Case presentation of a tattoo-mutilated, Bosnian torture survivor

Utilising a community-based, multidisciplinary treatment network model

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Abstract

Torture is used to create fear, destroy individuals and communities, and to suppress unwanted political or religious views. The survivor of torture often endures significant physical and psychological trauma. The basis for treating this trauma varies according to individual needs, community resources, programme designs and cultural acceptance. The case presented here focuses on torture occurring during the Bosnian conflict of 1992 and demonstrates how the utilisation of a community-based, multidisciplinary network model can be effective in helping survivors through the recovery process. The unique circumstances of the study identify factors of imprisonment, rape, deprivation, physical violence and, particularly, body mutilation through tattooing.

Key words: torture, Muslim, rape, mutilation, multidisciplinary treatment, EMDR (Eye Movement Desensitization and Reprocessing), plastic surgery

Introduction

Many countries today continue to practise torture on their own citizens.[1] Since the Second World War, there has been an increased awareness of the physical and psychological effects of torture, resulting in the development of treatment centres utilising an array of treatment modalities to assist survivors in the healing process. Eitinger and Weisaeth[2] concluded after the establishment of the first Rehabilitation and Research Centre for Torture Victims (RCT), in Copenhagen, that "the therapeutic approach must be all encompassing and include somatic and psychological therapy". Many torture treatment centres around the world recognise the need for multidisciplinary approaches to treatment and recovery. Bojholm & Vesti[3] stated that to treat survivors, staff should have a comprehensive knowledge base concerning torture and its effects, as well as programmes designed specifically to serve torture survivors.

In recent years, there has been a notable expansion in the number of torture treatment centres in the United States. Made possible by an annual appropriation from the US Congress of USD 10 million via the US Office of Refugee Resettlement, and funding from the United Nations Voluntary Fund for Victims of Torture, there are now 33 such centres in the United States.

The Florida Center for Survivors of Torture, a programme of Gulf Coast Jewish Family Services in the Tampa Bay, Florida, region, is the only such treatment centre in the very populous state of Florida. Unlike most other centres around the world, it utilises a community-based network model that focuses on the delivery of multidisciplinary services and network training. The Florida Center is a programme "without walls," of-

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fering services in the communities in which survivors live through a network of partner resettlement agencies providing assessment and case management, and a cadre of volunteer and low-cost mental health professionals, psychiatrists, psychologists, physicians, attorneys, interpreters and other providers. As of February 2004, the Florida Center was actively providing treatment services to 200 survivors from 15 countries. With a large Bosnian refugee population in the Tampa Bay area, the Florida Center has received a number of referrals and has assisted survivors with medical, psychological, legal, transportation, housing and social services support. The programme demonstrates how the utilisation of a community-based holistic network model can be effective in helping the survivor through the recovery process. The unique circumstances surrounding the case presented here identify factors of body mutilation through tattooing, imprisonment, rape and physical violence.

The high occurrence of rape during the Bosnian conflict has been well documented. Because of enormous discrepancies among reports, it is difficult to say how many individuals were raped. The Bosnian government originally stated in 1993 that there had been 50,000 to 60,000 Muslim women raped,[4] however, other sources state this number has been inflated by the European and American media.[5-6] While Muslim women and girls were the most common targets, most sources agree that victims of rape during the Bosnian war included all ethnic groups.[7] Helsinki Watch[8] asserts that, "Each of the parties to the conflict in Bosnia-Herzegovina have used rape as a weapon of war" (p. 21). Rape was even used as a weapon of war within an ethnic group, such as Serb on Serb or Muslim on Muslim.[9] Ethnic groups became blurred when households consisted of two ethnic groups because of mixed marriages between Serbs and Muslims.

