Physical Examination of Asylum Applicants

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* Overview of the exam process
* History taking with victims of abuse and torture
* Physical findings related to past torture and violence
* Conclusions and reporting results

Mostly, skills you already have

* Preparation: Review documents, records
* History: Brief background, meticulous description of trauma and surrounding events
* Exam: Concentrate on areas of trauma.
* **EVALUATE CONSISTENCY OF PHYSICAL FINDINGS WITH HISTORY/ATTRIBUTION**

Some differences

- Working with an attorney
- Need to be familiar with certain symptoms and physical findings (per this course).
- **Exam is not of acute injury, but of late sequelae.**
- You aren't providing any treatment, just making a professional evaluation.
- **Report will be used for legal, not medical purposes**

Differences - 2

- Exam tends to be lengthy, but no time limit!
- No computer!
- Ancillary studies—X-ray, lab, etc.—usually not available
- Circumstances, location
  - Prison
  - Clients' homes
  - Lawyers' offices
  - Lack of equipment, privacy

Differences - 3

- Cultural and language barriers
- Client's difficulties in recall
  - **Recall of traumatic events is often imperfect. *This is normal.***
  - Inconsistency: may not be a problem medically/psychologically, BUT usually judged as lying in court
  - Post-traumatic stress
  - Traumatic brain injury
  - Fear, shame, sadness

Purpose of Exam and Report

Provide the immigration court with a catalog of symptoms and physical findings, and your expert judgment of the degree of consistency of those symptoms and findings with the history as related by the client.

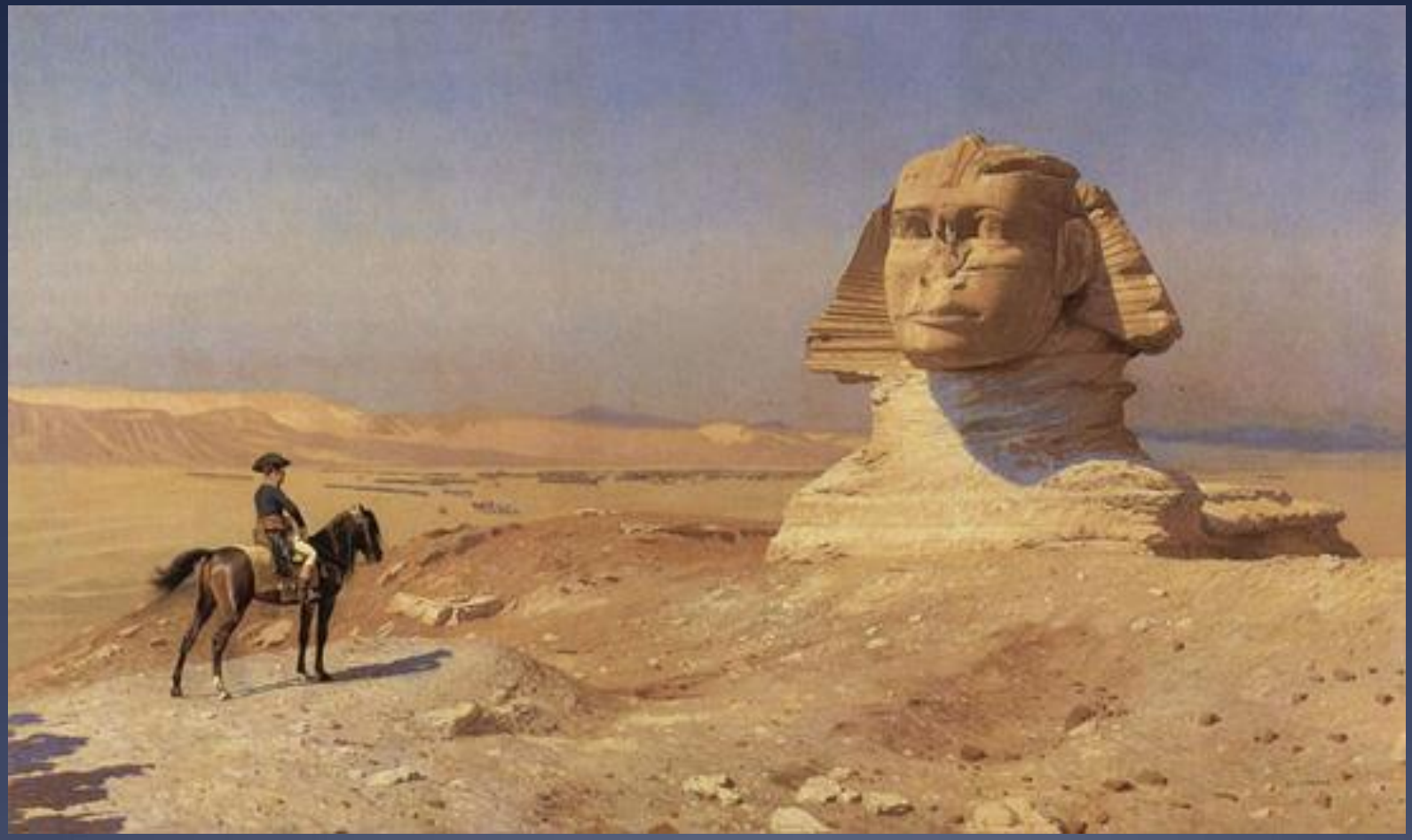
Secondarily, judgment of consistency of history, symptoms and findings with known facts of medicine.

* Asylum applicants often come before court with nothing but their own story to support their application.
* The residual signs of damage done to their bodies, or psyches, may be their only corroborating evidence.

Deliberately Inflicted Trauma
Interpersonal Violence

- Not all asylum applicants are victims of torture, but the reason for a physical exam is that they have suffered some kind of violence or physical abuse that has left permanent signs of damage.
- Not all torture is inflicted by official agencies.
- Not all torture (or trauma) leaves visible sequelae, and absence of such does not mean torture (or trauma/abuse) did not occur.
- Not all forms of violence fall clearly into one category.

HISTORY



Measures for comfort/reassurance

- "White coat syndrome"
  - Medical office may be comfortable for you, but not necessarily for client.
- Reassure client that they are in control
  - Exam is being done solely for their benefit
  - They don't have to answer questions they don't want to
  - Confidentiality of information they don't want revealed
  - Allow breaks at client's convenience
- Allow companions if possible and desired by client
  - Male examiners may want a female assistant when examining women (mandatory for genital exam)—and visa versa for female examiners

Interpreters

- Should be provided by attorney
- Some schools, institutions have their own roster
- Preferably not a relative or friend of client
- But…sometimes, especially with minority languages, may have to use whoever is available.
- Consider stress to interpreter when dealing with violence/tragedy

In General

* As above, recall of traumatic events.
* Information is rarely elicited in a perfectly linear manner. Examiner's job is to construct a linear narrative later in written report.
* Often physical findings will prompt discussion of additional history ("What is this scar from?")

History - 1

- **PRIOR TO EXAM: affidavit supplied by attorney**
- May have other documents, e.g. hospital records
- Basic biographical data
  - Where born, date
  - Where resided
  - Occupation, if relevant
- PMH
  - Childhood diseases and trauma
  - Other trauma prior to events in question

History - 2

- "Political" background (brief—need not recapitulate attorney's affidavit)
- Circumstances: where, when
- Immediate events leading to trauma/torture
- Witnesses and other victims
- Participants/perpetrators
  - May ID with varying degree of certainty
  - Number
  - In uniform? Language spoken?
  - Verbal threats, accusations
  - Demands for information

History - 3

- Jail/Imprisonment
  - General description, reputation
  - Description of cell
    - Size
    - Light—daylight vs. artificial
    - Other occupants?
    - Toilet facilities, if any
  - Diet
    - Symptoms of malnutrition?
  - Visitors permitted?
  - Length of stay

History - 4

- **Detailed description of trauma or torture**
  - Beating
    - Instruments, weapons used
    - Parts of body
  - Other trauma
    - Sharp weapons
    - Guns
    - Electrical
  - Other methods of torture
    - Physical
    - Psychological
- Rape, other sexual trauma/torture/mutilation (see below)
- Length of time
- Repetition

History - 5

- Immediate symptoms (mostly obvious)
  - Pain (where)
  - Bleeding (incl. hematuria)
  - Loss of consciousness
  - Neuromuscular, ability to walk, eat
- Post-trauma events
  - Medical treatment?
    - Requested vs. allowed
    - Conventional western vs. traditional
  - Length of time to recover
    - Complications (e.g. infection)

History - 6

- Long-term sequelae
  - Remaining physical symptoms
    - Treatment
  - Psychological
    - Ditto, treatment
- Repetition, multiple incidents—e.g. long imprisonment with repeated abuse or torture—make precise recall difficult.

History – 7 – CEREBRAL CONCUSSION

* Usually diagnosed by history
* Recall is often imperfect
* Often accompanied by scalp laceration
* Neurological sequelae, + or -

Sexual violence and torture

- Very common: women, men, children of both sexes
- Difficulties with history-taking
  - Shame, guilt
  - Cultural and sexual differences between client and examiner
  - Examiner's own hesitance to pry into embarrassing matters
- Don't press for details if client is reluctant, but note in report.

Sexual violence and torture - 2

- Circumstances
  - Perpetrators' identity, how many
  - Repetition
- Nature of sex acts
  - Vaginal, oral, anal, etc.
  - Penetration by penis, objects
  - Client may be reluctant to discuss (Don't press!)
- Genital trauma
  - Contusions, abrasions, lacerations, cutting
  - Electrical torture
  - Twisting testicles
- Non-genital trauma
- Other sexual acts, torture: forced nudity, humiliation

Sexual violence and torture - 3

- Symptoms after rape
  - Pain
  - Bleeding
  - Constipation after anal rape
  - Sexually transmitted disease
  - Pregnancy
- Present sexual dysfunction
  - Pain with intercourse
  - Long-term injury, e.g. fistulas
  - Fear, shame, lack of desire

COINCIDENCE!

Physical Examination

Unlike salamanders…

Humans often repair things imperfectly.

Imperfect tissue Repairs are the basis of an asylum exam!

Imperfect Repair → Scars

- Cutaneous—Most common by far
- Deep tissue
  - Muscle
  - Tendon
  - Joint structures

Imperfect Repair → Other Signs of Damage

- Pigmentation changes
- Hair loss
- Bone, joint, tendon
- Residual pain
- Peripheral nerve
- Retained foreign bodies
- Brain injury
- Psychological/emotional damage

Areas of Attention

- Head to toe exam –Ideal, but rarely necessary (or possible)
- **MOST COMMON**
  - **SKIN: scars**
  - **JOINTS: pain, crepitus, hypo/hyper-mobility**
  - **BONE: post-fracture deformities**
- Other, as appropriate
  - Hair
  - Mouth/dental
  - Ears, tympanic membranes, hearing
  - Gait
  - Neurological
  - Genital/anal

Cutaneous Injuries and Resulting Scars

- Appearance of scars depends on:
  - Etiology
  - Age of scar
  - Location
  - Treatment of wound (e.g. suturing)
  - Complications of healing (e.g. infection)
  - Individual skin types and healing

How to describe scars

- Location
- Configuration (linear, V-shaped, etc.)
- Dimensions: length, width
- Other characteristics (need not always be included)
  - Raised, flat or depressed
  - Pigmentation
  - Hair loss (scalp especially)
- **MAKE DRAWINGS AND NOTES ABOUT ATTRIBUTION AS YOU GO—even if you are taking photos!**

A Note on Photographs

* Ask permission first
* Lighting/flash
* Often require Photoshop to bring out details
* Illustrations—photos, drawings, template drawings—often enhance report. They require a lot of work.

Photographs - 2
The Yellowstone Moose Picture

Photo content/meaning should be obvious, require minimal explanation. Drawings (on templates if necessary) often better.

