



Office for Victims of Crime

OVC Report

Advocating for the Fair
Treatment of Crime Victims

*Invisible
Population*

Survivors of Politically Motivated Torture:

A Large, Growing, and Invisible Population of Crime Victims

Center for Victims of Torture
Minneapolis, Minnesota

January 2000

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By Peter Dross
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Minneapolis, Minnesota

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Message from the Director

Adapting to a new environment is a complicated and overwhelming experience for all new immigrants and refugees who have fled unsafe conditions in their native countries. For refugees who are also survivors of politically motivated torture, this transition is even more difficult because of the physical and psychological consequences of the torture they endured.

Politically motivated torture is practiced or condoned in more than 100 nations around the world, and it is estimated that 400,000 torture survivors live in the United States today. They are from Africa, parts of Eastern Europe, the Middle East, South America, and Southeast Asia. Survivors come from all walks of life. They come to the United States with great hope but also with long-term emotional scars.

The Office for Victims of Crime (OVC) sponsored a meeting in October 1998 for nearly 300 health care and human service professionals to learn about the emerging and specialized practice of providing care and rehabilitative services to survivors of politically motivated torture. The meeting featured presenters from treatment centers for torture survivors around the world. This Report, prepared by the Minneapolis Center for Victims of Torture, summarizes the issues raised at the meeting. Such issues include the aftereffects of torture on survivors and their families; how treatment centers intervene to help victims deal with the physical and psychological aftermath of victimization; and, most importantly, how treatment centers collaborate with and provide training to victim assistance personnel and allied professionals. The intent of such collaboration and training is to better enable professionals to identify refugees who have been victims of political torture, further their healing, and build their hope for a future without victimization.

The meeting helped providers identify the special needs of torture survivors and explore ideas for potential collaborations among treatment centers, OVC, other government agencies, and nonprofit victim service organizations. This effort to raise issues is only the beginning. We need to know more about torture victims, such as their gender, age, country of origin, and where they are settling. We also need to know what victim service providers and advocates can do to respond more effectively to their needs.

Kathryn M. Turman
Director
Office for Victims of Crime

Introduction

On October 7, 1998, nearly 300 health care and human service professionals gathered in Minneapolis, Minnesota, to learn about the emerging and specialized practice of providing care and rehabilitative services to survivors of politically motivated torture. Titled *Caring for Torture Survivors*, the conference featured presenters from treatment centers for torture survivors from around the world. In conjunction with the conference, representatives from 14 centers serving torture survivors in the United States assembled for their first national meeting.

The meeting, which was sponsored by the Office for Victims of Crime (OVC), included a focus group session in which participants explored ideas for potential partnerships and collaborations among the treatment centers, OVC, State and local government, and nongovernmental victim services organizations.

As a result of international and national meetings about politically motivated torture, the Center for Victims of Torture (CVT) prepared this Report to inform victim services providers about the special needs of torture survivors as they struggle to heal their wounds and begin new lives in the United States.

The Extent of Torture


Politically motivated torture is practiced or condoned in more than 100 nations. Tens of thousands of people fall victim to the ravages of torture every year. An estimated 400,000 torture survivors live in the United States today. Studies have estimated that up to 30 percent of all refugees are torture survivors. If a community has a refugee population, then it is likely torture survivors live there and are suffering from the debilitating aftereffects of torture described in this Report.

Torture survivors represent an “invisible” population in communities across the United States. Torture is a painful, shaming, and humiliating experience; it is extraordinarily difficult for survivors to talk about what happened to them. Treatment centers in the United States and abroad report that torturers frequently tell their victims “no one will ever believe this happened to you — you’ll always be alone with this.” Consequently, survivors fear that they will not be believed. In addition, many survivors have family members who live in danger of detention and torture in their countries of origin, and survivors fear for the safety of their families if they disclose the abuses. Treatment centers have reported numerous instances in which loved ones have been detained and tortured when it has become known that the survivor has fled the country. The fact that torture is such a shaming experience, usually involving rape or other forms of sexual assault or humiliation perpetrated against both women and men, also keeps survivors suffering in silence.

