

REFUGEE HEALTH & CARE OF SURVIVORS OF TORTURE

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Aim:

- To consider the contexts from which refugees may arrive and approach health care services
- To raise awareness about “host society” discourses concerning refugees
- To raise awareness about early identification of survivors of torture
- To consider ‘good practice’ in relation to interviewing survivors of torture.
- (To consider ‘impact on self’ when working with survivors of torture.)

Learning objectives:

- To gain an understanding of relevant issues, e.g. dislocation (stories of leaving and arriving), loss, asylum, language, acculturation (across generations), resilience, the impact of torture/organised violence, the impact of family reunion.
- To gain an understanding of assessment, identification and interviewing skills when working with survivors of torture.
- (To gain self-reflexive understanding of impacts of working with survivors of torture.)

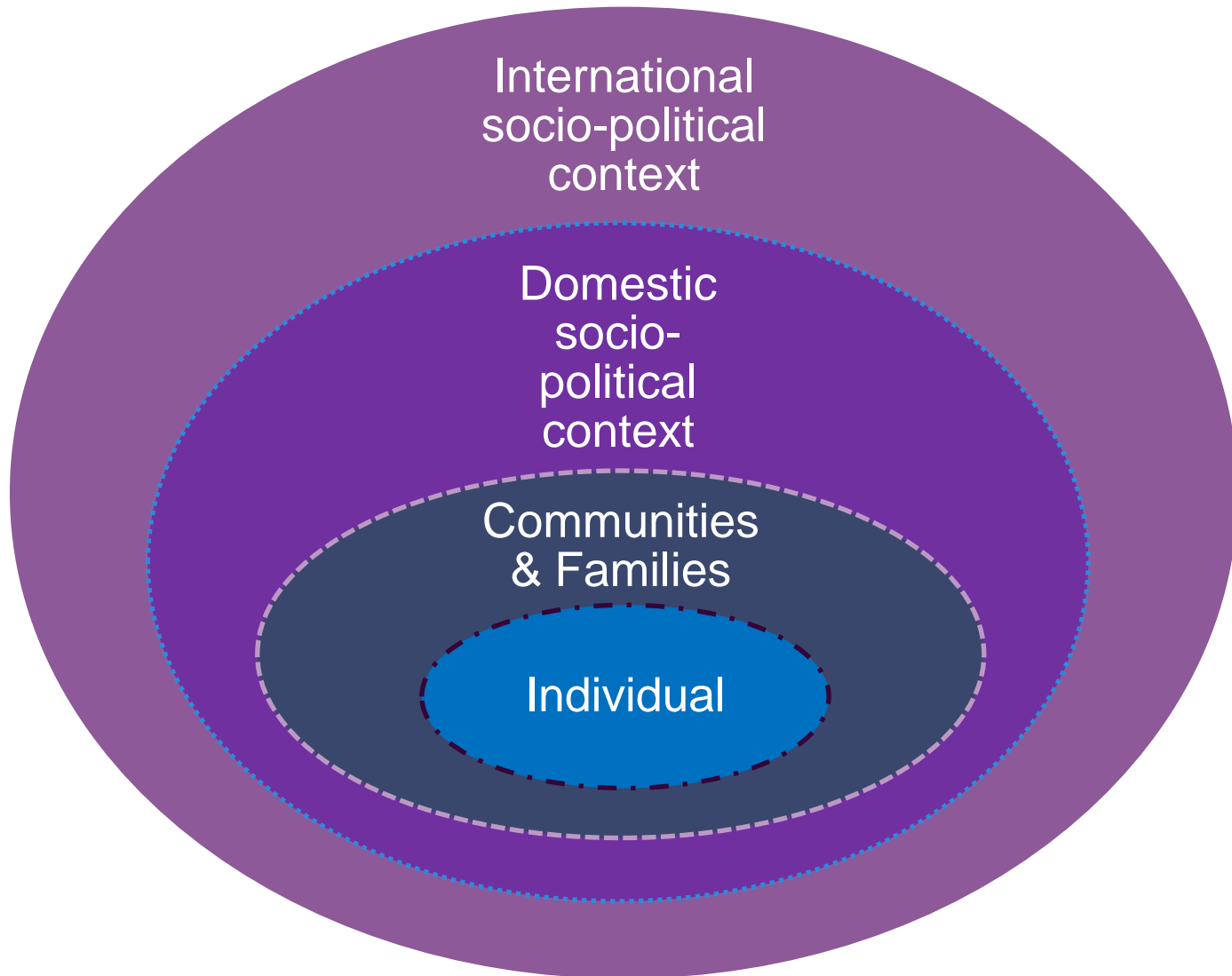


Medsin Vision

"A fair and just world, in which equity in health is a reality for all"

(Medsin is an independent student organization that raises awareness of and takes action on humanitarian and global health issues at a local, national and international level)

Layers of Context



Social

GRRAACCESS – gender, race, religion, age, ability, class, culture, ethnicity, education, sexuality, spirituality



Refugee

A person who is outside his or her country of nationality or habitual residence; has a well-founded fear of persecution because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail himself or herself of the protection of that country, or to return there, for fear of persecution.

1951 Refugee Convention

UNHCR figures (end 2009)