Women were raped in a number of different contexts during this war. Soldiers raped women and girls in their homes, in front of their community members and families, and took them to converted camps, where they were systematically and repeatedly raped by multiple soldiers, sometimes resulting in pregnancy. In rare cases, body mutilations through tattooing and scarring, in conjunction with physical and sexual violence, have been documented.[8] According to Helsinki Watch, the perpetrators use rape to humiliate the victim and insert fear into the community, such that the victim and others from the same ethnic group would flee the area.[8]

Because of personal feelings of shame, and the survival mode that people living in wartime must adopt, many women did not tell their family or others about their rape victimisation. The women who were raped and impregnated by perpetrators were especially stigmatised and blamed for their victimisation.[10] As the soldiers or civilians committing the rapes were not held accountable, victims did not report the violence.[8] However, the women who did admit to being raped often were used by a government to enrage their ethnic members to retaliate against the perpetrators as an ethnic group.[6,10] Further, the victims of rape were left on their own to deal with psychological and physical scars, mostly without the assistance of treatment.

Women who were raped during the Balkan conflicts had to deal with the symptoms that often result from sexual violence, along with the added trauma of living in a war-stricken area. Nikolic Ristanovic[11] quotes a victim of war, stating, "Violence against women in war involves rape, their children being killed, their families destroyed, struggling for survival, suffering mental damage, harassment and extortion as refugees, irrespective of their religion" (p. 32). The chronic exposure to torture often carries with it deep-

rooted physical and psychological scars.[12-13] It is with this emotional and physical pain that some of these individuals become refugees and flee to a place of safety.

Case study

Fatima is a 44-year-old Bosnian female. She had arrived in the United States with refugee status after living in Germany for eight years with her husband and children. She presented with multiple physical and psychological symptoms. While in Bosnia, she was targeted as a Muslim woman by Muslim soldiers, due to her marriage to a Serbian. Fatima explained that her town had been subjected to several surprise visits by soldiers, and that her neighbours had been taken, beaten, raped and imprisoned for days at a time. Individuals living in mixed marriages, Muslim and Serbian, were targeted repeatedly, she explained. This caused a heightened arousal and fear among those individuals living within her community.

One night, Fatima and her husband were awakened by soldiers who ordered them at gun-point to get dressed and follow them. The soldiers separated the couple. She explained that after her abduction, she was plagued with concern for her family's safety. She was taken to a school gymnasium that had been converted into a temporary camp that housed many other women of varying ages. She was held captive for 20 days, during which time her concern for her family grew. She was given very little food or water and reported being beaten repeatedly. While imprisoned, she witnessed nearly every woman being dragged into areas of the room, and repeatedly raped and beaten by groups of soldiers. She painfully explained that she, too, had been victimised by five to six groups of men repeatedly during her imprisonment. The effects of violence were heightened as she felt betrayed by her own religious brothers. She stated that she was being punished for the person whom she had fallen in love with.

It was very difficult for Fatima to discuss her past trauma. She became overwhelmed with emotion as she described the most horrific violation that she had experienced. One night, a group of soldiers randomly selected her as their victim and began their sexual assault. During this violation, she became aware that something was different about this night. The circumstances of the assault quickly began to change. The soldiers who were attacking her began to hold her down and a new pain was introduced. As she looked down, the soldiers had begun tattooing and scarring parts of her body. She felt that these soldiers had decided that the pain and humiliation of rape alone would not be enough, and they wanted her to suffer as much indignity as possible by placing a physical reminder of this ordeal on her body. By placing their Muslim names on her body, they scarred and marked her, proving to her community that this could happen to anyone. They continued to beat, rape and tattoo her throughout that night. In the morning, when she looked at her breasts, arms and shoulders, she saw the names of the soldiers who had attacked her, forever embedded in her skin.

After almost three weeks of imprisonment, the soldiers released her. They had inflicted not only psychological and physical torture, but had left her with a daily reminder of the torture she survived. The reflection of her own image now brought haunting memories of her imprisonment. She painfully explained that after the day of her tattooing, she felt her life had ended and she merely existed day to day.

Upon her release, Fatima reunited with her husband and family to find them safe. Her husband had been detained for several days, then released. She revealed her ordeal only to her husband and took great pains to

hide the tattoos from her children. At this point, the family realised that for their survival, they had to leave their life, their loved ones and their country. Shortly afterwards they fled to Germany.