Torture Defined

The United Nations definition recognizes that torture is practiced by people “acting in an official capacity,” which is an important point because torture can and does occur outside the hands of governments and government officials. In many countries, paramilitary or death squads that are officially disavowed by

The United Nations Convention Against Torture, 1984, defines torture as *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 or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.*



Many survivors have family members who live in danger of detention and torture in their countries of origin, and survivors fear for the safety of their families if they disclose the abuses.

Torture is used to destroy individuals by instilling fear throughout communities.

the established government, but often are supported and promoted in surreptitious ways, perpetrate torture. Rebel groups and armies that do not respond to national or international standards — but may control large segments of a population — also perpetrate torture. The human tragedies in places like Ethiopia, Liberia, Rwanda, Somalia, and republics of the former Yugoslavia vividly illustrate this point.

In the United States, torture occurs in cyclical patterns of family violence, ritualistic abuse, and satanic cult practices; torture under these conditions may occur in other countries as well. With increasing frequency, torture is reported as an intrinsic part of the illicit drug trade around the world and urban violence associated with drugs and other criminal activities. Although the treatment centers listed at the end of this document confine their care to survivors of politically motivated torture, many have referral networks that can help survivors of domestic abuse and ritualistic and satanic cult practices.

The Intent of Torture

Although politically motivated torture is used to extract information or force confessions, another purpose has emerged since the Convention Against Torture definition was adopted in 1984. Torture is used to destroy individuals by instilling fear throughout communities. It is a culture-transforming event that is intended to create societies based on fear, which leads to apathy as a community's means of self-preservation against retaliation. As a method of controlling society, torture is the single most effective weapon against democracy.

Torturers target community leaders, often grassroots leaders, who lack the political power to protect themselves. They are often highly educated people of remarkable accomplishment and distinction in their home countries. For example, of the new clients at the Center for Victims of Torture during 1997, 69 percent had some college education, 43 percent were college graduates, 54 percent held positions categorized as professional, associate professional, legislator/manager, or skilled laborer, and 20 percent were students.

Treatment centers across the United States report that their clients have similar levels of education and accomplishment. Clients receiving care include business, labor, religious, farm, and human rights leaders; attorneys and journalists; university professors and students; and physicians and nurses. The common thread linking these clients is that they were tortured because of what they thought, said, did, or represented.

The Aftereffects of Torture

Torturers brutally abuse their victims using physical and psychological tactics. Some tactics are more sophisticated than others, but all leave long-term emotional scars.

Torture survivors throughout the world exhibit similar symptoms, including chronic pain in muscles and joints, severe depression and anxiety, intense and incessant

nightmares, guilt and self-hatred, impaired memory, the inability to concentrate, the inability to form and maintain meaningful relationships, and frequent thoughts of suicide. In 1997, 74 percent of new clients at CVT were diagnosed with either posttraumatic stress disorder or major depressive disorder, and 67 percent of new clients were diagnosed with both disorders.

These are clinical terms, however, and often do not convey the misery that torture survivors endure daily. Treatment centers report that the following types of cases are common:


- Clients who sleep in chairs so they won't dream.
- Clients who cannot eat without vomiting.
- Clients who experience panic attacks when they hear an automobile backfire.
- Clients who cannot turn off the lights at night because in the dark they see the uniformed men who raped them night after night.

In addition, other stresses intensify the trauma. For example, new clients at CVT in 1997 reported an average length of detention of 420 days. The average number of family members who either were killed or had disappeared was 2.0, whereas the average number of family members imprisoned and/or tortured was 1.3. The average client was detained and imprisoned more than once.

Although torture is perpetrated primarily against adults, it affects all members of a survivor's family. About 20 percent of CVT's clients were tortured as children, usually as a weapon against their parents. Nevertheless, the torture of a parent can have a profound effect on a child who is born years after the torture occurred. This finding is consistent with studies of Holocaust survivors, who confirmed that children and grandchildren of survivors have higher levels of psychological disabilities than their peers. Children of torture survivors experience many of the following symptoms:

- Learning problems, including memory and/or concentration problems.
- Violent play or artwork.
- Frequent illness or complaints of aches and pains.
- Frequent trips to the nurse's office or bathroom.
- Sudden changes in mood or behavior.
- Behavioral problems.
- Excessive fear and anxiety.
- Avoidance of anything that reminds the child of a traumatic event or country of origin.