- 43.3 million Forcibly displaced people
 - Refugees of concern – 10.4 million. Further 4.8 million registered refugees looked after “United Nations Relief and Works Agency for Palestinian Refugees”
 - Nearly 1 million asylum seekers
 - Internally Displaced People – 27.1 million
- Stateless people – approx 12 million

Major refugee hosting countries end-2010

- Pakistan – 1.9 million +
- Iran – 1 million +
- Syria – 1 million +

Refugees – end 2010

Developing countries hosted four-fifths of the world's refugees. The 49 Least Developed Countries provided asylum to almost 2 million refugees.

Pakistan hosted the largest number of refugees in relation to the size of its economy with 710 refugees per 1 USD GDP (PPP) per capita. The Democratic Republic of the Congo (475) and Kenya (247) were second and third respectively.

Women & girls / Children end 2010

Women and girls represented, on average, 49 per cent of persons of concern to UNHCR. They constituted 47 per cent of refugees, and half of all IDPs and returnees (former refugees).

Forty-four per cent of refugees and 31 per cent of asylum-seekers were children below 18 years of age.

Asylum claims

More than 845,800 people submitted an individual application for asylum or refugee status in 2010 ...

With more than 180,600 asylum claims - one fifth of applications globally - **South Africa** was the world's largest recipient of individual applications, followed by the **United States of America** (54,300) and **France** (48,100).

The **United Kingdom** was the sixth largest recipient of new asylum-seekers in 2010 with 22,100 claims. This was the lowest level since 1989.

Refugee Discourses

- Trauma: “Loss of home is the only condition that all refugees share, not trauma”

