

# Physiotherapy for torture survivors

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# Objectives

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- Introduction
- Specific types of torture and their sequelae
- Assessments and treatment of physical sequelae of torture
- WCPT policies
- Challenges Physiotherapist face
- Implication for Education

# Introduction

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What is torture?

*“any act by which severe pain or suffering, whether physical or Mental is intentionally inflicted on a person for such purposes as obtaining from him or a third person information, confession, punishing him for any act he committed or intimidating or coercing him or a third person or for any reason.... (United Nation Convention Against Torture and Other Cruel Inhuman Degrading Treatments or Punishment, 1987)”*

# Defining Features Of Torture Trauma

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- Torture is an intentional use of intolerable pain to destroy/damage the physical and psychological integrity of the individual and, by extension, the integrity of the family and community
- Torture is an intimate, relational trauma that often occurs in secrecy/seclusion.
- Torture frequently results in flight from the country of origin, often without permission to resettle/stay in the country of refuge.

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- Torture is widely practiced through out the world.
  - Recent studies indicate that 50% of all countries including the G-20 countries continue to practice systematic torture despite the ban(Amnesty International,2009)
  - It is well known that torture has numerous physical, psychological and pain related sequelae that can inflict a devastating and enduring burden on its victims(Campel,2009)
  - Torture continues to be a global problem that needs preventive and rehabilitation efforts.

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- The use of torture remains a global public health problem among refugees and has been shown to have long-standing impact on individuals, their families, and communities (Grodin et al., 2008).
  - Evidence suggests that between 5% and 35% of refugees who present in camps and treatment centers around the world are reportedly victims of torture with even higher estimates up to 50% among certain ethnic groups (Grodin, Piwowarczyk, Fulker, Bazazi, & Saper, 2008; Jaranson et al., 2004).

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- Given the complexity of the health and social consequences of torture, refugee's trauma and a life in exile, pain is only one of the many problems to be addressed in survivors of torture, (K, Amris & A, CC Williams, 2007)
  - Torture methods are usually somewhat arbitrarily divided into physical and psychological methods, but in most cases the victim is exposed to a combination of forms of torture that is physical and psychological (K, Amris & A, CC Williams, 2007)
  - Despite all these problems very few torture survivors have access to specialist in rehabilitation (Williams AC et al., 2003)

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- Health care professionals particularly those who specialize in the treatment of chronic pain, thus have an obligation to better understand the physical and psychological effects of torture (Adam JC, Pankaj M & Paul JC ,2010).
  - Physiotherapists have been at the forefront of the chronic pain management , in which movement, increased activity and improved function are important features (Vicki Harding, Paul Watson, 2000).

# The Prevalence

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- In general prevalence rates vary widely due to differences in
  - the type of study conducted,
  - the country of origin of the population studied,
  - the gender of the participants
  - the type of the torture examined
- In a study done in Denmark on adult middle east refugees it concluded that 30% had been exposed to torture (Montgomery & Foldspang,1994)

- In the same study there was gender predominance where 55% male refugees were more exposed to torture compared to women 12%.
- In a recent study from Denmark indicated that 45% of asylum seeking immigrants, representing 33 countries had been subjected to torture in their countries of origin (Masmas et al,2008).
- Another cross sectional community based epidemiological study of Oromo's and Somalis indicate torture prevalence ranging from 25-69%(Jarason et al,2004)

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- In a study done by Crosby et al, 2006 which examined the prevalence of torture among foreign born clients representing 35 countries who presented to their medical clinic, they concluded that one in 9 reported Hx of torture that was consistent with the UN definition.

# Pain prevalence

- Literature indicates high prevalence of persistent pain among survivors of torture estimates also vary based on country and type of torture e.g
  - In Uganda headaches ranged from 39% compared to 93% in Denmark ( Musisi et al,2000 & Amris K,2005)
  - Musculoskeletal pain including back and necks pains ranged from 60% in Turkey to 87% in Uganda( Musisi et al,2000 & Dulgeroglu,2004)
  - Thoracic pain ranged from 19% to 37%,joints pains 17-43%,foot pain from 28% to 72% and pelvic pain 17% (Musisi et al,2000;Quiroga et al,2005;Moisander et al,2003 & Thomsen et al,2000)

# Torture and Sequale

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- Physical torture is in most cases directed towards MSK system
- It is aimed at producing soft tissue lesions and pain and usually leaving no visible evidence after acute stage.
- The most frequent physical torture method is blunt trauma or beating of all parts of the body with blunt instruments
- This pain persists even several years after torture (Olsen et al,2007)