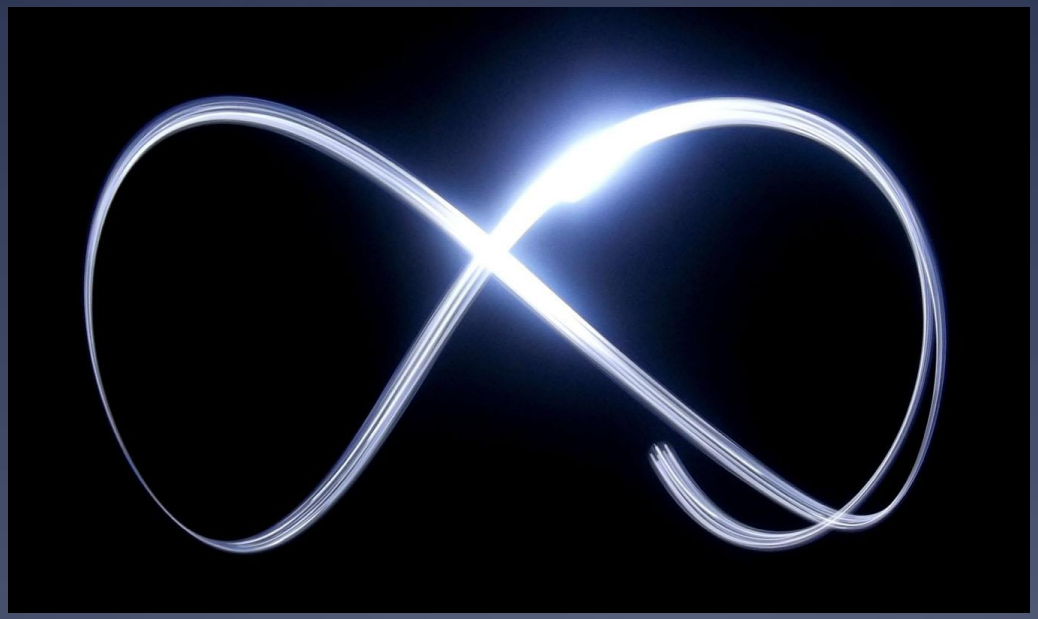
Equipment

- Allowed in prisons
  - Pad, notebook, pens, pencils
  - Ruler
  - Paper clip (for 2-point discrimination)
  - Snellen eye chart card
- Usually not allowed
  - Camera
  - Penlight
  - Medical instruments
  - Phone, laptop

Language for Evaluation of Findings per Istanbul Protocol

- **Not Consistent With**: the lesion could not have been caused by the trauma described.
- **Consistent With**: the lesion could have been caused by the trauma described, but it is non-specific and there are many other possible causes.
- **Highly Consistent With**: the lesion could have been caused by the trauma described, and there are few other possible causes.
- **Virtually Diagnostic Of**: this lesion could not have been caused in virtually any way other than that described
- **Not Related To**: not related to alleged torture/Ill treatment

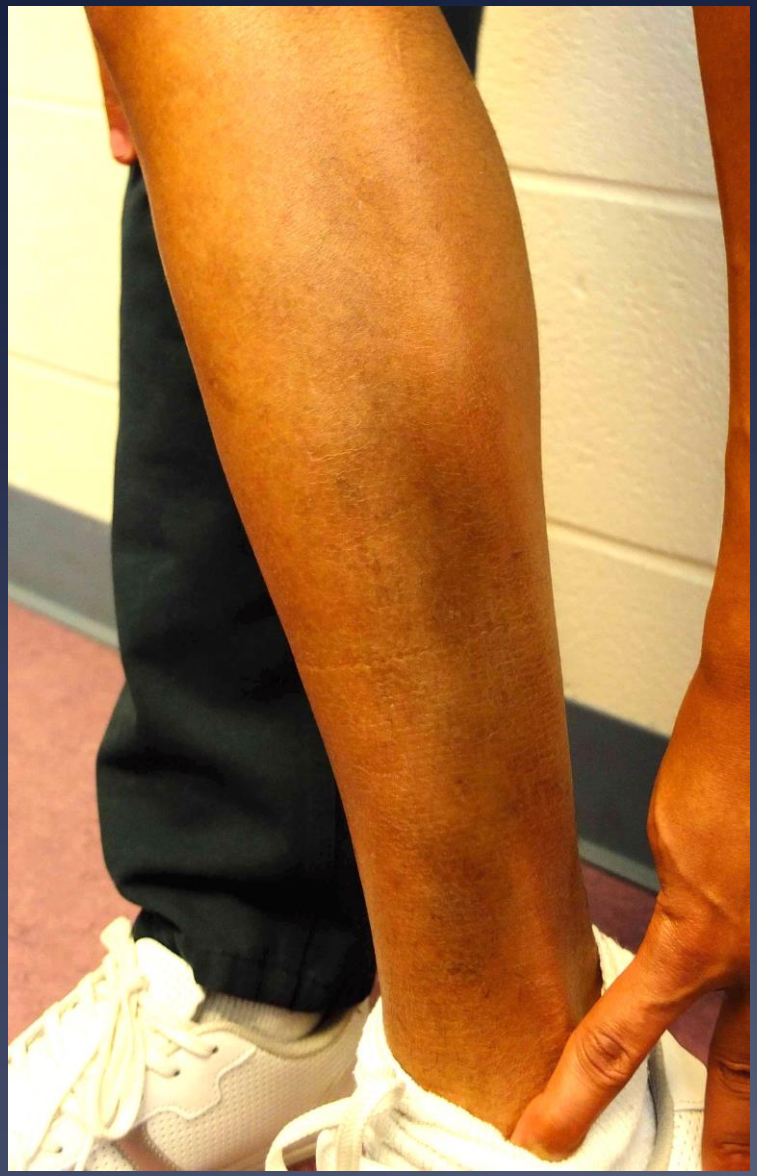
Mechanisms of Injury



Beating

Contusions (bruises)

- Impact by (or with) an object that doesn't break the skin, but damages subcutaneous or deep tissues, with vascular/capillary damage and leakage of blood.
- Most contusions don't cause scarring
- Pain, sometimes prolonged recovery
- Severe or repeated contusions
  - Skin damage due to ischemia (pigmentation changes)
  - Muscle, joint, nerve damage
  - Internal organ contusions (can be big problem)

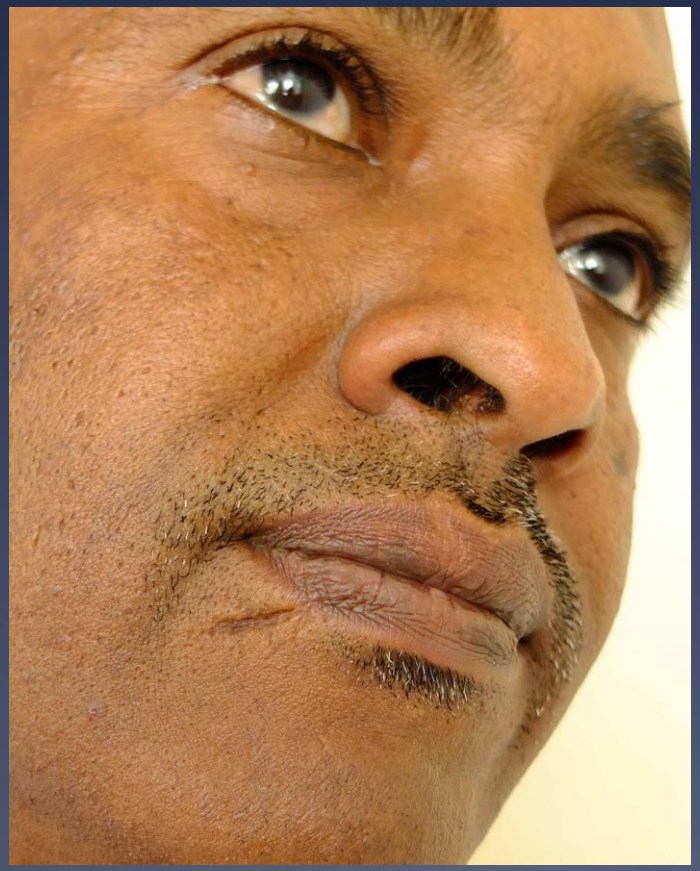


Hyper-pigmentation due to multiple contusions inflicted over 2 years – beatings with riding crop

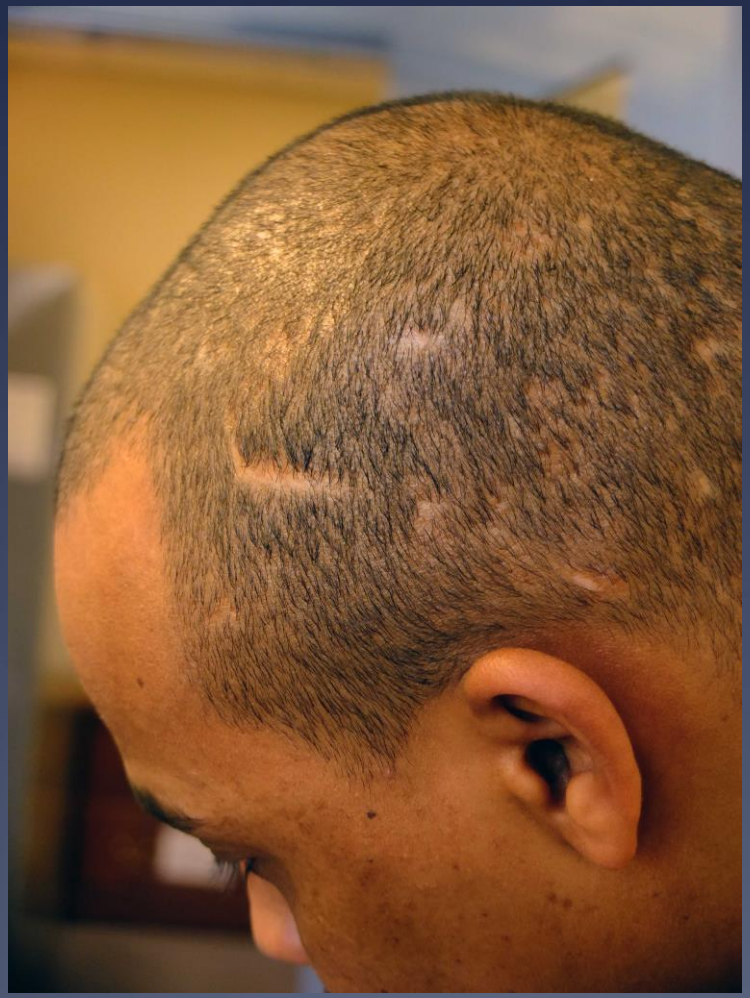
Lacerations

- Bursting or tearing injuries, due to impact with hard object
- Size & appearance depend on how inflicted, and location
- May have been repaired by suturing, and this may result in cross-hatch suture marks
- May be linear or complex ("stellate"), depending on mechanism & location

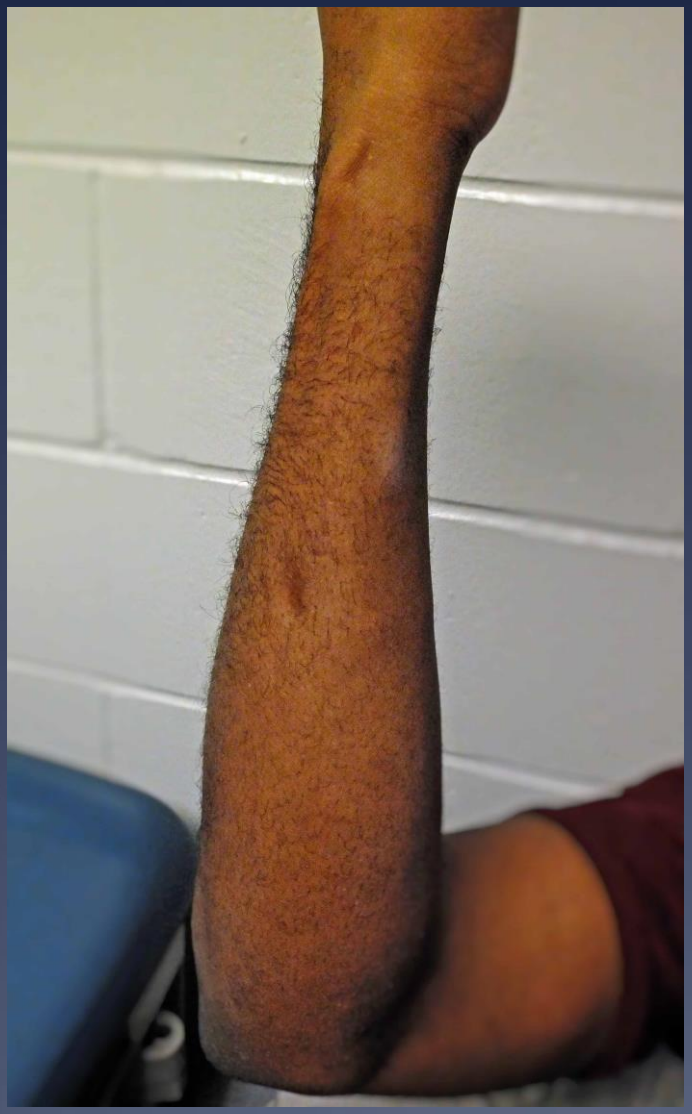
Facial laceration
Kicked with boot



Blow from rifle butt to head.
Multiple smaller lacerations due to head being banged against stone wall by prison guards.