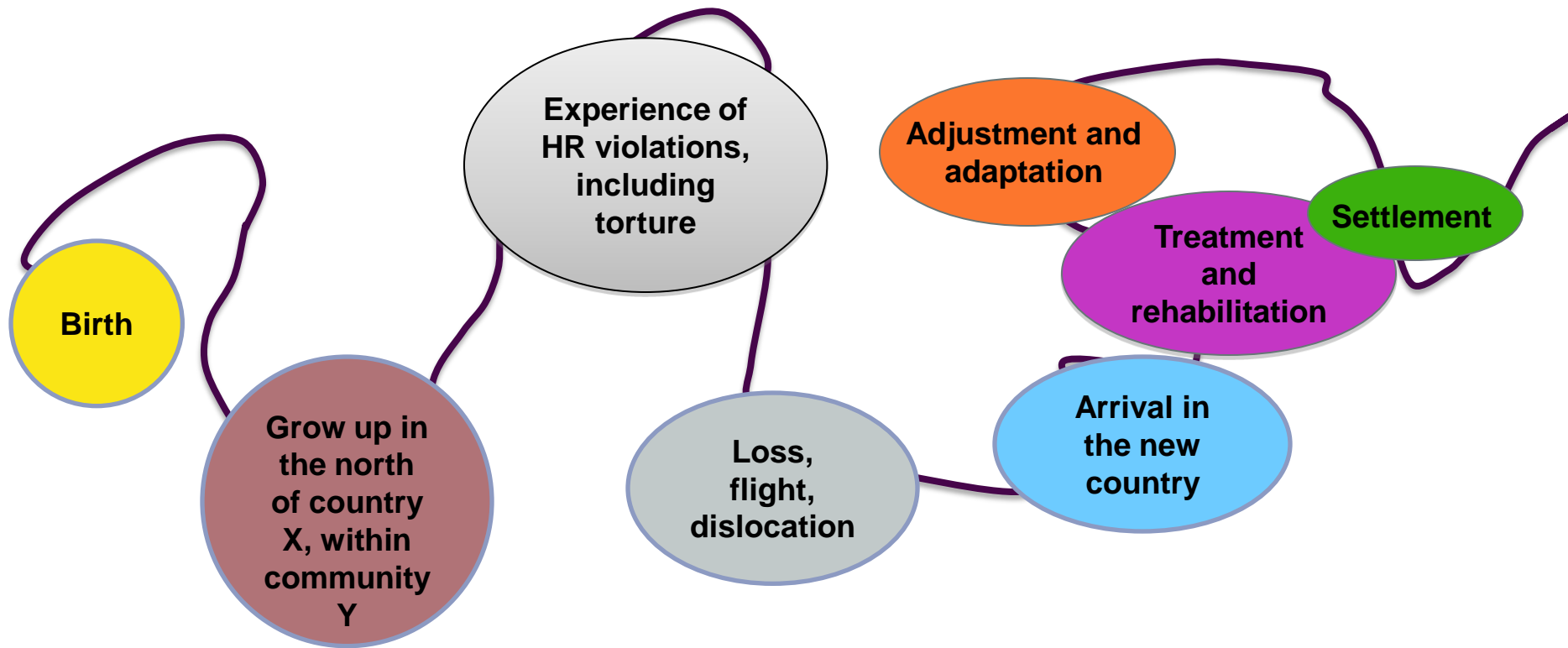
(Papadopoulos, 2002:p9)

- Human Rights framework
- “Bogus asylum seekers”
- “Economic migration”
- Stories of leaving and arriving

Before - Anticipation - Devastating events - Survival – Adjustment – After

A survivor of torture's journey

Human Rights (including freedom from torture, right to health) →



Social

GRRAACCEESS – gender, race, religion, age, ability, class, culture, ethnicity, education, sexuality, →

spirituality



Freedom from Torture

Medical Foundation for the Care of Victims of Torture

Defining torture

"... 'torture' means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions."

United Nations Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment:



Freedom from Torture

Medical Foundation for the Care of Victims of Torture

Torture

- Torture is the intentional infliction of severe mental or physical pain or suffering for a specific purpose.
- Torture is often used to punish, obtain information or a confession, take revenge on a person, or create terror and fear within a population.

Torture

- Torture is carried out by state agents, such as police, security forces, military and paramilitary units (directly, at the instigation of state officials)
- Torture is also carried out by organised non-state agents, often with the consent or acquiescence of the state or other person acting in an official capacity.

