

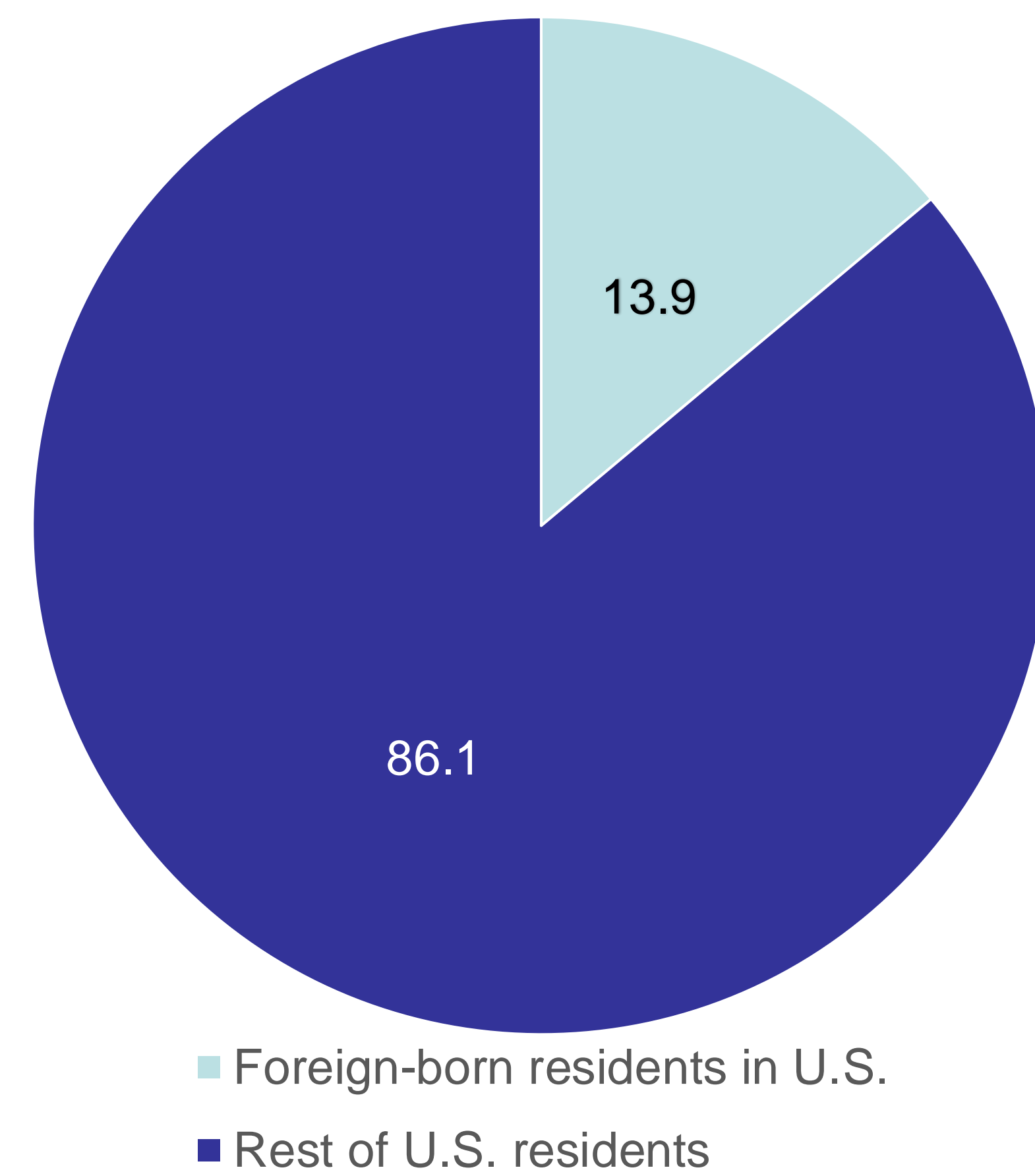
# Screening Methods and Education Available to United States (U.S.) Healthcare Providers Identifying Foreign-Born Torture Survivors: A Scoping Review