Defensive wounds



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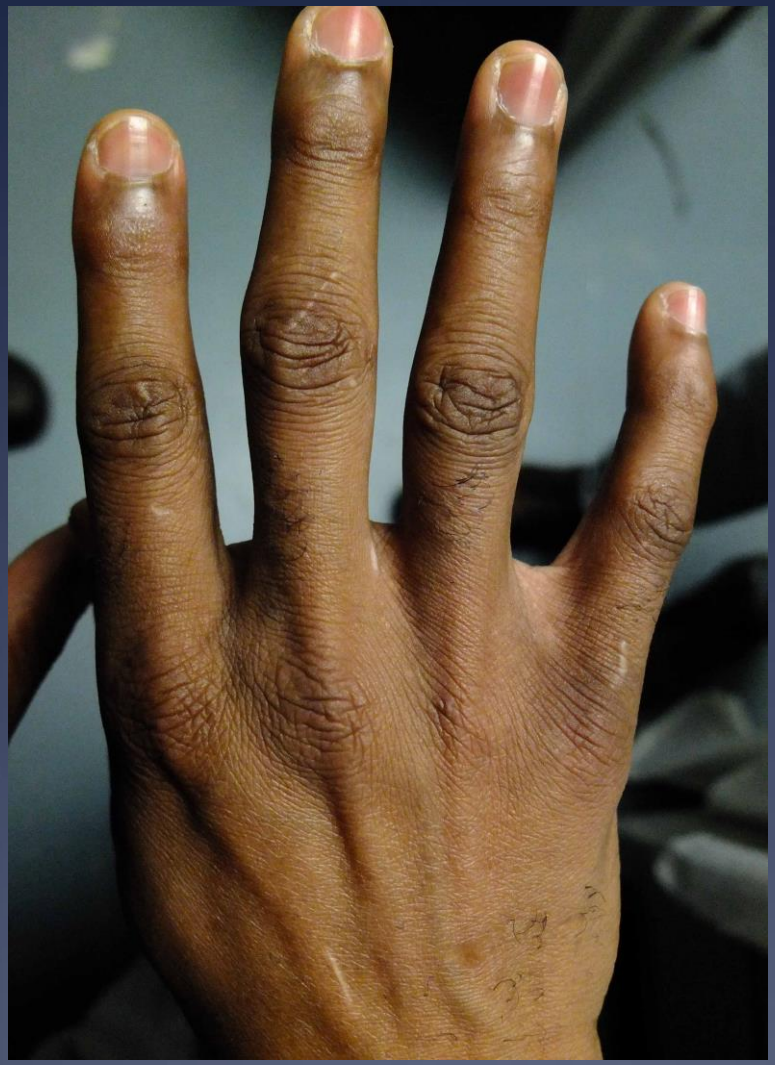
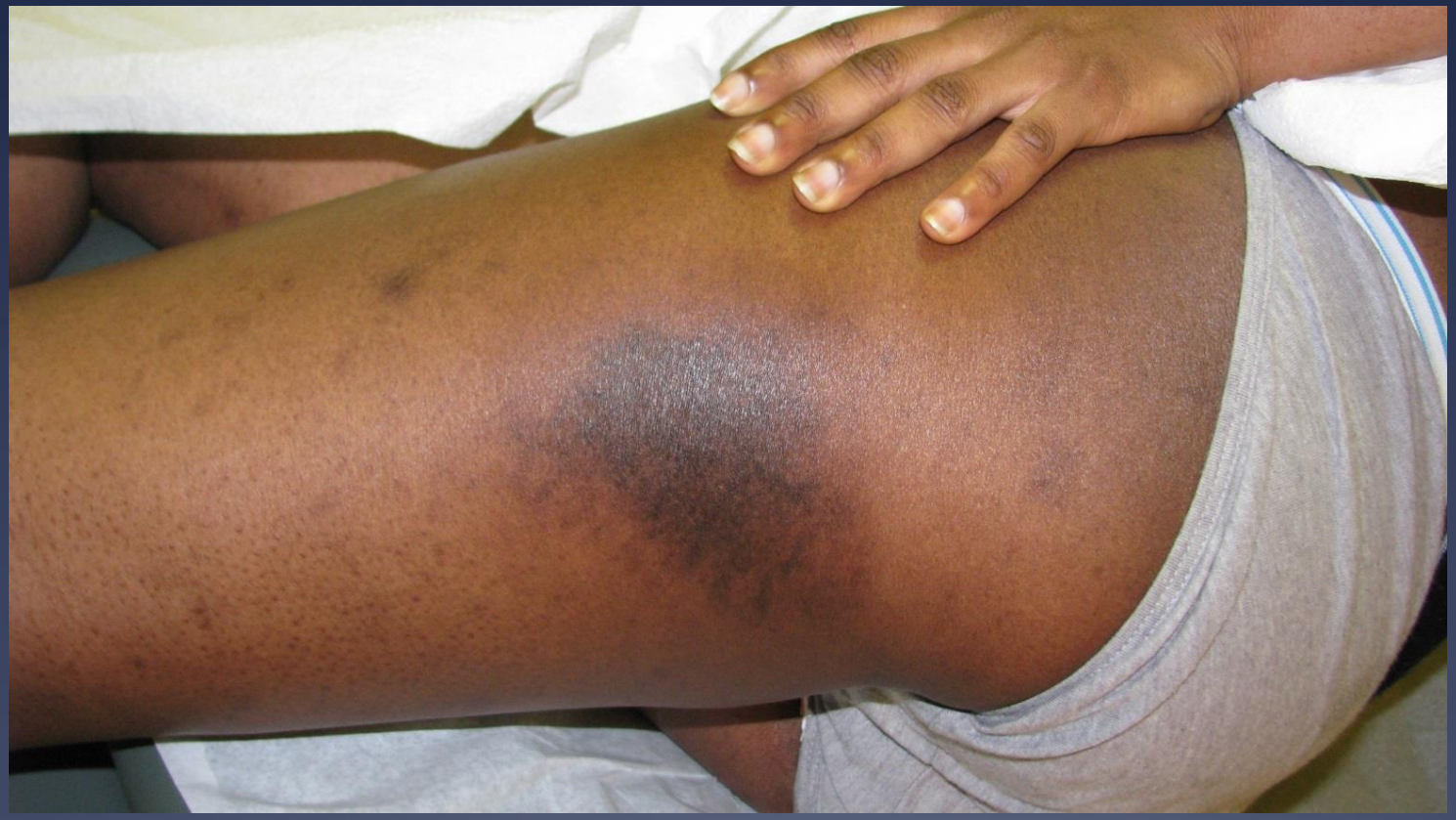


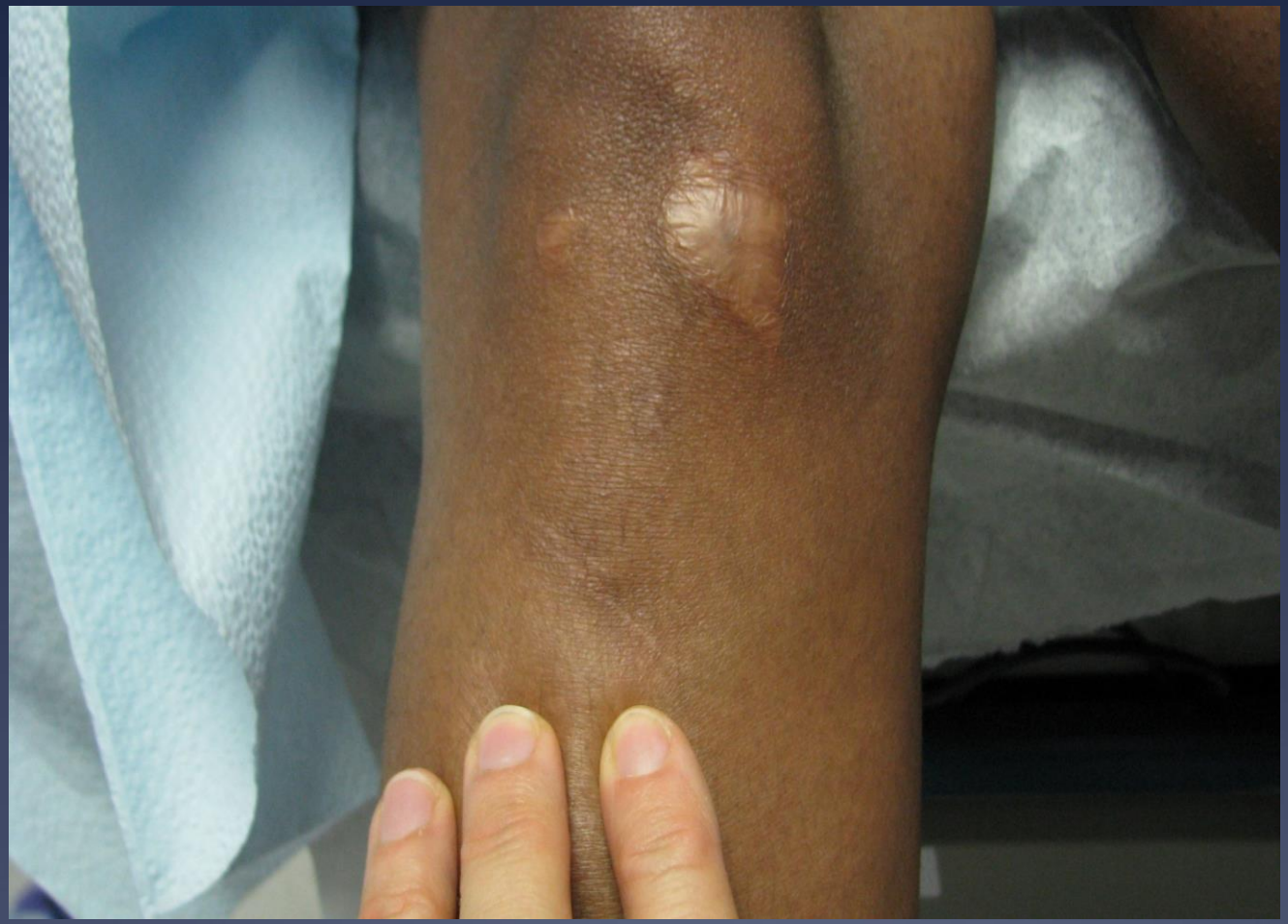
Abrasions

* Caused by scraping of skin against a rough surface, as when a person is dragged on the ground
* Shallow abrasions don't leave scars
* Tattooing may result from retained material
* Scars usually area-type, rather than linear. Appearance depends on depth of wound and healing.