Torture

Torture has been described as the act of killing a person without their dying

It is an attempt to destroy a person's physical and psychological integrity

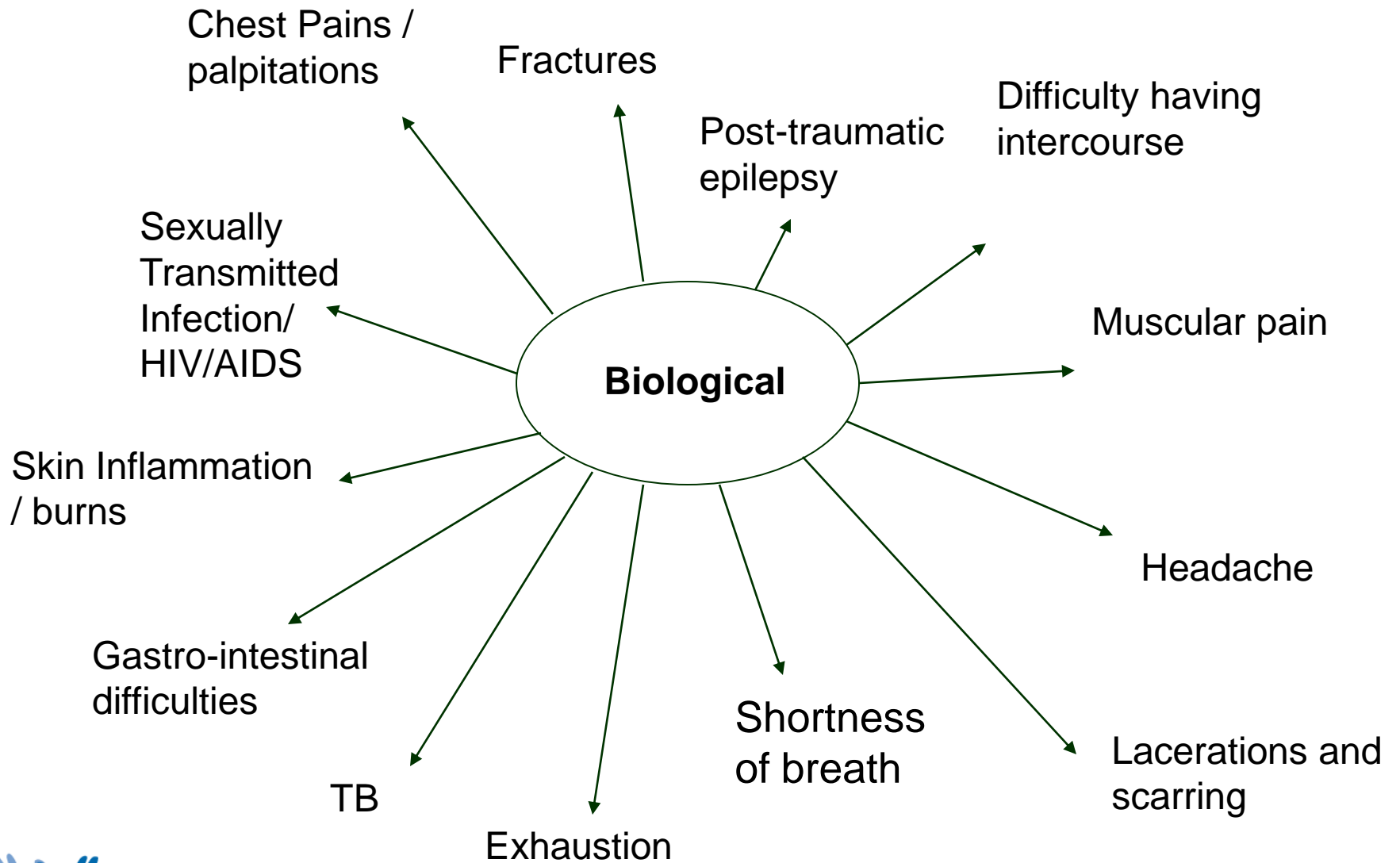
It is an attempt to dehumanise the 'other'