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Separation from loved ones. . .complicates the treatment process. . .

Treatment centers also report that increasingly their adult clients are separated from children and other loved ones when they begin programs of care. In 1997, 76 percent of CVT's new clients had children. Of that number, 56 percent were separated from one or more of those children at intake. And of the 54 percent of new clients who were married, 65 percent were separated from their spouses at intake.

Separation from loved ones exacerbates the psychological problems experienced by survivors. It also complicates the treatment process, as survivors struggle with issues such as feelings of guilt over having escaped and leaving loved ones behind, the difficulty in attempting to function effectively as a parent from afar, or the constant worry over the safety of their loved ones. These separations may last years, so when families are reunited there also may be difficulties in relearning complex family relationships.

Survivors also may fear law enforcement personnel, an understandable consequence of being tortured by the police, the military, or other security forces. They also may fear medical personnel because, in many cases, health care workers either participated in the torture or revived the victim to face more abuse. (This is one reason why torture survivors often will not seek health care services, waiting instead until an emergency or health care crisis arises.)

Torture survivors seeking political asylum in the United States face particular problems. Asylum seekers have up to 1 year after arriving to file petitions for asylum. After filing these petitions, they must wait 150 days before applying for a work permit. Until they receive this permit, they are prohibited from working; they endure a period of forced idleness that heightens a survivor's sense of loneliness and isolation. During this time, survivors also are ineligible for federally funded assistance programs in the areas of housing, food, income, and health care (except emergency care). They also live in constant fear that they will be returned to their home countries and back into the hands of torturers.

Torture survivors endure abuses in other countries that under American civil and criminal law would be crimes. Once in this country, they are often victimized again because of the precarious circumstances in which they live. They may become victims of burglaries, robberies, assaults, rapes, and other forms of sexual assault because the offender knows the crime will go unreported. The concept of revictimization was a common theme at the OVC-sponsored focus group; it may point the way toward a greater degree of collaboration among treatment centers, OVC, and victim services organizations.

Solutions in the Community

As torture and its effects on survivors have become more widely understood across the United States, more specialized treatment centers for torture survivors have been created. Since the Minneapolis Center for Victims of Torture was founded in 1985, 13 other treatment centers have been formed in cities that include Baltimore, Chicago, Dallas, Denver, Los Angeles, New York, and San Francisco.

These centers are places where survivors can heal from deep physical and emotional wounds and build productive lives. They are places where survivors are believed; they are truly places of hope and healing.

The centers' organizational structures vary. Most engage physicians, psychiatrists, psychologists, nurses, and social workers in the care and rehabilitative process. Some employ full- and part-time professional staff; others rely more extensively on volunteer care providers. Some are independent, nonprofit organizations; other programs are run by parent organizations that offer a variety of services to refugees, immigrants, and asylum seekers.

Regardless of organizational structure, every center manages a long-term process that begins with establishing a trusting relationship with a care provider. Torture destroys a victim's capacity to trust others, so a survivor's ability to engage in a trusting relationship is a necessary first step in the healing process.


At the outset of the treatment process, it is critical for centers to ensure clients have safe and stable places to live, as well as enough food to eat and clothes to wear. Whether this task is performed by paid staff or volunteers, providing a healing environment is a heavy financial burden for U.S. treatment centers. Their clients are largely asylum seekers with few, if any, sources of economic or social support.

In the early stages of treatment, many organizations place a high priority on addressing the physical aftereffects of torture. Physicians and nurses play a key role in this process, as they help survivors understand that their bodies can heal from physical wounds. As their bodies heal, clients begin to believe that their minds can heal.

Long-term psychotherapy is critical in the treatment process used by most centers. Psychotherapists help clients begin to talk about their experiences, understand that their psychological symptoms are a normal response to severe trauma, and begin to look forward to a better future.

