

# NORNA 2023



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Master degree - Clinical Nursing  
Science

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Migration health and Multicultural  
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PhD Candidate at the Metropolitan  
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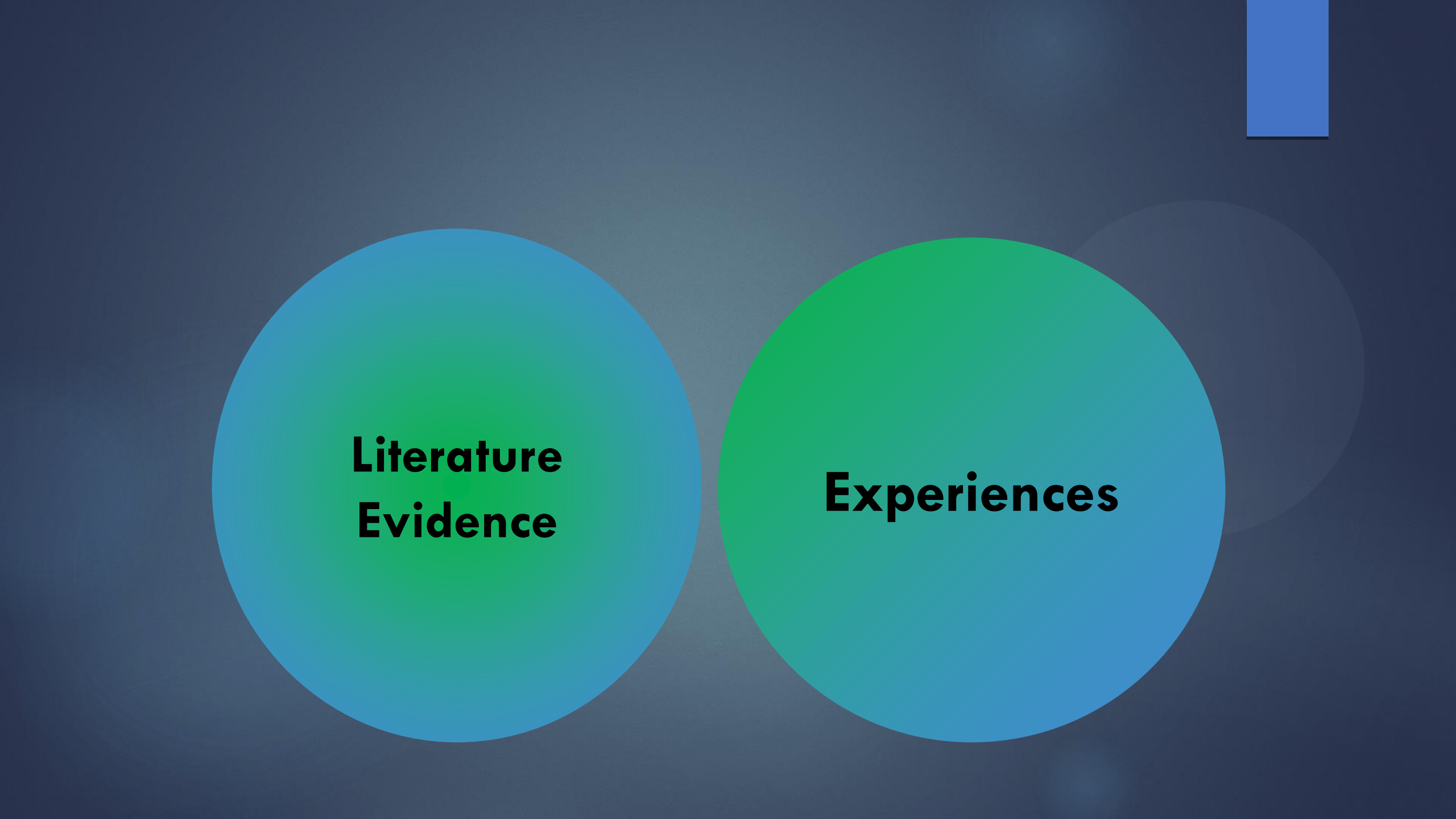
# Hospitals – surgical departments

## **Arena for re-traumatization**

Refugees

Torture survivors





**Literature  
Evidence**

**Experiences**



My own  
experiences



# Portuguese Health Care

I 1986 graduated as a nurse at the red cross international school of nursing - LISBON

Half a million refugees living in Portugal





# Psychology studies

Refugee patient - torture victims from two different perspectives



They were my patients in the somatic and in psychiatry

# Norway- 1992

**Refugees in Norway and in the Norwegian health care services**  
**Another country and another health care system, but the same challenges**





# 1996- 1998 - Specialist as Operating Room nurse - Oslo

- ▶ My attention to torture survivors moved into the operating theater

**Efficiency**  
**Technology**  
**Professional power**





# 1998-2001 Dhaka Bangladesh



Working as a voluntary  
With acid victims  
Society as  
retraumatizing  
arena

**2011 – 2012: FURTHER EDUCATION IN MULTICULTURAL HEALTH CARE**

**2013- 2016: Coordinator for migration health Akershus University hospital**



**Project: “First health-consultation for newly arrived refugees”**

# PHd project

## Giving Torture survivors a voice

Open access Protocol

### BMJ Open Development and evaluation of guidelines for prevention of retraumatisation in torture survivors during surgical care: protocol for a multistage qualitative study

Ana Carla Schippert <sup>1,2</sup>, Ellen Karine Grov,<sup>1</sup> Tone Dahl-Michelsen,<sup>3</sup> Juha Silvola,<sup>2,4</sup> Bente Sparboe-Nilsen <sup>1</sup>, Stein Ove Danielsen,<sup>1</sup> Mariann Aaland,<sup>2</sup> Ann Kristin Bjørnnes <sup>1</sup>

**To cite:** Schippert AC, Grov EK, Dahl-Michelsen T, *et al.* Development and evaluation of guidelines for prevention of retraumatisation in torture survivors during surgical care: protocol for a multistage qualitative study. *BMJ Open* 2021;11:e053670. doi:10.1136/bmjopen-2021-053670

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-053670>)

**ABSTRACT**

**Introduction** Healthcare professionals working in somatic departments are not trained to recognise signs of torture or provide appropriate healthcare to torture survivors, which may result in retraumatisation during surgical treatment.

