



The Human Rights Initiative at the University at Buffalo

In Partnership with WNY Center for Survivors of Torture

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Objectives

Educate physicians and
advocate for involvement

Share our goals, challenges,
and current status

Discuss forensic examinations

Discuss psychologic sequelae
of survivors of torture



What is the HUMAN RIGHTS INITIATIVE?

Mission: to facilitate forensic medical and psychological evaluations for survivors of torture seeking asylum in the United States and educate the community about this population



Our Partners:



**Western
New York
Center for
Survivors
of Torture**



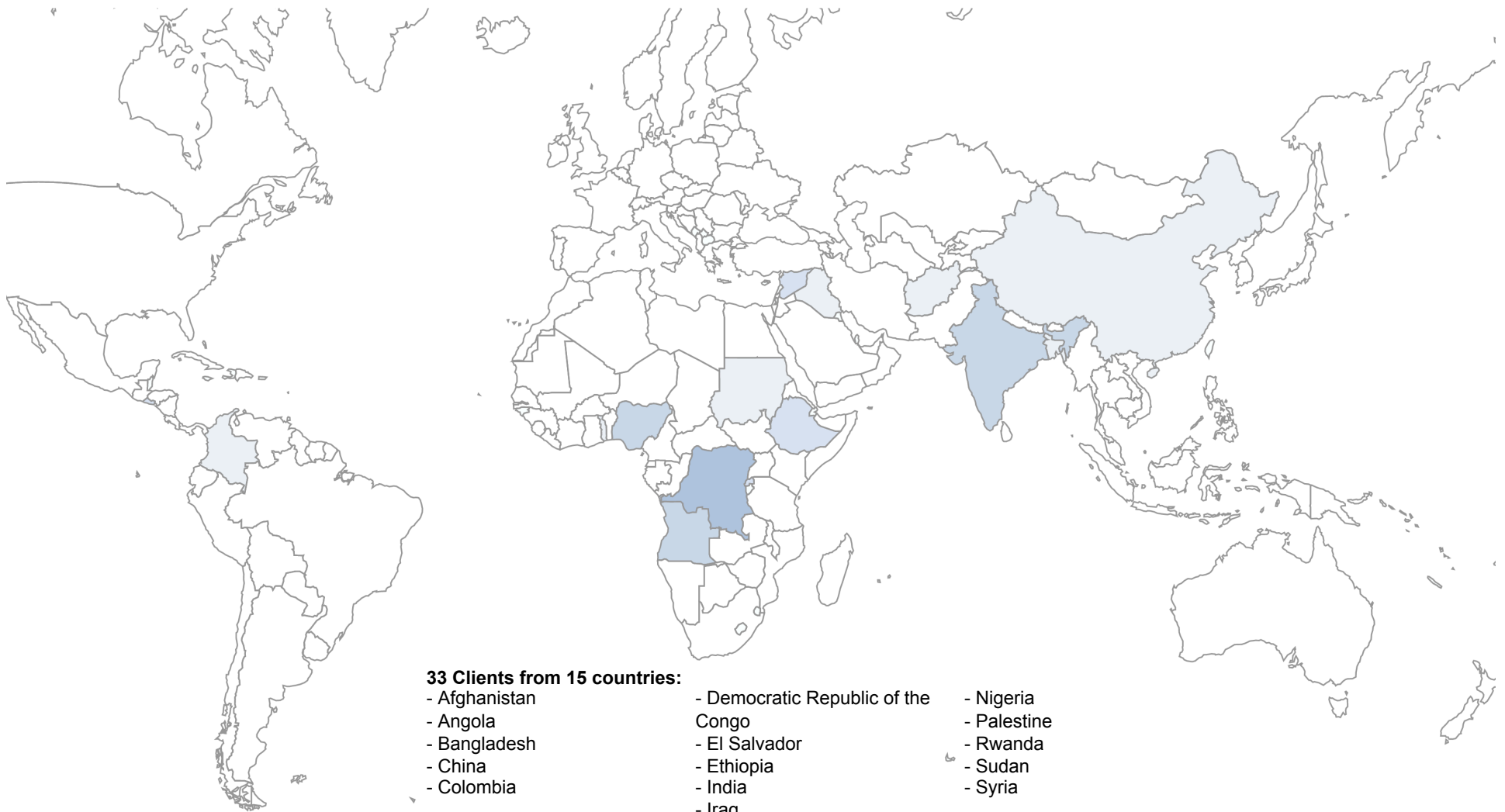
UB Family Medicine

Asylum Seeker vs. Refugee

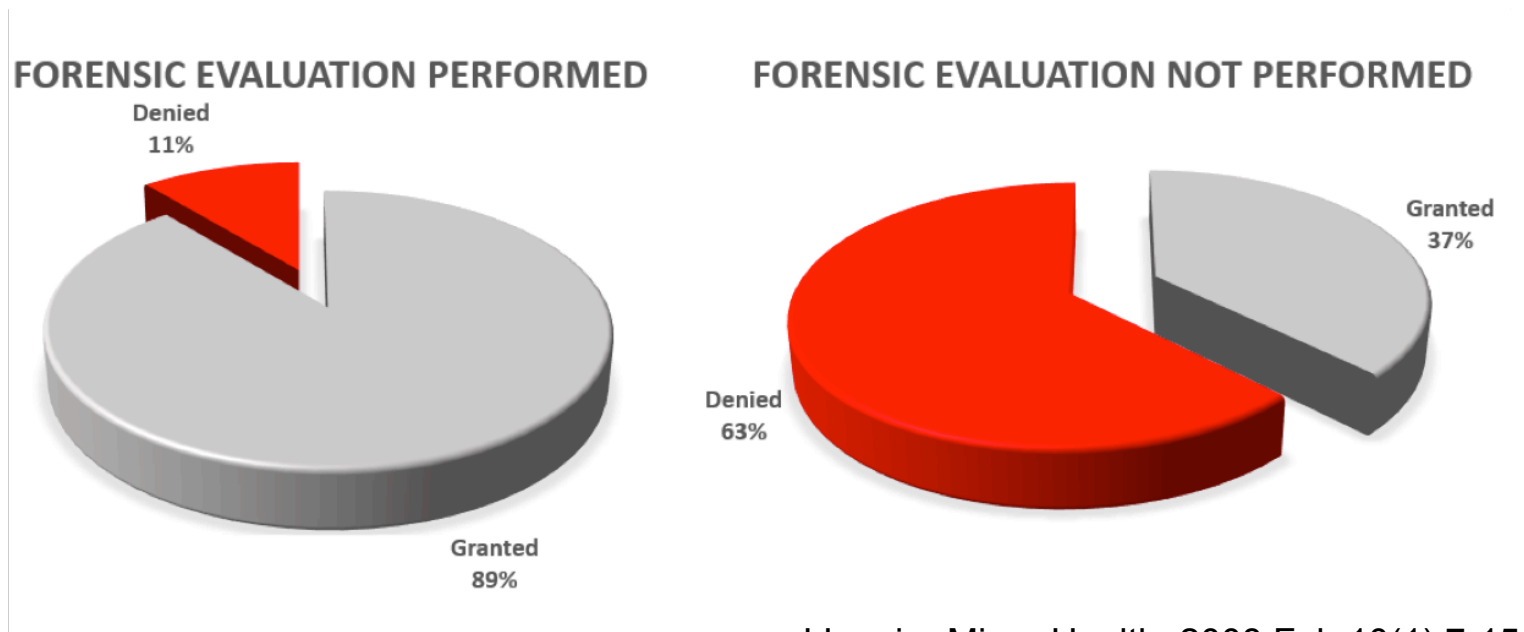
Both are defined as any person outside his or her country of nationality who, because of a “*well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion,*” is unable or unwilling to return to that country.

