



The  
CENTER for  
VICTIMS of  
TORTURE

# **Updating the Estimate of Refugees Resettled in the United States who have Suffered Torture**

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# Torture and its effects

- Strong predictor of lasting health and mental health conditions.<sup>1, 7</sup>
  - Increased likelihood of diabetes, hypertension, head injury, and chronic body pain.<sup>2, 8, 9, 10, 11</sup>
  - 4 times more likely to suffer from PTSD.<sup>12</sup>
  - 2.5 times more likely to suffer from MDD.<sup>12</sup>

# Purpose

- To examine the prevalence rate of refugees living in the United States who have experienced torture.
  - Widely used estimate has previously indicated between 5-35% of resettled refugees have experienced torture. <sup>6</sup>

# Why do we need an updated prevalence rate?

- Previous figures often cited in health research and policy are over 20 years old.<sup>6</sup>
- Outdated figures are based on refugee populations from multiple countries with different SES and resettlement contexts.

# A challenging task...

- Estimating the prevalence of torture in the US is both sensitive and complex.
- Nonetheless, improving the prevalence rate has critical health and social policy implications.

# Literature Search

A comprehensive literature search was conducted utilizing four online library databases:

- Embase
- Ovid Medline
- PILOTS/WOS
- PsychInfo

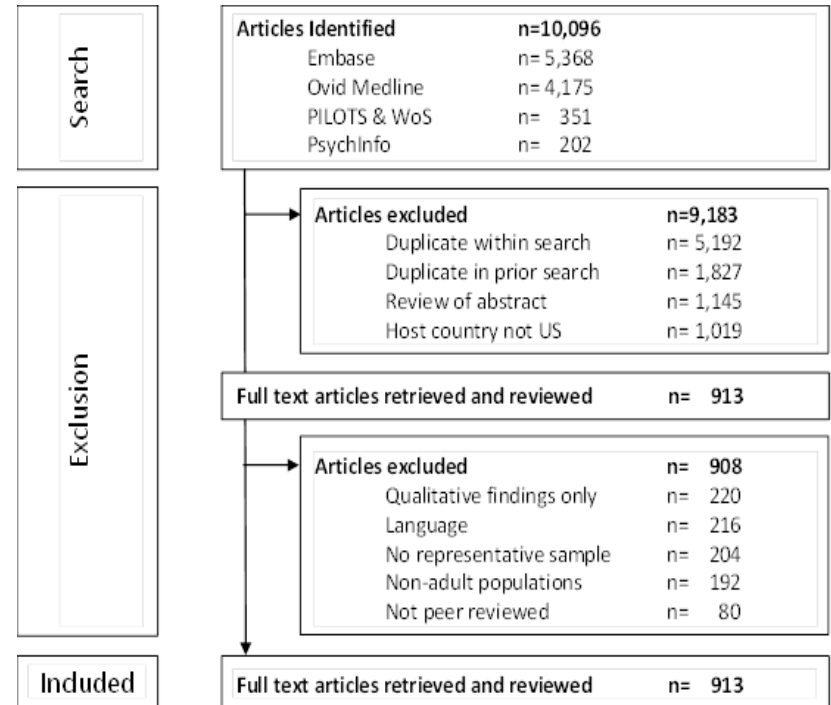
**Table 1: List of search terms**

Abuse*	Refugee*
Aggress*	Asylum*
Battered*	Asylee*
Human rights abuse*	Refugee (MeSH)
Maltreat*	Prevalence
Mistreat*	Risk
Neglect	Risks
Persecut*	Rate
Tortur*	Rates
Trauma*	Logistic regression*
Violen*	Epidemiolog*
Battered women (MeSH)	Epidemiologic Methods (MeSH)
Child abuse (MeSH)	Epidemiologic
Crime victims (MeSH)	Measurements (MeSH)
Human rights abuses (MeSH)	Epidemiologic factors (MeSH)
Violence (MeSH)	“statistics as topic” (MeSH)
“Wounds and Injuries” (MeSH)	

# Study Design

## Inclusion Criteria

- Peer reviewed article
- Published 1980-2015
- Included quantitative estimate (%) of primary torture in adult refugees.
- Representative sample of general population



# Sample

## Authors

Keller et al. (2003)