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## Background

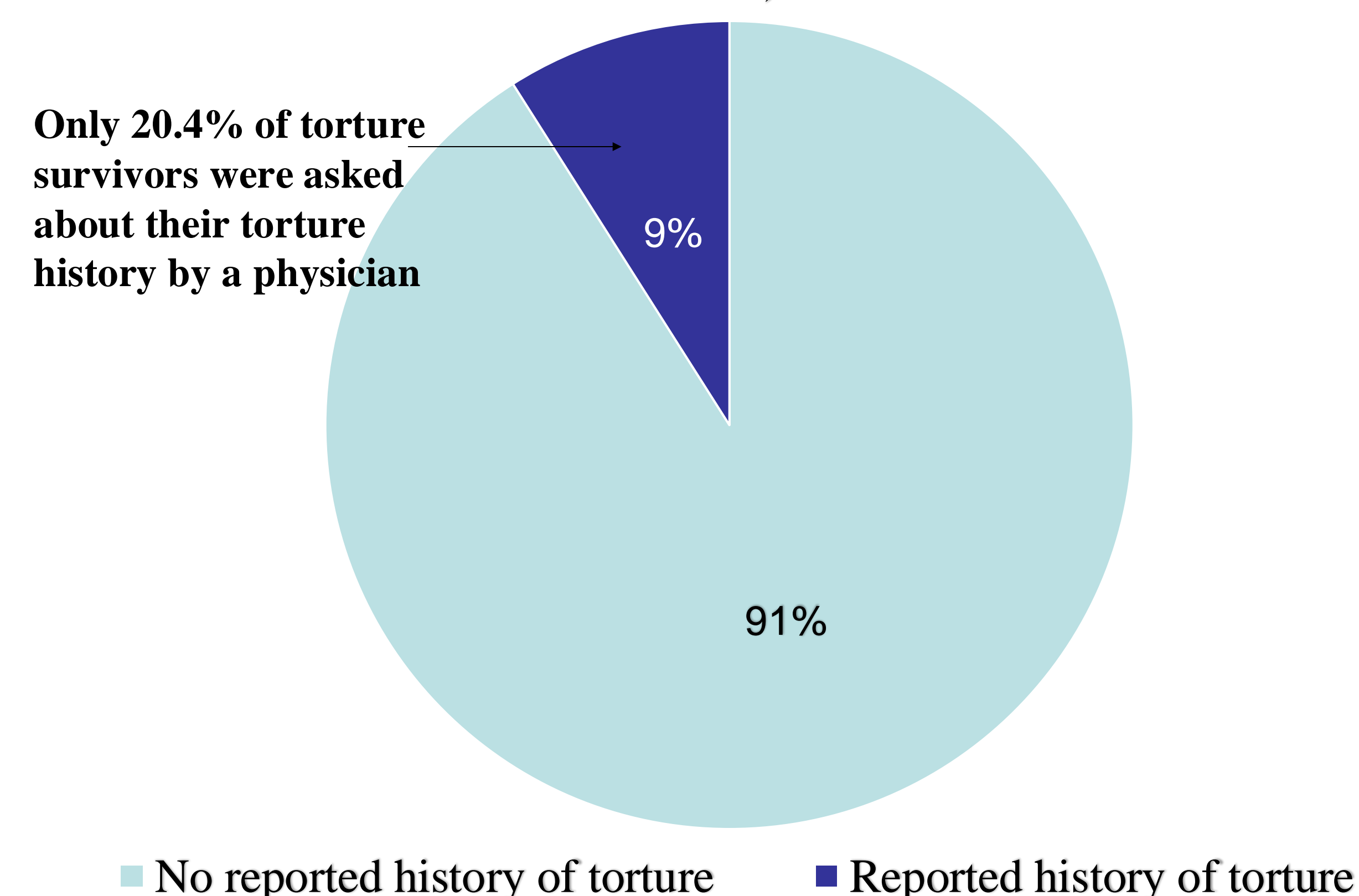
- Number and origin of refugees and asylees arriving in the U.S.<sup>1</sup>
- Tools for identifying health disparities and social determinants of health<sup>2</sup>