The difference is a matter of **location**:

- Asylum status: applied from within the US or at the border and have 1 year to apply for legal status (after entering the US) and withholding of removal
- Refugee status: applied for outside the US



Why Perform Forensic Evaluations?



J Immigr Minor Health. 2008 Feb;10(1):7-15



Logistics



- Referrals through WNYCST
- Student directors coordinate scheduling, including interpreter
- Medical students scribe history and draft affidavit



Role of the **Clinical Examiner**

- Establish rapport and create comfortable setting for interview
- Elicit thorough history of torture and traumatic events, assess for injury, document evidence of abuse
- Correlate the degree of consistency between examination findings and specific allegations of abuse by the applicant
- **No continuity of care**



The Clinical Examiner is NOT responsible for:

- Verifying identity of client
- Confirming truth of client's testimony
- Determining whether claims of persecution meet legal criteria for torture
- Predicting what would physically happen if client returned to their country
- Deciding whether client qualifies for asylum



After the Examination

- Refer client back to WNY Center for Survivors of Torture for debriefing and continued care coordination

Notify the forensic coordinator of any medical conditions that require follow up

- Medical students draft the affidavit and submit to physician within 2 weeks
- MD revises affidavit and submits to lawyer



The Affidavit

A legal document prepared to assess the asylum claim and document evidence of torture

Language Used:

- “Not consistent with”
- “Consistent with”
- “Highly consistent with”
- “Typical of”
- “Diagnostic of”

Executive Office for Immigration Review
United States Department of Justice

In the Matter of the Application for
Political Asylum of ____

Affidavit of Allen S. Keller, M.D.

I Allen S. Keller, M.D., being duly sworn, state:

1. I am an American physician licensed to practice medicine in the State of New York. I am a graduate of NYU School of Medicine and completed my residency in Primary Care Internal Medicine at NYU/Bellevue Medical Center. This residency provided intensive training in doctor-patient communications and performing detailed psycho-social evaluations, including evaluating and treating common psychiatric disorders such as anxiety and depression. I am board-certified in internal medicine and am an Assistant Professor of Clinical Medicine at NYU School of Medicine. I am an Attending Physician in the Department of Medicine at Bellevue Hospital in New York City.



Examining Asylum Seekers



The History

Social and Past Medical/
Psychological History

Full history of detentions
and arrest

Be aware of possibility of
re-traumatization

Special attention to:

- Timeline
- Body positioning/Nature of Abuse
- Pharmacologic torture
- Conditions of detention
- Psychological abuse (ex: deprivations, humiliations)
- Mental status following abuse (ex: loss of consciousness, significant disability)

Most Common Reported Types of Torture

Physiological Abuses including:

- Battery, blunt trauma or crush injuries
- Forced positioning
- Electrical shocks and burns
- Sexual assault
- Inhumane conditions
- Starvation, dehydration

Psychological Abuses including:

- Sensory Deprivation
- Humiliation
- Threatening harm
- Forced betrayals or enhanced helplessness
- Witnessed torture
- Behavioral coercion

