Assessment and Treatment of Torture Survivors:
Resilience-Centered Healing

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Bellevue/NYU Program for Survivors of Torture
http://www.survivorsoftorture.org/

Bellevue/NYU Program for Survivors of Torture

- Founded in 1995
- Over 5,000 men, women and children served
- Over 100 countries represented in our client population
- Help to rebuild the bodies, minds, and spirits of people who have been tortured or persecuted.
Overarching Programmatic Philosophy

Strength/Resilience based approach
   Not just victims – but survivors
   Helping to marshal internal and community resources

Holistic sense of the survivor
   Interdisciplinary approach
   Multiple stressors – many ways to intervene

Extreme Challenges Experienced by Torture Survivors and Refugees

- Multiple losses
- Ongoing effects of recurrent/reinforcing trauma
  - Social dislocation; war; trauma; torture; internally displaced in home country; flight and relocation in neighboring country; refugee camps; immigration processing; resettlement in USA
- Individuals will respond to these stressors in different ways
Physical and Emotional Scars of Torture

Common Reactions to Torture and Refugee Trauma
Spheres of Marginalization

- Educational Functioning
- Social Service Provision (logistical/financial)
- Legal Advocacy
- Vocational/Professional
- Social Functioning

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Bellevue/NYU PSOT

Trauma-Informed Approach to Service Provision

- Safety
- Empowerment

“It does not have to be therapy to be therapeutic.”

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Interdisciplinary Approach to Healing

- Community Connection
- Spiritual Engagement
- Medical Treatment
- Emotional Relief
- Social/Legal Support

Culturally Syntonic Interventions

- Flexibility of Treatment Techniques
- Holistic Approach
- Focus on Resilience – not Pathology
How does one change the world...?

- Utilizing the experiences and insights of our clients
- Helping the voiceless find their voice
- Collaboration among and between disciplines

Wisdom, Courage, Hope

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Bellevue/NYU PSOT

Our clients:

Mr. U
Ms. A
Ms. T
Mr. S
Ms. X

Ms. X: Chronology

- 1996: Democratic party
- April & Oct, 1998: Family members murdered
- Ongoing verbal and physical harassment and threats due to political affiliation
- 2003: Verbal and physical acts of violence
- March, 2005: Attempted abduction
- June, 2005: Sexual violence
- Family flees, travel through Italy
- August, 2005: Family arrive in U.S.
Ms. X

“Every day, my daughter says, ‘Why are you crying Mommy?’ I want to feel normal, have joy…”

The X Family

Mr. X  Ms. X

M  3

J  4 months
Considerations for Treatment

- Who is this person?
- Why now and what are the expectations?
- Safety and trust
- Psychoeducation
- Practical needs/ basic necessities
- Racial/Cultural factors
- What types of interventions will be used and why?

Barriers/Challenges to Seeking and Utilizing Mental Health Services

- Refugee Trauma
- Lack of information/knowledge
- Shame/stigma
- Guilt
- Fear
- Isolation
- Racial/Cultural factors
- Language
- Legal – the asylum process
Integrated Care

- Intake
- Primary Care
  - Medical check up
- Mental Health
  - Orientation Group
  - Individual Psychotherapy and/or Group
  - Psychiatric services
- Social Service Support
  - Metro cards
  - Housing Assistance
  - English language classes
- Legal Support

Our treatment process
Ms. X: Asylum Process

- August, 2005: Family arrive in U.S.
- 2006: Asylum interview
- Jan, 2007: Intake at PSOT
- Dec, 2007: Asylum hearing, Immigration Court
- June, 2008: Asylum hearing, Immigration Court

Ms. X and her family, a “typical” forced migrant family

- Repeated Traumatic experiences: EXPOSURE
- Separation from family members: FAMILY DISRUPTION
- Range of psychological reactions in one family: RISK and RESILIENCE
- Participating in multiple unfamiliar systems: ACCULTURATION/RESETTLEMENT STRESS
The role of psychologists in assessing torture for legal and forensic purposes
Asylum and beyond

What are the various legal contexts in which a psychologist’s assessment of torture is relevant?

