

Psychological assessment, diagnosis, and treatment of torture survivors: A review

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Abstract

While reliable estimates of the worldwide prevalence of torture are difficult to obtain, reports from human rights groups such as Amnesty International suggest that instances of torture are reaching near epidemic levels. Torture is a human behavioral phenomenon that is critically understudied, and the effects of torture may trickle down into future generations of the victim. The current paper discusses the psychological assessment, diagnosis, and treatment of torture victims, reasons for studying the sequelae of torture, and attempts to address how psychologists can become more involved.

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The psychological, physical, and social toll that torture takes on individuals and societies is massive. While reliable estimates of the worldwide prevalence of torture are difficult to obtain, estimates from various human rights groups suggest that instances of torture are reaching near epidemic levels. More than a decade ago, Amnesty International calculated the number of nations in which systematic torture had occurred at 93 (Amnesty International, 1992); as of 2004, that number had expanded to 132 nations (Amnesty International, 2004). The nature of recent world events gives every indication that this number is only increasing. In addition, it is estimated that there are more than 21 million refugees worldwide, and that between 2001 and 2002, the number of refugees increased by 25% (United Nations High Commission on Refugees [UNHCR], 2002). Refugees (both internally and externally placed) are perhaps the population most vulnerable to torture, because they typically lack the protection of any government. Estimates vary, but between 5 and 35% of all refugees have been tortured (Basoglu, 1992), resulting in one to seven million torture victims worldwide from the refugee population alone. The exact number of refugee and non-refugee torture victims worldwide is impossible to estimate, but as the number of nations that systematically practice torture, along with the number of refugees, increases, so too does the certainty that the number of untreated torture victims is increasing as well.

In 1998, it was estimated that there were over 400,000 torture victims living in the United States (Jaranson, 1998), the large majority from the refugee population, which is set to increase. Based on the fact that more refugees come to the United States every year, the number of torture survivors living in the U.S. now may be over 500,000. Some researchers have found Posttraumatic Stress Disorder (PTSD) rates as high as 63% in torture victims (Basoglu, Aker, Kaptanoglu,

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Livanou, and Erol, n.d., as cited in [Basoglu, Jaranson, Mollica, & Kastrup, 2001](#)), meaning that the number of torture victims that are potentially manifesting serious psychological symptoms may be over 300,000. Clearly, this is a problem that demands more attention from psychologists.

As a comparison, the National Vietnam Veterans Readjustment Study ([Kulka et al., 1990](#)) found that 30% of Vietnam veterans met lifetime criteria for PTSD. Considering that 1–1.6 million U.S. military personnel either “fought in combat, provided close support, or were at least fairly regularly exposed to enemy attack” ([Vietnam War Statistics, 2004, n.d.](#)), the number of Vietnam veterans with PTSD at some point in their lives is similar to the number of torture victims living in the United States. The study of posttraumatic stress in Vietnam veterans led to the majority of the advances in assessment, diagnosis, and treatment of PTSD that are available today, in addition to the classification of Posttraumatic Stress Disorder itself as a psychological condition. Thus, a strong case can be made that the study of torture victims begs the same attention from psychologists.

Investigation of the psychological effects of torture, along with treatment for those effects, unfortunately, has not increased at the same rate as the prevalence of torture. This slow pace in our understanding has occurred for several reasons. First, few valid and reliable instruments for measuring torture and its sequelae in a multi-ethnic population are available ([Mollica & Caspi-Yavin, 1991](#)), although this is increasingly being remedied. Secondly, many victims of torture are unrecognized by medical doctors and nurses, professions that often see these individuals first ([Eisenman, Keller & Kim, 2000](#)). Third, in places where torture is widespread, the cultural, political and security situation make it difficult to treat and study the effects of torture on those who have survived the experience. Finally, many psychologists, especially psychologists from Western nations, have been somewhat hesitant to study torture and its effects. However, due to the increasing population of refugees from countries where torture is widespread, along with the increase in the instances of torture itself, the number of victims who survive being tortured is only expected to increase. Many of these survivors will immigrate to Western nations, and the majority of these nations (including the United States) are participants in voluntary international funds that provide assistance in treating these survivors ([Torture Victims Relief Reauthorization Act, 2005](#)).

The primary way the United States assists victims is through the [Torture Victims Relief Act \(1998\)](#) and the [Torture Victims Relief Reauthorization Act \(2003, 2005\)](#). These acts provide funding for more than 20 federally funded torture treatment centers in the U.S. that have treated more than 3500 torture victims, and also provide funding to the United Nations to help the torture survivors. In addition to providing funding, the [Torture Victims Relief Reauthorization Act of 2003](#) included a report identifying at least 11 major U.S. cities with large refugee and immigrant populations that lack treatment centers for torture victims. What this means for psychologists is that there is a framework and, more importantly, funding for the treatment of torture survivors, the vast majority of whom remain untreated.

Torture is one of the most perverse aspects of human behavior ([Elsass, 1997](#)). Despite this perversity, however, it is important to note that torture is practiced worldwide; it is committed by governmental and non-governmental groups from a wide range of political, religious, geographic, ideological and economic backgrounds ([Suedfeld, 1990](#)). As a method for punishing or obtaining information or a confession from individuals, torture has existed since the beginnings of recorded civilization. For psychologists, a practical way to become involved in mitigating the harmful effects of torture would be to develop assessments and treatments that could potentially help its victims.

[Basoglu \(1992, p. 3\)](#) eloquently stated that the “study of torture and care of tortured individuals is not merely a humanitarian concern; it is also an effective political statement against the most abhorrent form of human rights violation. Such political statements are essential in preserving hard-earned human rights in democratic societies. Torture is thus not a problem confined to a remote dictatorship or a totalitarian regime but one that concerns the very moral fabric of the democratic societies in which we live.” This statement makes clear the importance of investigating the effects of torture, especially in regard to the psychological assessment and treatment of victims of torture.

The present paper will review the literature surrounding assessment, diagnosis, and treatment of the psychological sequelae of torture. In addition to disseminating what is known about torture, its effects, and treatment techniques for its victims, this paper also attempts to address what is still needed from psychologists. With our knowledge of highly successful treatment techniques for disorders such as PTSD, other anxiety disorders, and depression (some of the major diagnoses found in survivors of torture), along with our substantial backgrounds in research methodology, psychologists have much to offer to this underserved population. It is hoped that the present paper will also serve as a call to action for psychologists to become more involved in developing effective psychological assessments and treatment techniques for torture’s many victims.

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