Common Physical Sequelae

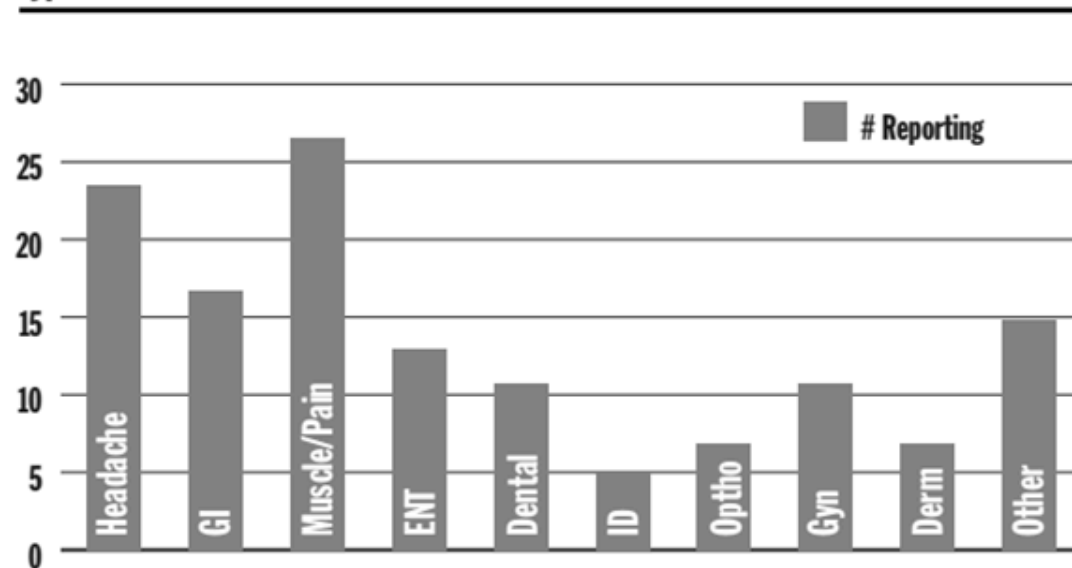
Dependent on specific form of Torture:

- contusions, abrasions, lacerations
- joint dislocations and deformities
- neurologic injury
- hyper/hypopigmented scars

“Negative finding” on PE does not suggest absence of torture. A “positive finding” provides substantial evidence.

Review of Systems

FIGURE 1:
Types of Health Problems



Common somatic complaints:
headaches, back pain, GI symptoms, sexual dysfunction, muscle pain, weight loss/gain.

The Physical Exam

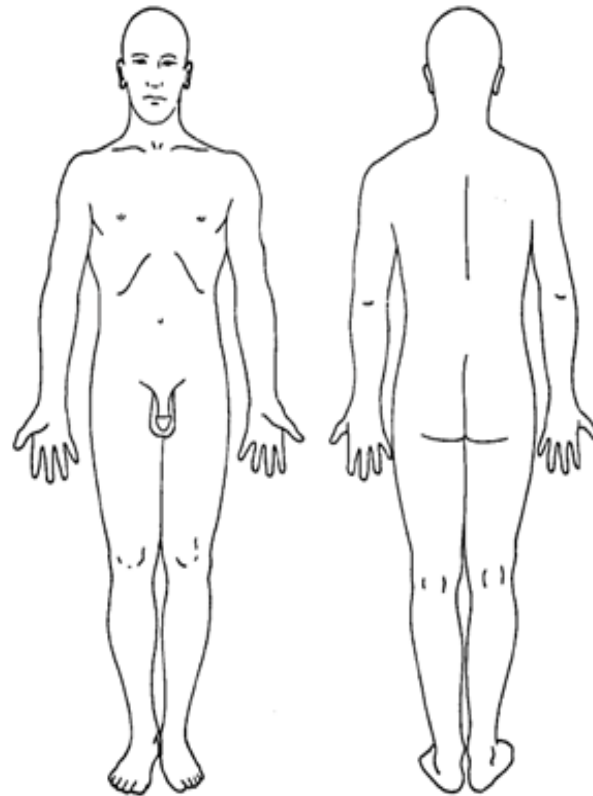
Complete physical exam (note unrelated scars)

Students document on body diagram, take photographs with permission

Sometimes physical evidence is absent (especially in rape cases)

Anatomical Drawings for Documentation of Torture and Ill Treatment

Full Body, Male – Anterior and Posterior Views (Ventral and Dorsal)



Psychological Sequelae

Common Sx:

- depressive symptoms
- hyperarousal symptoms
- avoidance symptoms
- depersonalization, dissociation

Common Diagnoses:

