



Torture & Trauma

A Guide for Health Professionals

This profile discusses general issues that may affect survivors of torture and trauma. Health care providers need to be aware, however, that any two survivors of torture and trauma may cope very differently. What is true for one person may not be true for another. This profile is only a guide, and may be used as a pointer to some of the issues that may be important for a client of yours.

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Introduction

Survivors of torture come into Australia from a wide number of countries. These includes places as widespread as Afghanistan, Burma, the Former Yugoslavia, Vietnam, East Timor, El Salvador, Chile, Iraq, Iran and the countries of the Horn of Africa.

An estimated 70% of refugees coming into Australia each year have suffered some form of torture or trauma. They are often seen by health care professionals, because of pressing medical problems and because they present with somatic symptoms which camouflage mental conditions.

The most common physical and psychological sequelae of the experience of torture and trauma are:

- ⊙ Pains, headaches, tremors, weakness, sweating, fainting.
- ⊙ Difficulty in concentrating.
- ⊙ Deafness, visual disturbances.
- ⊙ Insomnia, nightmares, panic attacks.
- ⊙ Intrusive memories, nervousness.
- ⊙ Feelings of powerlessness, worthlessness, irritability.
- ⊙ Feelings of aggressiveness.
- ⊙ Sexual disturbances.
- ⊙ Feelings of alienation, depression and guilt.

Many refugees in Australia will not have been tortured, but the physical and psychological stress under which they have been placed in the course of the journey from “home” to Australia may result in the manifestation of similar problems. Almost all will have experienced dislocation from families and some will have experienced:

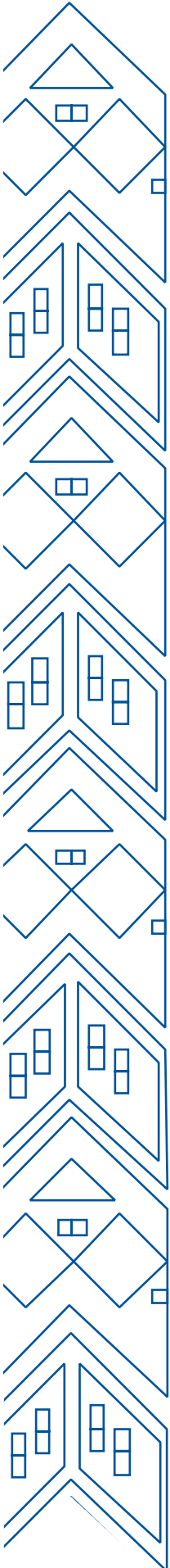
- ⊙ Being attacked by pirates
- ⊙ Being raped or observing others being raped
- ⊙ Being physically assaulted
- ⊙ Existing in a state of fear for long periods of time.

Methods of Torture

Not all torture is physical and not all physical torture results in visible damage. The sophistication of torture methods is increasing and many of these result in soft tissue damage without permanent scarring.

Physical methods of torture include:

- ⊙ Forced standing.
- ⊙ Submersion in cold water.
- ⊙ Starvation.
- ⊙ Rape and sexual molestation.
- ⊙ Electric shocks.
- ⊙ Burning with fire.



- ⦿ Dismemberment.
- ⦿ Beatings.

Indicators of Trauma

Useful diagnostic indicators of torture and trauma are (a) that the person has migrated from a country where torture is used, and (b) they have some of the physical and/or psychological signs of torture and trauma.

A person who is a survivor of torture and trauma may be clinically depressed. If a person comes to see you in your professional capacity, whether they are a survivor of torture and trauma may be irrelevant to your care. However, if their reason for seeking help, or the treatment they require, means that they will need to discuss their history of trauma, you will need to be aware of a number of issues.

The Loss of Trust

The single greatest issue affecting the healthy integration of survivors of torture into the community is their loss of trust.

Torturers may have been public servants who were just “doing their job”. Some of these people would have been doctors, dentists, nurses, or other health professionals. Prior to being tortured, many survivors would have listened to, trusted, and respected people from these professions.

In some regions there was no easy way of deciding to which “side” a person belonged. This profoundly affects survivors’ ability to trust others, even when they have left that country.