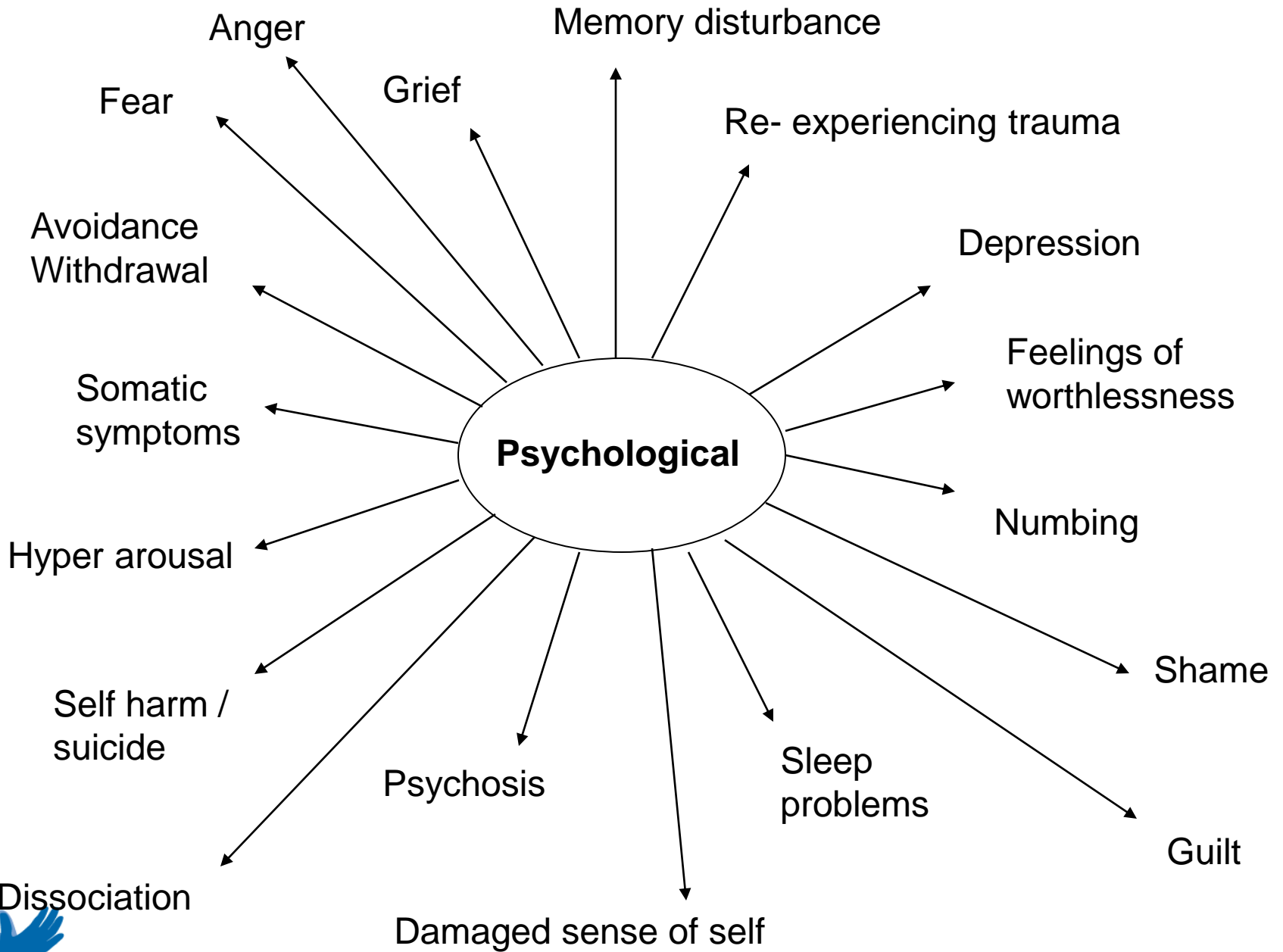
It is used as a means of suppressing communities and 'peoples'

