

THE REFUGE MEDIA PROJECT

www.refugemediaproject.org

Ben Achtenberg, Project Director & Producer
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The Refuge Media Project's goals are:

- To increase public awareness and understanding of the situations of torture survivors and their families in our communities
- To enable torture survivors to speak to the healthcare community about their experiences as patients or clients
- To help providers recognize torture survivors among their immigrant clients
- To demonstrate ways that providers can effectively confront the issues unique to immigrant torture survivors
- To motivate, inspire and empower clinicians and students to meet the needs of this growing and increasingly vulnerable population

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The Refuge Media Project will:

- Produce a 30-minute documentary, *Refuge: Caring for Survivors of Torture*, aimed primarily at healthcare and social service professionals and students
- Carry out a nationwide outreach campaign to publicize and encourage utilization of the documentary
- Produce a short follow-up film on the collaboration between healthcare and legal professionals in aiding asylum applicants
- Continue to develop the Refuge Media Project website as a comprehensive source of information and support for torture survivors and those who work with them
- Continue to create and publish short ancillary videos via the project website



BASIC PREMISE OF THE FILM PROJECT: Healthcare and social service providers are uniquely positioned to detect the symptoms of torture in their immigrant clients, and to intervene to improve health and mental health outcomes for survivors.

Learning Objectives: Viewers of the film should be able to...

- Understand some of the unique healthcare needs of torture survivors and some of the barriers they face in obtaining appropriate care;
- Discuss strategies to more effectively confront healthcare issues and advance health and healing among this population;
- Recognize the need to educate themselves and the healthcare community on how to identify and serve torture survivors among their immigrant clients;
- Know where to turn for advice and additional resources.



Unique Healthcare Needs of Torture Survivors:

- Torture results in particular, identifiable, forms of physical trauma. Healthcare workers need to know to look for and identify these, and to treat or refer appropriately. Physical signs of torture must also be viewed as indicators for psychological trauma.
- The psychological effects of torture are different from those resulting from other causes of migration (natural disasters, economic distress, search for a better life and – arguably – even war).
- With “modern” forms of torture there may be few or no indicators of physical trauma.
- Indirect trauma may be common: e.g. being threatened with or forced to witness the torture of others, especially loved ones.
- The triple-trauma paradigm: torture itself, loss and exile, resettlement and asylum.

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Barriers to Appropriate Care Faced by Survivors:

- **Clinician barriers:** ignorance, lack of awareness, lack of training, lack of time, language barriers, fear of secondary trauma, lack of communication among disciplines...
- **Client barriers:** language issues, cultural barriers, differing conceptions of health and medicine, shame, fear of authority figures (including medical professionals), fear of encountering perpetrators in their communities...
- **Institutional barriers:** issues of legal status, limitations on access to services for immigrants, refugees, asylum seekers, asylees, undocumented immigrants...
- **Societal barriers:** climate of hostility toward immigrants and toward particular ethnic groups...

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Strategies to Advance Health and Healing:

- Increase levels of awareness, training, and services in all healthcare and mental health organizations serving immigrants, especially emergency units, community clinics, suicide prevention programs, women's health programs, etc...
- Specialized treatment centers: these exist around the world. There are approximately 30-35 Consortium members in the United States as well as additional programs based in hospitals and clinics, or in the community...
- Form alliances with community outreach and activist organizations involving or serving immigrants...
- Establish better coordination and communication among providers, referral networks, etc...
- Involvement of physicians, psychologists, and nurses in conducting evaluations of asylum seekers in support of their claim of "well-founded fear" of return to their country of origin.

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Educating Clinicians & the Healthcare Community:

Studies demonstrate the need for:

- More extensive training of healthcare and social service providers on how to identify, evaluate and treat immigrant survivors of torture and war trauma...
- Expanded healthcare, mental health and social services for survivors of torture...
- Better communication among professionals of all disciplines.

Information on specific studies follows...

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Prevalence of Torture Survivors Among Foreign-Born Patients Presenting to an Urban Ambulatory Care Practice

(Boston Medical Center)

- **11%** of 142 participants reported a history of torture consistent with the UN definition
- Only **39%** reported that their healthcare provider asked them about torture
- **33%** reported that the survey was their first disclosure of their history of torture
- Conclusion: As survivors of torture may have significant psychological and physical sequelae, these data underscore the necessity for primary care physicians to screen for a torture history among foreign-born patients.