**Methods and analysis** This protocol outlines a four-stage qualitative-method strategy for the development and evaluation of guidelines for prevention of retraumatisation of torture survivors during surgical care. The systematic search for literature review in stages 1 and 2 was conducted in August 2019 and March 2021, respectively, using nine databases. The search strategies employed in stage 1, without imposing any date limits, resulted in the inclusion of eight studies that addressed inadequate

**Strengths and limitations of this study**

- The use of indepth interviews in this study will provide torture survivors with an opportunity to express their experiences of healthcare.
- The interpretative phenomenological analysis as a methodology is significant in the context of refugee studies because it emphasises being open to human experiences and the unique features of individual experiences.
- Reporting experiences of receiving surgical care and recounting experiences of torture may be difficult for participants, but this can be compensated by the fact that the patients will receive attention and have the opportunity to express themselves and convey

BMJ Open: first published as 10.1136/bmjopen-2021-053670 on 5 November 2021. Downloaded from <http://bmjopen.bmj.com/> Protected by copyright



OsloMet

Ahus

NSF



## 1975 My own flight

I was one of the 500,000 refugees that Portugal received in one year



Me and my  
little brother

During the flight I met torture victims for  
the first time

Torture: a face, a smell...



# Facts about refugees and torture victims

**108.4 MILLION**

**Forcibly displaced people worldwide**

at the end of 2022 as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order.

**35.3 MILLION**

are refugees



<https://www.unhcr.org/refugee-statistics/>



## KEY FACTS

Over the last five years, Amnesty has reported torture in at least three quarters of the world – 141 countries.

**The clinical history  
should include the  
torture story**

Richard F. Mollica, M.D 2011

Jensen, N. K., Norredam, M., Priebe, S., & Krasnik, A. 2013

Garoff et al. 2021



# What is torture?

- ▶ Amnesty International defines torture as "a deliberate and premeditated attack on a person's psyche, body and dignity carried out by a public official or another person acting with state approval" (Amnesty International 2005).



**'I just wanted to die' says torture survivor on way to recovery**

# Torture survivors

## Who are they?



<https://fr.timesofisrael.com/lonu-repousse-une-conference-sur-la-torture-prevue-au-caire-apres-des-critiques/>

<https://www.storypick.com/torture-techniques/>

<https://www.storypick.com/torture-techniques/>

# Torture survivors

## Who are they?

<https://app.drjessmd.com/genetic-generational-transmission-of-trauma-is-it-real/>



<https://sol.no/nyheter/rapport-barn-tortureres-og-fengsles-for-pastatt-is-tilknytning/70842232>

[https://no.images.search.yahoo.com/search/images;\\_ylt=AwrijuzPRHhEzMxqTgtNAX.;\\_ylu=c2VjA3NIYXJjaARzbGsDYnV0dG9u;\\_ylc=X1MDMjExNDcyOTAwNQRFcgMyBGZyA21jYWZlZQRmcjlDcDpzLHY6aSxtOnNilXRvcARncHJpZANORnFub3FiNVNVWlMnN4cENrTUFpTjBBG5fcmNsdAMwBG5fc3VnZwMwBG9yaWdpbgNuby5pbWFnZXZXMuc2VhcmNoLnIhaG9vLmNvbQRwb3MMDMARwcXN0cgMEcHFzdHJsAzAeXN0cmwDMTkcEcXVlcnkDeXVvZyUyMHBlb3BsZSUyMHRvcnR1cmUEdF9zdG1wAzE2ODU2MMDM2NDA-?p=yung+people+torture&fr=mcafee&fr2=p%3As%2Cv%3Ai%2Cm%3Asb-top&ei=UTF-8&x=wrt&type=E211NO1494G0](https://no.images.search.yahoo.com/search/images;_ylt=AwrijuzPRHhEzMxqTgtNAX.;_ylu=c2VjA3NIYXJjaARzbGsDYnV0dG9u;_ylc=X1MDMjExNDcyOTAwNQRFcgMyBGZyA21jYWZlZQRmcjlDcDpzLHY6aSxtOnNilXRvcARncHJpZANORnFub3FiNVNVWlMnN4cENrTUFpTjBBG5fcmNsdAMwBG5fc3VnZwMwBG9yaWdpbgNuby5pbWFnZXZXMuc2VhcmNoLnIhaG9vLmNvbQRwb3MMDMARwcXN0cgMEcHFzdHJsAzAeXN0cmwDMTkcEcXVlcnkDeXVvZyUyMHBlb3BsZSUyMHRvcnR1cmUEdF9zdG1wAzE2ODU2MMDM2NDA-?p=yung+people+torture&fr=mcafee&fr2=p%3As%2Cv%3Ai%2Cm%3Asb-top&ei=UTF-8&x=wrt&type=E211NO1494G0)

<http://en.people.cn/n3/2017/0110/c90000-9164667.html>

<https://www.independent.co.uk/news/world/middle-east-us-profoundly-troubled-by-beating-of-american-palestinian-boy-caught-on-video-9587492.html>



# Torture survivors

## Who are they?



<https://vof.no/vold-kvinner-positiv-fred>



<https://www.nairaland.com/2472759/some-most-horific-form-execution>



[https://www.lovehkfilm.com/reviews\\_2/chinese\\_torture\\_chamber\\_story.htm](https://www.lovehkfilm.com/reviews_2/chinese_torture_chamber_story.htm)



<https://www.gofundme.com/f/east-african-refugee>



# Torture survivors

## Who are they?

<https://www.caminorecovery.com/blog/how-childhood-trauma-affects-health-across-a-lifetime/>



<https://theintercept.com/2016/04/13/young-iraqis-overwhelmingly-consider-u-s-their-enemy-poll-says/>



<https://imemc.org/article/palestinian-children-beaten-tortured-under-israeli-interrogation/>



<https://forward.com/opinion/387632/the-arrest-and-abuse-of-palestinian-children-has-to-stop/>



<https://www.thedailybeast.com/cheats/2012/09/20/u-n-children-tortured-in-syria>



# Torture Methods



## Report on Violations Against Children in Syria

No fewer than 29,894 children killed in Syria since March 2011, including 182 children who died due to torture, while 5,162 children are still detained and/or forcibly disappeared





# Torture: an invisible challenge

**New methods of torture don't leave visible sequels, and this is an additional challenge to health care professionals**

**“Torture should be a suspicion when the patient is not open to explaining scars or other signs of violence, when the stories are not consistent and when the patient has atypical symptoms (Richey 2007).**



# Treatment in somatic departments

<https://www.dw.com/en/sri-lanka-torture-victims-call-for-international-war-inquiry/a-19133170>



<http://photo.minghui.org/selected->



<https://www.bmj.com/content/368/bmj.m143>

[http://photo.minghui.org/selected-En/u\\_persecution/2124722121571.htm](http://photo.minghui.org/selected-En/u_persecution/2124722121571.htm)

# Treatment in Surgical departments

**Healthcare providers report themselves that they do not have enough skills to provide proper care to torture survivors**

**There is a possibility for any medical procedure to induce re-traumatization.**

**The greater the invasiveness of the procedures, the higher probability of re-traumatization.**



# Do we «see» torture survivors in the surgical departments?

These patients are often not identified by the health system due to lack of competences among health professionals