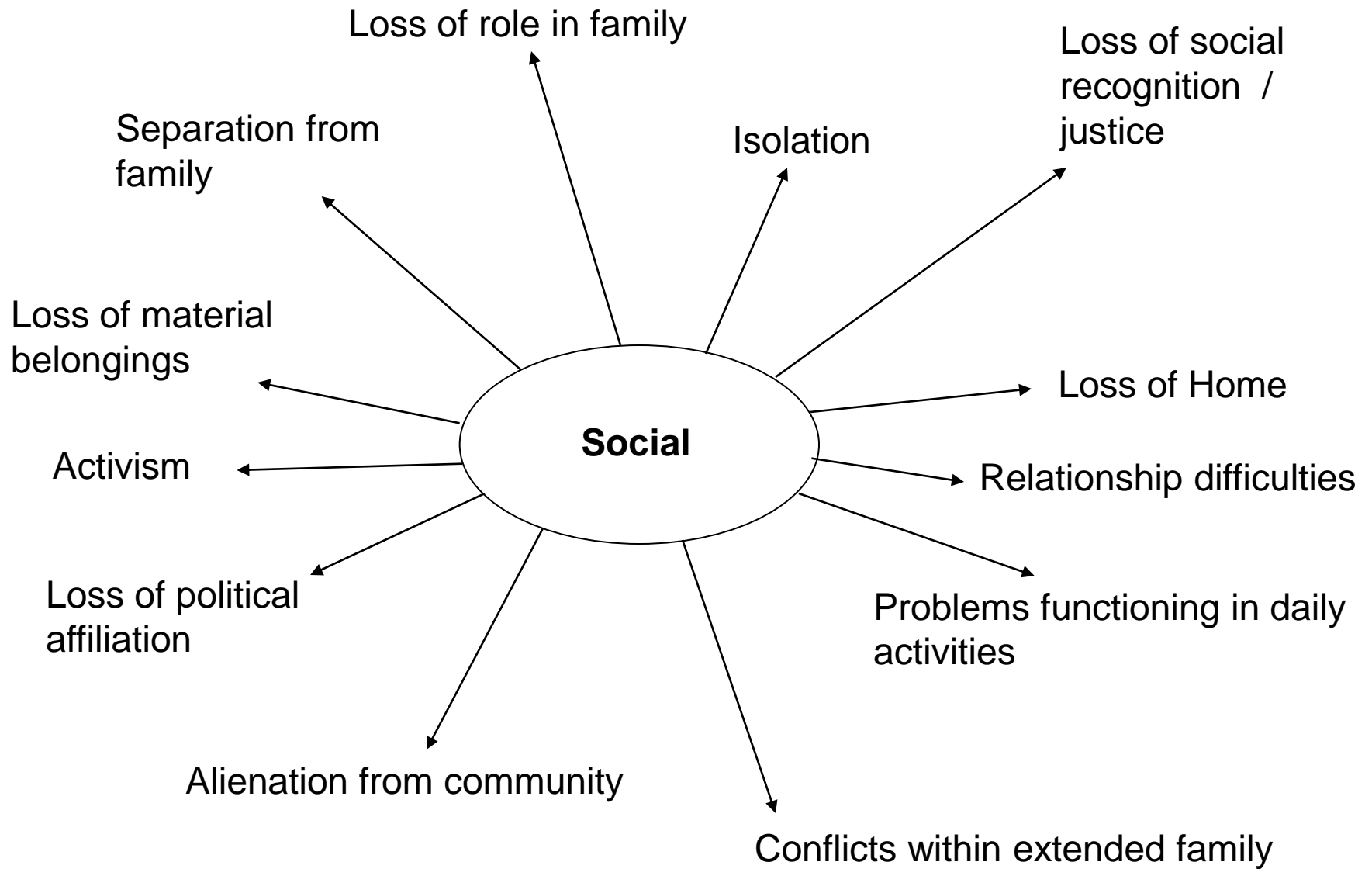
Torture and trauma

“The core experiences of psychological trauma are disempowerment and disconnection from others”

Judith Herman, 1992







Common Responses to Trauma

- Headaches, palpitations, sweating, breathlessness, choking sensation
- Muscle pains, feeling weak and easily tired
- Sleep difficulties
- Loss of concentration / memory difficulties
- Negative thoughts - self blame / guilt
- Shame / humiliation
- Anger and irritability
- Obsessive thoughts and behaviours (e.g. obsessive washing)
- Loss of hope; sense of foreshortened future
- Damaged sense of self
- Why me?