Jaranson et al. (2004)\*

Marshall et al. (2005)

Willard et al. (2013)

Shannon et al. (2015)\*

## Methodology, n

Interview, 70

Interview, 1134

Survey, 490

Chart Review, 497

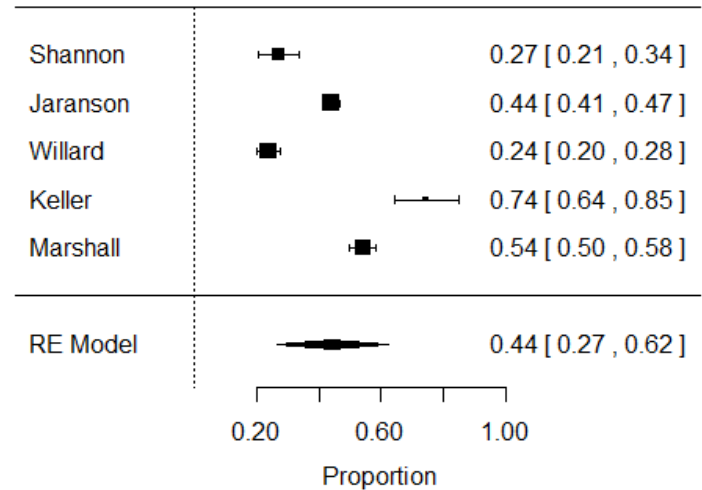
Chart Review, 179



# Meta Analysis

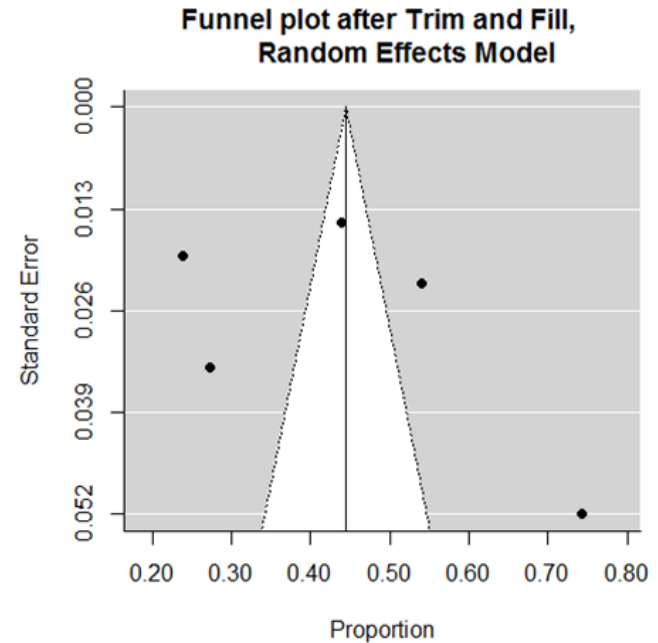
Random effects model  
estimated an overall torture  
prevalence of **.44**  
[with a 95% confidence  
interval of .27 to .62].

Forest plot for Random Effect Model



# Limitations

- Total n = five studies.
- Studies included had relatively small sample sizes for population level research.
- Refugees are an extremely heterogeneous population.



# Research Implications

- Experimental studies are crucial to better understand the true prevalence rate of torture among refugee populations living in the US.
  - Novel methodologies must be applied.
  - How torture is assessed will impact rates, thus a standardized, rigorous approach is recommended.
  - Large samples sizes with diverse refugee populations.

# Policy Implications

- Findings provide evidence for resettlement funders and administration on the *high priority* need for specialized services for survivors of torture among refugee populations.
- Advocacy for funding increases in ORR/SOT budget is critically and urgently needed.
- CVT recommends funding increases to \$25 million per year.

# Policy Implications

- Presidential Determination FY 2016 (85,000)
- Torture prevalence estimate (44%)
- Estimated number of torture survivors who may develop PTSD or MDD (40%)
- Average cost per person for specialized torture rehabilitation services in the United States (\$1,700)
- Recommended funding level of **\$25 million**.
- The 95% confidence interval estimated a torture prevalence rate ranging from 27% and 62%, which translates to between \$15.6M and \$35.8M.



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**THANK YOU!**

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