(Eisenman 2000, [Jahler, 2004](#); [Brunvatne 2006](#), [Brid Murray & Claire O'Donnell 2013](#); Garoff et al. 2021)

# Meeting Torture victims in surgical departments

**Trust - The most important and the most difficult**

**Because:**

- ▶ **They have experienced enormous disappointment**
- ▶ **Basic interpersonal trust can be destroyed**
- ▶ **Experienced disappointment on health professionals involved in torture situations**



# Torture SURVIVORS - SOMATIC health care

$1+1+1=3$

Torture survivors are rarely recognized as such within surgical departments

+

**Re-traumatization**

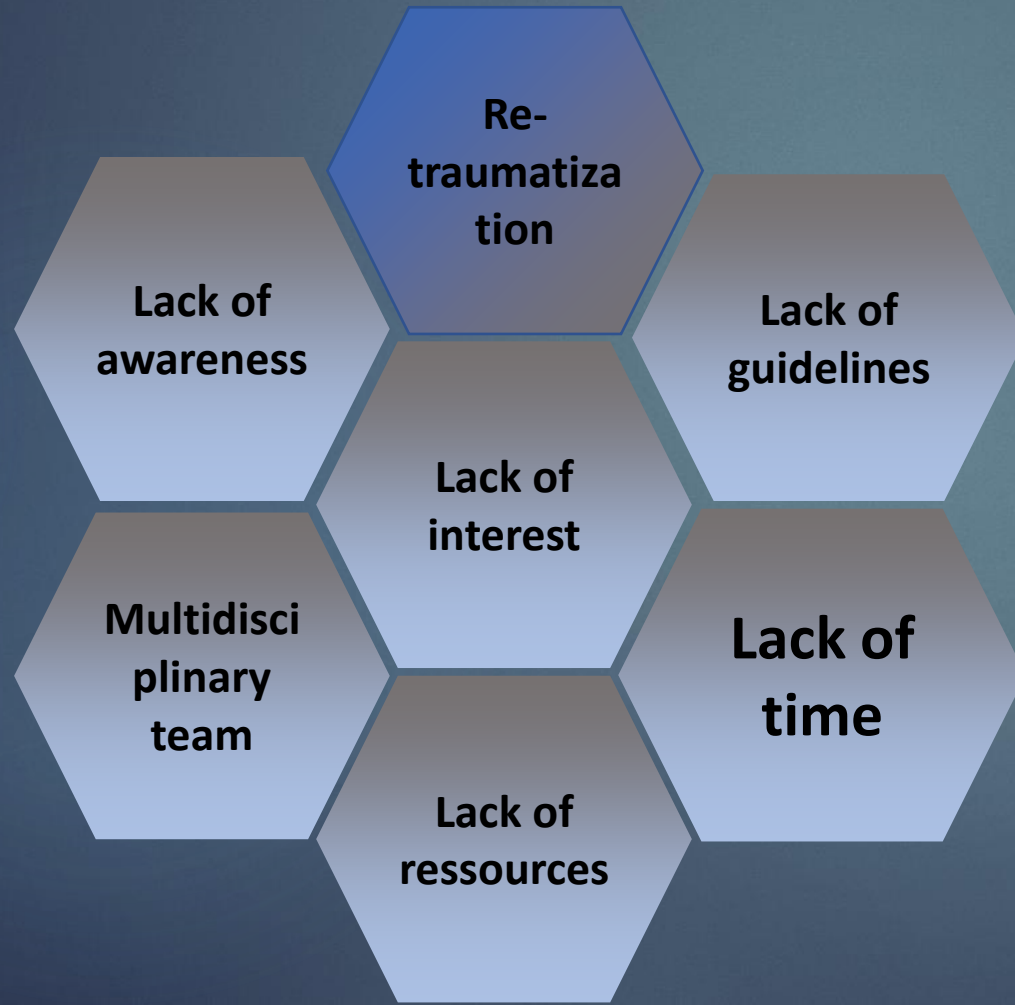
Re-traumatization of the survivors

+

Lack of trust



# Challenges giving surgical treatment to torture survivors



# Re-traumatization

- ▶ Re-traumatization is the reactivation of trauma symptoms, as well as thoughts, memories, or emotions associated with the experience of torture in the past.
- ▶ Frequently, the patient lacks the ability to control his or her strong reactions.

New happening  
(bad news,  
difficult  
diagnosis)

Interactions with  
healthcare  
providers during  
treatment

Stimuli evoking  
memories of  
previous  
traumatic  
experiences.

# Reactivation of torture trauma: a reality in health care

**Re-traumatization**

Manuel Fernandez, psychiatrist in Uppsala, described re-traumatization linked to the operating room

The memory of trauma is also localized to certain parts of the body, and a hospital stay can remind them of the torture

Storvik, 2007  
Høvik 2021

The Danish senior physician Gunilla Brodda Jansen warns that even simple examinations can re-traumatize these patients



# How a stay at a hospital can reactivate the torture experience?

**Trauma reminders or triggers**

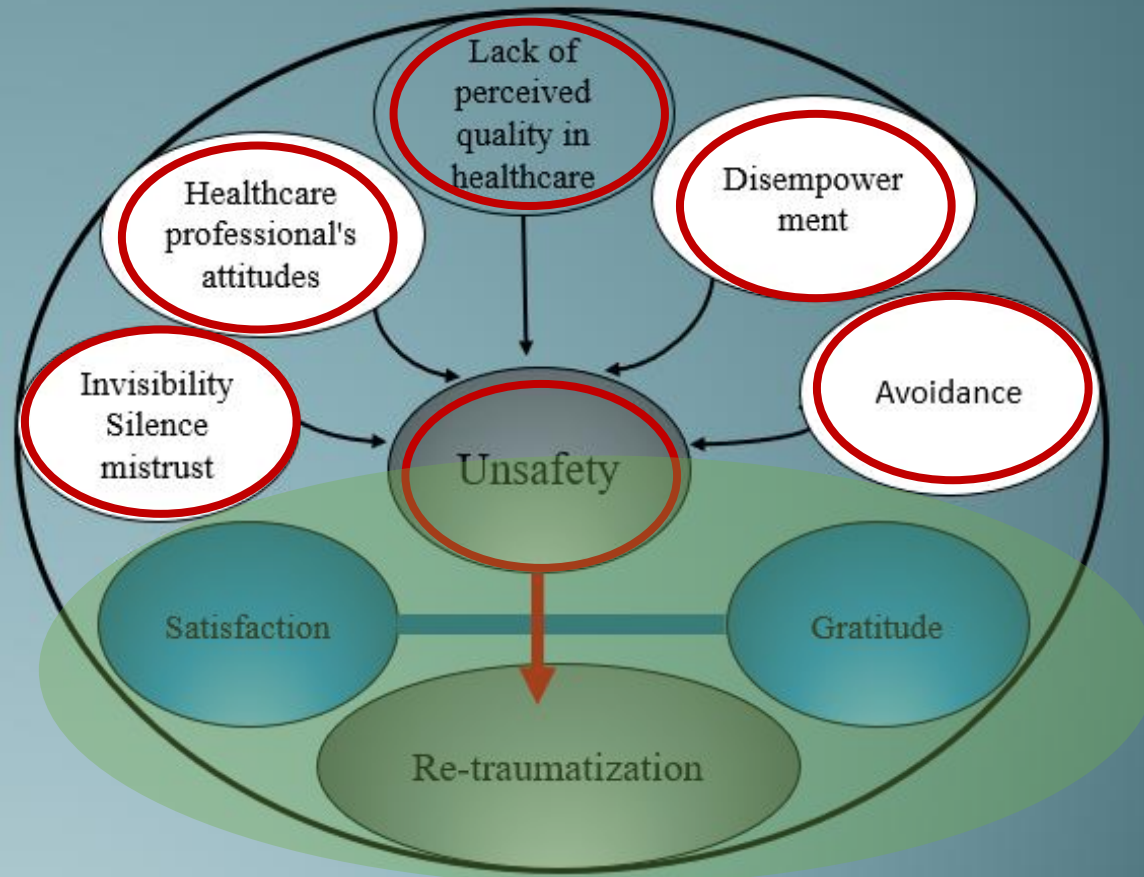
**For a long time after a traumatic experience, various sounds, places, dates, colors, smell, feelings of being alone and other reminders of the traumatic event can evoke intrusive memories, emotions and bodily reactions.**