Establishing Trust

- ⦿ Keep in mind that it may not be necessary to know the detailed history of torture of a patient.
- ⦿ What a non-traumatized patient may consider a brusque professional manner may be more reminiscent of interrogation for a survivor of torture.
- ⦿ The power relationship between the patient and the health professional must be handled with sensitivity, and should include constant attempts to emphasize the client’s autonomy.
- ⦿ Even the most innocuous of treatments may trigger a traumatic response because of some association with a past incident of torture.

Specific examinations can also add to the trauma experience. Gynaecological examinations, for example, may be difficult for women who have been raped or molested. Similarly, patients undergoing dental treatment may feel very anxious, if they have been tortured by someone who pulled their teeth out using dental instruments. EEG and ECG leads may bring back memories of electrocution.

- ⦿ Try to explain the use of instruments prior to performing a procedure.
- ⦿ The patient needs to know what is going to happen and why it must be done.
- ⦿ Most important is the need to seek the full consent of the patient to proceed with an examination or treatment. Be prepared to defer it if the patient cannot yet tolerate it.

Post-Traumatic Stress Disorder & Chronic Pain

Two common clinical problems for survivors of torture and trauma are Post Traumatic Stress Disorder (PTSD) and Chronic Pain Syndrome (CPS).

Post Traumatic Stress Disorder

PTSD is a psychological reaction to an uncommon and extremely stressful event, which is of sufficient severity to have caused a reaction in most people. In other words, it can be regarded as a normal reaction to an abnormal situation.

Many survivors of torture suffer from the debilitating effects of PTSD. They may be unable to moderate anger and irritability. They are often unemployed and socially isolated, and family members may be a readily available target for their anger.

Chronic Pain Syndrome

If the continuation of pain following torture is not diagnosed and treated, a "chronic pain cycle" is likely to develop.

Because torturers frequently aim to inflict maximum pain and injury, but minimise the physical evidence of injury, torture is often directed toward the soft tissues (muscles, joint capsules, and ligaments). Signs of physical damage may not be obvious in the long term. Electrical torture, for example, is virtually undetectable just days after torture, but it can cause extensive internal damage and bleeding into muscles and joints.

Interpreters

if you find yourself treating a patient who is a possible or confirmed survivor of torture, there may be language

problems. The rule in this situation is to be guided by the wishes of the patient. Using family members or someone else who happens to understand the patient's native language as a translator is inadvisable. Some patients readily use an interpreter. Others will use an interpreter if they come from another country – for example, a Chilean acting as an interpreter for someone from El Salvador.

Using a telephone interpreter is another option which increases the sense of anonymity for the patient. Other patients will be reluctant to use any interpreter and will prefer to struggle with imperfect English. Either way, it should be the patient's choice.

Resources

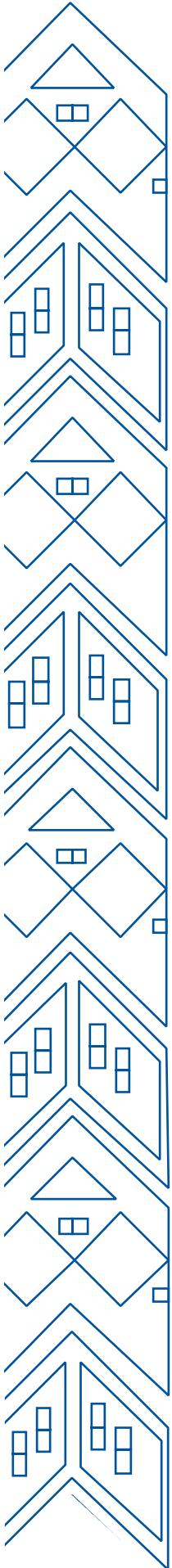
Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
Tel: (07) 3844 3440

Translating and Interpreting Service (TIS)
Tel: 131450

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Material for this profile was drawn from a number of sources including various scholarly publications. In addition, *Culture & Health Care (1996)*, a manual prepared by the Multicultural Access Unit of the Health Department of Western Australia, was particularly useful.