Abrasion: Hyperpigmentation
Dragged on ground by captors



Abrasion
Bicycle accident in childhood

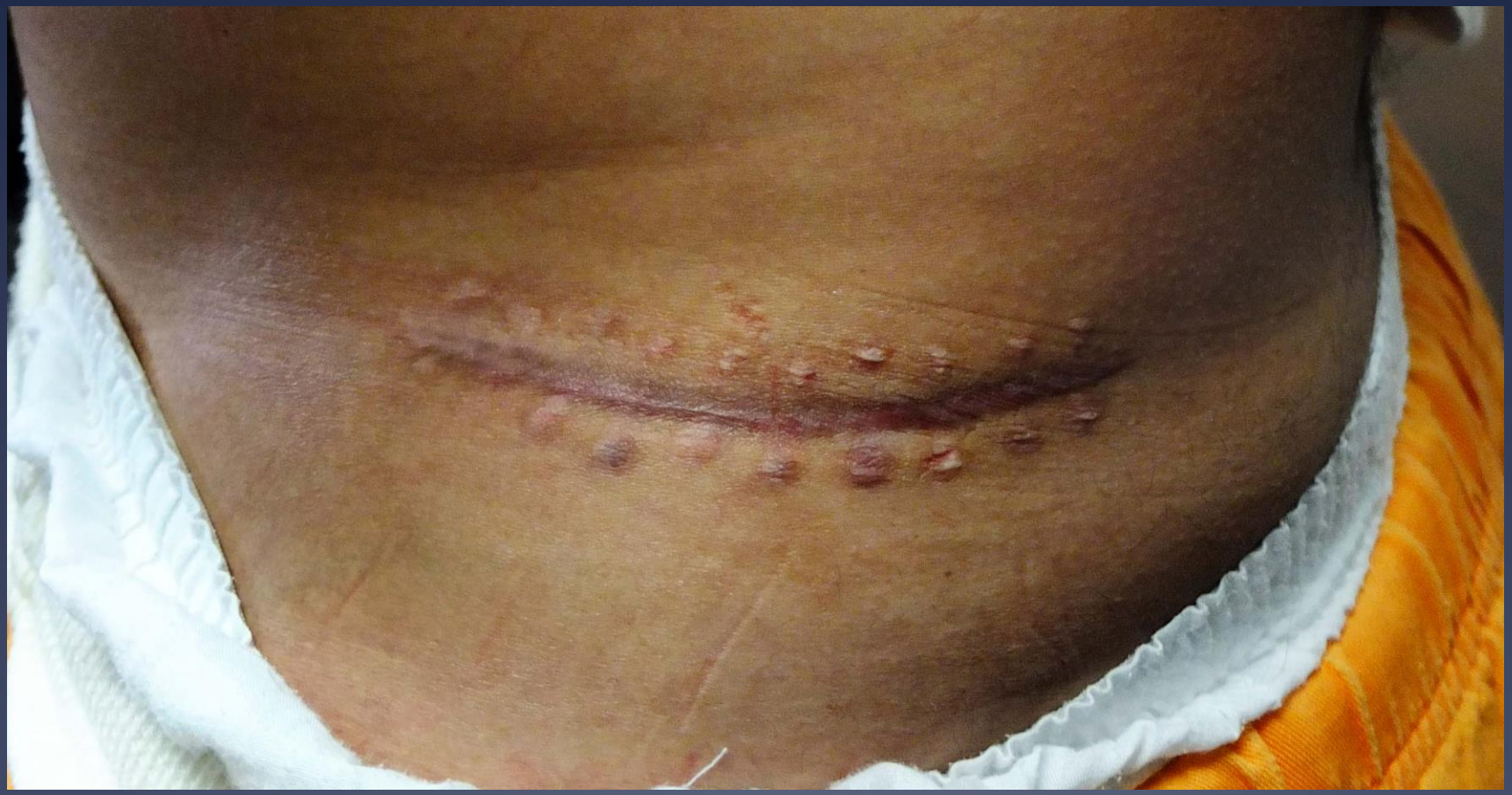


The poor man's assault weapon In the 3rd World

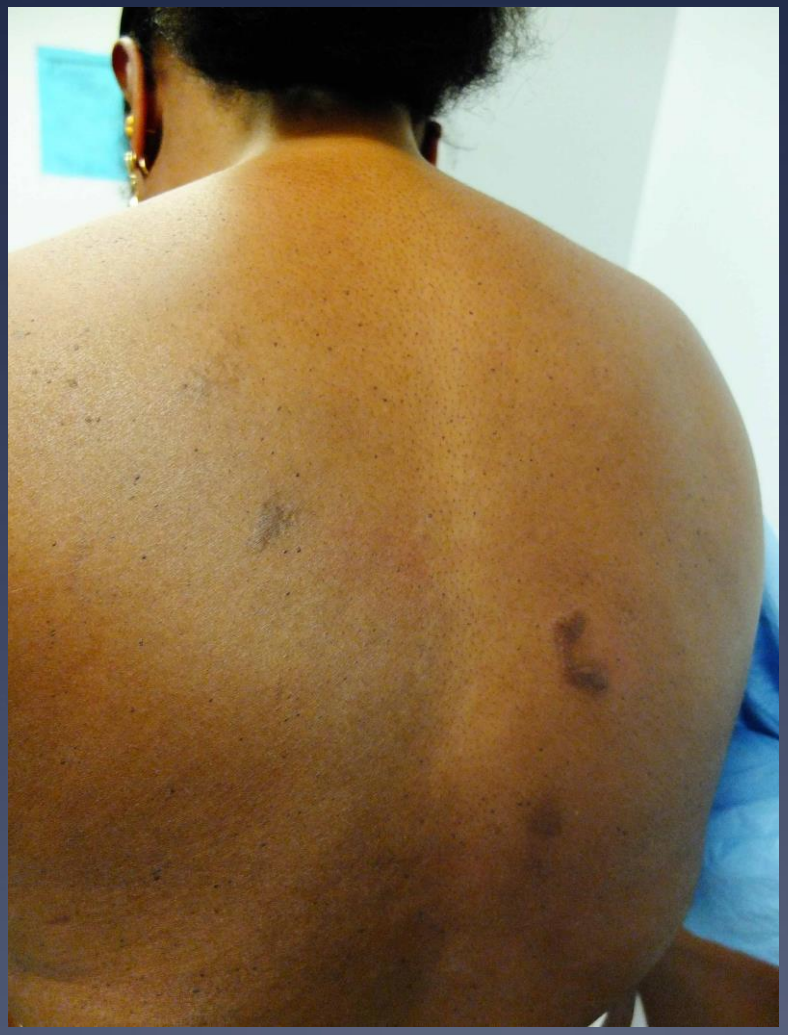
Incisions

* Wounds in which the skin is sliced open by a sharp instrument: knife, machete, etc.
* Scars usually linear, may gape over extensor surfaces.
* May have marks from suturing

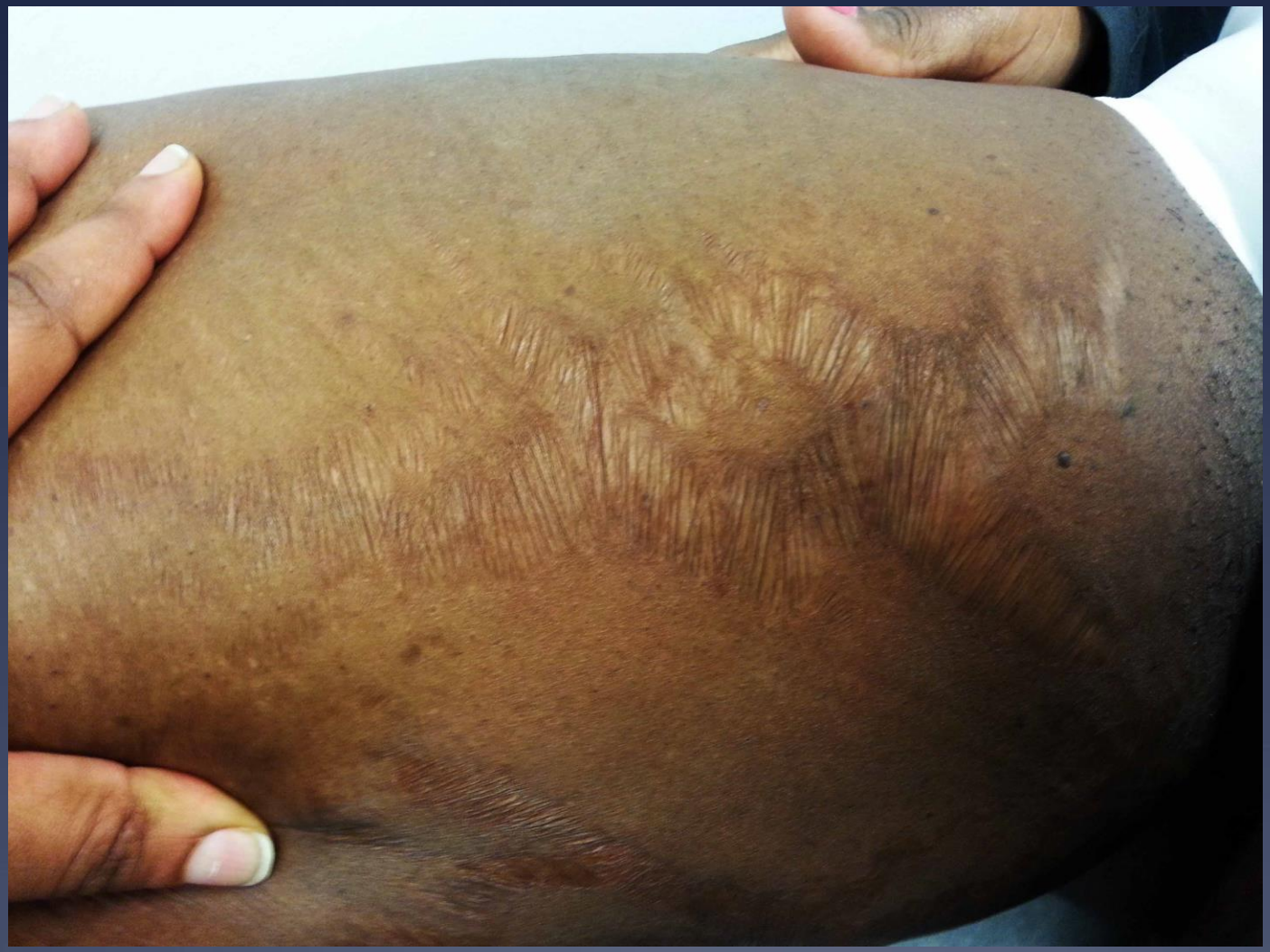
Machete injury (incision) on left flank
Mexican gang attack
Sutured



Incision-type wounds
Forced to lie on broken glass during rape



Complex laceration/incision
Inner thigh cut after rape



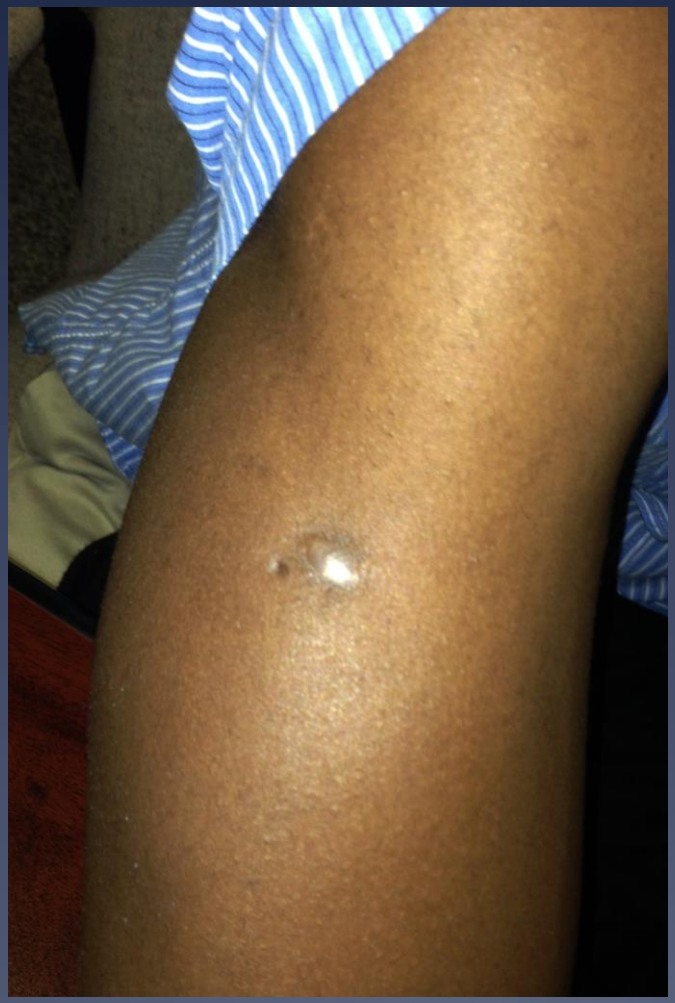
Stab wounds

- Intent of attacker is usually lethal
- Size of wound depends on weapon and depth of penetration. Glancing blows may inflict longer, shallow incision-type wounds.
- Penetrating stab wound originally inflicted with mortal intent may result in small scar.
- Scars usually linear or oval, often raised.