Piwowarczyk, L., A. Moreno, and M. Grodin, Health care of torture survivors. JAMA, 2000.

Dallam, S.J., A model of the retraumatization process: a meta-synthesis of childhood sexual abuse survivors' experiences in healthcare. 2010, University of Kansas.

# Explaining Re-traumatization

Explanatory model for the experiences of refugees and asylum seekers that can cause re-traumatization in somatic healthcare



## PLOS ONE

RESEARCH ARTICLE

### Uncovering re-traumatization experiences of torture survivors in somatic health care: A qualitative systematic review

Ana Carla S. P. Schippert<sup>1,2\*</sup>, Ellen Karine Grov<sup>1</sup>, Ann Kristin Bjørnes<sup>1</sup>

**1** Institute of Nursing and Health Promotion, Oslo Metropolitan University, Oslo, Norway, **2** Akershus University Hospital, Oslo, Norway

\* [Ana.schippert@gmail.com](mailto:Ana.schippert@gmail.com)



#### Abstract

Little research has focused on torture survivors' re-traumatization experiences in health and hospital units that treat somatic diseases, though any medical procedure can re-traumatize survivors. This study's purpose was to summarize qualitative research evidence on torture survivors' somatic healthcare experiences and to identify "triggers" or "reminders" that can lead to re-traumatization. The study's search strategies identified 6,326 citations and eight studies, comprising data from 290 participants, exploring encounters with healthcare providers from torture survivors' perspectives, which were included in the present research. Daltam's Healthcare Retraumatization Model was used as a framework for data extraction and analysis. Five main themes were elicited from the findings: (1) *invisibility, silence, and mistrust*; (2) *healthcare providers' attitudes and a lack of perceived quality in healthcare*; (3) *disempowerment*; (4) *avoidance*; and (5) *satisfaction and gratitude*. An analysis of the study's findings revealed that torture survivors do not receive adequate healthcare and may experience challenges during treatment that can result in re-traumatization. The findings of this literature review provide a basis for understanding the difficulties that survivors experience in receiving somatic healthcare, as well as an explanation of the re-traumatization process.

#### OPEN ACCESS

**Citation:** Schippert ACS, Grov EK, Bjørnes AK (2021) Uncovering re-traumatization experiences of torture survivors in somatic health care: A qualitative systematic review. PLOS ONE 16(2): e0246074. <https://doi.org/10.1371/journal.pone.0246074>

**Editor:** Astrid M. Kamperman, Erasmus Medical Center, NETHERLANDS

**Received:** June 3, 2020

**Accepted:** August 19, 2020

# The most important trauma reminder



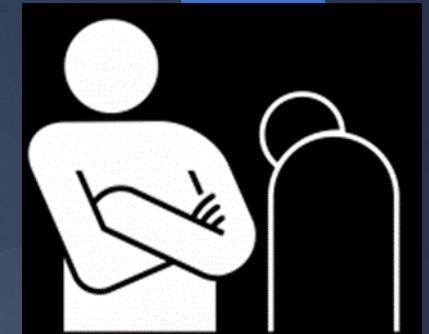
Torture is the intentional use of violence by one human against another



**The difficult relationship**



# Own research



Social Science & Medicine 323 (2023) 115775

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**Social Science & Medicine**

journal homepage: [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed)

**ELSEVIER**

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## Re-traumatization of torture survivors during treatment in somatic healthcare services: A mapping review and appraisal of literature presenting clinical guidelines and recommendations to prevent re-traumatization

Ana Carla S.P. Schippert<sup>a,b,\*</sup>, Ellen Karine Grov<sup>a</sup>, Tone Dahl-Michelsen<sup>c</sup>, Juha Silvola<sup>b,d,e</sup>, Bente Sparboe-Nilsen<sup>a</sup>, Stein Ove Danielsen<sup>a</sup>, Irene Lie<sup>a,f,g</sup>, Ann Kristin Bjørnnes<sup>a</sup>

<sup>a</sup> Institute of Nursing and Health Promotion, Oslo Metropolitan University, Oslo, Norway  
<sup>b</sup> Akerhus University Hospital, Oslo, Norway  
<sup>c</sup> Institute of Physiotherapy, Oslo Metropolitan University, Oslo, Norway  
<sup>d</sup> Institute of Clinical Medicine, Campus Ahus, University of Oslo, Norway  
<sup>e</sup> Norwegian University of Science and Technology: Gjøvik, NO, Norway  
<sup>f</sup> Oslo University Hospital, Oslo, Norway  
<sup>g</sup> Norwegian Faculty of Medicine and Health Sciences, Gjøvik, NO, Norway