Figure 1. Percent of foreign-born U.S. residents in 2022



- **Torture defined:** United Nations Convention Against Torture (UNCAT), World Medical Association (WMA) Declaration of Tokyo<sup>3,4</sup>
- Current estimates: prevalence of a history of torture among foreign-born patients<sup>7-8</sup>
- **Torture Victims Relief Act of 1998 (TVRA)**<sup>5</sup>
- Methods to screen patients differ

Figure 2. Estimated history of torture among foreign-born patients (2000-2012)



## Objectives

1. To conduct a scoping review of tools used to screen foreign-born individuals for a history of torture
2. To conduct a scoping review of education or materials used to train healthcare staff to identify survivors of torture

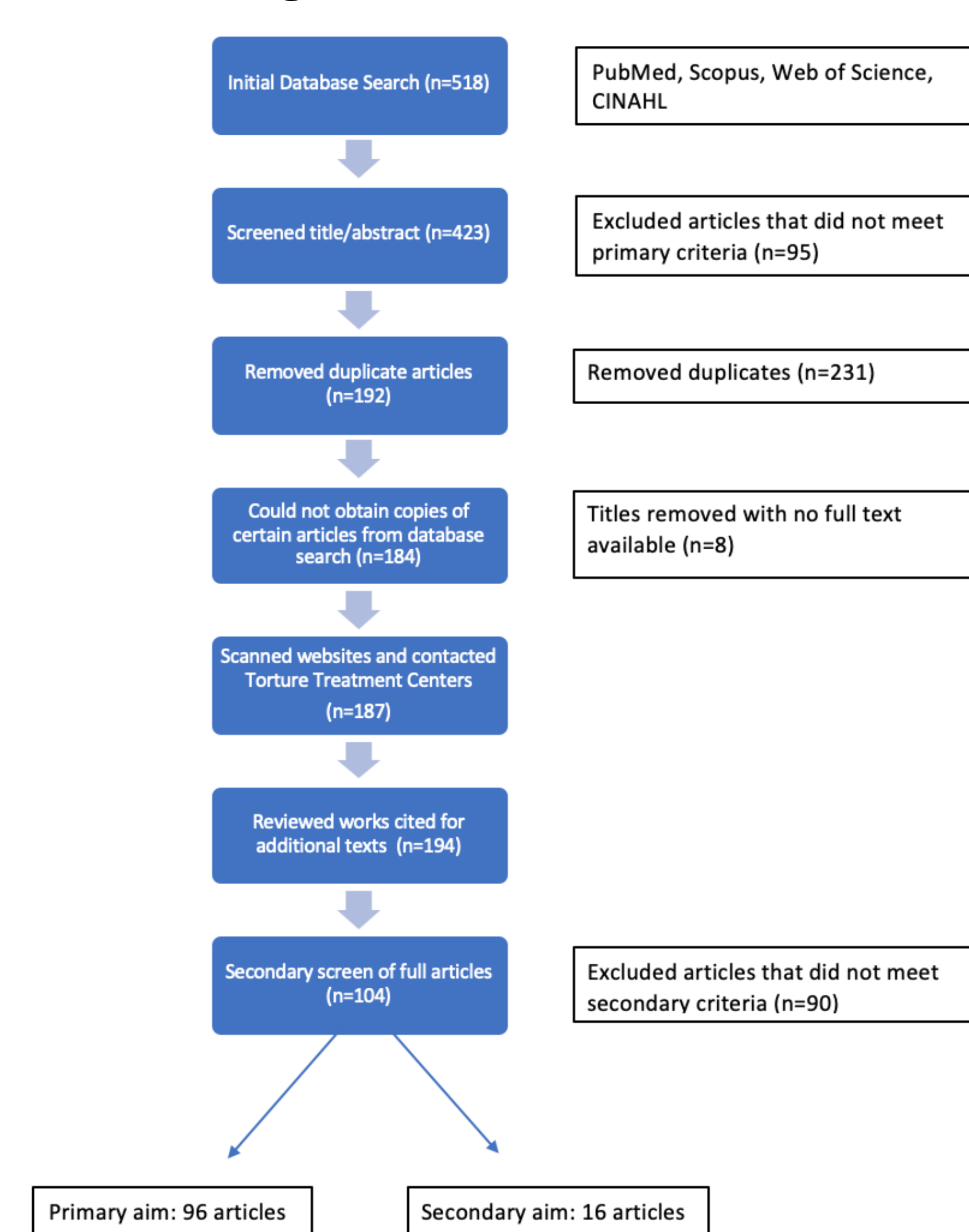
## Methods/Selection of Sources

Databases, Services for Survivors of Torture websites (TVRA grantees), interviews and conversations with torture treatment center employees