Sondra S Crosby, MD; Marie Norredam, MD; Michael K Paasche-Orlow, MD, MPH; Linda Piwowarczyk, MD, MPH; Tim Heeren, PhD,⁵ and Michael A Grodin, MD

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Mental Health and Health-Related Quality of Life Among Adult Latino Primary Care Patients Living in the United States With Previous Exposure to Political Violence

(Community Primary Care Clinics, Los Angeles)

- Out of 919 patients, **54%** reported having experienced political violence before coming to America; **8%** reported torture
- Of these, **36%** had symptoms of depression; **18%** had symptoms of PTSD and reported more chronic pain, role limitations due to physical problems, worse physical functioning, and lower perception of physical functioning and general health
- Only **3%** of 267 patients exposed to prior political violence reported ever telling a clinician about it after immigration
- **No** participant reported their current physician asking about political violence

David P. Eisenman, MD, MSHS; Lillian Gelberg, MD, MSPH; Honghu Liu, PhD; Martin F. Shapiro, MD, PhD. American Medical Association; August 6, 2003

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Communicating Torture and War Experiences with Primary Care Providers

(Center for Victims of Torture, MN)

- **72%** of participants reported they had never brought up to their physician the ways they had been affected by political conflict and violence in their home countries
- **66%** reported that no doctor had ever *asked* them about the political conflict in their country or how they had been affected
- **81%** said they would *like* to talk to their doctors about war trauma; **half** said they would do so if the doctor asked or if it would be of help to their health
- Commonly reported barriers to communication were that many did not consider the impact of the war to be a health issue or a relevant topic for a clinic visit, and survivors did not feel it was their role to initiate such a discussion
- **75%** of participants indicated that they would be interested in learning more about the impact of stress and trauma on their health

Erin Mehta, RN, PHN and Maureen E. O'Dougherty, PhD



The Cost of Survival: A Needs Assessment of Survivors of Torture and Service Providers

(Center for Survivors of Torture, Texas)

- Services for torture survivors are lacking in Texas, but CST services are being used by other agencies who see survivors
- There is a common desire among providers for more services, training in the identification of torture survivors, collaborations with academia, and intercommunication among service providers
- Improvements are necessary for better care

Recommendations:

- Train service providers to work with torture survivors, traumatized refugees and asylum seekers, especially in methods to identify, approach and refer survivors
- Increase service provider coordination and community outreach
- Establish communication and collaboration with academia, local businesses, former clients, and local cultural and ethnic communities

Shimma Y. Dessouky, MS candidate and Danyel Rios, MS candidate, Center for Survivors of Torture, Texas



Asylum Grant Rates Following Medical Evaluation of Maltreatment Among Political Asylum Applicants in the United States (Physicians for Human Rights)

Doctors evaluate for:

- Physical manifestations of maltreatment (broken bones, joint and muscle pain, headaches, dizziness, burns and scars, neurological damage)
- Associated psychological symptoms (depression, memory disturbance, lack of energy, withdrawal, insomnia, flashbacks, phobias, lack of concentration)
- Mental health disorders suffered by survivors (depression, anxiety, PTSD)

Conclusions:

- 1663 asylum seekers received evaluations; out of 746 cases, 89% were granted asylum
- National average rate among those who did not receive PHR evaluations: 37.5%
- Study demonstrates effectiveness of medical evaluations and asks whether all asylum seekers should have the right to a medical evaluation.

Stuart L. Lustig; Sarah Kureshi; Kevin L. Delucchi; Vincent Iacopino; Samantha C. Morse; 2004.

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Evaluating Asylum Seekers/Torture Survivors in Urban Primary Care: A Collaborative Approach at the Bronx Human Rights Clinic

- Psychological consequences among torture victims included difficulty sleeping, nightmares, sadness, flashbacks; physicians diagnosed **40%** with PTSD and **5%** with major depression
- **79%** who received physician affidavits received asylum approval (national rate: **25%**)
- The study demonstrated the effectiveness of “expert medical opinion expressed through a narrative and affidavit submitted by physicians trained in effective evaluation and documentation of torture.”
- “The high success rate of asylum approval in this sample highlights the need for physician witnesses trained in identification and documentation of torture survivors, working in collaboration with human rights organizations.”

Ramin G. Asgary; Eva E. Metalios; Clyde L. Smith; Gerald A. Paccione. Health and Human Rights, 2006.

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Providers report a need for training in several areas:

- Recognizing signs and symptoms of torture and related trauma
- Screening and evaluation (e.g., how to ask questions)
- Cultural competency, language barriers and interpretation
- Confidentiality and building trust
- How to talk with clients about mental health issues
- “Normalizing” responses to trauma
- How new traumas can trigger past traumas (“retraumatization”)
- Second generation impacts
- Immigrant integration into new communities
- Writing physician affidavits for asylum claims
- U.S. immigration policy & available resources
- Secondary trauma and caregiver transference



Resources

- **The Refuge Media Project:**
<http://www.refugemediaproject.org>
- **Center for Victims of Torture:**
<http://www.cvt.org>
- **Physicians for Human Rights:**
<http://www.phrusa.org>
- **Harvard Program in Refugee Trauma:**
<http://www.hpvt-cambridge.org>
- **Boston Center for Refugee Health & Human Rights:**
<http://www.bcrhr.org>

Many other resources, including organizations, publications, historical and legal documents, online resources, and audio-visuals, are listed on the Refuge Media Project website, above.