# Common Methods Of Torture

- Physical torture
- Blunt trauma, crushing injuries,whipping,beatings,falanga
- Penetrating injuries,gunshots,stabwounds
- Suspensions
- Burns:-chemical, cold and hot
- Asphyxiation
- Electric shocks
- Forced body positions
- Psychological torture
- Direct threats, sensory deprivation
- Sexual torture, trauma to genitalia,rape

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- Falanga victims normally suffer heel pain with compensated gait and impaired sensation (Prip & Persson,2008).
  - Another form is suspension of the body usually above the ground by their wrist and ankles for hrs or days (Forest,1995).
  - This can result in brachial plexus injury which can lead to chronic lifelong neurogenic pain (Thomsen et al, 1997).

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- **NB-**

- Its very important to know the type of torture because It can aid you in evaluating the injuries and managing the patient
- National and regional disparities in torture practices are reported, including geographical differences in the use of specific torture methods.
- Such knowledge is of importance in documenting alleged torture and adds to validity of the statement

# The Clinical Picture

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- TS frequently develop symptoms of major depression, generalized anxiety and traumatic stress
- Other mental reactions are cognitive disturbance with impaired memory, loss of concentration, irritability, sleep disturbance, nightmares & negative sense of self characterized by feelings of guilt, shame & loss of self esteem.
- Pain in MSK system is the main physical symptom in the chronic phase

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- The clinical picture is the one of regional or widespread mms pain , joint pain ,pain related to the spine and pelvic girdle and neurological complains radiating pains to the extremities.
  - Headaches and visceral symptoms are also prevalent.

# Common Physical Problems Of Torture Survivors

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- Sleep difficulties
- Chronic pain in muscles and joints/headaches
- Low energy/fatigue
- Breathing problems
- Neurological symptoms such as sensory and vision changes and dizziness
- Body awareness and self regulation problems
- Eating and digestion problems
- Weakness and decreased movements

# Identification of Torture Survivors in the Clinical setting and special considerations

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- The obligations for health professionals to know about torture, methods, consequences and possibilities for rehabilitation
- This has been described in many declarations-e.g declaration by PT 1995
- Identification of torture survivors in the clinical settings relies mainly on the clinician
- TS are frequently reluctant to disclose their traumatic experience, convinced that nobody will believe their story

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- The health professional may hesitate to ask because of uncertainty about the torture survivors reaction.
  - Health professional must pay special attention to gaining their patients confidence.

# Clinical Precautions

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## Environment

- Hospitals as institutions
- Uniforms
- Room layout
- Privacy
- Creating the right atmosphere
- Observe your patient for signs of unease
- Mirrors

# Performing the Assessment

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- Adopt open listening and discussing style
- Asking versus not asking? Avoid interrogation
- Choice of language
- Demonstrating belief
- Deprivation of clothing
- Bright lights
- Obtaining fully informed consent
- Therapist positioning
- Patient positioning



# Assessment

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- Note-
- Clinical assessment can be used to document findings consistent with allegation of torture or plan treatment rehabilitation.
- Every culture has its own way of understanding and communicating illness and suffering so:-
  - Interpreters are therefore often needed in working with survivors of torture not only to translate the language but also as cultural guides

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- NB-assessment of locomotor system in torture survivors can be time consuming why?
  - Most survivors have been exposed to several different types of physical torture.
  - Pain Hx is important and should contain the following specific information.
    - What methods were applied
    - Onset of pain
    - Quality of pain-difficult especially with interpreters
    - Beliefs about pain-sign of on going damage ,deterioration etc

# Aims of the Assessment

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1. Identify lesions in the MS system caused by the torture
2. Identify pain generating mechanisms
3. Identify symptoms of stress that relate to poor body awareness or poor self regulation
4. Identify factors including psychosocial factors that may affect pain perception, pain behaviour and functional impairment
5. Comprehensive treatment plan
6. Use clear documentation to record your findings



# Suspecting your patient is a TS

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## Common features

These can include the following:

- Status as a refugee, immigrant, or an asylum seeker
- History of civil war in country of origin
- Reluctance to divulge experiences in country of origin
- Patient or family member politically active in country of origin
- Family member who has been tortured or killed
- History of being imprisoned

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- Any physical scarring that may be present (Istanbul Protocol and/or Guidelines for the examination of Torture Survivors (second edition))
  - Somatic symptoms with no known physical cause.
  - Psychiatric symptoms of trauma – depression, nightmares, emotional numbing, irritability, easily startled, difficulty concentrating and trouble sleeping
  - Avoidance or anxiety to being touched or examined.