The length of the treatment process varies with the individual. Some clients use services available at treatment centers for just a few months; others are engaged in the process for several years. In a study of clients at CVT between 1991 and 1995, the average length of the treatment process was 18 months.

Treatment centers for torture survivors have developed a body of knowledge and experience that is unique. Increasingly, they have begun to share that knowledge and experience through training programs that benefit many practitioners who come into contact with refugee populations. For example, centers in Chicago, Minneapolis, New York, and San Francisco have presented training programs for asylum officers and other officials of the U.S. Immigration and Naturalization Service. Many centers present ongoing training programs for health care and human service professionals, such as physicians, psychiatrists, psychologists, nurses, and social workers, as well as medical students, interns in psychology and social work, refugee resettlement workers, English-as-a-second-language (ESL) instructors, school officials, and government social service workers.



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CVT is conducting a survey. . .to design effective training programs that meet the needs of groups working with diverse refugee and immigrant populations.

These training programs vary in scope. They range from helping participants gain a basic awareness of the effects of torture on survivors, their families, and communities to programs that help participants develop specialized skills for providing care. They also help participants learn how to identify torture survivors and make appropriate referrals for care within local communities. In some cases, participants learn how to interview torture survivors without retraumatizing them or how to work with interpreters when providing services to torture survivors. In other cases, training programs are presented for health care and victim service professionals who can provide some level of specialized care within their institutions. In addition, participants may learn how to avoid “vicarious traumatization,” a situation in which care providers are profoundly affected by the experiences of their clients.

With support from the State of Minnesota, CVT has launched a statewide training program for school officials concerned about learning and behavioral problems exhibited by rapidly growing immigrant and refugee student populations. Through this project, teachers, administrators, guidance counselors, ESL instructors, nurses, psychologists, and others learn about the impact of torture, war trauma, and other human rights atrocities on children. Participants learn how they can support these children and address their learning and behavioral problems.

Minnesota Establishes New Program for Torture Survivors

For the past 2 years, officials at the Minnesota Center for Crime Victim Services (MCCVS) have worked with representatives from CVT to learn more about the special needs of torture survivors. They reviewed literature, met with staff, and toured CVT to gain a better understanding of this emerging field.

During the summer of 1998, the MCCVS Sexual Assault Program issued a Request for Proposals seeking applicants for a new initiative to provide services to sexual assault survivors who also are survivors of politically motivated torture. MCCVS made available \$75,000 for the initiative, of which \$65,000 was drawn from Victims of Crime Act funds and \$10,000 from the State. The grant was awarded to CVT. Through this grant, CVT is providing direct services to survivors, including medical and psychological assessments and care, social services, and advocacy. Interpreter costs also are included in the grant.

In addition, working closely with the Minnesota Coalition Against Sexual Assault, CVT will provide training to sexual assault advocates who are likely to come into contact with torture survivors. CVT is conducting a survey of sexual assault organizations throughout Minnesota to design effective training programs that meet the needs of groups working with diverse refugee and immigrant populations.


Implications: Opportunities for Collaboration

The development of a national network of treatment centers for torture survivors has important implications for victim services providers who interact with refugee and immigrant communities. Although all centers in this network have waiting lists, they take referrals for direct services and provide care to torture survivors as resources allow. In many cases, the centers make referrals to other sources of assistance and support in their communities.

Treatment centers also provide training to a variety of individuals and organizations that may encounter torture survivors in their work. The training sessions are designed to give care providers an understanding of the special needs of torture survivors as they struggle to regain their lives. The training also provides guidance in identifying signs of torture and in working with survivors without retraumatizing them.

Training can be tailored to meet the needs of sponsoring organizations, such as victim services advocates, immigration attorneys, health care and human service organizations, refugee resettlement groups, and Federal, State, and local officials. Treatment centers encourage these constituencies to inquire about training, explore the possibility of collaborating with the centers, and become more aware of survivors' needs.

