

# **From Terror to Healing:**

## **Study Guide for Training Videos**



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# From Terror to Healing: Study Guide

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Release Date 1/1/2002

This study guide summarizes the main points of the presentation in Part 1. Part two allows the viewer to observe two tortured clients and hear from a Bosnian interpreter her experiences interpreting for Bosnian war trauma or tortured clients.

The three case presentations and exercise at the end of the study guide are specifically designed for:

- Family physicians
- Internists
- Psychiatrists
- Physician assistants

## Purpose

These videos and study guide have as their purpose to help you assess the need for any changes in your current methods of interviewing, diagnosing or treatment planning when your patient is likely to have a history of torture or war trauma in his or her background.

**Objectives:** Following completion of this course, the participants will be able to:

1. Identify the estimated prevalence of torture among refugees living in the US.
2. Name common forms of physical and psychological torture that survivors may have experienced.
3. List individual risk factors that can be assessed during history taking that may indicate that a refugee has experienced torture.
4. Recognize common symptoms and presentations of aftereffects of torture.

5. Recall the major goals and opinions for treatment of torture survivors.
6. Describe possible barriers to effective diagnosis and treatment identified in both videos.
7. Recall suggestions for increasing the likelihood of an accurate diagnosis and acceptance of treatment.
8. Based on testimony in Part 2, design steps in a diagnostic process that might improve efficiency and accuracy when the patient may be a torture survivor.

## Contents

- Two half-hour videos: From Terror to Healing, Part 1: Overview of Political Torture Today and Part 2: The Torture Survivor's Perspective
- A study guide with main points outlined and three case histories for discussion and application of principles

## Viewing Process: two options

### In one session (two hours)

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- Complete the overview and introduction reading prior to session. (20 min.)
- View both videos. (Each video is 30 min.)
- Review the case histories, reflection questions and perform Exercise #4. (30 min.)

### In two sessions (one hour each – especially useful for clinic groups)

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- Complete the overview and introduction reading prior to both sessions. (20 min.)
- Session one (50 min.)
  - View Part 1 (30 minutes)
  - Discuss Case histories 1 & 2
- Session 2 (50 min.)
  - View Part 2 (30 minutes)
  - Discuss case history 3 & Exercise 4 (10 min.)

## Faculty

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## Faculty Disclosure

James Jaranson, M.D., M.P.H., has indicated  
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from NIH (NIMH).

The remaining faculty members have  
indicated that they have no financial  
interests or relationships to disclose and that  
their material includes no discussion of  
research or unlabeled use.

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## Financial Support

Funding for these videos and study guide  
has been provided by the following  
governmental and non-governmental  
sources: U.S. Office of Refugee  
Resettlement, Blue Cross and Blue Shield of  
Minnesota Foundation.

# An Introduction to Torture Treatment

The following is a summary of main points covered in the companion videos From Terror to Healing: Part 1, Overview of Political Torture Today and Part 2, The Torture Survivor's Perspective.

## Background Information

### Common traumatic events experienced by refugees

- Extreme deprivation – poverty, lack of health care, famine, unsanitary conditions, refugee camps
- Witnessing of death squads
- Witness to mass murder
- Disappearances of family, friends, neighbors, community leaders
- Forced displacement, loss of community and familiar physical surroundings
- Dangerous flight or escape, during which they may have lost family members
- Harassment and deprivation of human rights
- Torture in jail, their own home, camps
- Being raped or witnessing rapes

“I would look for words to translate the atrocities that they have witnessed.”  
*Part 2: The Torture Survivor's Perspective*

### Why people are tortured

- Belonging to the “wrong” political party
- Participating in a public demonstration (democratic leader)
- Being of a different ethnicity or tribe (e.g., Bosnia, Ethiopia, Somalia, Turkish Kurds)

- May have simply voiced a dissenting opinion (Iran, Tibet)
- May be *suspected* of having a different or opposing view



- Family member may be politically active (guilt by association)
- May have material things (car, home, land) which others in power want
- May have simply been in the wrong place at the wrong time