Fatima discussed her time in Germany very little, but explained that she did receive medical and psychiatric assistance while there. She visited her psychiatrist one time per week for six years and received tranquilliser injections two times per week during the three years preceding her arrival in the United States. She explained that her family was safe, but the constant reminder of her torture caused her significant psychological pain. The depressive symptoms she endured while in Germany became unbearable as she lost hope for recovery. She had twice attempted suicide while in Germany by overdosing on medication but had been found in time by her husband both times.

Soon after arriving in the United States, Fatima was referred to Gulf Coast Jewish Family Services' Florida Center for Survivors of Torture by the agency that had assisted with her family's resettlement process. The primary reason for referral was for psychological assistance. Fatima also presented with medical concerns at the point of initial referral. She was willing to participate in the intake process and disclosed background information to the intake worker and female interpreter in the absence of her family members. Inquiries into Fatima's emotional stability were made during intake; however, detailed questioning of past trauma was not made as she was not yet ready for this ordeal. She had no current suicidal ideation, but depressive symptoms were observed. The recent move to the United States, paired with her traumatic past, increased her psychological symptoms. She reported weight loss, no appetite, body pains, difficulty concentrating, memory problems, fatigue, loss of interest in activities including sex, difficulty feeling safe, sensitivity to stimuli and nightmares. She was able to provide brief background information, but past torture was not easily disclosed until later sessions. Fatima was able to disclose that she had been raped and tattooed by her assailants but was initially unable to give more concrete details. Physically, she appeared withdrawn and ashamed. She failed to make eye contact, exhibited declined posture and spoke in a quiet tone.

Fatima's case was then assigned to a case manager who had previously been a physician in the former Yugoslavia. She quickly appeared at ease with this staff member, was able to disclose more detailed information regarding her past torture and openly discussed her medical needs with him, although she continued to become upset during discussions. She explained that she still cried every day, that her husband and children recognised when she was not feeling well and that they allowed her time alone to cry. She felt very fortunate that her husband did not apply pressure on her to disclose past memories and allowed her personal time.

Fatima initially expressed concerns over her medical conditions and stated she had not seen a physician for her pre-existing medical conditions since arriving in the United States, which included being treated for "heart problems" in Germany for five years and an ulcer for six years. She minimised her heart condition and stated she had taken medication in the past for chronic bronchitis, high blood pressure, anxiety, depression, heart irregularities and ulcers. She had also undergone surgery five years prior to arrival, in which her uterus had been removed owing to a large tumour.

With rapport well-established with staff from the Florida Center for Survivors of Torture, a master service plan that encom-

passed all services to be delivered was quickly developed. Mental health needs, as well as medical and social service needs, were clearly defined as target areas to focus on during the treatment period. The Florida Center immediately began making community linkages to needed medical facilities to address areas of concern. The Centre was able to locate area physicians to provide appropriate screening and diagnosis, and medication for her heart, blood pressure and ulcer conditions. Consistent interpretation was provided at each appointment. During medical treatment, Fatima's trust level grew, and discussions began concerning other needs.

She continued to exhibit severe Depression, Post Traumatic Stress Disorder (PTSD) and Generalized Anxiety symptoms. Mental health treatment had been ongoing for many years prior to her arrival, but she explained that the treatment had merely allowed her to maintain her daily functioning. Staff began discussing treatment strategies that were available within her community. Fatima expressed that her mind had psychological scars while her body housed physical scars. The bruises and soreness had long healed, but the tattoos remained forever. These scars were her daily reminder, her flashback triggers that kept her grounded in the past.

