



The Role of Health Professionals in Torture Treatment

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In detailing the complexity of survivor/health professional interactions, Piwowarczyk addresses such difficult topics as: the need to take a medical history while also being sensitive to survivors' reluctance to disclose their torture, as well as to the fact that medical questioning can feel like interrogation; the desire to heal patients while not wielding expertise in a way that negates their understanding of their condition; the need to understand the potential linkages between physical and emotional illness or pain without

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reducing patients solely to their past experiences of torture; and the need to recognize that one's medical opinion may have a legal bearing on patients' petitions for asylum or other protected status.

Piwowarczyk ultimately argues for health professionals to envision their roles not as experts with answers so much as "accompaniers" who can assist survivors with their healing and recovery in their physical, psychological, social, and spiritual dimensions. She also underscores the role of health professionals as advocates who, following the lead of survivors, can testify in specific situations, but who also can work institutionally to increase the legal and medical protections available to torture survivors.

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INTRODUCTION

We are living at a time in which basic human rights continue to be violated by governments, and humanitarian crises challenge our commitments to humanitarian law and international conventions. According to Amnesty International, torture and ill treatment are practiced in over 150 countries around the world.¹ There is no greater affront to human dignity than torture, with its explicit intention to mercilessly cause pain and suffering. Moreover, its goals extend to destroying families, terrorizing communities, and silencing their members. Within this frame, it is the intentionality of torture and the defenselessness of its victims that are particularly egregious.

Around the world, what constitutes torture is often "redefined" by governments so as to allow its use under the guise of national security. To maintain their position in power, governments may revert to the use of torture against opposition candidates or their supporters. Today, the "war on terror" singularly challenges governments to continue to observe their responsibilities and obligations under the United Nations' Convention against Torture. Should there be exceptions? Ticking-bomb scenarios have entered the discourse, attempting to frighten and tip public opinion toward allowing coercive interrogation methods. It has been well documented that information received under torture is often not reliable, yet the practice continues.

¹Amnesty International, *Annual Report 2006: The State of the World's Human Rights* (London: Amnesty International, 2006).

Torture can impact the minds, bodies, social capacities, and souls of its victims. Interventions which incorporate these domains of people's lives are necessary to the healing process. Some survivors are resilient to the impact of torture and do not have long-term effects. Others, however, suffer from post-traumatic stress disorder, depression, anxiety, psychotic symptoms, somatic symptoms, and chronic pain, and may also experience changes in self-concept, profound mistrust, feelings of shame, and feelings of being damaged. Many face significant existential dilemmas as they wrestle with why this has happened to them. Some may feel that God helped them through their ordeal, while others wonder how, if God existed, He would allow such cruelty to occur.

As with other kinds of trauma, it can be very difficult for survivors to talk about their experiences. Torturers often tell their victims that no one will believe them and that if they tell anyone they will have more problems or face death. Communities can ostracize survivors because of fear, as can families and neighbors. Remembering the range of such past events can trigger painful feelings for survivors, who often must exert great efforts to avoid anything that reminds them of what they have lived through. Shutting down emotionally as a coping mechanism can secondarily make it difficult to obtain the social support that is important to the healing process.

It can also be difficult for survivors to disclose their past experiences of torture to health professionals. That is why it is important for health professionals to ask if their patients have experienced torture. Risk factors for torture noted by Weinstein et al.² include being a refugee or asylum seeker, an opposition leader, or a relative of a survivor; having a history of arrest or detention or having been a prisoner of war; coming from a country where there is a totalitarian or military regime; being a member of a minority group; or coming from a country which has sustained a civil war.

