

Somali and Oromo Refugees: Correlates of Torture and Trauma History

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Overview of the Project: The Refugee Population Study

Refugee Population Study (RPS)

- Funded by U.S. National Institute of Mental Health
- One of the largest study of resettled refugees communities conducted in the Western world (N=1,134)
- RPS surveyed rarely studied East African populations--Somalis and Ethiopians
- 85% of the sample was Muslim

DEFINING THE POPULATION

- Minnesota has perhaps the largest East African population in the U.S.
- Secondary migration to Minnesota greater than for any other state in the U.S.

The Communities Surveyed

- Somalis—
 - A war zone
 - Clan warlords vie for power
 - No effective official government since 1991
 - Usually arrive in US as refugees or by family reunification
- Ethiopians—
 - Ethnic conflicts persist
 - Oromos the only ethnic group NEVER in power and want their own country
 - Often imprisoned by those in power
 - Frequently seek asylum in the US

Risk Factors for RPS Participants

- Torture Experiences
- War Trauma
- Trauma in Refugee Camps
- Risk of Future Trauma
- Minority (viewed as African American)
- Muslim (viewed as terrorists or sympathizers)

OBJECTIVES

Specific Goals

- Defining the prevalence and characteristics of torture survivors
- Identifying physical, social, and mental health problems associated with torture
- Defining mental health and other care needs
- Developing, implementing, and evaluating a methodology for population-based assessment of torture and its sequelae

EPIDEMIOLOGY

- More than 18 million refugees,
24 million internally displaced persons--
At least half of them women and children
- 5 - 35% of refugees may be survivors
- More than 400,000 torture survivors in USA
- More than 10,000 torture survivors in MN

PREVALENCE OF TORTURE

- 150/195 (75%) of countries practice torture (Amnesty International, 2000)
- Victims died while tortured in 80 countries
- Actual prevalence is unknown since community samples are rare and most research is in resettlement countries
- Prevalence rates vary depending upon the sample.

PREVALENCE RATES OF TORTURE

- National Random Samples: 8%-39%
- Detainees in Country of Origin: 85%-100%
- Refugees in Camps: 3%-16%
- Refugees in Clinics: 7%-70+%
- Selected Refugee Groups: 6%-100%

The Rationale

For Community-Based Studies

- Treatment program studies may reflect only the “tip of the iceberg”
- The most severely traumatized persons may not seek treatment
- Knowing the true prevalence of torture will help define the magnitude of the problem
- Adequate health services can then be made available to those in most need

METHODS

Refugee Population Study Phases

- Phase 1: Quarterly Focus Groups
- Phase 2: Screening questionnaire
- Phase 3: Retrospective cohort study of a subset
- Phase 4: In-depth neurologic and psychiatric diagnostic evaluations on a smaller subset
- Ethnography: Selected subset of women with children

FACTORS EVALUATED

- Circumstances of Immigration
- History of Governmental Torture
- Medical and Social Sequelae of Torture
- Psychological Status
- Psychiatric Diagnoses
- Impairment: Neurologic /Cognitive
- Alcohol and Drug Use
- Sources of Health Care

Phase 2 Questionnaire

188 Questions, 475 Variables

- Identifying Information (Confidential)
- Biographical Information
- Current Life Circumstances
- Life Before Coming to the United States
- Health Questions
- Experiences of Trauma, Violence, and Deprivation
- PCL-C

77 ITEM CHECKLIST OF TORTURE TECHNIQUES

- Physical Suffering
- Stress to the Senses
- Psychological Suffering
- Deprivation

NOTE: Every item endorsed at least once

Problem Scales Developed from Phase 2 Prevalence Survey

	Questions	Alphas
Psychological	13	.63
Physical	17	.77
Social	11	.77

Sampling Problems

- The populations cannot be identified accurately
- Official records only list refugees who were initially resettled in Minnesota
- Secondary migration is much greater than initial resettlement
- Somali estimates vary from 7,000 to nearly 40,000

Non-Probability Sampling

No complete sampling frame was available from which to draw randomly

Sampling approaches included:

- Targeted Sampling (62%)
- Linkage Sampling (38%)
 - Snowball Sampling (31%)
 - Convenience Sampling (7%)

**Journal of Nervous and Mental
Disease, December, 2003**

DEFINITIONS OF TORTURE

- AI: Systematic & deliberate infliction of pain & suffering by one person on another
 - WMA: Deliberate, systematic or wanton infliction of physical or mental suffering for any reason
 - UN: Severe** pain and suffering, intentionally inflicted for any reason by a public official based on discrimination
- ** (reintroduced the concept of gradations of pain and suffering)

Key Components Of The U.N. Definition of Torture

- Severe physical or mental pain/suffering
- Intentionally inflicted
- For any reason
- Based on discrimination
- Perpetrator acting officially
- Systematic and deliberate

U.N. DEFINITION EXCLUDES:

- Non-politically motivated torture
[satanic cults, domestic abuse, etc.]
- Victims of random acts of violence during war
- Pain or suffering resulting from lawful sanctions

CHALLENGES FOR CLASSIFICATION

- Definition of torture may differ between participants and investigators
- Validation comparing “yes” answers with torture techniques endorsed.

