

Evaluating Survivors of Torture: The Western New York Human Rights Clinic



In Partnership with the WNY Center for Survivors of Torture

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Objectives

- Educate physicians and other providers about the WNY Human Rights Clinic and Center for Survivors of Torture
- Share our mission as a clinic and the purpose of forensic evaluations
- Discuss female genital cutting, sexual violence, and their complications as they relate to OB/GYN care

What is the Human Rights Clinic?



“...to facilitate forensic physical, gynecological, 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**



PHR

Physicians for
Human Rights



a lifeline
for all

Jewish Family Service
of Buffalo & Erie County



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
 - Have **1 year** from entering US to **apply for legal status and withholding of removal**
 - Refugee status: applied for outside the US

The Forensic Evaluation

3 types, as requested by attorney:

- Physical
- Gynecological
- Psychological

Where: Location of provider

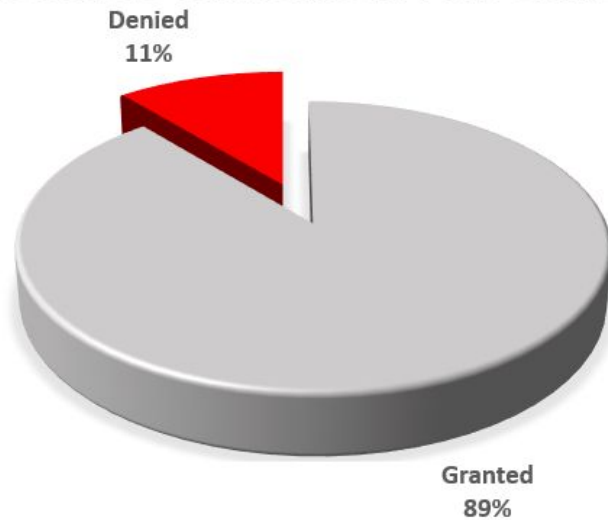
Interview: Obtain formal history from the client **in detail**

- Include full torture history, chronology, etc.
- If physical/gynecological evaluation, perform physical exam once interview is complete
- Medical students transcribe interview

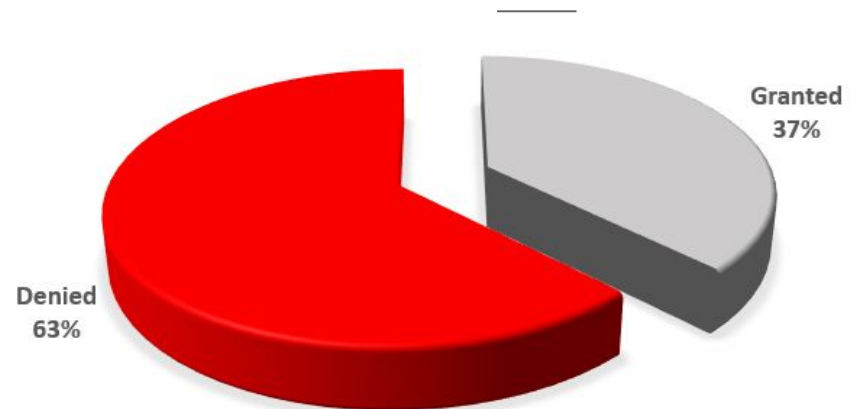
Total time: About 2-3 hours

Why Perform Forensic Evaluations?

FORENSIC EVALUATION PERFORMED



FORENSIC EVALUATION NOT PERFORMED



Role of the Clinician Examiner

- Establish rapport and create comfortable setting for interview while maintaining objectivity
- 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**

Logistics



Photo from Yale University Training

- Referrals through WNYCST
- Student directors coordinate scheduling, including interpreter
- Medical students transcribe interview, take photographs, and draft affidavit

Following the Exam

- Refer client back to WNY Center for Survivors of Torture for debriefing and continued care management
 - Notify the forensic coordinator of any medical conditions that require follow up
- Medical students draft the affidavit and submit to physician within 2 weeks
- Clinician revises affidavit and submits to attorney
- Clinician may be requested to provide oral testimony

The Affidavit

- Legal document prepared to assess the asylum claim and document evidence of torture
- Language:
 - “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:

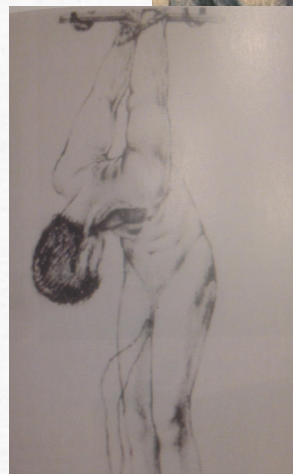
1. I am an American physician licensed to practice medicine in the State of New York. I am a graduate of NYU School of Medicine and completed my residency in Primary Care Internal Medicine at NYU/Bellevue Medical Center. This residency provided intensive training in doctor-patient communications and 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.