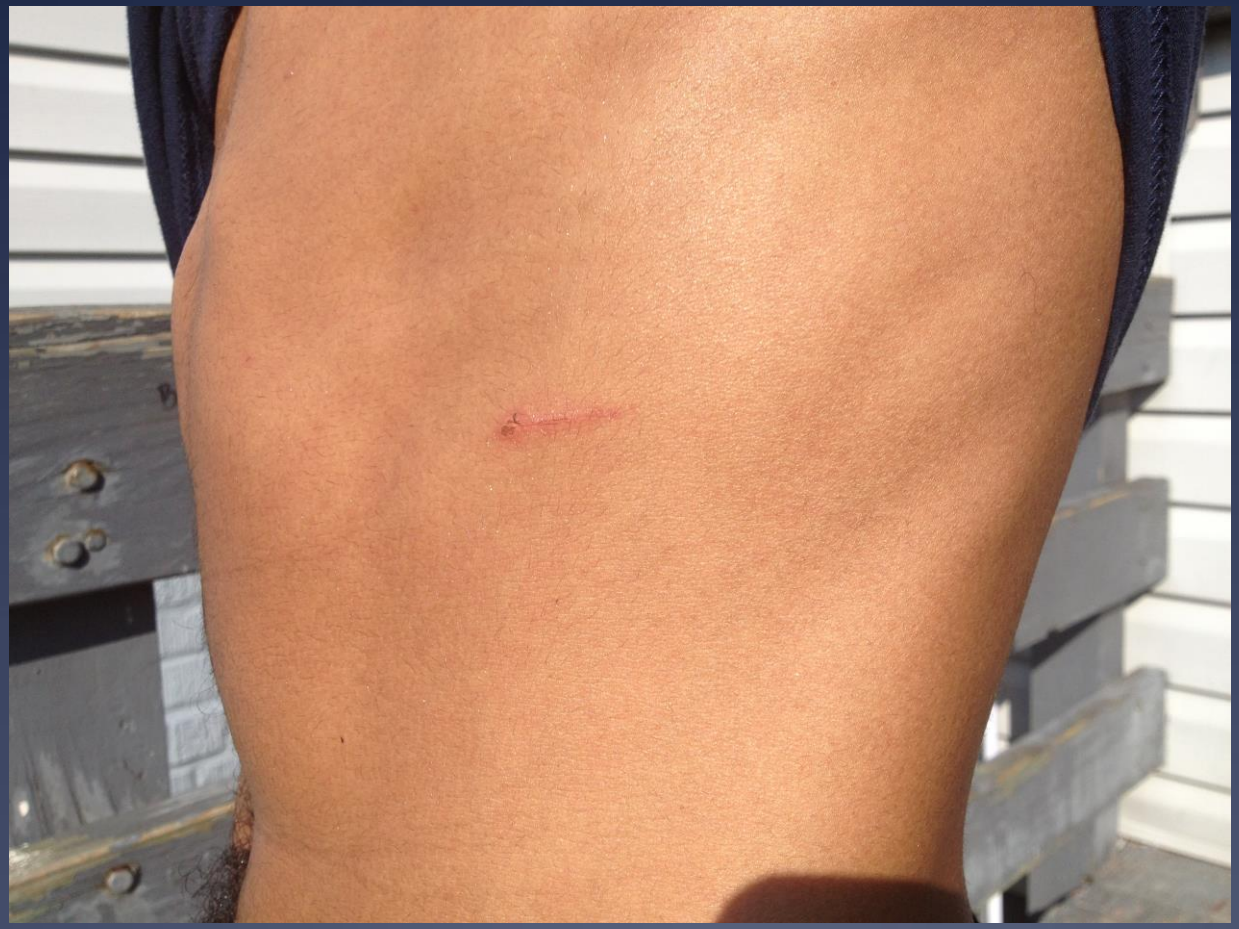
Stab wounds

* “Courage man, the hurt cannot be much.”
* “No, ’tis not so deep as a well, nor so wide as a church door; but ‘tis enough, ‘twill serve.”

Stabbed in arm with spike during interrogation



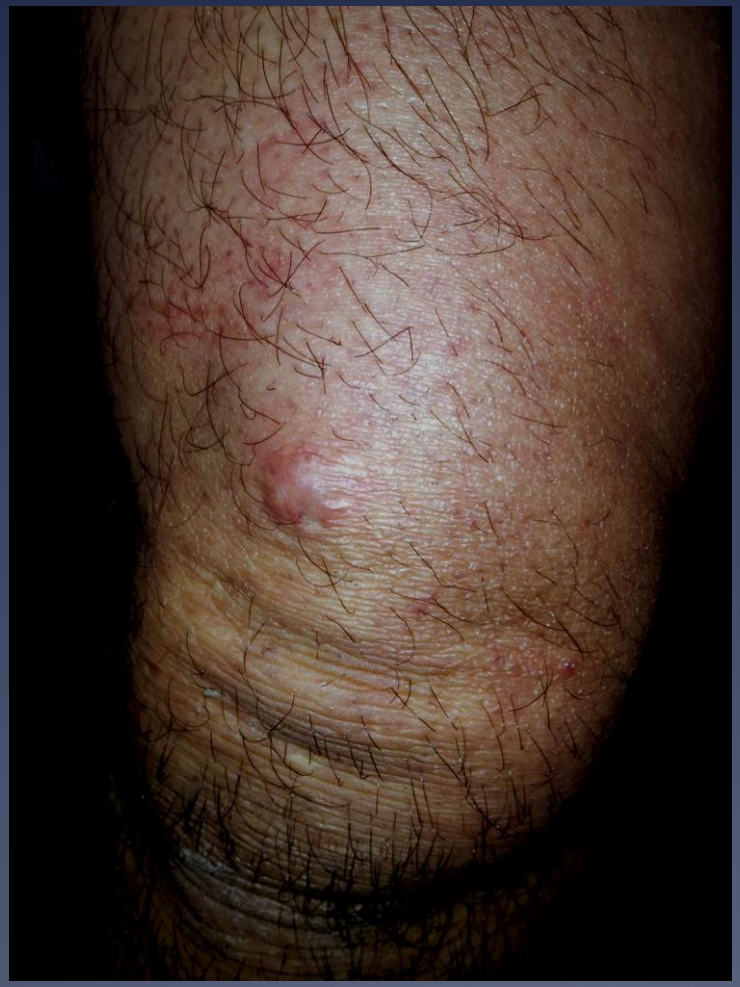
Stab Wound of Lower Chest/Upper Abdomen



Bullet Wounds

- Like stab wounds, bullet wounds are usually inflicted with lethal intent. They can be penetrating, or superficial if the bullet only grazes the skin.
- Appearance of scars depends on caliber and type of bullet.
  - Small caliber bullets typically cause small, round scars at entry point
  - Some military ammunition can cause large, irregular scars
  - Typically, entrance wounds are smaller, exit wounds larger and more irregular, though not always

Superficial bullet wound of Left Knee
Driver shot through window of car by drive-by motorcyclist