However, treatment centers may have difficulty funding such training programs because they have limited financial resources. If State crime victim services organizations learned more about the treatment centers operating in their States, a collaboration might produce model projects aimed at supporting training and direct care for survivors.



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Additional Resources

Publication

Caring for Victims of Torture, 1998. Edited by James M. Jaranson, M.D., M.A., M.P.H. and Michael K. Popkin, M.D.

“Caring for Victims of Torture contains all the collective wisdom of some of the most respected international experts in the treatment of victims of government torture — all distinguished physicians, including pioneers in the field of traumatic stress. Contributors discuss the most recent advances in knowledge about government-sanctioned torture and offer practical approaches to the diagnosis and treatment of torture victims.

“Organized into six main sections, this annotated volume provides an overview of the history and politics of torture and rehabilitation; guidance in identifying and defining the sequelae of torture; a framework for assessment and treatment; specific treatment interventions; and a discussion of ethical implications. In the final section, physicians working in the field offer firsthand accounts and address how they are trying to balance politics with caregiving.

“Focusing on the physician’s role, this book is chiefly a clinical guide. But for advanced-level students, it serves as a thorough, up-to-date text and reference work. Religious leaders, lawyers, politicians, human rights advocates, and torture victims themselves will find it a valuable resource as well.”

Treatment Centers for Survivors of Politically Motivated Torture

California	San Diego	Survivors of Torture International P.O. Box 151240 San Diego, CA 92175 Phone: 619-582-9018 Fax: 619-582-7103
California	San Francisco	Survivors International of Northern California 447 Sutter Street, #811 San Francisco, CA 94108 Phone: 415-765-6999 Fax: 415-765-6995
California	Santa Clara	Institute for the Study of Psychopolitical Trauma Kaiser-Permanente Child Psychiatry Clinic 900 Lafayette Street, #200 Santa Clara, CA 95950 Phone: 408-342-6545 Fax: 408-342-6540
California	Venice	Program for Torture Victims 604 Rose Avenue Venice, CA 90291 Phone: 562-494-5444 Fax: 213-481-1023
Colorado	Denver	Rocky Mountain Survivor Center 1547 Gaylord Street, #100 Denver, CO 80206 Phone: 303-321-3221 Fax: 303-321-3314
Connecticut	West Hartford	Khmer Health Advocates 29 Shadow Lane West Hartford, CT 06110 Phone: 860-561-3345 Fax: 860-561-3538
Illinois	Chicago	Marjorie Kovler Center for the Treatment of Survivors of Torture 4750 North Sheridan Road, Suite 300 Chicago, IL 60640 Phone: 773-271-6357 Fax: 773-271-0601

Maryland	Baltimore	Advocates for Survivors of Trauma and Torture 201 East University Parkway, Suite 440 Baltimore, MD 21218 Phone: 410-554-2504 Fax: 410-243-5642
Minnesota	Minneapolis	Center for Victims of Torture 717 East River Road Minneapolis, MN 55455 Phone: 612-626-1400 Fax: 612-626-2465
Missouri	St. Louis	Training and Treatment for Survivors of Severe Trauma Casa Arco Iris 4400 Arco St. Louis, MO 63110 Phone: 314-652-9618
New York	Jackson Heights	Travelers Aid/Victims Service 74-09 37th Avenue, Room 412 Jackson Heights, NY 11372 Phone: 718-899-1233 x105 Fax: 718-457-6071
New York	New York	Bellevue/New York University Program for Survivors of Torture New York University School of Medicine Division of Primary Care Internal Medicine 550 First Avenue New York, NY 10016 Phone: 212-263-8269 Fax: 212-263-8234
Oregon	Eugene	Amigos de los Sobrevivientes P.O. Box 50473 Eugene, OR 97405 Phone: 541-484-2450 Fax: 541-485-7293
Texas	Dallas	Center for Survivors of Torture 1304 South Hampton Dallas, TX 75208 Phone: 214-330-3045 Fax: 214-331-7214
Virginia	Falls Church	Center for Multicultural Human Services 701 West Broad Street, Suite 305 Falls Church, VA 20046 Phone: 703-533-3302 x43 Fax: 703-237-2083

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