

## BPSOS – Studies of physical and mental impacts of torture on Vietnamese survivors

After the communist takeover of the Republic of Vietnam (South Vietnam) in 1975, the new regime sent some 1.5 million Vietnamese civilians and military personnel to “re-education” camps, a combination of Nazi-styled concentration camps and Soviet-styled Gulags. Since 1989, the U.S. has resettled 30,000 “re-education” camp survivors and approximately 120,000 of their family members under the Humanitarian Operation (HO) program. This population makes up the most neurologically impaired group of refugees ever resettled to the US.

Psychiatric assessment of Vietnamese refugees arriving in the early 1990s showed that these “re-education camp” survivors were highly traumatized—they had twice the prevalence of psychiatric disorder (35%) as compared with other groups of Vietnamese refugees (18%) [1-3]. A five-year study conducted jointly by the Indochinese Psychiatry Clinic (IPC) of the Beth Israel Deaconess Medical Center and Harvard Medical School found a prevalence of 90% for post-traumatic stress disorder (PTSD) and 49% for major depression among “re-education” camp survivors [4]. A 2002-2003 study conducted by BPSOS on 80 torture survivors in the national capital region revealed that 80% of them had significant cognitive deficits [5-6]. A follow-up study found 78% of Vietnamese torture survivors exhibited structural deficits in prefrontotemporal brain regions resulting from long-term exposure to torture. These brain lesions are associated with the symptom severity of depression in Vietnamese ex-political detainees. [8]

Focus group studies conducted by BPSOS and Center for Multicultural Human Services (Falls Church, Virginia) in 1998-1999 identified shocking types of torture these survivors had been exposed to, ranging from hard labor to genital mutilation, from solitary confinement to electroshocks, from repeated beatings to mock execution. Survivors endured such violence for not a month, not a year, but up to 15 years. These findings corroborate the aforementioned IPC study, which identified 29 different forms of torture and listed their frequencies of usage in “re-education” camps.

The sequelae of torture are profound. Survivors and family members have reported severe depression, suicidal ideation, post-traumatic stress disorder, major depression, anxiety, fear, psychotic symptoms, difficulty trusting, disturbance in interpersonal relationships, shame, guilt, and uncontrollable anger. Many have great difficulty learning a new language because of memory disturbances and difficulty concentrating. Torture survivors receiving treatment have reported physiological problems resulting from torture and trauma, including neurological impairment, head injury, diabetes, debilitating chronic headaches, foot pain, back and joint pain, and high incidence of stroke and heart disease.

The psychological consequences of torture have tremendous impact on family members as well. Spouses and children of torture survivors often had second-hand experience with torture. Many such children are being referred for mental health services due to problems in school or involvement with the court system or Child Protective Services. Relatives of detainees who died in “re-education camps” experience a prolonged sense of loss and trauma similar to that experienced by relatives of American MIA/POWs [7]. While a correlation has not been scientifically documented, we have noted a high rate of incidence of domestic violence among families of torture survivors.

## REFERENCES

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