine line between directly asking them about traumatic experiences, and not wanting to re-traumatize them by making them feel that they had to tell their story,” he said. “Often that would come later, when I got to know patients better.” ~MN physician

What are common barriers in torture screening?

- Lack of time
- Discomfort with topic
- Lack of understanding of increased physical and mental health consequences of torture
- Unsure of available resources

Important to note

- Age of child at time of trauma
- Country specific risks: **Patient encounter:**
 - [Minnesota Care Connection: Liberia](#)
 - “>40% of Liberian Refugees deal with civil war related PTSD”

Explain why you are asking these questions

“This information is helpful for me as your doctor (or child’s doctor) to diagnose and treat you appropriately”

Validated question:

“We see many patients who have been forced to flee their homes because of threats to the health and safety of patients and their families. I’m going to ask you a question about this now. Were you [or any of your family members] victims of violence in your home country?”

What questions should providers ask?

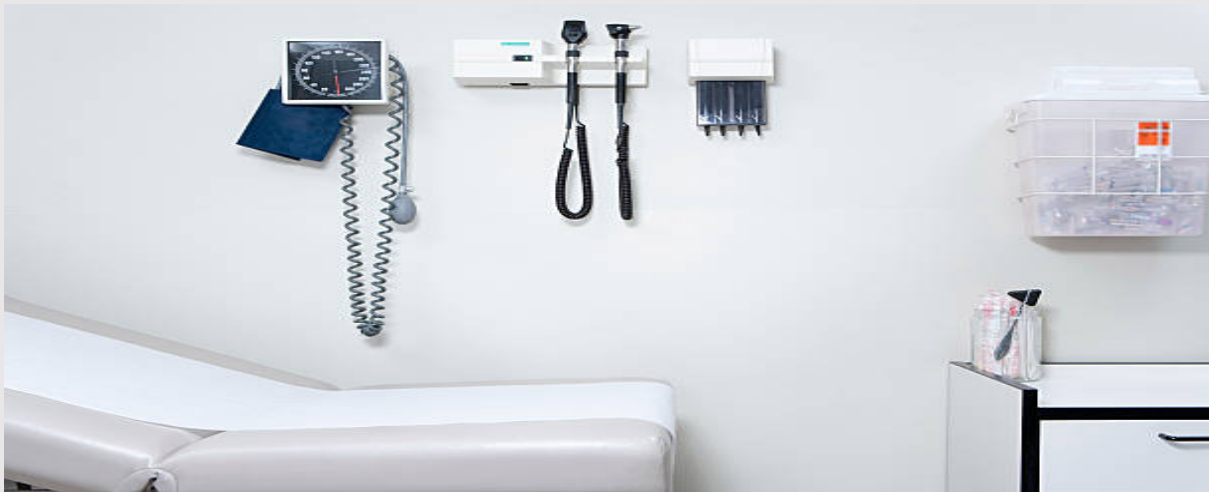
Cross-cultural symptomatic screening exam created in MN with interprofessional team

1. Bad dreams or nightmares
2. Feeling sad
3. Thinking about the past too much or without wanting to
4. Avoidance of situations that are reminiscent of the past
5. Do these problems make it difficult to do what you need to do on a daily basis?



Retraumatization and the medical setting

- Provider is in a position of power
- Medical personnel participate in ~20% of torture worldwide.
- **Triggers:**
 - Waiting rooms, crying babies, small cell-like rooms, closed doors, unfamiliar people, loss of autonomy, inability to communicate if language barrier
 - Procedures may be similar to torture methods (ophtho exam, gynecological exam, venipuncture, ECG)



What can providers do to address retraumatization potential ?

- Always use an interpreter
- Explain exam thoroughly before proceeding
- Normalize patient responses
- Trauma-informed care training — practices that promote a culture of safety, empowerment, and healing.

“I never do an invasive procedure exam of any sort the first time I meet a new refugee patient, not even minimally invasive.”

~Dr. Jim Letts MD in MN



RESOURCES

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