In countries where torture occurs, there can be pressure on health professionals to become involved in the torture machine. This can take the form of monitoring the impact of the torture to assess whether it can continue or if it should stop. The goal of torture is to cause profound damage, not to kill someone, although some people do die from the injuries they have sustained. Physicians also falsify documents, in that they may attribute a death to natural causes or illness rather than reveal the role of government operatives. Behavioral health professionals have also been known to inform

²H. M. Weinstein, L. Dansky, and V. Iacopino, "Torture and War Trauma Survivors in Primary Care Practice," *Western Journal of Medicine* 165, no. 3 (1996): 112–18.

torturers of specific vulnerabilities so as to have the greatest, directly targeted impact upon their victims. Consequently, talking to a health professional can be potentially emotionally laden and triggering for survivors, who may have lost trust in the medical profession as a result of their experiences. Elements of the physical examination can also be reminiscent of their experiences during detention, which needs to be taken into account when examining patients. It should also be kept in mind that intensive questioning of one's history can potentially be experienced as an interrogation.

WHAT ROLE DO HEALTH PROFESSIONALS HAVE IN TREATING SURVIVORS?

Health professionals can play a pivotal role in the lives of their patients who are attempting to recover from the effects of torture. A health professional may be the first person to whom someone discloses what they have experienced. It is in the relationship between the torturer and the one tortured that the profound fracture in trust occurs. As such, it is also in the relationship between the survivor and the healer that the restoration of human connection can begin to take place. This process is fostered by the multiple roles that health professionals can play, both traditionally in the context of the Hippocratic function, but also more broadly as healer, companioner, spiritual guide, and advocate.

It should be noted, however, that as helpful as health providers may be to the process of recovery, it is in solidarity and identification with other survivors where much internal strengthening occurs. It is not uncommon for trauma survivors to feel that they are the only one who has had experiences like theirs. This perception is very isolating. When survivors begin to develop relationships with others who have endured such suffering, hope and strength can be drawn from others' support and example of recovery, thereby moving beyond the torture experience.

Role as Healer

Re-creating a sense of safety is central to work with trauma survivors. The establishment of safety is a prerequisite for treatment and healing to occur. Creating safety is an active process, initiated in part when one recognizes the survivor's basic needs, including food, clothing, and shelter, all of which are often problematic when one comes to a new country. Understanding the potential effects of torture, conditions in the country

and region from which the survivor originates, cultural practices, and health beliefs are all significant to helping survivors to feel understood. Survivors frequently experience significant anxiety about how they may be viewed, and whether they will be believed if they share their life stories. Other challenges they face are those related to acculturative stress, which results from being exposed to a culture different than one's own, as well as uncertainty over one's legal circumstances. All these factors must be recognized and taken into account in clinical encounters.

After establishing a sense of safety, psychoeducation is helpful to understand what the person has lived through and its emotional impact, as trauma survivors may not make the connection between their current symptoms and their past. It is important for them to gain a sense of control over their life. Relaxation, meditation, and exercise can help to reduce anxiety and muscle tension. Gathering testimonial information helps to establish the context and chronology of what has occurred. Grounding techniques can be helpful in helping individuals to stay in the present.

The process of working through trauma often involves addressing cognitive beliefs around survivors' perceived sense of responsibility, the phenomenon of survivor guilt, feelings of self-blame or sometimes shame, fear that they will never improve since they have been left irreparably damaged, and crises of hopelessness. Working with nightmares and improving sleep, the cognitive processing of experiences, including de-sensitizing to memories and their effects, and strategies to decrease the client's reliving of the past in the present are helpful to the process of recovery. Psychotropic medication can also play a significant role in reducing distress. Work with the body can help with the fragmentation that torture causes, as the body is used by the torturer to access the person's inner world and soul. Holistic approaches take into account the multiple domains of people's lives that can be affected. Hence, approaches which simultaneously address these facets are necessary in helping to integrate the disparate parts of people's lives that have been fragmented by their experiences.