### Criteria:

- English, published and non-published sources, any setting, no date ranges
- Foreign-born individuals
- Described methods of identifying torture survivors (Aim #1)
- Described education or training available (Aim #2)

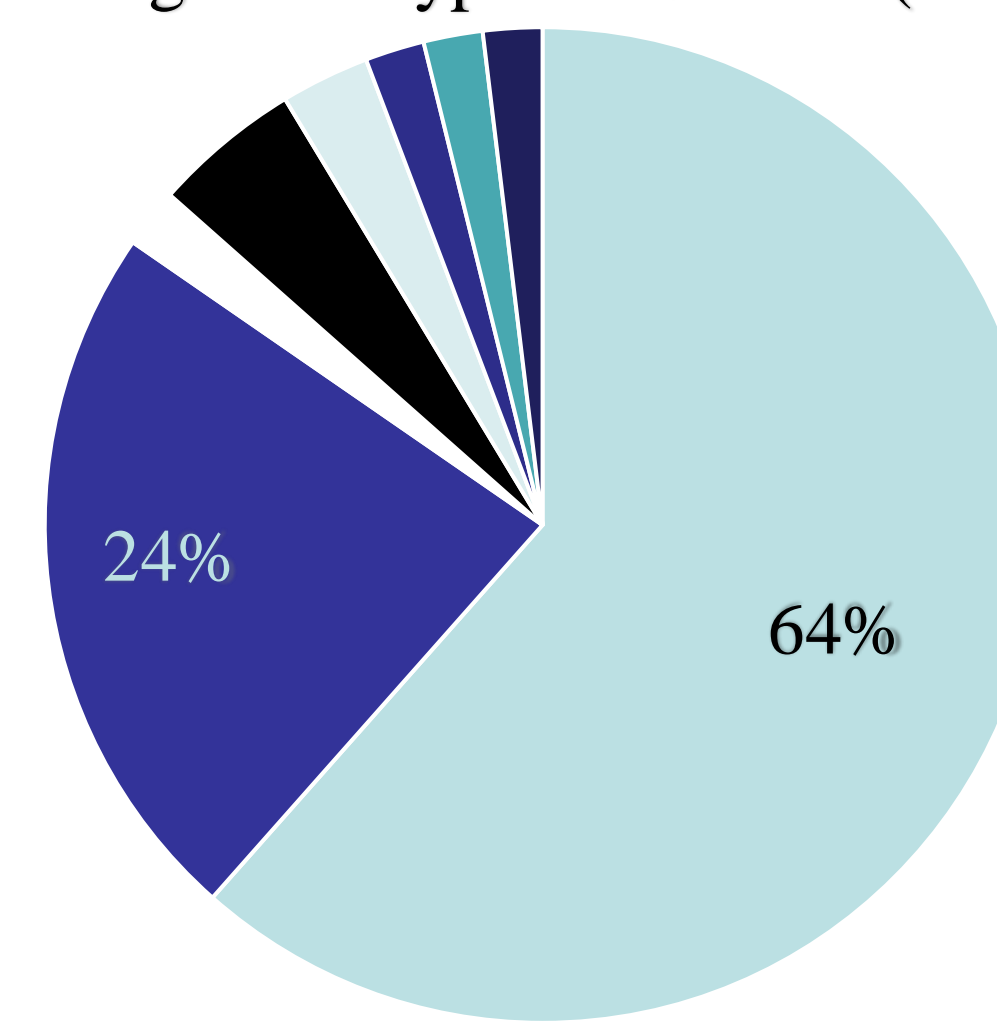
Figure 3. Selection of Sources



## Characteristics of Sources/Study Aims

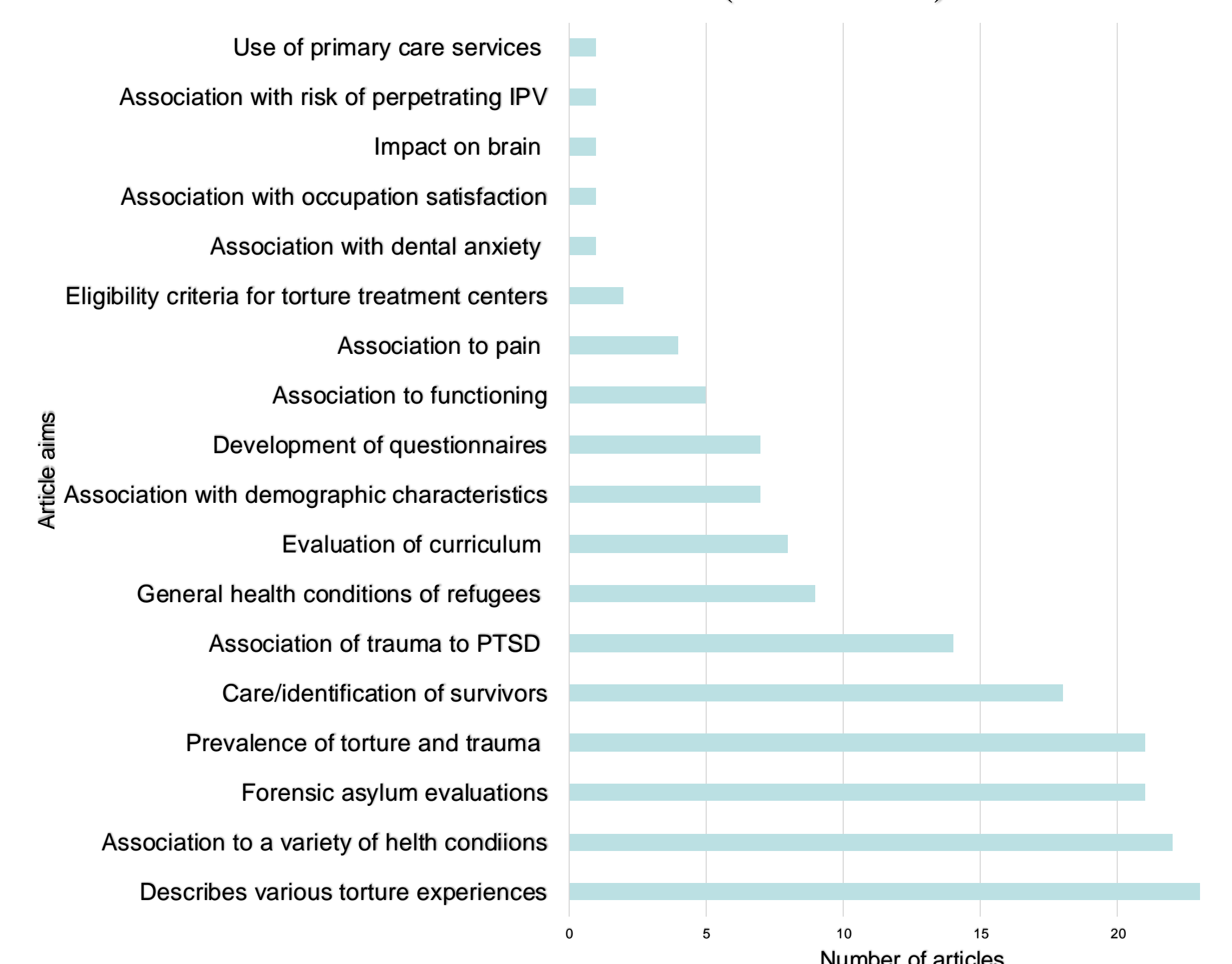
- 89.4% of observational studies (n=66) used quantitative methods
- 68% of articles written since 2010, 79% since 2000
- Majority of studies conducted in the U.S. and Denmark
- Prevalent mental health outcomes: PTSD, anxiety, depression
- 82% of studies that studied PTSD as a variable (n=17) found a significant association of PTSD to torture or identified torture as a predictor of PTSD.