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**ARTICLE INFO**

Handling Editor: Blair T. Johnson

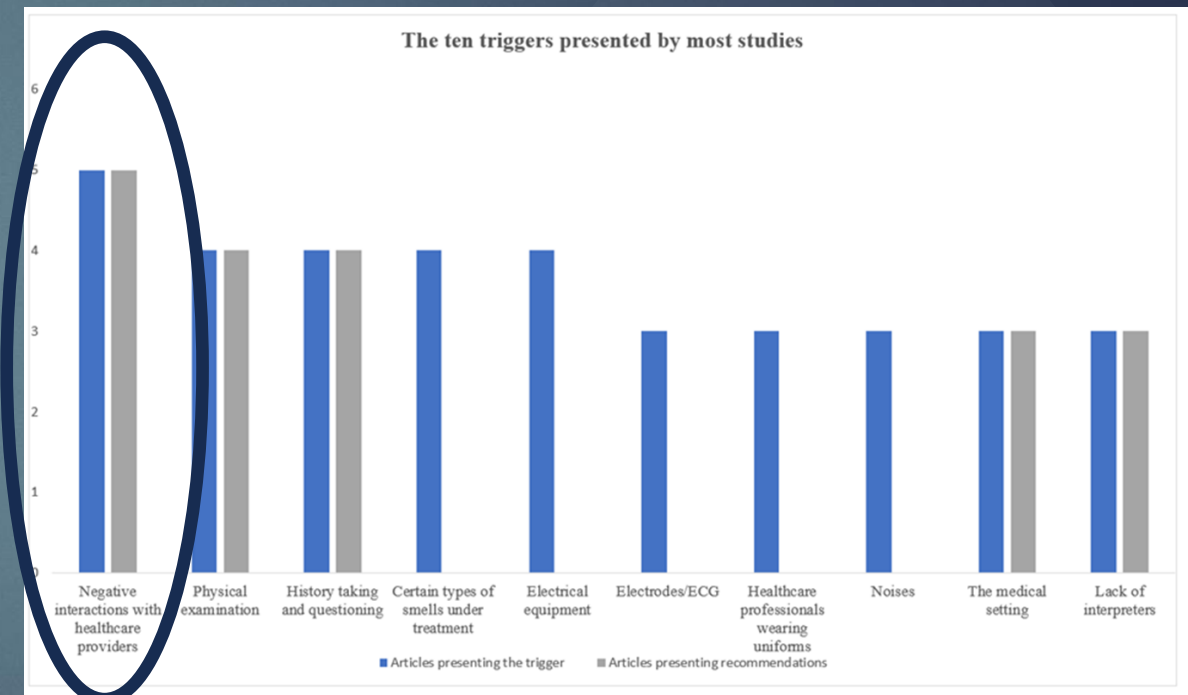
**Keywords:**  
 Mapping review  
 Torture survivors  
 Re-traumatization  
 Guidelines  
 Recommendations  
 Somatic healthcare services

**ABSTRACT**

**Rationale:** The number of torture survivors is on the rise, posing issues for their care in healthcare settings. Even healthcare experts with training in refugee care are unaware of the health difficulties faced by torture survivors. Any medical evaluation or treatment has the potential to re-traumatize torture survivors, thereby reactivating trauma symptoms without applicable guidelines to prevent re-traumatization.

**Objective:** Our objective was to identify, characterize, evaluate, and organize current, available evidence presenting existing recommendations and suggestions to prevent re-traumatization during the treatment of torture survivors' physical diseases in healthcare services.

**Methods:** A comprehensive search of electronic databases was conducted. Gray literature coverage was obtained by searching for publications from relevant associations and healthcare organizations focusing on torture survivors. Clinical practice guidelines (CPGs) and research focusing on somatic healthcare services for adult torture



# Operating theater and surgical departments as arena for re-traumatization

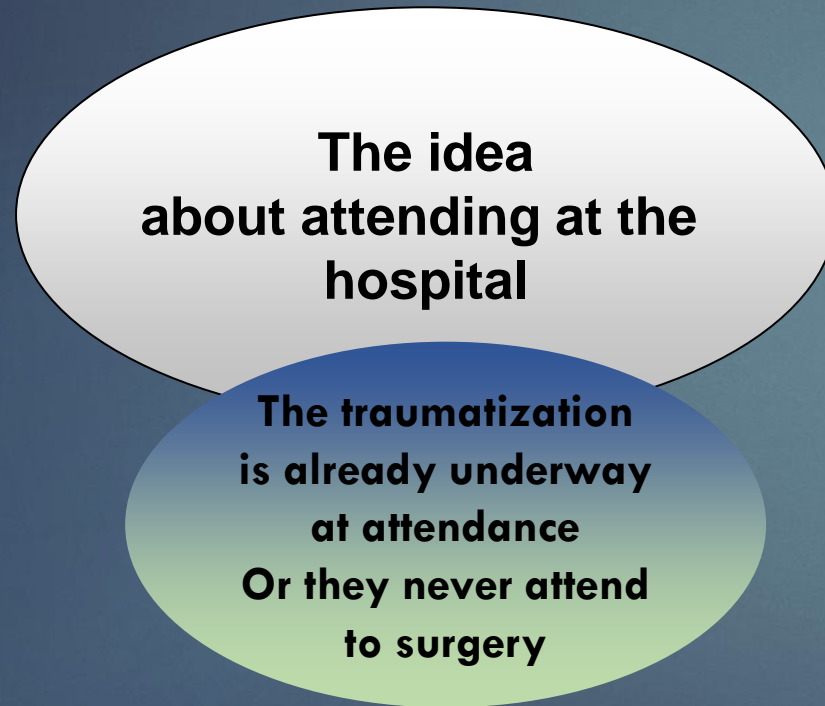
ON GUARD

FEAR

"MY MIND WILL NOT LET ME FORGET WHAT HAPPENED."  
THE BODY CONSTANTLY REMAINS ON GUARD.



# Operating theater and surgical departments as arena for re-traumatization



In areas of war, torture can take place in  
hospitals



# Operating theater and surgical departments as arena for re-traumatization

Waiting...



“The man who spent every night waiting to be tortured ...twenty years later he is unable to sit in a hospital waiting room without having a panic attack

Dawood, M. (2006). The survivors of torture: what health and social care professionals should know. *Diversity in Health and Social Care*, 3(2), 75-76.

Waiting time characterizes health care delays, lack of resources

# Operating theater and surgical departments as arena for re-traumatization

- ▶ One of the most common torture methods is deprivation of food and water
- ▶ Feelings and reactions connected to this can be reactivated when patients have to fast before surgery

# Operating theater and surgical departments as arena for re-traumatization

The interview on arrival can be experienced as  
"interrogation" and reactivate the torture experience

Interrogation with the application of pain is one of the most widely used torture methods



# Operating theater and surgical departments as arena for re-traumatization



# Other Triggers

Operating Table  
Positioning to surgery  
Covered healthcare  
providers  
Uniforms  
Medication  
Equipment  
Strong light  
Darkness  
General anesthesia  
Oral surgery  
Foot surgery

Smell of blood, medicines  
and alcohol  
Torniquet  
Gynecological procedures  
Urological procedures  
Hemorrhoidectomy  
Music  
Pain

# Operating theater and surgical departments as arena for re-traumatization

Tissue damage due the torture can cause long-term changes in pain perception and modulation

Is the standard postoperative pain treatment adequate?