Participants Classified as Tortured

- Endorsed any of the 3 questions asking about torture
- **AND** at least one of the torture technique items

OR

- Did not endorse any of the 3 questions asking about torture

BUT endorsed at least one of 27 torture technique items that the investigators were quite certain could only occur during torture

Unacknowledged Torture

- Qualitative data is particularly useful in determining the context of a particular trauma.
- If participants don't think they have been tortured but endorse techniques highly likely to occur only during the confinement of torture, narrative can help sort this out.

Modifications in Protocol

- Only six of 1,134 participants in the prevalence phase endorsed NO TRAUMA
- Comparisons of those tortured with those without any trauma were not possible
- Subsets in Phases 3 and 4 compared equal numbers of tortured and otherwise traumatized refugees
- Adapted OBSSR instrument (Fran Norris) for measuring the impact of 9/11

Presumed Effect of 9/11 on RPS

- Initial interview phase (N=1,134) completed shortly prior to 9/11
- Interviewing virtually stopped for next two interview phases post 9/11
 - University associated with government
 - Interviewers accused of working for FBI

RESULTS

PUBLICATIONS

- Jaranson, J.M., Butcher, J., Halcon, L., Johnson, D.R., Robertson, C., Savik, K., Spring, M., Westermeyer, J. Somali and Oromo refugees: correlates of torture and trauma history. *Am. J. Public Health* 2004;94:591-598.
- Spring M, Westermeyer J, Halcon L, Savik K, Robertson C, Johnson DR, Butcher JN, Jaranson J. Sampling in difficult-to-access refugee and immigrant communities. *J Nerv Ment Dis* 2003;191(12): 813-819.
- Halcon L, Robertson CL, Savik K, Johnson DR, Spring MA, Butcher JN, Westermeyer J, Jaranson JM. Trauma and coping in Somali and Oromo refugee youth. *Journal of Adolescent Health* 2004;35: 17-25.

INTERVIEWS

	ACTUAL	TARGET	% OF GOAL
Phase 2	1,134	1,200	95
Phase 3	449	480	94
Phase 4	200	200	100
Ethnographic	30	30	100

Sample: N = 1,134
Participation Rate: 97.1%

622 Somali participants

323 men

299 women

512 Oromo participants

282 men

230 women

Torture Prevalence By Ethnic/Gender Group

(p-value < .001)

	Torture %
Somali Men (N = 323)	25
Oromo Women (N = 230)	37
Somali Women (N = 299)	47
Oromo Men (N = 282)	69

Torture Survivors Compared with the Remainder of the Sample

(p-values <.001)

- Current Age (Older)
- Age Upon Leaving Home (Older)
- Number of Traumas Endorsed (More)
- Psychological, Physical Problems & PCL-C (Increased Scores)

Torture Survivors & Problem Scales

Torture Survivors

(Versus Other Traumatized Refugees):

- Increased Psychological & Physical Problems
- Similar Social Problems
- Elevated PCL-C Scores (even after adjusting for the increased trauma of torture survivors)

Suspected PTSD PCL-C Score >50 (Range 17-85)

	Sample	PTSD	%
Tortured	502	123	25
Not Tortured	632	23	4

Note: PCL-C completed in all interview phases

FACTORS AFFECTING PROBLEMS SCALES AND PCL-C SCORES (2 or > Scales)

LOWER SCORE

Having a Job

HS Graduation

Married/w Partner

HIGHER SCORE

↓ Religious Practice

High Trauma Count

Torture Exposure

CONCLUSIONS

Conclusions

- The Torture Prevalence Rate of our Community-Based Sample of 1134 was 44%, much higher than usually reported in the literature
- Women were tortured just as often as men
- Somali Women and Oromo Men were the two ethnic/gender groups most tortured

Conclusions

- Beyond the general trauma suffered, exposure to torture added small but significant increases to the number of psychological and physical problems, but did not add to the number of social problems.
- The most striking effect of exposure to torture was the increase in the total PCL-C score. Those exposed to torture had an average increase of seven points to the PCL-C score beyond the increase due to trauma alone.

ANTICIPATED BENEFITS FROM THIS STUDY

- Assessing the prevalence of torture in the Somali and Ethiopian refugees in MN
- Comparing the status of tortured refugees with non-tortured refugees along many parameters
- Utilizing the study results to advocate for additional health and social services

Therapeutic Interventions

- Reduction in symptom exacerbation of posttraumatic stress, other anxiety disorders, and depression
 - Crisis intervention
 - Medication management
 - Outreach & triage for treatment needs
 - Education
- Most important: The development of culturally appropriate interventions

HEALTH REALIZATION

Halcon et al. are finding that groups of Somali and Oromo (Ethiopian) women are responding positively to the health realization model of intervention. The Health Realization Model is a community-oriented, psycho-educational intervention that shows promising results in a variety of settings and populations including high risk and traumatized individuals and groups. Based on a resiliency framework, this intervention assists people to put intrusive thoughts into a manageable perspective and improve their daily functioning through learning a process of thought recognition.

“I object to violence. When it appears to do good, the good is only temporary. The evil it does is permanent.”

- Mahatma Gandhi