Fatima was, nevertheless, open to receiving mental health services. Her case manager utilised another Gulf Coast Jewish Family Services programme funded by the US Office of Refugee Resettlement, the Refugee Mental Health Training and Consultation Program, which trained mental health professionals in refugee mental health issues and linked clients to needed community mental health services. The programme arranged for Fatima to be seen by a trained staff member at a local community mental health centre that would provide medication and individual therapy. She was immediately placed on antidepressant/anti-anxiety medication. Individual therapy sessions through an interpreter were then provided weekly, which used conventional talk therapy with a cognitive-behavioural focus. Fatima completed each scheduled session for six months.

Prior to beginning her mental health treatment, the Florida Center for Survivors of Torture began to consider ways to reduce her flashbacks. Staff discussion turned to removal of her tattoos by plastic surgery. Staff discussed Fatima's case with a local plastic surgeon, and a plan was formulated to possibly remove the tattoos. The plastic surgeon provided free consultation to Fatima and discussed the number of procedures that would be necessary to remove the tattoos. Fatima discussed her past abuse with much ease and was willing to have photographs taken as part of her record. The plastic surgeon was very moved by the circumstances surrounding the case and offered his services, staff and facility for free. Considerable time was spent in the preparation for all aspects of the surgery. Discussions took place with Fatima concerning the exact details of each procedure and that laser surgery was to be utilized as the primary method for tattoo removal. The laser had to be tested on Fatima to assure it would be successful. (Laser treatment for the removal of tattoos has varying degrees of success depending on the laser wavelength used, the colour of the tattoo and the composition of the ink.)[14]

This was completed and the first session was scheduled. Fatima showed few signs of apprehension concerning the tools used to remove the tattoos and was comfortable in the hospital setting. She completed the first laser surgery, and upon awakening, became overcome with joy as several of the images were either completely removed or had faded significantly.

Surgery proved to be a turning point

in her mental health treatment and her depressive symptoms began slowly to subside. Laser surgery was paired with continued psychotropic medication, and individual therapy further improved her level of functioning at home and in her community. She began to discuss employment possibilities and going out of her home more often. Two more laser surgeries followed over the next three months. After the third laser surgery, all tattoos were either removed or unrecognisable. A fourth laser surgery was completed with attempts to remove the more embedded blurs of grey. Fatima began wearing shorter sleeves and expressed more freedom with her body image. She was not afraid to let her children see her arms. She continued to express gratitude to the surgeon and was pleased with the physical results, yet continued to have nightmares and flashbacks concerning her torture.

Fatima explained that the emotions surrounding the memories had improved, but recurrent episodes were still present. This led staff and clinical consultants to advise an additional approach, Eye Movement Desensitization and Reprocessing (EMDR), which had proven helpful in other traumatised individuals. (Numerous studies, including controlled studies, have shown the effectiveness of EMDR for PTSD. Additionally, practice guidelines of the International Society for Traumatic Stress Studies assess EMDR as an effective treatment for PTSD.)[15-19]

The originator of EMDR, Francine Shapiro, describes it as "a time-efficient, comprehensive methodology – backed by positive controlled research – for the treatment of the disturbing experiences that underlie many pathologies. An eight-phase treatment approach that includes using eye movements or other left-right stimulation, EMDR helps victims of trauma reprocess disturbing thoughts and memories".[20] This treatment approach was described to Fatima, and an appointment was scheduled with a trained and certified clinician. The first session was scheduled approximately three months after the first laser surgery and mental health appointments.

After two EMDR sessions, Fatima described that her nightmares and anxiety had lessened, as had her preoccupation with torture memories. After three more EMDR sessions, which concluded the treatment, she reported a significant reduction in recurrent thoughts and trauma symptoms, while still continuing with her other cognitive-behavioural mental health appointments. Counselling sessions now were focused more on adjustment issues surrounding life in the United States. Her scheduled appointments became less frequent, with individual therapy being scheduled one time per month, then eventually as needed.