**American Pain Society** RESEARCH EDUCATION TREATMENT ADVOCACY PUBLISHED BY ELSEVIER The Journal of Pain, Vol 18, No. 1, February 2018 Available online at [www.jpain.org](http://www.jpain.org)

Original Reports

Dysfunctional Pain Modulation in Torture Survivors: The Mediating Effect of PTSD



# Operating theater and surgical departments as arena for re-traumatization

- ▶ Undressing, touching or using leg holders can remind forced undressing and rape
- ▶ Pain
- ▶ Instruments, sound of instruments
- ▶ Staff offensive or humiliating
- ▶ Use of professional power



- ▶ Although the hospital's goal is to help, the patient may have a feeling of powerlessness because of the above-mentioned associations. These can catch the patient in the past and reactivate the torture experience

# Dreams under anesthesia: An important factor to the process of re-traumatization



Torture trauma  
affects the dreams  
The dreams are often  
about destruction,  
strokes, escapes and  
violence

# Re-traumatization

The reaction comes as a surprise - we are not prepared for it

Is like a reflex depending on:

- ▶ Type of trauma
- ▶ Past experiences
- ▶ Individual sensibility
- ▶ Our behavior as professionals
- ▶ What happens in the present situation





# Reactivating torture trauma

Staff offensive or  
humiliating

Use of professional power

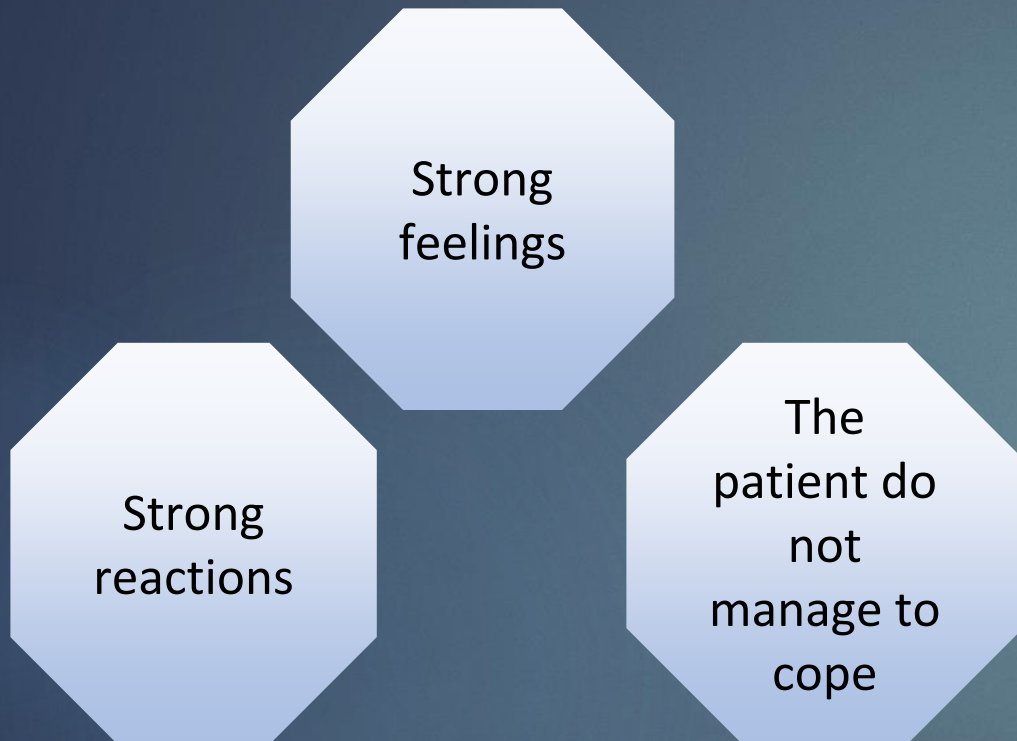


We have complete control over this

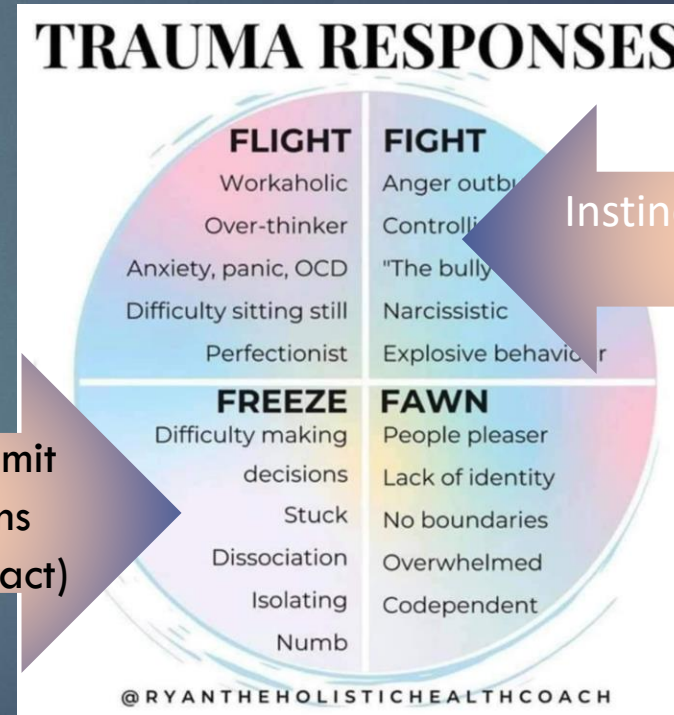
# Recognizing re-traumatization



# Re-traumatisering



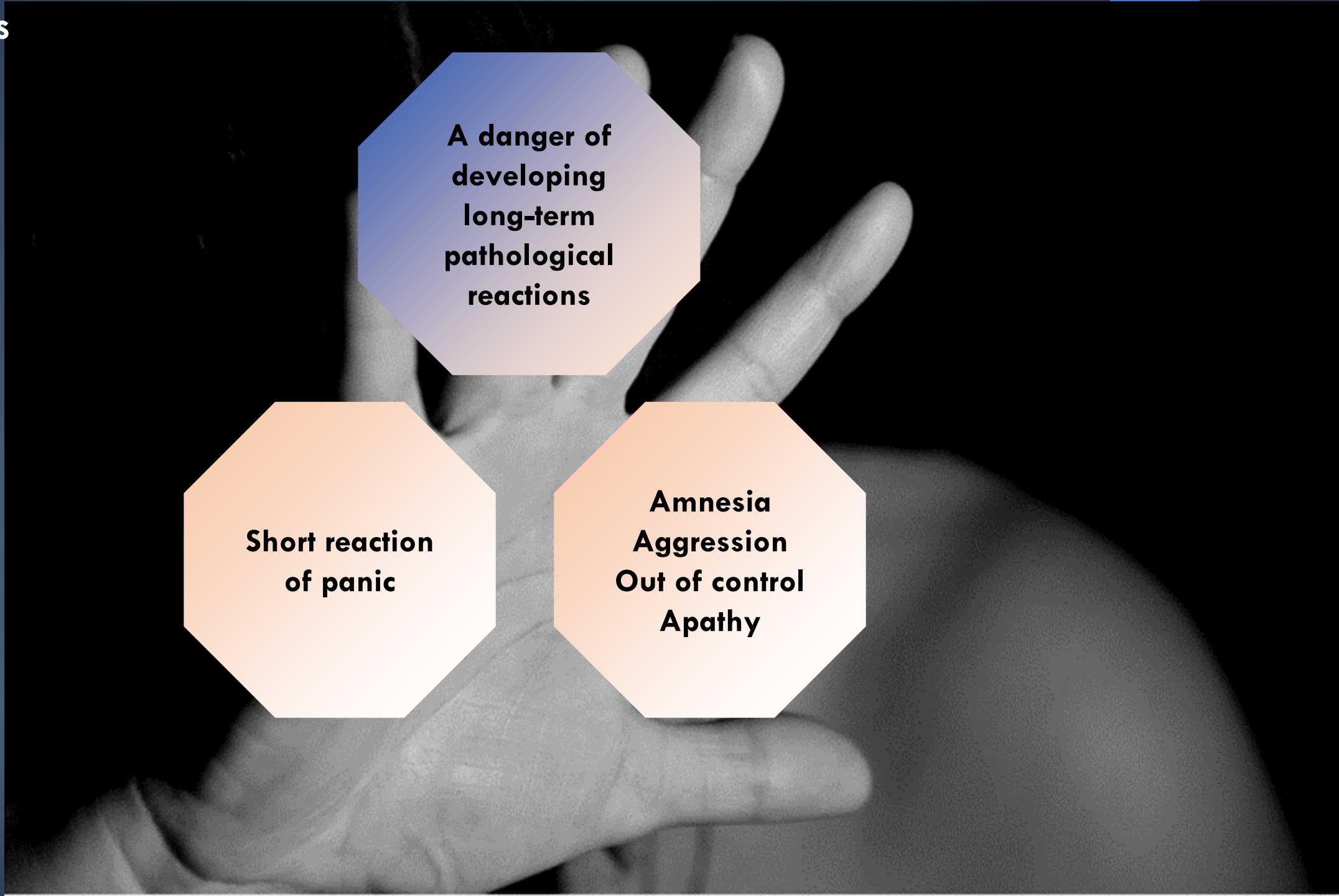
Play dead, submit  
(patient stiffens  
Apathy/no contact)



Instincts to fight are started



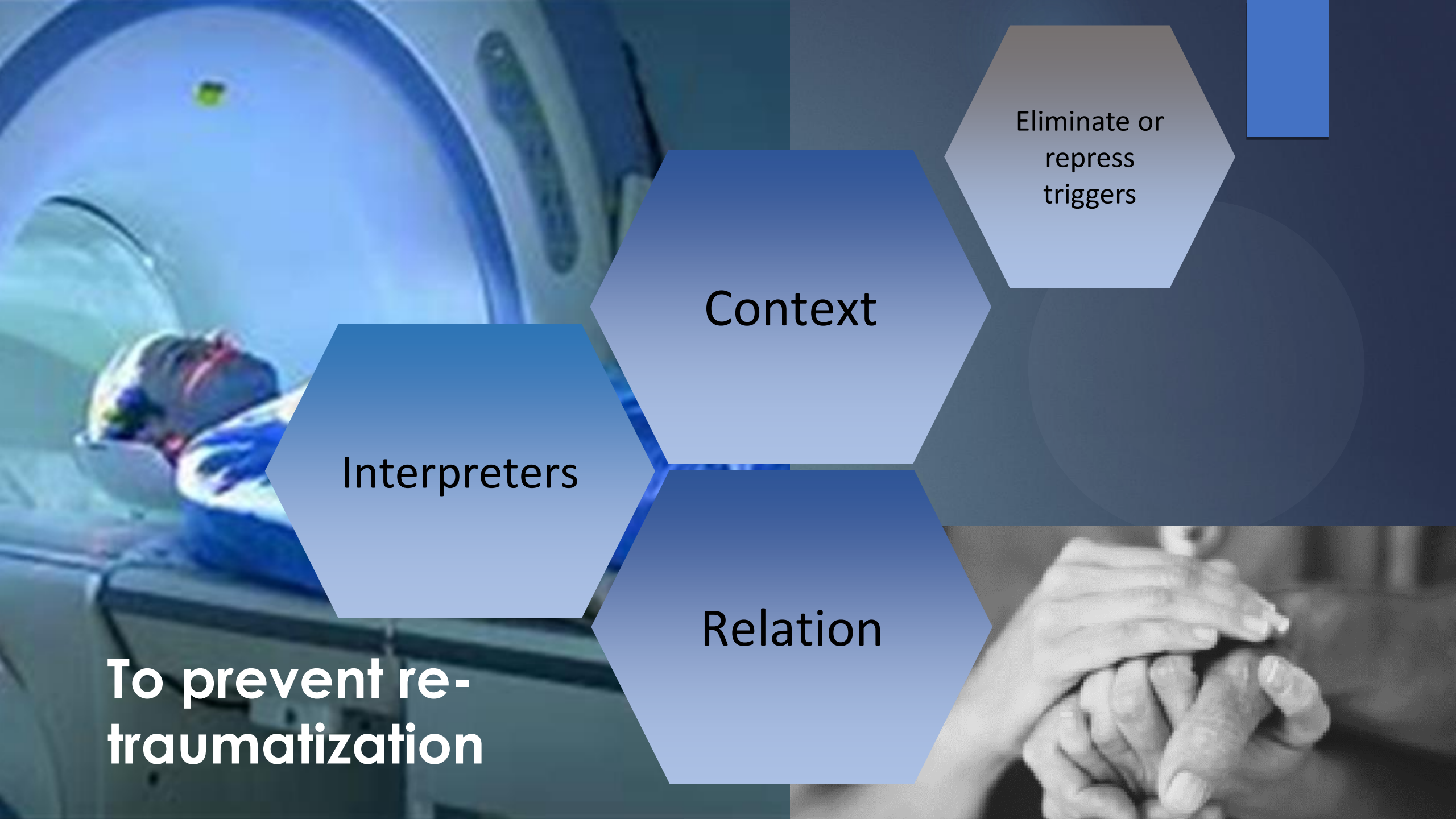
# Consequences of Re- traumatization

A grayscale photograph of a hand with fingers spread, palm facing forward. Overlaid on the hand are three octagonal shapes. The top one is a gradient from blue to light purple and contains the text 'A danger of developing long-term pathological reactions'. Below it are two orange-to-white gradient octagons. The left one contains 'Short reaction of panic' and the right one contains 'Amnesia', 'Aggression', 'Out of control', and 'Apathy' stacked vertically.