It is not uncommon for health care to be unavailable to survivors when detained. Many die in jail or after being brought to a hospital too late because they were not given the necessary medical attention. After survivors have fled the scene of their trauma, the residual effects of former injuries, illnesses endemic to the region of origin, ongoing health concerns, and the need for age-appropriate preventive care require evaluation and treatment. Chronic pain is a common problem. Torture, which often involves the use of rape, may result in exposure to HIV: a double burden for the

survivor. Ongoing primary care is necessary, as is access to subspecialists. Changes in diet and exercise in a new country frequently contribute to a rising incidence of illnesses more commonly found in the industrial world than perhaps in the client's country of origin.

Survivors may be forced to go into exile and to ask for protection in a new country as an asylum seeker. In the United States, they must file an asylum claim within one year of arriving. Health professionals can play an important role in assessing asylum seekers, specifically as to the effects of torture and persecution. This involves interviewing and examining the patient about their past history prior to torture and persecution, their torture experiences, their life after torture, both in their country of origin and after arriving in the asylum country, the nature of their escape, past medical and psychiatric history and treatment, family history, mental status examination, and physical examination. Not having been witness to the events shared by the patient, the role of health professionals at this stage is to assess whether the symptoms with which they present are consistent with the narrative they have related. In the U.S., affidavits can be prepared and testimony offered to the Bureau of Citizenship and Immigration Services and the Department of Justice. These documents can play a significant role in the survivor's case when they are seeking asylum.³

Role as Accompanier

Survivors possess the fundamental voice about the negative effects of torture. They have the most reliable information about the impact of torture on their lives and on those of their families. With the "war on terror" and questions about the true effects of torture, survivors are in the best position to advise and to help others, including policy-makers, to understand its full impact. Being given the opportunity to provide testimony to lawmakers could enhance the national dialogue on interrogation methods and torture. After regaining their physical and emotional strength, some survivors may choose to speak out against torture. Indeed, efforts to use torture in the "war in terror" are vehemently opposed by survivors, who speak of its drastic degradation of human dignity, and also argue from experience that it does not work, as they know at first hand that people will say anything to make torturers stop the infliction of pain. Unfortunately, the survivor voice remains largely missing from the national dialogue about the utility of torture.

³Physicians for Human Rights Asylum Network, www.phrusa.org

The health professional accompanies survivors along the road from first being silenced, feeling as though one has no voice, to finding one's voice in the safe setting created in the therapeutic context, to exercising one's voice by sharing one's story. In some cases, survivors may choose to publicly denounce those who have tortured them, the governments who supported that torture, and governments who advocate the use of *any* torture as a military or political tool, and they may seek criminal penalties for torturers, as well as look for reparations.

Role as Spiritual Guide

Health professionals who work with torture survivors come face to face with the most profound and intentional suffering of humanity. In working with survivors, it is necessary to wrestle with facts related to the intentional infliction of suffering on other human beings. In hearing testimonials about extreme cruelty, health providers must reflect on and be cognizant of their own beliefs about evil in the world and the misuse of power, as their belief systems may also change in response to hearing about the infliction of violence on innocent people. A parallel process is undertaken by survivor and health provider to make sense of what one has experienced and to find meaning in the wake of that experience. What happens in the context of torture is an abomination of the dignity of the human connection. Often there are no words to express what has happened. In addition, there are few with whom one can share these experiences. This profound loneliness coupled with unanswered questions about causality can lead to existential despair for the survivor.

It is a humble honor to be invited into the sacred space of the woundedness of another human being, a space often not shared with that person's own family members. How do we honor our patients at these times of despair as they struggle with the most profound questions of their lives? It is by active listening and by holding on to a sense of hope, which at times can feel imperceptible to the survivor. It is also by providing our presence when it is so difficult for our patients to trust another human being. It is by listening with one's heart and helping to bear the pain, which can be bigger than the words which attempt to describe it. It is by remaining present when hearing about atrocities that are unimaginable. By being open to the existential and spiritual questions that such extreme trauma can raise, we can provide a sacred space for them to be examined and re-examined through the healing process.

Throughout the process of recovery, how one understands and relates to the spiritual issues that arise may change. For some survivors, gaining distance from the experience of torture may lead to reflection upon their journey through torture and its survival, and what conditions maintain the torture system.