- ASD and PTSD
- GAD
- MDD
- Dissociative Disorders

Mental Status Exam - Common Findings per Istanbul Protocol

Appearance	Poor posturing, poor self hygiene
Attitude toward Examiner	
Behavior	Eye contact; crying or stoicism while recounting upsetting part(s) of history
Mood and Affect	Depressed mood/Anhedonia
Speech	
Thought Process	Perseveration, avoidance
Thought Content	Re-experiencing events; damaged self concept and foreshortened future; delusions (especially persecutory)
Perception	Hallucination; depersonalization
Cognition	Memory impairment **
Insight	
Judgment	Engaging in high risk behavior

Physical and Psychological Sequelae from Sexual Violence

- Decreased interest in sexual activity
- Disturbance in sexual arousal
- Aversion to members of the opposite sex
- Fear of sexual activity
- Inability to trust sexual partner
- ED, dyspareunia, infertility, STI's
- Depression and anxiety
- FGM Sequelae

PTSD Considerations

- Pre-traumatic Factors: temperamental, environmental, genetic and physiological
- Peri-Traumatic Factors: severity, perceived life threat, dissociation
- Post-Traumatic Factors: temperamental, environmental
- **Culture-Related Diagnostic Issues: acculturative stress in refugees**
- Suicide Risk
- Functional Consequences
- Specifiers
- Comorbidities: Substance Use and Conduct Disorder

A Case: Mr. A



25 year old man from Democratic Republic of the Congo

Member of minority tribe (i.e. a particular social group)
historically persecuted

In early 2000s, political tension and violence against the
tribe forced many members to flee to a nearby refugee
camp, including Mr. A's family

His family split up to flee - younger siblings went with his
mother, and he went with his father and older brothers

A Case: Mr. A

Upon arriving in camp, received news that his mother, siblings, and 80+ other tribe members were sexually assaulted and killed

Mr. A returned to DRC to join youth organizers who engaged in peaceful protests against the government's treatment of his tribe

Jailed twice, and endured electrocutions, forced positioning, repeated threatening, beating, water submersions. Father later kidnapped and presumed to be killed

"The police make your life miserable, so you feel you don't matter. You are nothing."

A Case: Mr. A

Found to have many significant psychiatric symptoms, some of which included:

Diminished sleep and appetite

Recurrent disturbing nightmares

Extreme guilt for deaths of his family members

Avoidance of any movies/TV shows with violence

Hearing his family members' voices yelling for help

Consistent with his accounts of trauma

Met diagnostic criteria for MDD and PTSD

A Case: Mr. A

Important to consider:

Suicidality of client

Need for follow up counseling (to
be arranged by case
coordinator)

Re-traumatization possibilities

Client's coping mechanisms

Mental wellness of evaluators

“To be called a refugee
is the opposite of an
insult; it is a badge of
***strength, courage,
and victory.***”

Human Rights Initiative

Accomplishments to Date



- 20 medical forensic evaluations
- 22 psychological forensic evaluation
- 2 clients successfully received asylum;
remainder awaiting trial



WNY Human
Rights Clinic
Founded

Sent 22 UB medical
students to Yale for **PHR**
training

Held a **forensic evaluation
training** for local healthcare
providers and students, hosted
by HealthRight International



July 2014

Nov 2014

April 2015

June
2015

Nov 2015

2016

Poster presentation at
North American Primary
Care Research Group

Poster presentation at
North American Refugee
Health Conference in
Toronto

Human Rights Initiative
at the University at
Buffalo

Next Steps

Expand our capacity by recruiting more **clinician evaluators**

Evaluate and improve current processes

Obtain **IRB approval** for data analysis and future research and publication

Create sustainable program to train volunteer graduate students as **interpreters**

Can You Help?

Yes!

- **Interested providers** must attend a training session through HealthRight International or PHR.
- **Email us** to be added to our listserv and notified of future training events.
- **Time commitment** for volunteer clinicians is **flexible**. You tell us how many evaluations you want to do.

Thank You!

WNY Center for Survivors of Torture
our Fellow Student Directors
our Volunteer Physicians
the Clients we have served
and all our Partners

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