Figure 4. Types of Studies (Aim 1 and 2)



- Cross sectional
- Systematic/literature reviews
- Overview of curriculum
- Review of curriculum + cross sectional
- Letters/essays
- Development of questionnaires
- Cohort or case control
- Eligibility criteria

Table 1. Article Aims (Aims 1 & 2)



## Findings

Figure 5. Primary Aim: Types of screening tools identified

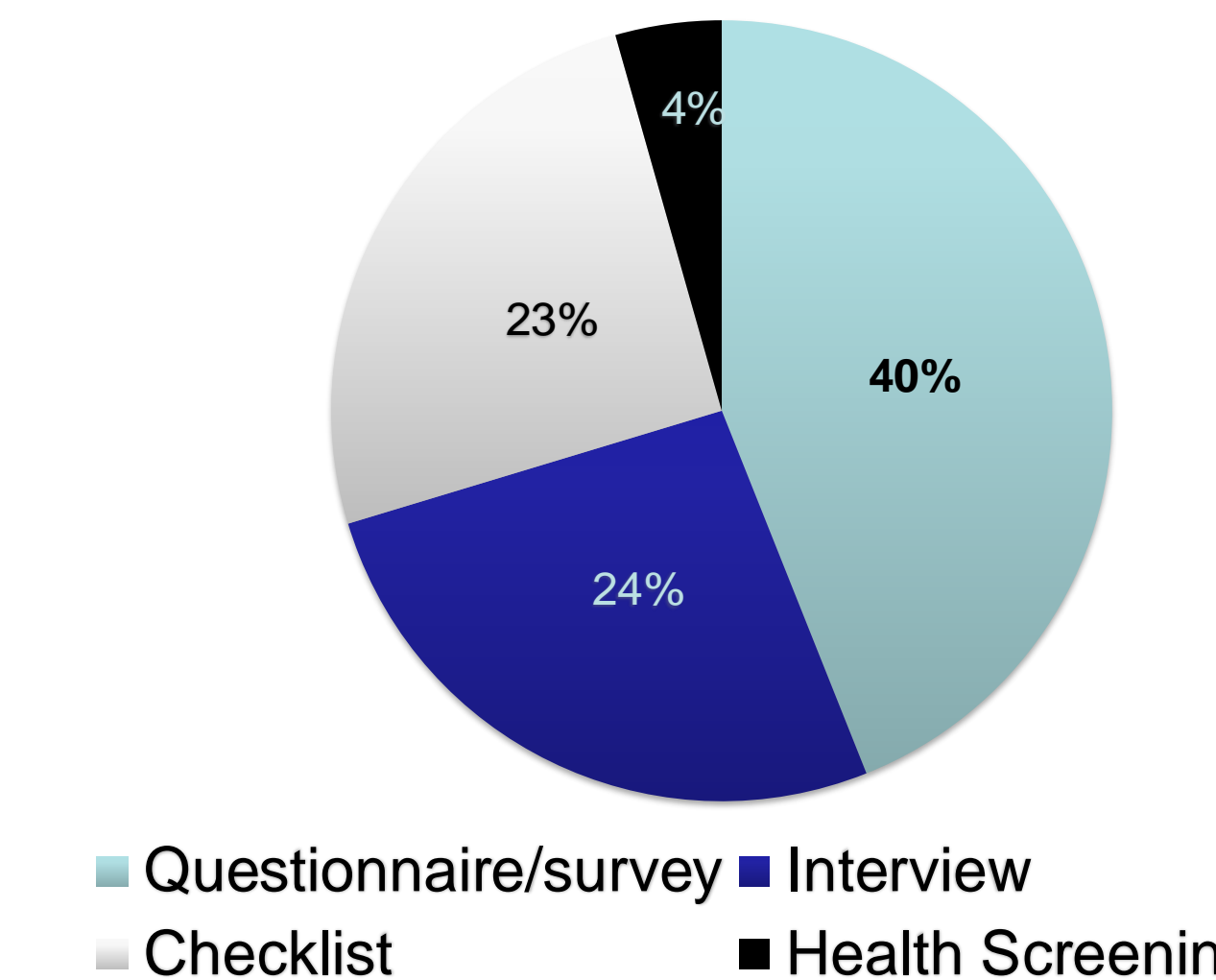


Figure 6. Secondary Aim: Articles referencing education/training

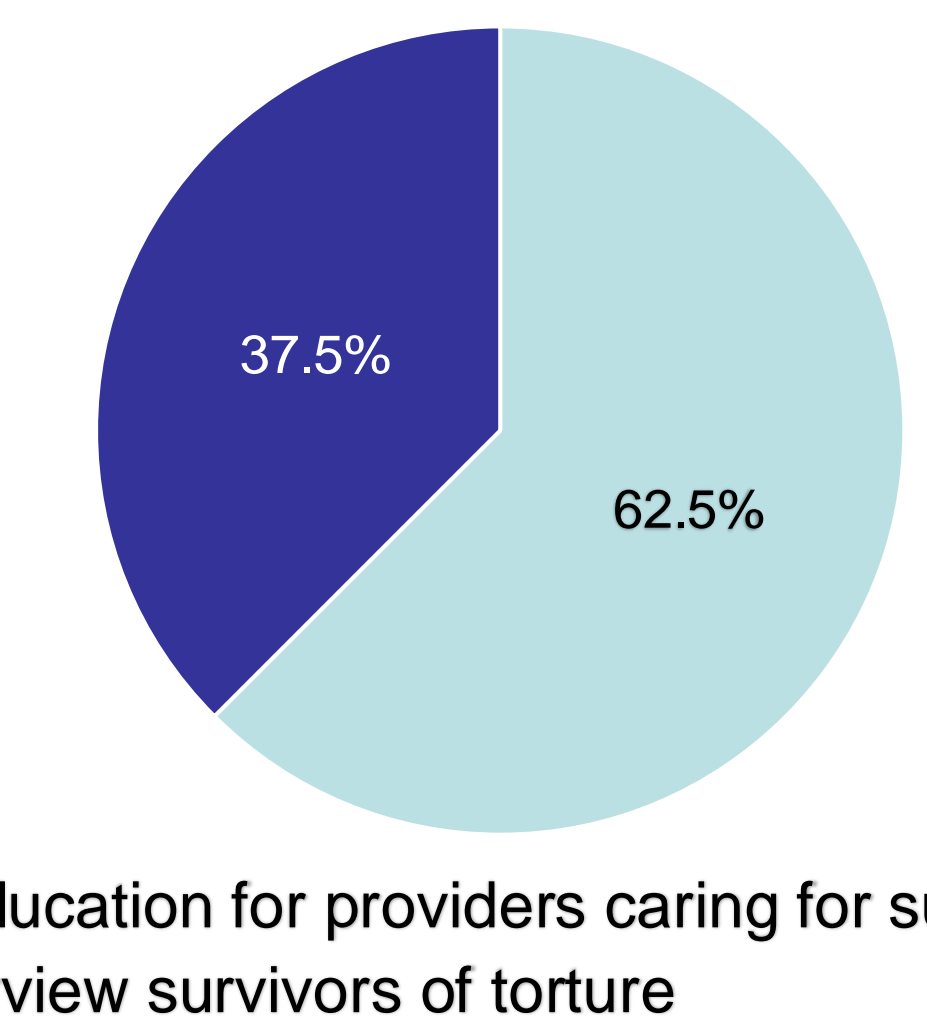
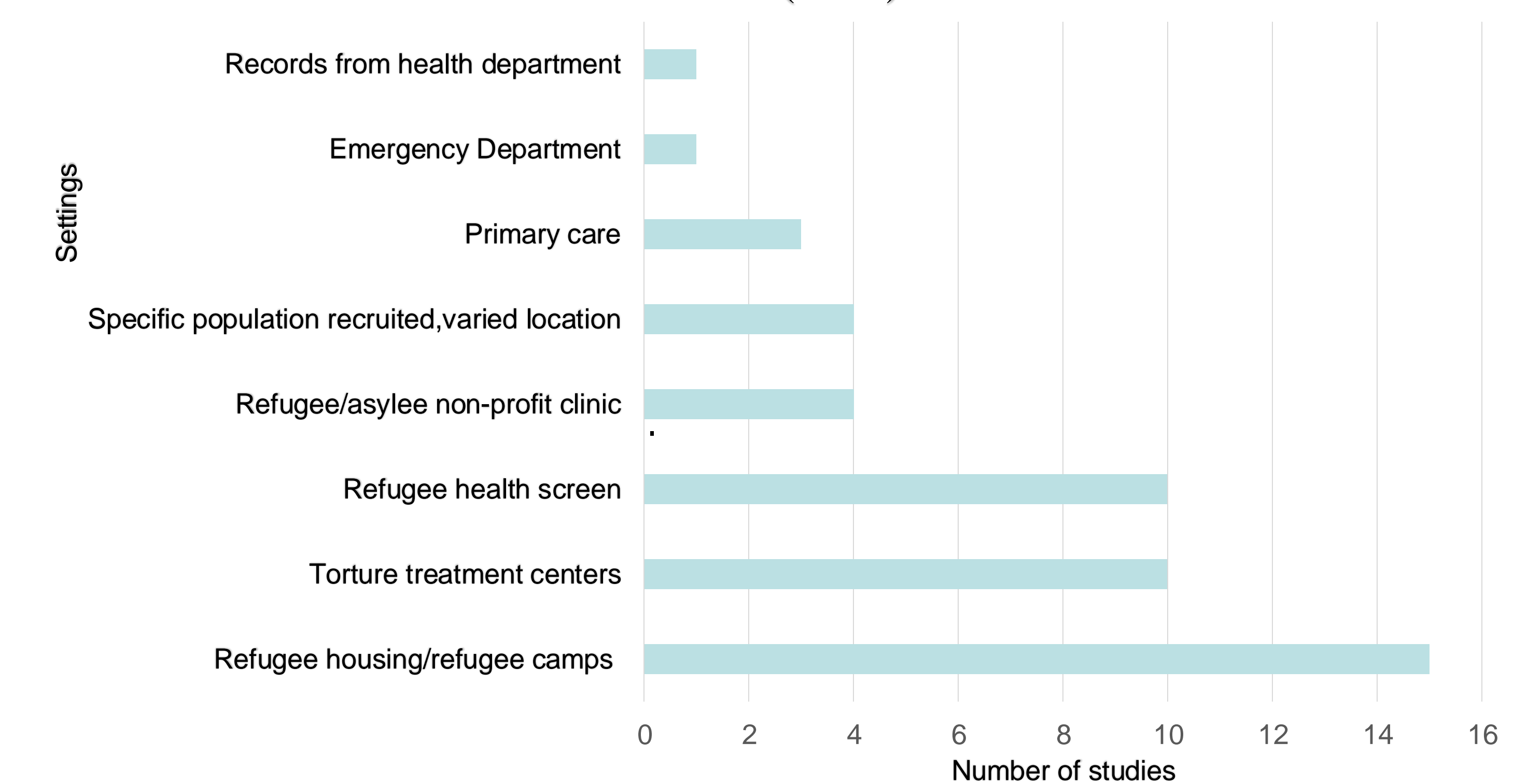


Table 2. Settings of Screening Tool Studies in observational studies (n=66)



## Discussion

- All tools assessed utilized self-report
- Most prevalent tools: questionnaires, surveys and checklists (HTQ, DTSS, DIGNITY)
- Setting of observational studies: refugee camps/refugee housing
- Few primary care/emergency medicine studies (most recent U.S. study from 2012)<sup>7</sup>
- Lack of education/training for identification of survivors of torture
- Current recommendations for healthcare providers
- History of torture relatively common among foreign-born (~9%)<sup>5-7</sup>
- Associated with adverse mental health outcomes (PTSD, anxiety, depression)
- Clinicians have few screening tools and training available to identify survivors of torture who may benefit from services at TVRA centers
- Alignment of hospital referrals to TVRA torture treatment centers
  - Creation of a brief, standardized tool for primary care settings that aligns with TVRA definition of torture
  - Catch individuals not screened in first 90 days of resettlement

## References

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