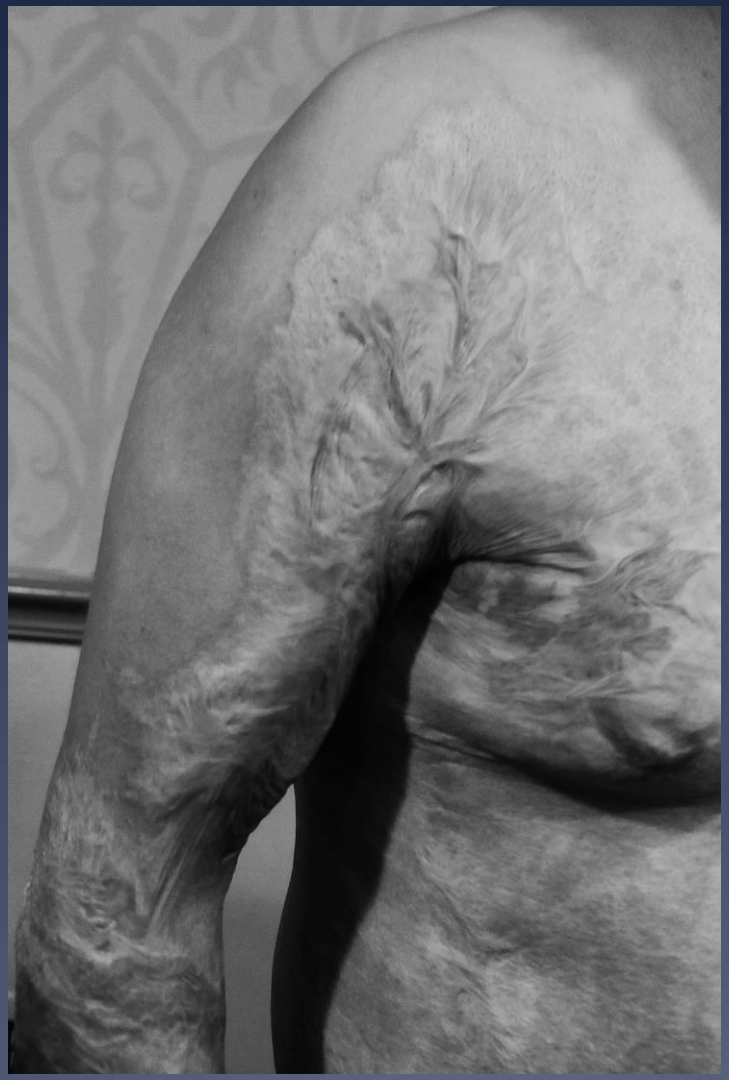


Bullet wound of abdomen with large midline surgical scar

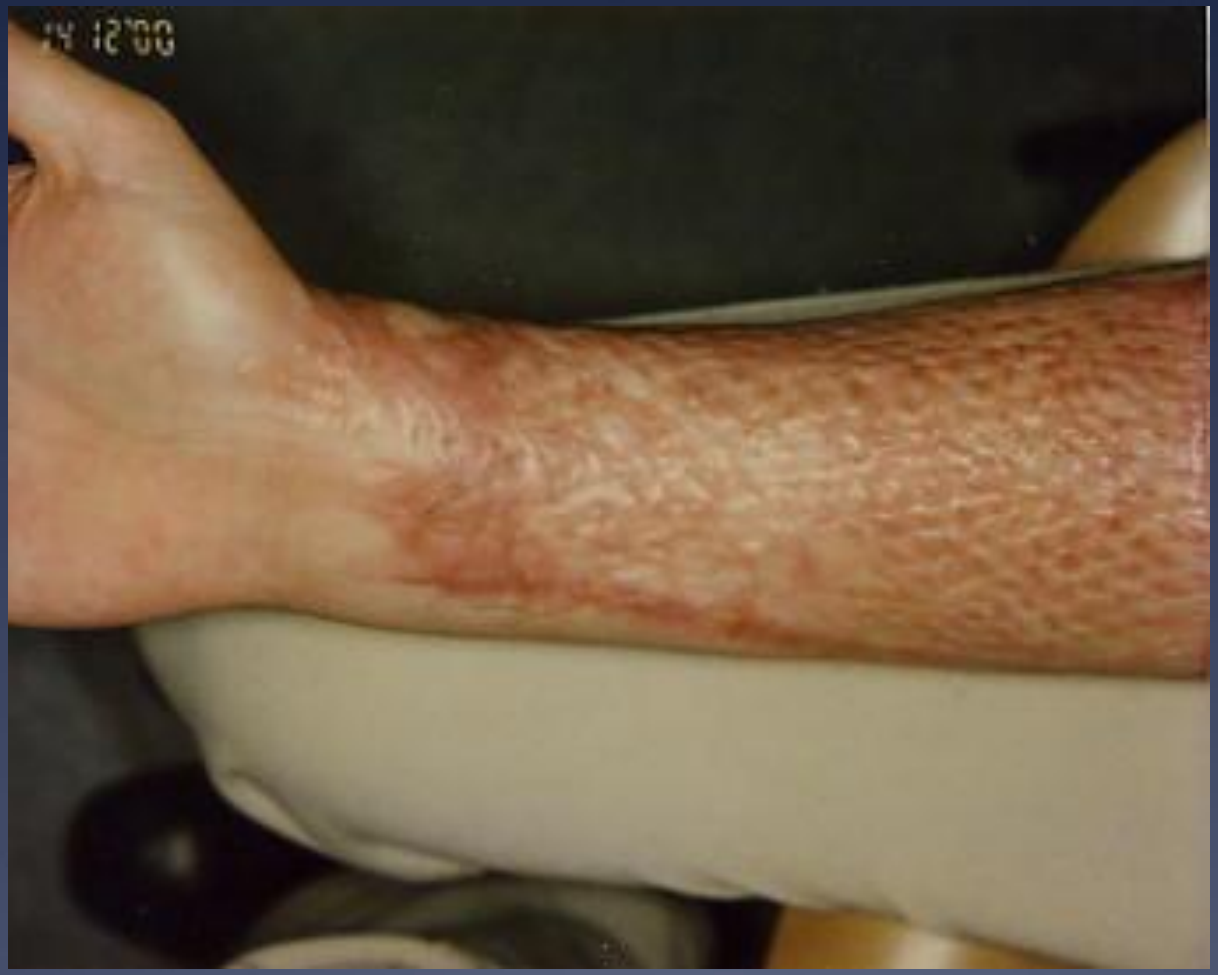
Burns

- Burn damage depends on depth
  - 1st degree—Superficial—painful, but heal quickly with little or no treatment and don't leave scars
  - 2nd degree—Partial Thickness—destroy outer layers of the skin, painful, usually blister and often leave scars
  - 3rd degree—Full Thickness—destroy all layers of the skin and, unless small, don't heal without specialized treatment. They cause extensive scarring.
  - Many burn injuries combine 2-3 types
- Resulting scars also depend on treatment
- Cigarette burns: scars depend on pressure and how long held on skin.

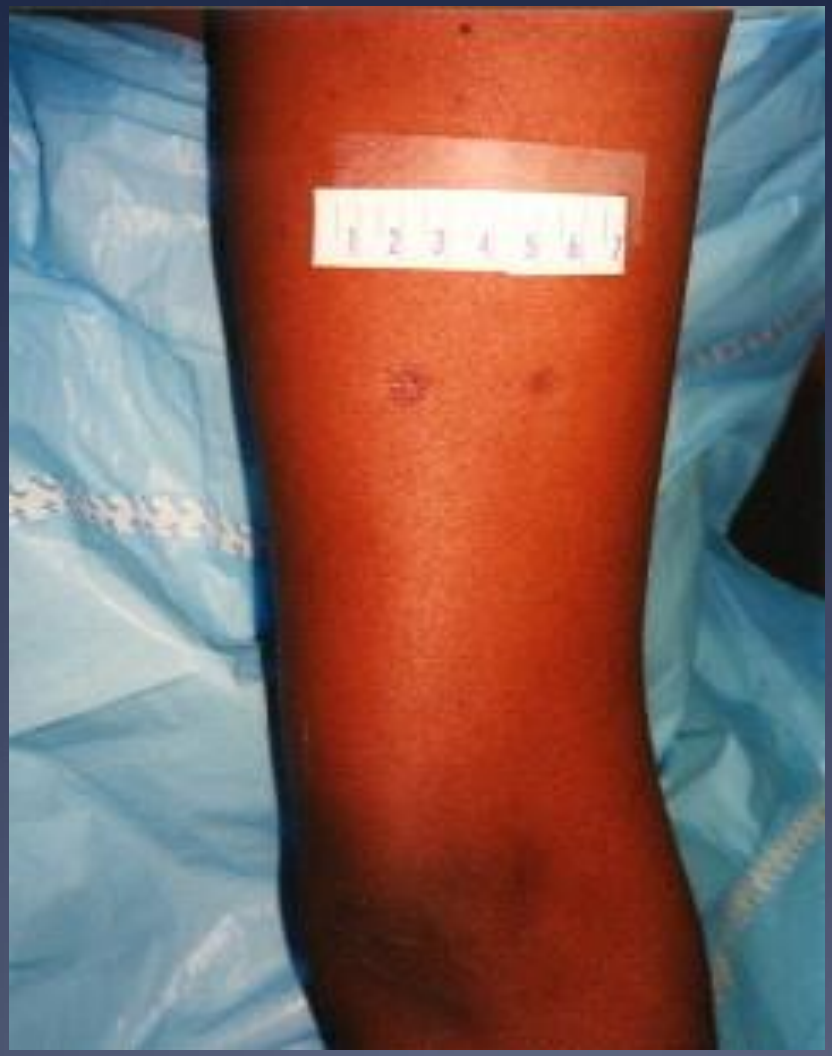
Deep 2nd degree/3rd degree burn Scars Doused with gasoline and set afire



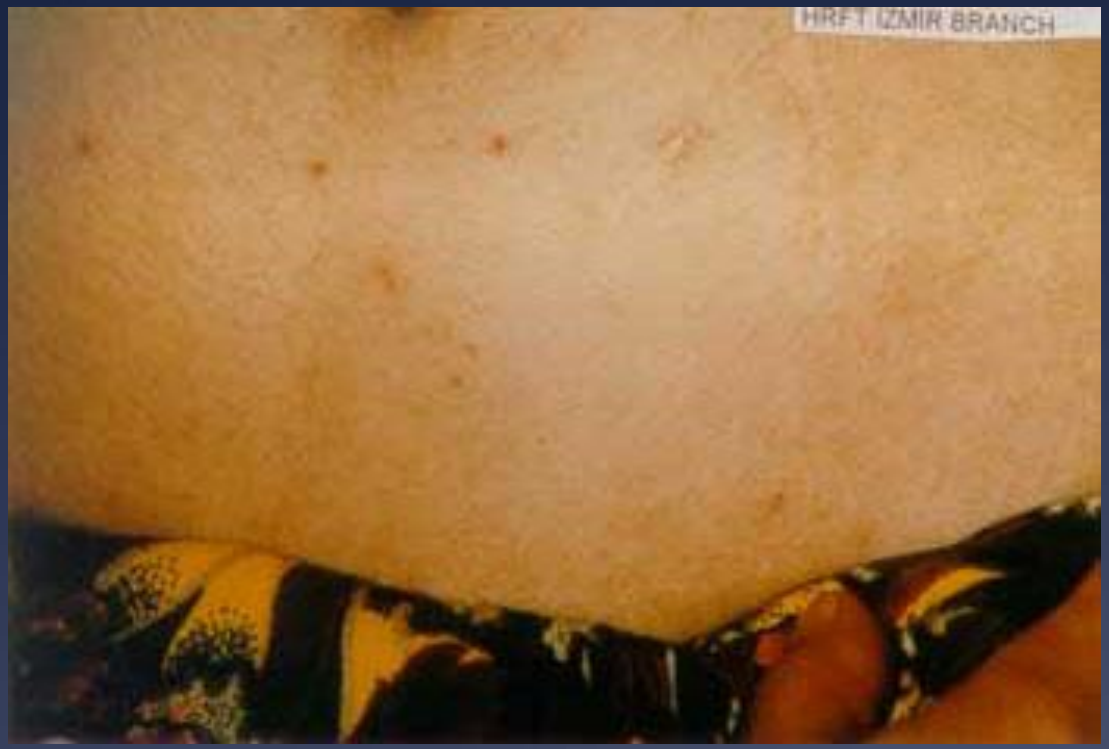
Healed full-thickness (3rd degree) burn
Typical mesh pattern of skin grafting