### Torture methods that are used

- Beatings (*Falanga* is a term for beating of the soles of the feet)
- Hanging (there are numerous ways to suspend an individual to cause trauma to the joints; individuals are frequently hung by their arms)
- Application of electrical probes
- Suffocation (including near-drowning)
- Sexual assault
- Ruptured ear drums (*Telefono* is a term for hitting the side of the head with cupped hands in order to rupture the ear drums)
- Threats to family
- Forcing an individual to sign false accusations
- Mock executions
- Witnessing the torture of others
- Being forced to participate in the torture of others (including family members)
- Shame and humiliation

- Deprivation of food, clothing, water, bathing, etc.
- Sensory over-stimulation (continuous loud noise, for example)
- Many other methods

“I became afraid of going to sleep.”

Part 2

## Identifying Torture Survivors

### Common risk factors

- From a country with a history of war, political upheaval, or human rights abuses
- Reluctance to divulge experiences in country of origin, or what happened to them
- Politically active in their country of origin
- Have a family member who has been tortured or killed
- Physical evidence of trauma may or *may not* be present
- Complaints of pain for which no physical cause can be found
- Psychiatric symptoms are almost always present

Some physical signs and symptoms (may not be present as torturers are becoming more sophisticated and may leave no visible scars)

- Scars (cuts, bullets, burns, beatings)
- Headaches
- Pain (joints, feet, genitals and back are common) and chronic pain without an identifiable physical cause
- Hearing loss
- Limb amputation
- Dental pain
- Visual problems
- Fatigue and lack of sleep
- Symptoms of sexual assault:
  - Pregnancy
  - STDs/HIV
  - Sexual dysfunction
  - Infertility
  - Testicular problems

### Psychological signs and symptoms

- Difficulty concentrating
- Memory problems
- Nightmares
- Insomnia
- Anxiety
- Depression
- Suicidality – exacerbated by the fear of deportation and the fear of being re-tortured
- Exaggerated startle response
- Fearful of being unexpectedly touched
- Inability to trust
- May not want to associate with people from their own country
- May be having work difficulties or be unemployed
- May be impulsive and irritable
- Fearful of officials and people in uniforms
- Abuse of drugs or alcohol
- Anger
- Feeling of numbness of all emotions
- Intense sense of loss
- Alienation in family relationships
- Women who have been raped may fear men
- Occasional psychosis

### Implications for Patient Care

- You may already be working with torture survivors and not know it.
- You can help prevent torture survivors from being accidentally re-traumatized.
- You may identify the torture survivors in your community that may need specialized services.
- You may increase the likelihood of an accurate diagnosis and the

- patient's acceptance of the treatment.
- You may reduce health care costs by addressing the actual causes of chronic pain complaints in torture survivors.
- When people's needs are addressed they can become more productive members of the community in a shorter amount of time.

### **Goals for treatment**

**Early stages:** Stabilizing acute illness and injury; developing trust, reducing symptoms; enabling patient to attend to basic survival needs.

**Later stages:** Treating chronic conditions and helping patient to accept any limitations; reframing the torture experience, mourning losses, reintegrating with family and community.

### **Treatment options**

Since the effects of torture are physical, psychological, spiritual and social, treatment is likely to involve a multidisciplinary, multimodal approach.

- Psychotherapy
- Primary medical care
- Community social services
- Spiritual resources
- Medications to reduce symptoms
- Physical therapy or massage

### **Barriers for survivors in getting help**

“A lot of certain types of smell would trigger some interesting memories.”