• Asylum
• Human rights trials/War Crimes Tribunal
• Criminal cases (Victim of crime or Defendant)
• Civil cases (Damages or other relief)
In each of these contexts you are usually answering referral questions:

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<tr>
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<th>ASYLUJM</th>
<th>WAR CRIMES TRIBUNAL</th>
<th>CRIMINAL</th>
<th>CIVIL</th>
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<tbody>
<tr>
<td>What happened to the person?</td>
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<tr>
<td>Who did this to the person?</td>
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<td>How did what was done affect the person?</td>
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<td>What would help the person recover?</td>
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Implicit in these questions is:

- Question about credibility of client
- Question about what torture does to people
- Question about how people recover from torture
Court’s remedy could be:

- Asylum or other immigration status change
- Financial remedy
- Conviction of perpetrator
- Some other legal ruling, such as suppression of statements made under torture
- Recognition of torture for reconciliation, amnesty, etc

Recognizing that you are not the fact-finder

- NOT your job to determine proper consequence—financial or otherwise
- NOT your job to determine guilt or innocence of a perpetrator
- NOT your job to make immigration determination

- YOU ARE ASSESSING AND OPINING ON THE SUBJECT’S EXPERIENCE OF TORTURE
## Assessing torture for asylum when you have a clinical relationship vs. an evaluation only

<table>
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<th>Clinical relationship</th>
<th>Evaluation only</th>
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<tr>
<td>• Can move more slowly through material</td>
<td>• Often only 1-2 sessions for history taking—Rapport is harder</td>
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<td>• Credibility of client is implicit</td>
<td>• Will usually need to address credibility directly</td>
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<td>• Written report can have less focus on full, detailed narrative and more on clinical presentation, therapeutic reaction</td>
<td>• Report should have thorough review of history and details</td>
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<td>• Can prepare client for testimony</td>
<td>• No contact with subject usually after report</td>
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<td>• Can be a source of support for client in court</td>
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## Assessing torture for “nonclinical” purposes

- Recognize that the interaction with the survivor can be
  - Traumatizing
  - Healing/Therapeutic
  - BOTH
Thorough assessment of torture:


- Guidelines including proper interviewing, ethical considerations, documentation issues, and report writing can be found here.

**Interview considerations**

- Client’s reaction to you—gender, race, ethnicity, country of origin, sexual orientation; RELATIONSHIP TO POWER
- Interrogation dynamics
- Client’s experience of recounting—Have they done it before? ASK
- Presence of fragmentation, dissociation—OBSERVE and COMMENT on in report if present
- Use open-ended questions until you need to ask specific ones
  - “*Tell me about what happened to you in the prison. ..what happened next? VS “Did they beat you?”*
  - When being specific, explain why, “*I know these questions are hard, but it’s important that I really understand your experience...”*
Report writing

• If you did an evaluation, follow Istanbul Protocol guidelines which means:
  – Conduct psychosocial history of fx before torture
  – Detailed description of subject’s experiences
  – Any documentation that supports
  – Clinical observations of biopsychosocial functioning
  – Medical documentation by MD evaluator
  – Recommendations

Testifying

• Explain your methodology: clinical interview, standardized measures, record review, etc.
• For asylum, talk about what made subject credible (Details? Emotional distress during interview? Change over time?)
• Be able to talk about malingering/fabricating and how you assess
• Summary of torture and of effects of torture
• Opinion if returned to country
Assisting a client in preparation

• Anxiety management
• Coping enhancement
• Normalize
• Psychoeducation
• Helping the LAWYER help the client
  – Practice but don’t over practice
  – Know the “hot” spots

Why are psychologists important to ongoing legal efforts to address torture?

• Because torture is so psychologically damaging, psychologists are essential to the work of documenting and preventing torture, as well as treating survivors.
• Because the ethical failure of our professional organization led to psychologists being involved in torture.
• Because we can use our training and expertise to repair what was done.
THANK YOU!!

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