Cigarette burns



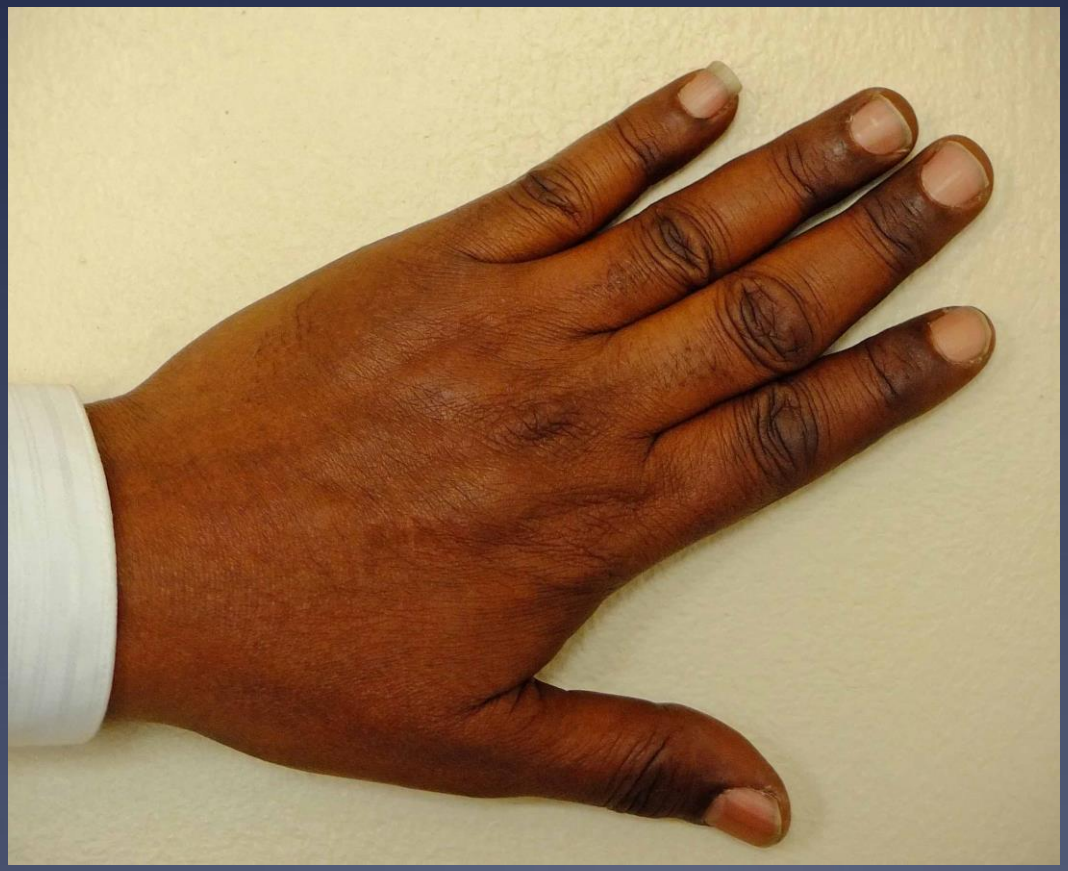
Electrical burns



Orthopedic & Nerve Injuries

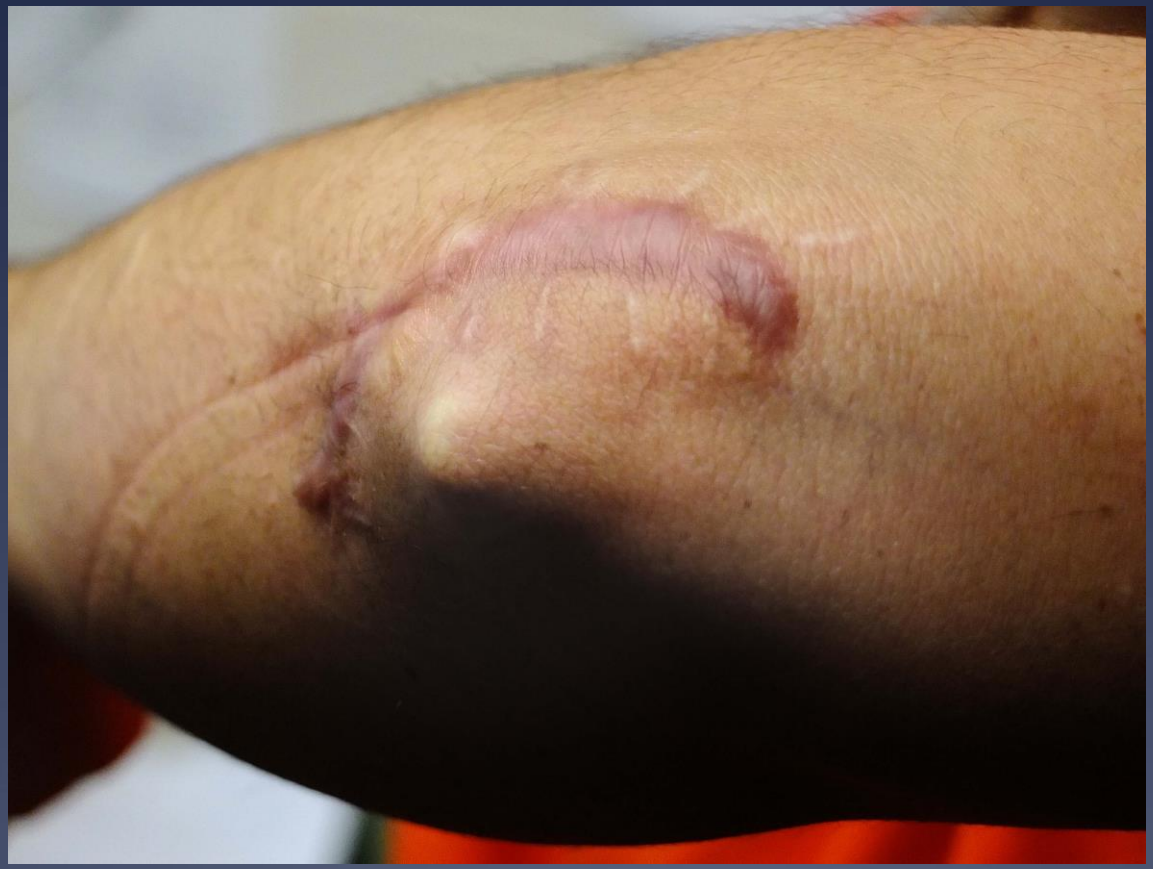
- Due to beating, stress positioning, suspension, etc.
- Fractures
  - Diagnosable on our exam only if visible distortion or palpable bony deformity
  - X-ray rarely available
- Joint/ligament injuries
  - Pain, limitation of motion or hypermobility
  - Crepitus
- Nerve injuries
  - Loss of sensation, motion
  - Muscle atrophy
- Functional problems (e.g. gait)

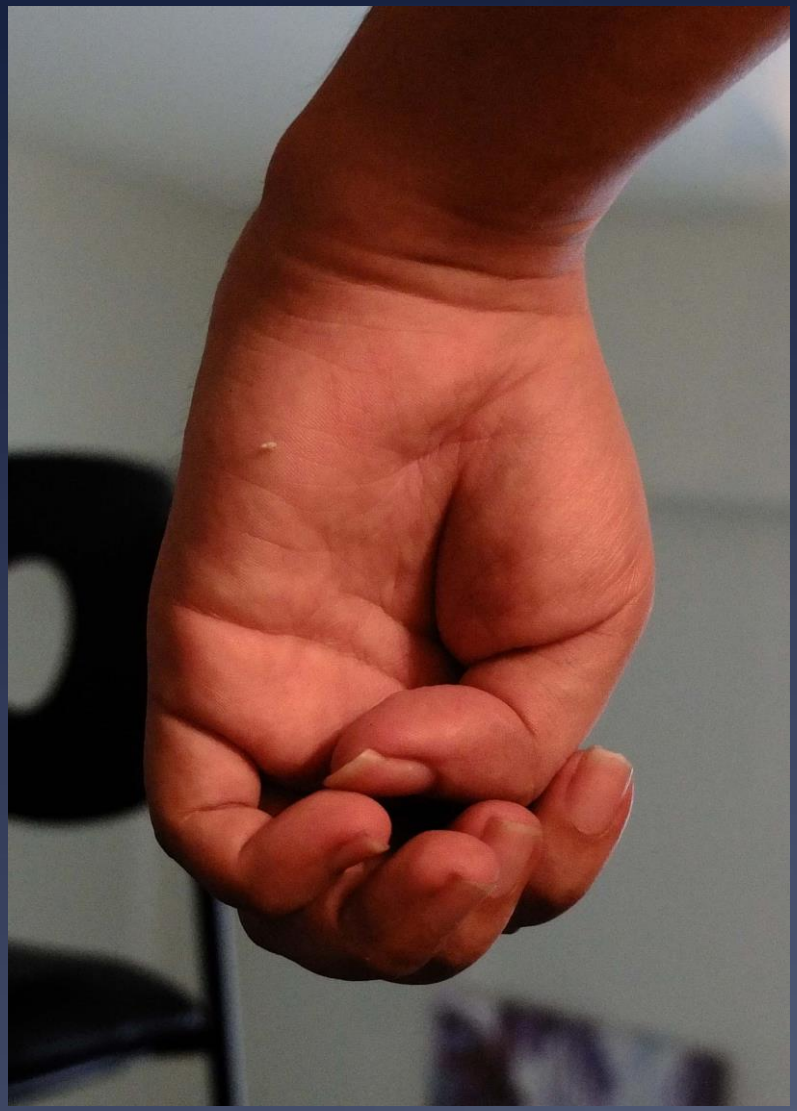
Fracture of left middle finger, healed with deformity
Hit with rifle butt



Nasal Fracture with septal deviation
Punched during demonstration

Machete injury (incision): defensive wound of Left Elbow. Olecranon fracture, repaired.

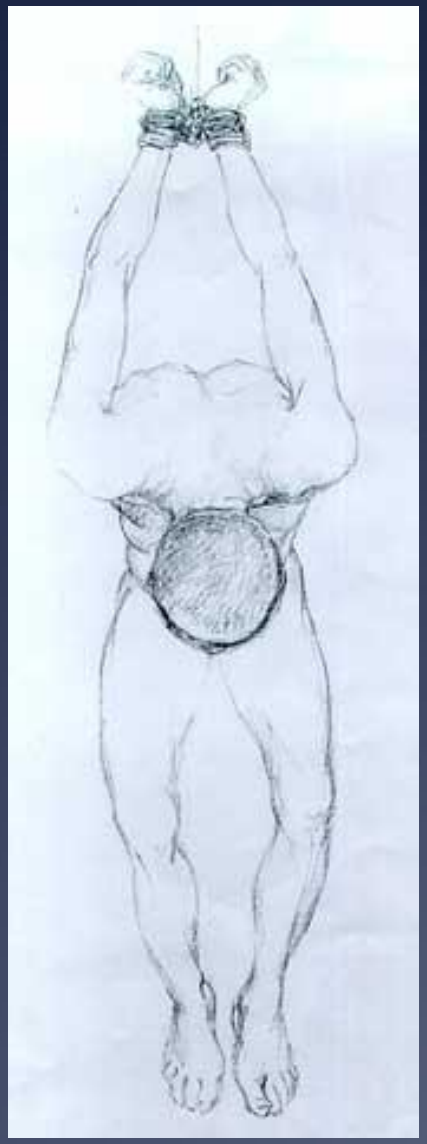




Flexion deformity left hand

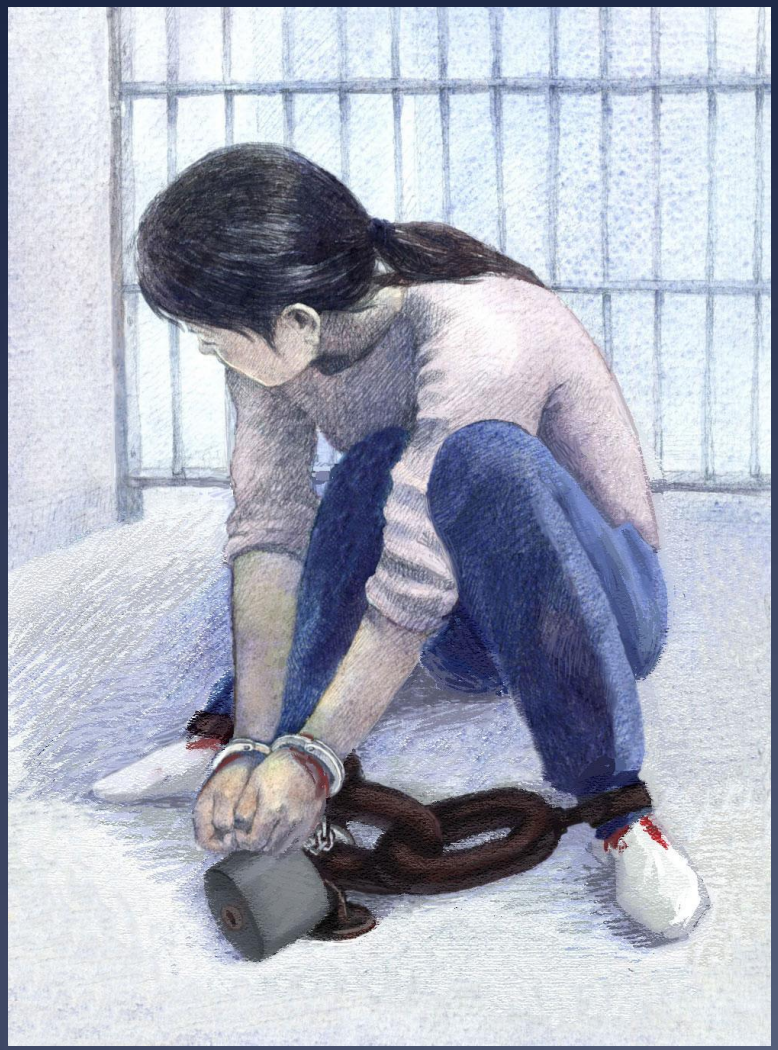
Beaten in gang attack

Suspension



* Joint and ligament injuries
* Nerve injuries (e.g. brachial plexus)
* Scars from ropes, wires

Forced Positioning



* Injuries similar to suspension

Falanga (Falaka, Bastinado)

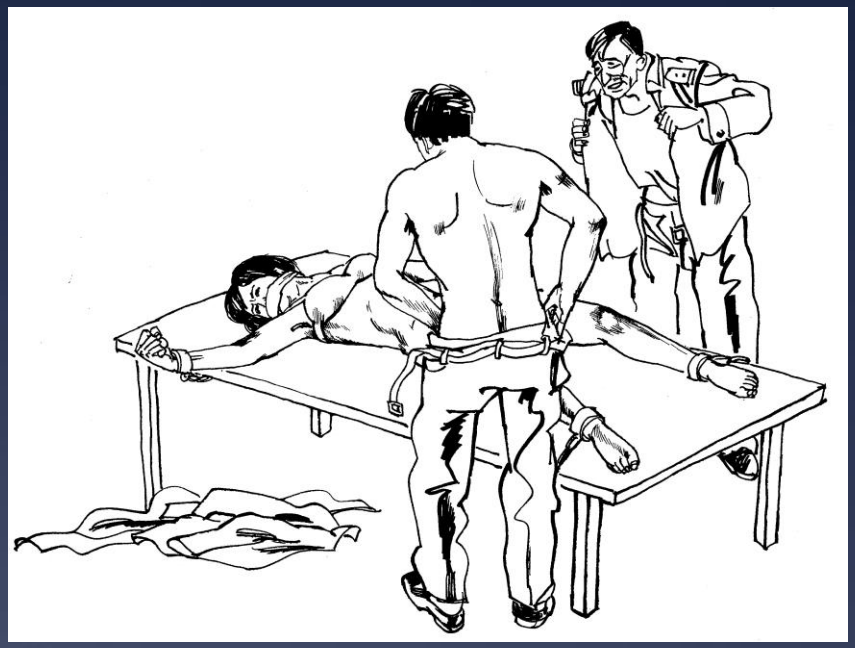
* Scars on soles of feet
* Damage to deeper tissues
* Nerve injuries
* Gait problems