Role as Advocate

Health professionals are in the unique position of being able to document the physical and emotional effects of torture. The Istanbul Protocol (1999)⁴ was formulated by health professionals to serve as a manual to aid in the documentation of human rights violations. This is an effort on a worldwide basis to systematize the assessment of the effects of torture and ill treatment. Torturers increasingly attempt to cause suffering by methods that do not leave physical scars, so as to reduce the risk of discovery, and employ such methods as threats, excessive noise, and forced nudity. Given this, the documentation by health providers who listen to and validate a survivor's testimonial cannot be underestimated. Such documentation that torture is happening in a particular country can be used for the arrest and conviction of perpetrators under the laws of that country as well as international law.

The role of health professionals can also extend beyond individual encounters to act toward addressing issues of concern in the asylum system, including the detrimental effects on daily life of delays in obtaining work authorization. Not being able to apply for work authorization for 150 days after an asylum claim has been made means that the claimant must rely on the generosity of others for basic needs, including food, clothing, and shelter. Health professionals can provide education to the legal community about the effects of torture and also about how the presence of emotional distress and disease influences testimony in a judicial setting. For example, it can be impolite in some cultures to have direct eye contact with authoritative figures, whereas in a western context a lack of direct eye contact can suggest that one is not being truthful, or that one is trying to hide something. The increasing emphasis on documents to

⁴UN Office of the High Commissioner for Human Rights (OHCHR), *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* ("Istanbul Protocol"), 2004, HR/P/PT/9/Rev.1, available at <http://www.refworld.org/docid/4638aca62.html> (accessed 3 November 2017).

support one's case does not take into account the circumstances under which some people are forced to flee their countries. Relying purely on documentation that in these contexts would be nearly impossible to obtain is a disservice to survivors, who often face extreme danger at the time of departure and during flight.

Through their work with human remains, forensic scientists help to answer questions after people have been silenced. Via their meticulous work, forensic scientists are frequently able not only to make identifications, giving the opportunity for some form of closure for families, but also to help answer questions of causality. Such questions include: How did my loved one die? When? For what reasons? This work is crucial, as history can at times be written inaccurately by those with the greater power. If there is documentation that human rights violations have occurred, testimony can be provided to international criminal courts to hold people accountable. When a spotlight is placed on human rights violations, perpetrators are more likely to be held accountable for their actions.

WHAT SURVIVORS HAVE TAUGHT ME

This work highlights the polarity of the human experience: from the depths of cruelty that human beings are capable of inflicting on one another to the heights of the profound dignity of the human spirit. As health professionals, we bear witness to these extreme realities. We see that the torture experience is not the end of people's stories. It does not define who they are, but rather, through the healing process, becomes a part of their interwoven experience. We learn of acts of courage as well as gentle kindnesses bestowed by and among prison inmates. We learn that it is possible to love others even after experiencing the extremes of betrayal by one's countrymen, governments, civil servants, and humanity as a whole. By preserving one's own humanity in the face of torture, one can acknowledge that although for a period of time a survivor's freedom was taken, their human dignity was not destroyed. As a message to all who suffer such indignities and trauma, the health professional is one who can bear witness that the strength of the spirit can rise above efforts to destroy it.

As Martin Luther King, Jr. asserted, the arc of history bends toward justice. Doing this work, however, calls upon health professionals to actively speak out against the impact of torture, rather than being passive witnesses. As providers, we cannot be silent when we see the deleterious effects of torture, even in the face of efforts by torturers to use methods

that leave no physical signs. Health professionals have a moral imperative to engage in the prevention of torture, not only to provide care and testimony, but also to work for justice by helping to identify perpetrators; aiding professional organizations to make clear ethical guidelines regarding the complicity of health professionals' involvement in torture; and working for the eradication of torture everywhere by anyone. This is particularly true for these times.