At this time in Fatima's treatment, she now wished to focus on employment, and asked for assistance in finding a job that matched her skill level. Staff assisted with advocacy and linkages to appropriate services, and Fatima soon began working for a large hotel chain. She enjoyed her work, took great pride in accomplishing her tasks and, as evidence of her success, desired to work more hours than originally scheduled. Further social service needs were met during the first six months of services that included helping with landlord disputes, housing advocacy, cultural training on housing issues, transportation arrangement and training, medication compliance and advocacy, food bank assistance, interpretation needs, and family support assistance. Fatima also was enrolled in a unique programme that assisted refugees in matching money saved toward large purchases such as a home, car or computer. Her enrollment in the programme, paired with her future planning, further ex-

emplified a regaining of hope and a continued decrease in psychological symptoms.

After eight months of treatment and services coordinated by the Florida Center for Survivors of Torture, Fatima was able to significantly decrease her need for mental health and social services, but continued the monitoring of her medical conditions. Fatima also had been discussing the possibility of removing the faded tattoos that were too deep to be removed by laser surgery. This procedure would entail actually cutting out the tattooed areas. Fatima is currently debating whether or not to follow through with this procedure.

Discussion

There were a number of individual variables that increased the likelihood of Fatima reducing her depressive, anxiety and PTSD symptoms. The Florida Center was able to provide her with a case manager who was a former physician who spoke Serbo-Croatian. Because he was a physician, Fatima felt more comfortable in his presence. He also was able to help prepare her for her medical procedures. Extra effort was taken in preparing her for the tattoo removal surgeries, with the knowledge that the removal itself could trigger her back to the traumatic event. Also, consistent interpreting with the many different service provider agencies throughout her treatment resulted in an improved comfort level treatment. The relationship between Fatima and the case manager played an integral role in the healing process, as rapport had been easily established and maintained.

After the first tattoo removal surgery, Fatima reported a decrease in depressive symptoms and an increase in her self-esteem, stating, "I feel that my life is now beginning again." Removing the physical reminder of the horrific event was a definitive way for Fatima to gain more control over her life. This was evident in her willingness to expose her arms more frequently and her feeling more open to her family members.

Fatima continued to report PTSD symptoms even after receiving antidepressant medications, attending traditional talk therapy, completing further tattoo removal procedures and cognitive-behavioural therapy. It was not until a volunteer therapist provided EMDR therapy that the client reported a significant decrease in PTSD symptoms. The combination of psychotropic medication, traditional talk and EMDR therapies provided a holistic approach to mental health treatment that gave Fatima coping skills to reduce her PTSD and depressive symptoms to functional levels.

There often are many barriers to accessing mental health treatment for torture survivors, including stigma, cost, transportation and available providers.[21] Utilising a holistic, multidisciplinary medical, psychological and social approach, and with considerable preparatory work, Fatima was willing to become able to participate in an array of services. With patient, supportive and culturally sensitive assistance, Fatima became eager to engage in services that others within her culture often see as outside societal norms.

We encourage those treating torture survivors to look at all dimensions of a person's well-being in order to assist them in achieving their maximum level of functioning. A holistic approach utilising existing community resources was essential in Fatima's successful treatment. Through community networking and advocacy, treatment professionals may be able to identify and recruit low-cost, pro bono and additional services that are enormously helpful to clients served. The authors have found that area network providers typically are eager to receive training on dealing with survivor issues and techniques, and often are willing to accept new

referrals, given the support from staff from a torture treatment centre.

Conclusion

Fatima's case particularly illustrates the impact that torture-induced disfiguring through tattooing can have on self-esteem and social, psychological and interpersonal function. Further, EMDR, as a technique to reduce psychological symptoms of PTSD, proved effective. Through the support provided by a community-based multidisciplinary network model for treating torture survivors, treatment was able to successfully meet the varying needs of the client, addressing both the physical and psychological sequelae of torture. Through consistent service delivery, the training of network providers on torture treatment issues, comprehensive and specialised mental health treatment and medical interventions to remove disfiguring tattoos, the client was able to significantly reduce symptoms and increase her level of functioning. Finally, given the paucity of literature related to the sequelae of tattooing as a torture method and subsequent treatment, additional descriptive and other research is needed in this area.

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