**A danger of  
developing  
long-term  
pathological  
reactions**

**Short reaction  
of panic**

**Amnesia  
Aggression  
Out of control  
Apathy**



Eliminate or  
repress  
triggers

Context

Interpreters

Relation

**To prevent re-  
traumatization**

# To prevent re-traumatization

A photograph of a surgeon in green scrubs and a surgical cap, with a hand on a patient's shoulder in an operating room. The surgeon is looking down at the patient, and the hand is resting on the patient's shoulder. The background shows medical equipment and a monitor.

If the patient is mentally prepared for what is to come, they can employ their own ways of coping.

Presence

Genuine passion or interest

Relation

Understanding the stress of a hospital admission

Information during treatment

Empaty



# Re-traumatization - What can we do?

Eye contact can bring the patient back to the present situation / time



# When re-traumatization occurs

## A case

### Case: Woman from Africa

#### A torture survivor

Emergence flashback in a patient with posttraumatic stress disorder

Sondra S. Crosby, M.D.a,4, George A. Mashour, M.D., Ph.D.b

Michael A. Grodin, M.D.c

Yandong Jiang, M.D., Ph.D.b

,Janet Osterman, M.D.c

She received 1 mg of midazolam preoperatively. Fentanyl, propofol, and ondansetron were administered during the 44-minute procedure, which was completed without surgical complications

When the patient arrived at the recovery, she was disoriented, anxious, and acting out.  
**SHE WAS HAVING FLASHBACKS**  
She was given 1 mg midazolam and 30 mg propofol intravenously. Her agitation grew to the point where she screamed that staff were attempting to rape her and harm her mother and children.

# When re-traumatization occurs

## A case

Flashbacks are associated with specific triggers

This intervention may be more effective and safer than pharmacological interventions, which may worsen symptoms.

Is critical to identify flashbacks

The content of a flashback in a torture survivor is typically specific to the torture experience

Techniques for informing the patient of the time and location  
Safety



# Re-traumatization during surgical treatment

We suggest that patients with a known history of torture would benefit from having a trusted individual (a family member, a close friend, or a member of the medical staff) present at all times.

# Case

After adjusting  
the leg holders

The patient received  
no additional  
treatment.  
Because he was silent

When the patient entered the operating room, he was very quiet. He refused to lie down and hesitated when putting his legs on leg holders. When the patient awoke, he was in the same condition in which he had fallen asleep: completely silent, unresponsive to questions, and frozen. During the next two hours in the post-operative ward, the patient's eyes were fixed on the ceiling, his pulse was racing, and he was protecting his genitals.

# Torture survivors at the operating theater and departments

- ▶ Do we have enough time to make necessary adjustments?
- ▶ Do we have the necessary knowledge and competences to give high quality health care?
- ▶ Are we able to create trust when the demand for efficiency is so high?

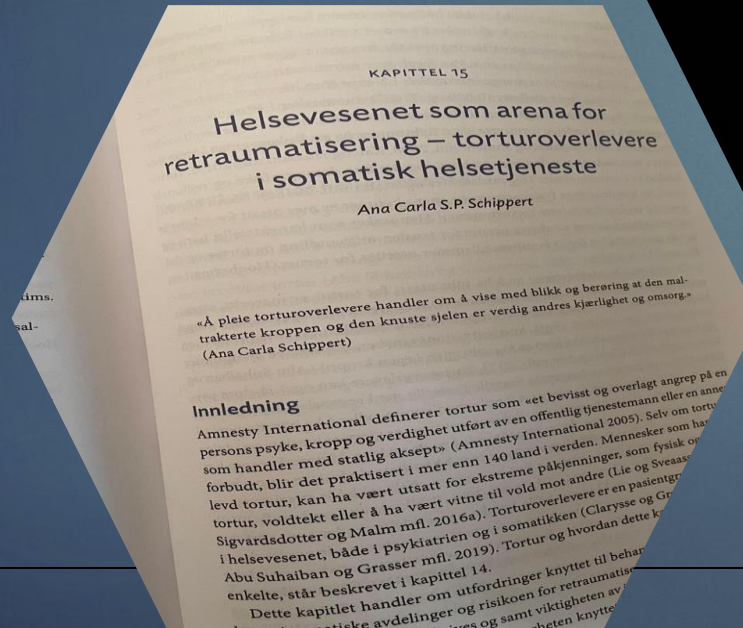
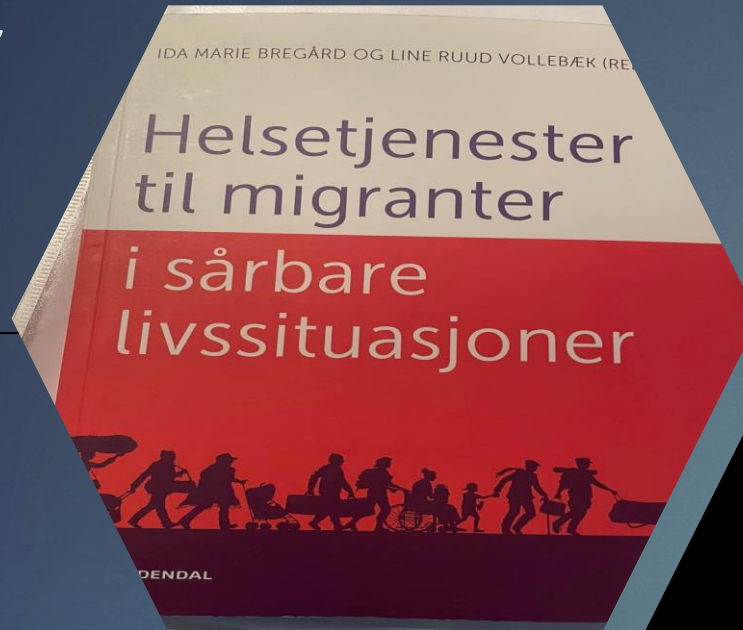
**High  
efficiency  
environm  
ent**







A chapter  
in a book



Caring for torture survivors means showing with your eyes and touch that the mistreated body and broken soul are worthy of others' love and care."

Ana Carla

TRUST







# Literature

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- ▶ Schippert, A. C. S., Grov, E. K., & Bjørnnes, A. K. (2021). Uncovering re-traumatization experiences of torture survivors in somatic health care: A qualitative systematic review. *PloS one*, *16*(2), e0246074.
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