History

- Social History, Past Medical History, and Review of Systems
- Full history of detentions and arrest in country of origin
- Pay special attention to:
 - Timeline
 - Body positioning and nature of abuse, including frequency and areas of body involved
 - Conditions of detention
 - Psychological abuse
 - Mental status following abuse

Most Commonly Reported Torture Types

- Blunt trauma or crush injuries
- Forced positioning
- Electrical shocks and burns
- Sexual assault
- Inhumane conditions
- Psychological torture



PHR, Examining Asylum Seekers

Common Sequelae

- Chronic pain, disfigurement
- Gynecologic dysfunction
- Psychological
 - PTSD
 - Depression
- “Normal” physical exam
 - Does not rule out history of torture

Common Psychological Sequelae

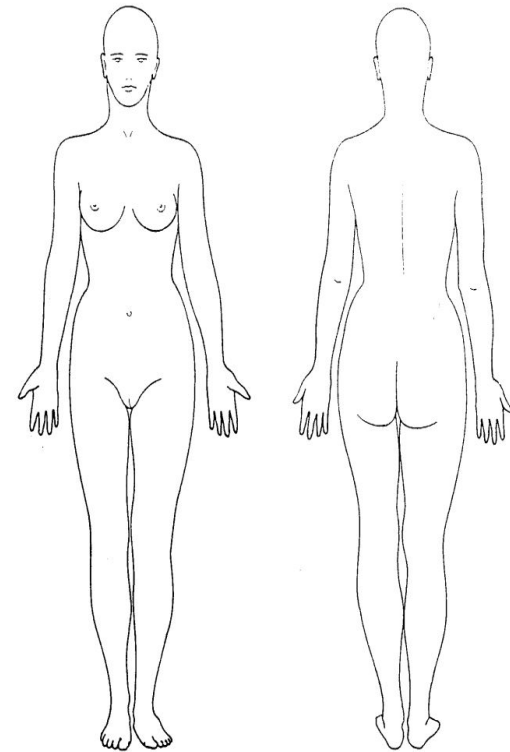
- Re-experiencing the event
- Hyper-arousal
- Avoidance, emotional numbing
- Depression, hopelessness
- Dissociation
- Somatic Complaints

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, FEMALE—ANTERIOR AND POSTERIOR VIEWS



Name _____ Case No. _____
Date _____

Common Findings: Skin



Sexual Violence as a Weapon of War

- Cultural stigma
- Shame, guilt, and humiliation
- Reinforces male beliefs about sexual privilege and access
 - Implicates weakness of men in the targeted community
- Lasting psychological harm
- Dr. Denis Mukwege, Panzi Hospital

Sequelae of Sexual Violence

- Changes in menstrual cycle
- Dyspareunia
- Infertility due to:
 - Acquired sexually transmitted infections
 - Direct trauma to reproductive organs
 - Poorly performed abortions
- Chronic vaginal discharge
- Sexually transmitted infections

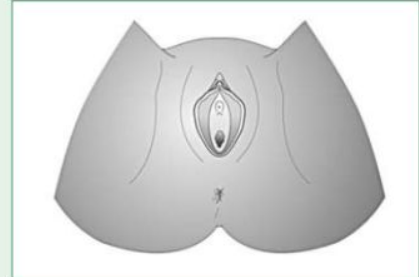
Female Genital Mutilation/Cutting

- FGM/C comprises all procedures that involve **partial or total removal of the external female genitalia**, or other injury to the female genital organs for non-medical reasons.
 - Typically carried out between infancy and age 15
- **>125 million girls and women** alive today have been cut in the 29 countries where FGM/C is concentrated

Types of Female Genital Mutilation/Cutting (FGM/C)

Normal Female Genitalia

Clitoris, labia minora and labia majora intact.



FGM Type I

Excision of the prepuce, with or without excision of part or all of the clitoris.



FGM Type II

Excision of the clitoris with partial or total excision of the labia minora.