# Treatment Approach

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As an interdisciplinary model of treatment;

1. Physiotherapy with the main goal of improving overall physical functioning and reducing impairments caused by torture
2. Psychological interventions
3. Education
4. Pharmacological treatment
5. Complementary therapies-acupuncture

# Treatment Modalities

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- Standard physiotherapy treatment techniques
- Cautious of certain techniques, equipment, positioning
- Breathing
- Relaxation
- **Class work – Body Awareness and Self Regulation strategies**

# Body Awareness/ Self Regulatory strategies

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- BAT (Body Awareness Therapy) therapeutic approach in itself.
- Based on the assumption that each voluntary human movement contains emotional meaning
- By teaching certain exercises, you activate the patients healing forces against the symptoms of poor body awareness and poor self-regulation



# Goals of the Therapy

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- Increase awareness of the body
- Improve management of the body
- Re-establish body image
- Relieve symptoms related to poor use of the body
- Increase awareness of movement patterns
- Improve non-verbal communication
- Increase motivation for movements and exercise

# Recovery From Torture

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- Stages of recovery apply to physiotherapy too
- 1) Safety and stabilization (establish trust, go slowly, don't touch without permission, etc.)
- 2) Remembrance and mourning (clients may share stories, cry/grieve as are touched with respect, feel better physically)
- 3) Reconnection (clients have improved body awareness, ability to perform activities, return to sports, community events—physios can help to facilitate)

# Special considerations for physios

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- Avoid re-traumatizing
- Awareness of positioning of physio and client
- Obtain fully informed consent
- Caution with removing clothing—for example for massage
- Touch with concern and kindness can be helpful for healing—make sure client is ready and has given permission
- Caution with lighting, mirrors, electrotherapy
- Communicate concerns to other care givers like counsellors

# Special Considerations (continued)

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- CHOICE in all areas (position, door open or closed, what to work on, etc)
- Simple tech, home instruction is ideal
- Try not to encourage excessive dependence but instead to empower, teach.
- Sustainability in being able to carry out exercises, home pain –relieving methods
- Handouts are important as may have difficulty remembering.

# What does WCPT guidelines say

- WCPT-calls on it MO and PT globally to adhere to the following:-
  - PTs should not condone or participate in practice of torture
  - PTs should not provide any premise instruments or knowledge to facilitate torture
  - PTs shall not be present during any procedure where cruel, inhuman degrading treatments are being used
  - PTs fundamental role is to alleviate distress
  - Practicing PT should understand the general and specific psychological functional limitation & impairment as a result of torture

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- Education regarding the prevention and prohibition as well as assessment and treatment of torture victims should be included in the curriculum for undergraduate and continuing physiotherapy education programmes.

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- WCPT supports the United Nations Convention Against Torture and other Cruel Inhuman Treatments or punishments and encourage its MO to call on their national governments to sign and comply with Convention
    - First adopted at the 13th General Meeting of WCPT June 1995.
    - Revised and re-approved at the 16th General Meeting of WCPT June 2007.
    - Revised and re-approved at the 17th General Meeting of WCPT June 2011.
    - To be reviewed 2015

# Challenges

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- Torture evokes horror, avoidance and a range of uncomfortable emotions, issues of asking not inquiring..
- Support for physiotherapist themselves is very valuable ,debriefing with peers, opportunities for case discussion, working with psychologically trained colleagues
- Self care-how much do we practice?
- Do we know when to say its enough?

# Possible implication for Physiotherapy Education

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- Does the current curriculum address this ??
- Universities should train students to meet the ever changing health needs of the communities they will serve.

# Summary

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- Experience of torture survivors are unusual and horrific but symptoms can be addressed so as to make a significant impact on clients QOL
- PTs need to allow for the fact that treatment makes much longer with torture survivors than with most other client groups even when presenting with similar symptoms
- PTs need to be sensitive to client histories and try to select techniques that are unlikely to trigger flashbacks

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- Apply your clinical precautions during management of these patients.
  - Use a variety of assessment techniques
  - Treatment plan should cover all findings
  - Don't be afraid to think outside the box!

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# QUESTIONS





# Thank you for listening

\* *Comments or Questions*