*Part 2*

- General discomfort with being examined
- Anxiety over significance of routine tests

- Rape victims may be uncomfortable with male providers
- Medical setting and instruments may cause anxiety
- Reluctance to divulge torture history due to fear of not being believed, or because of the shame involved
- Long-term individual psychotherapy may be a new concept for the survivor
- The use of long-term medications, such as antidepressants, may be a new concept to the survivor
- Reluctance to discuss social problems with non-family or strangers
- Provider's lack of interest or empathy for the survivor's history prior to arriving in the US

### **Suggestions to improve the care of torture survivors**

- Alert the patient before making any sudden changes (lights off, touch from behind, use of instruments, etc.)
- Education on the importance of ongoing medications where appropriate
- Explanations of what the patient can expect to happen during the visit
- Reassure the patient, where it is possible, of physical well being
- Ask and encourage the patient to talk about their experiences in his or her country of origin
- Educate providers regarding the importance of addressing the biological, social, and psychological needs of the patient as the optimum treatment.

“A normal conversation about even the country of that person will bring out a lot of stuff.”

*Part 2*

# Case Examples and Reflection Questions

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## Case history #1-

37-year old Bosnian woman presents with c/o trouble sleeping and headaches, both for the past five years. Headaches occur most days, sometimes relieved with anti-inflammatory medication. No change in the character of the headache in all these years. She has difficulty concentrating and remembering. No history of major illness. Denies history of thyroid disease, fever, GI symptoms, melena, or other neurological symptoms. Had seen another doctor who referred her to a neurologist, and is currently scheduled for CT scan.

The patient worked as a nurse in her country. She states that she also had trouble studying when she tried to obtain her nursing license in the US. The patient describes herself as having become “dumb,” and that she used to be smart. She speaks fluent English, with an accent. She knows two other languages, but only learned English when she came to the US. Describes feeling numb physically as well as emotionally. She states, “I sometimes pinch myself to see if I can feel anything.”

- What other question would you ask at this point?

With further questioning, the patient describes having been in a concentration camp during the war. She states that her family did not recognize her when she returned. Her husband was killed in the war. She decided to come to the US because she did not want her 11-year-old son to grow up where he may be at risk of conscription into one of the official or rebel contingents. She describes feeling very tired, but

not wanting to sleep. She has nightmares of being back in the concentration camp,

hearing the screams of children. For the past five years, she has slept 2-4 hours a night.

- In what ways would you alter your physical examination of this patient?
- What is the plan of action you would use for treatment and referral for this patient?

## Case history #2-

45-year-old West African woman presents with c/o feeling tired for a long time. Menstrual periods have been irregular but exceedingly heavy. She had family members killed during the civil war in her country. Physical exam is normal. Hg is 10.0. All other labs including chemical profile, UA, and TSH are normal. PPD negative. Otherwise appears healthy.

- What would you do at this point if you were the patient’s physician?

Upon discussing with the patient the likely cause of her symptoms being due to menorrhagia, you suggest that she take an iron supplement and increase her intake of red meat, she starts to cry. She explains that anytime she sees red meat, it reminds her of what her husband’s head looked like when she last saw him, after the rebels had finished with him.

- How would you plan to ask this patient about her experiences?
- Is there a good clinical reason for pursuing questioning?
- How would you deal with your own feelings that might occur in hearing this patient’s story?

## Case history #3-

50-year-old Cambodian man presents with c/o pain in his feet and ankles, which is aggravated by prolonged standing. He works at the post office,

which requires standing for long periods of time. He also states that he has trouble concentrating, learning new things, is depressed, and has had trouble sleeping for over twenty years. On examination, a grade IV heart murmur is found. Patient states that he is the only member of his family who survived the “Pol Pot times.”

- Is a history of torture or war trauma still relevant after twenty years?
- Which aspects of treatment would you address first with this patient?
- What do you think may be a possible cause of the patient’s foot pain?
- How might the treatment of chronic symptoms differ from more acute ones?
- What would be your treatment plan for the murmur?

#### **Exercise #4-**

Based on testimony in Video, Part 2, and using Case History #3, design steps in the diagnostic process that might improve efficiency and accuracy when the patient may be a torture survivor.

#### **Further questions**

If you have unanswered questions at this point, or if you would like options for more in-depth information on caring for torture survivors, you can look for additional resources via the Web Resource Center tab on the website of the Center for Victims of Torture [www.cvt.org](http://www.cvt.org).