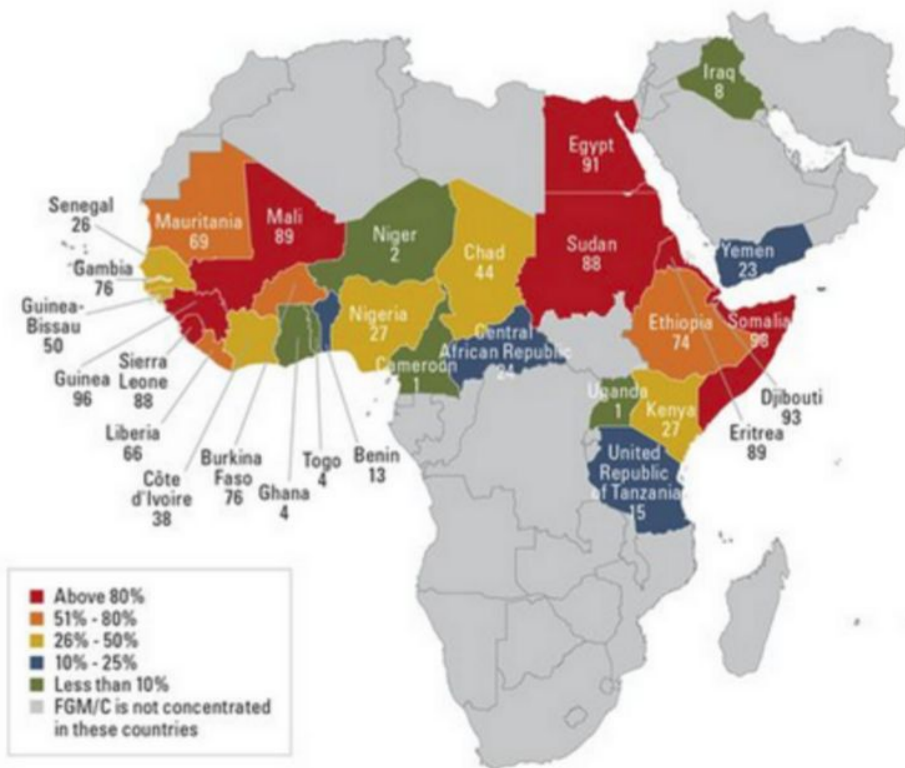
FGM Type III

Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation).



Map 4.1 FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country



New York State Legislation on FGM/C

- **1997**-New York State Prohibition of Female Genital Mutilation Act
- “Person is guilty of FGM if they knowingly circumcise, excise, or infibulates...”
- “Knowingly consents to FGM as a guardian of a child less than 18”

Complications of FGM/C

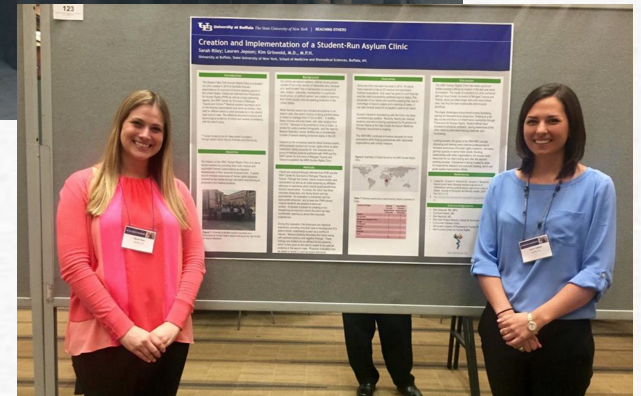
- Dyspareunia
- Vulval adhesions → narrowing or obliterating vaginal opening
 - Difficulty in performing vaginal exams and assessing progression of labor
 - Mechanical barrier to delivery, increased rate of C-section
- Retention of urine, UTIs, and urinary and fecal incontinence
- Increased rate of perineal tear during delivery
- Vesicovaginal fistula
- Increased risk of infection and septicemia
- Maternal and fetal mortality

Psychosocial Complications of FGM/C

- Psychological trauma
 - Anxiety
 - Panic attacks
 - PTSD and nightmares
- Decreased self-esteem, difficulty with body image
- Sense of betrayal, loss of trust

The WNY Human Right Clinic: Our Accomplishments to Date

- **17 medical** forensic evaluations
- **16 psychiatric** forensic evaluations
- **2 clients successfully received asylum**; remainder awaiting trial
- Poster presentations:
 - North American Primary Care Research Group
 - North American Refugee Health Conference
- April 2015: Sent 22 UB medical students to Yale for PHR training
- November 2015: Held a forensic evaluation training for local healthcare providers and students, hosted by HealthRight International



Future Goals

- Expand our capacity by recruiting more clinician evaluators
- Evaluate and improve current processes
- Data analysis, research, and publication
- Create sustainable program to train volunteer graduate students as interpreters

How can you help?

Please join us!!

- 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 committed by volunteer clinicians is flexible. Please tell us how many evaluations you want to do.

Thank you!

Acknowledgements:

Center for Survivors of Torture, our fellow student directors, and the incredible clients we have served

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