Asphyxiation

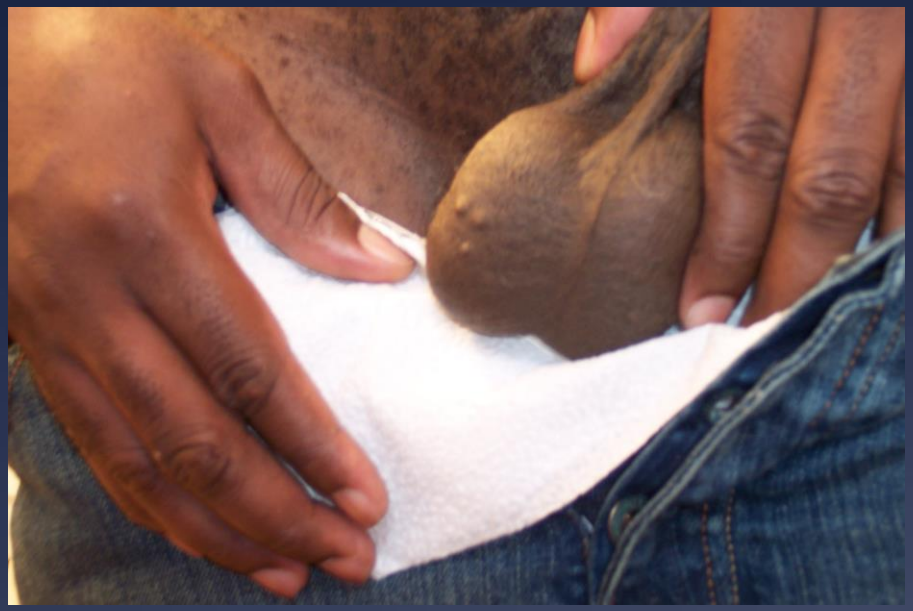
- Often no physical signs of injury
- Psychological sequelae
- Hypoxic brain damage?

Sexual Torture & Trauma: Rape

- Vaginal rape
  - Acute injuries common after forcible penetration: contusions, lacerations
  - Healing after weeks or months, often no findings in adults
  - Children may have findings
  - Very traumatic rape: bladder, anal fistulas
- Associated injuries
  - Penetration by objects (e.g. clubs, bottles, broomsticks)
  - Non-genital trauma is common
  - Chronic hip/leg pain from forced positioning



Sexual assault of men

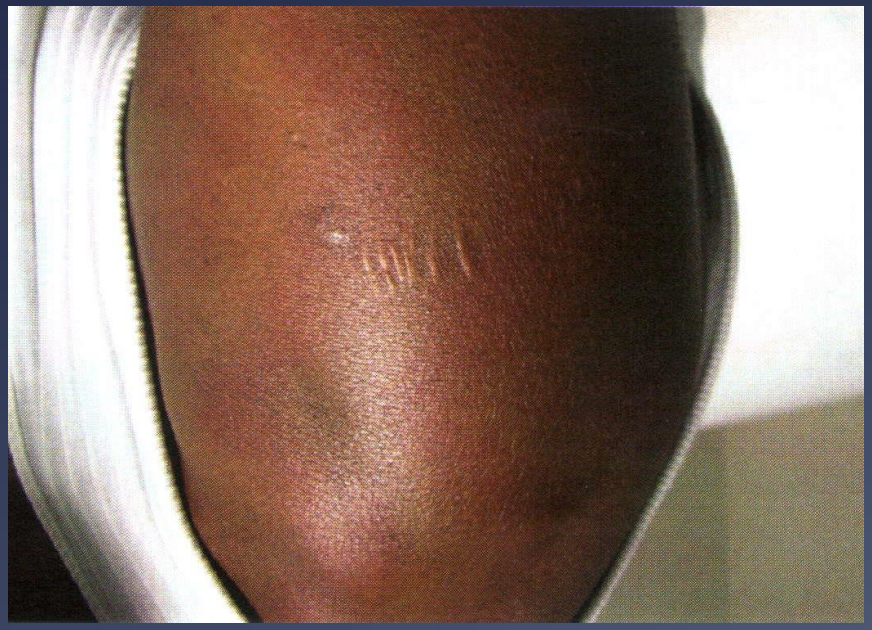


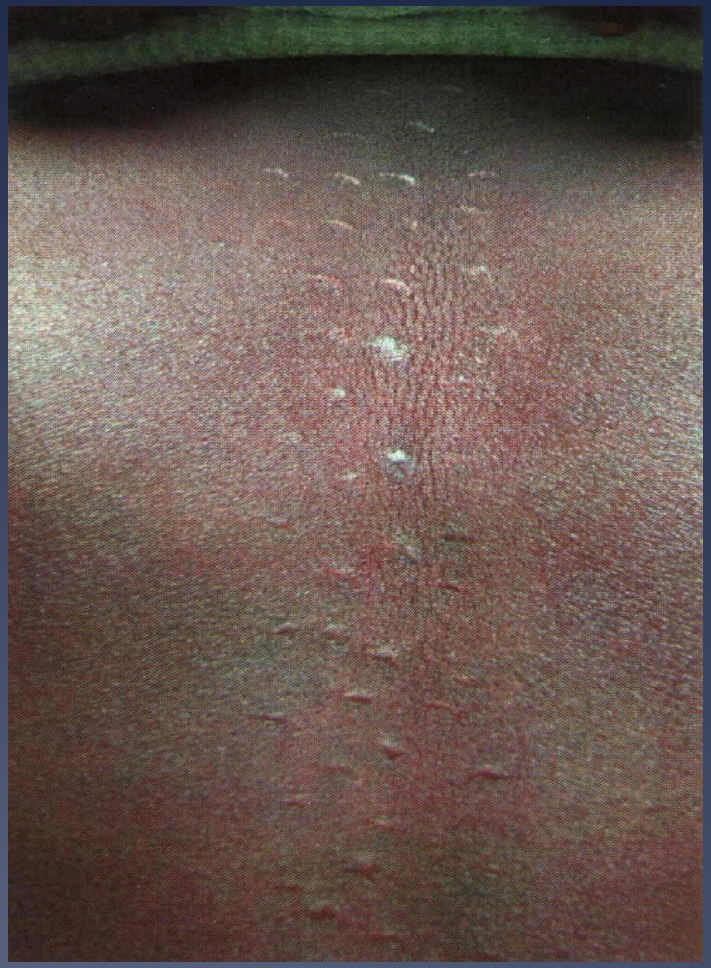
- Humiliation, threats
- Anal rape
  - Penis or objects
  - Often no findings or non-specific: hemorrhoids, skin tags, changes of rugae
  - Extreme: penetration (tear) of rectum
- Testicular trauma
  - Twisting
  - Electrical burns (illustrated)

Psychological Torture

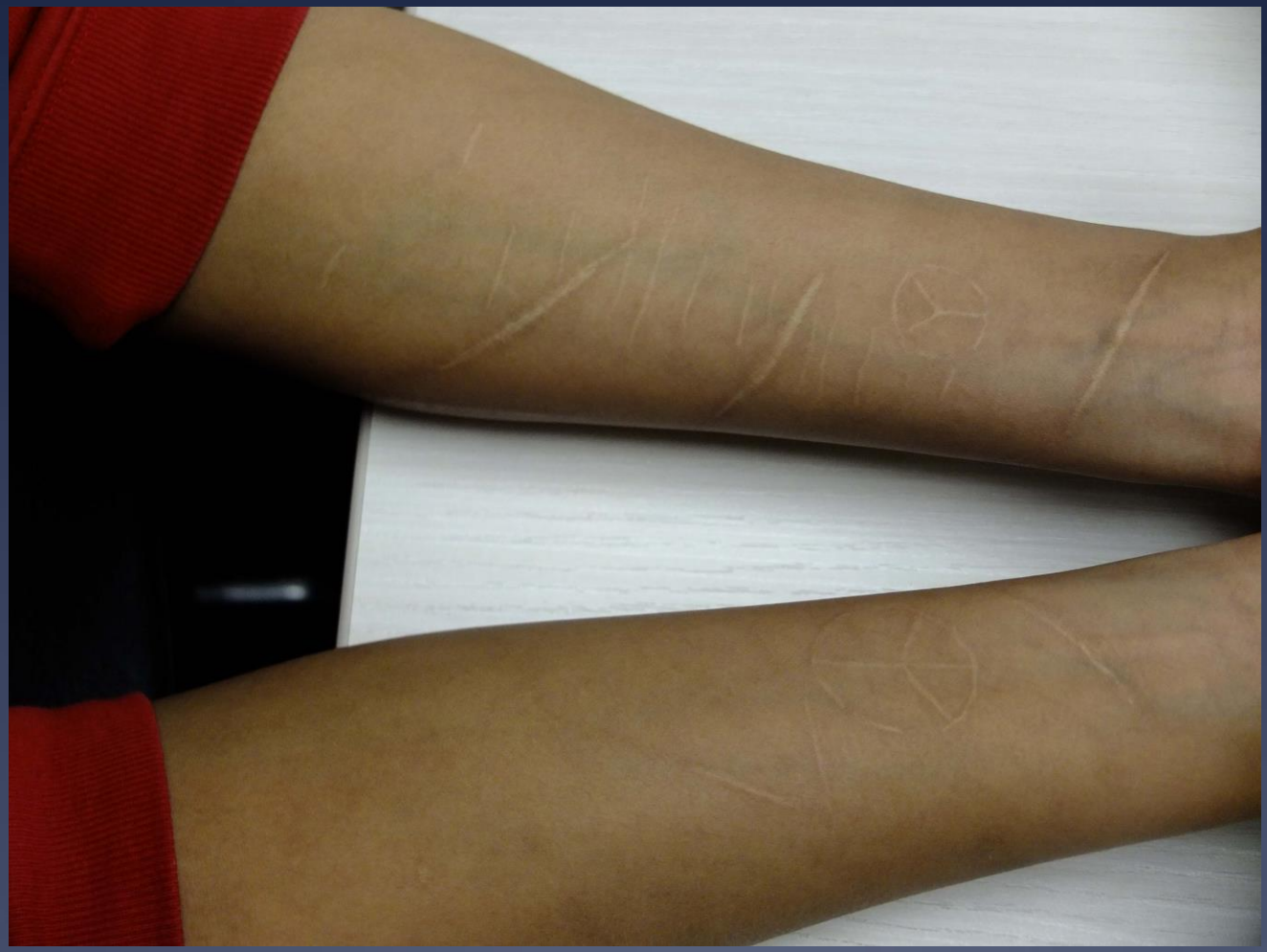
* Witnessing torture, killing of others
* Death threats, threats to family, mock execution
* Isolation
* Sensory deprivation/ overload
* Sleep deprivation
* Sexual humiliation

Medicinal and Ritual Scarification





Self-inflicted injuries due to cutting



Etiology/Veracity

* Question: Can you be certain the injuries you are seeing weren't acquired in a different situation?
* Answer: You can't, but that's rarely your job.

Istanbul Protocol Language: Ultimate purpose of exam

- **Not Consistent With**
- **Consistent With**
- **Highly Consistent With**
- **Virtually Diagnostic Of**
- **Not Related To**

The interviewer-listener takes on the responsibility for bearing witness that previously the narrator felt he bore alone. This joint responsibility is the source of the reemerging truth. Testimony is itself a form of action, of change, in order to continue and complete the process of survival.

Dr. Dori Laub, 1937-2018, Holocaust Survivor

Sources of Information

- PHR Manual, website, staff, consultants
- Your course presenters
  - Me! arnovosk@gmail.com
  - Everyone else!
- Medical literature: Small, but growing number of articles—Pub Med, etc.

QUESTIONS?