Common Responses to Trauma

- Hyper-arousal
- Intrusion
 - Recurrent distressing nightmares
 - Recurrent vivid memories during the day which may be distressing
 - Flashbacks – reliving traumatic experiences
- Avoidance
 - Inability to recall parts of the trauma
 - Emotional numbing
 - Dissociation / detachment from others
 - Avoidance of thoughts and reminders of trauma

Trauma

- There is often no single event
- What may be traumatic for one person, is not for another.
- How trauma is experienced and interpreted is not always the same.
- Culture can determine how trauma is understood and responded to
- People cope in different ways-there is no set response
- These symptoms are normal responses to painful experiences / stressful circumstances

What survivors tell us they want?

- Rehabilitation
- **Overall Justice Imperative:**
 1. To stop harm from happening to others
 2. Redress
- Acknowledgement
- Support, compensation
- Be heard, have a say

Human rights of survivors of torture

Include:

1. Right to protection from further persecution, including torture
2. Right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health

Right to rehabilitation

Article 14 of CAT States are to:

- ensure in its legal system that victims of torture obtain redress and have an enforceable right to fair and adequate compensation
- **including the means for as full rehabilitation as possible.**

Right to rehabilitation

Commission on Human Rights in its resolution 2004/41 stresses that:

- national legal systems should ensure that victims of torture or other CID or punishment ... **receive appropriate socio-medical rehabilitation**
- **STATE DUTY: Establish & support torture rehabilitation services**

Interdisciplinary work = practical rehabilitation

- Medical, psychological, social assistance
- Legal assistance across all rights - from secure housing to securing a legal status
- Group work & building communities
- Enabling voice through survivor activism

Clinical Services

Complexity

- Stages of arrival, adjustment, integration
- Holistic (multi-disciplinary) service
- Bio-psycho-social model
- Human rights practitioner model
 - Protection
 - Rehabilitation

Good practice – interviewing survivors of human rights abuses



Freedom from Torture

Medical Foundation for the Care of Victims of Torture

What would you need to know, as a survivor, in order to engage in an interview concerning your experiences?

Interview Aims

To create an interview context and structure that:

- Enables individuals to engage with the interviewer and talk about experiences that are relevant to the nature of the interview
- Fulfils a duty of care to interviewees (at best empowering and re-connecting / at least not further disempowering and disconnecting)
- Considers the impact on the interviewer

Interviewing survivors of torture: Good Practice (continued)

Interview preparation

Knowing interview aims

Physical Environment

- Room
- Privacy, presence of others, exposure
- Distractions
- Reminders Resources to refer to if necessary

Interview Context

Interviewer

- Cultural differences
- Gender, men interviewing women
- Interpreter, language

Interviewing survivors of torture: **Good Practice** (continued)

Framing the Interview – **Beginning**

- Introductions
- Building trust and rapport
- Shared understanding of purpose and how information will be used
- Confidentiality, including interpreter
- Consent
- Permission questions

Interviewing survivors of torture: Good Practice (continued)

The Main Interview

- Types of question
- Clear and open (as opposed to intrusive and interrogating)
- Assessing progress of interview; over/under-disclosure
- Permission questions
- “Double-storied testimonies” Denborough, D (2006)
- Resilience/survival questions

Interviewing survivors of torture: **Good Practice** (continued)

- The interpersonal relationship with the interviewee
- Managing the impact of ‘over disclosure’
- Responding to non-disclosure

Types of interviewing Questions

- Permission Questions
- Factual Questions
- Tell Me About Questions
- Tell Me More Questions
- Feeling Questions
- Checking/Clarifying Questions
- Resilience Questions
- What if Questions

Interviewing survivors of torture: Good Practice (continued)

Framing the Interview – Ending

- Prepare interviewee for end from beginning
- Review of interview experience
- Review of confidentiality and consent
- Time for interviewee to ask questions
- State clearly that s/he can stop the process at any time
- Signposting
- Re-connecting to life outside

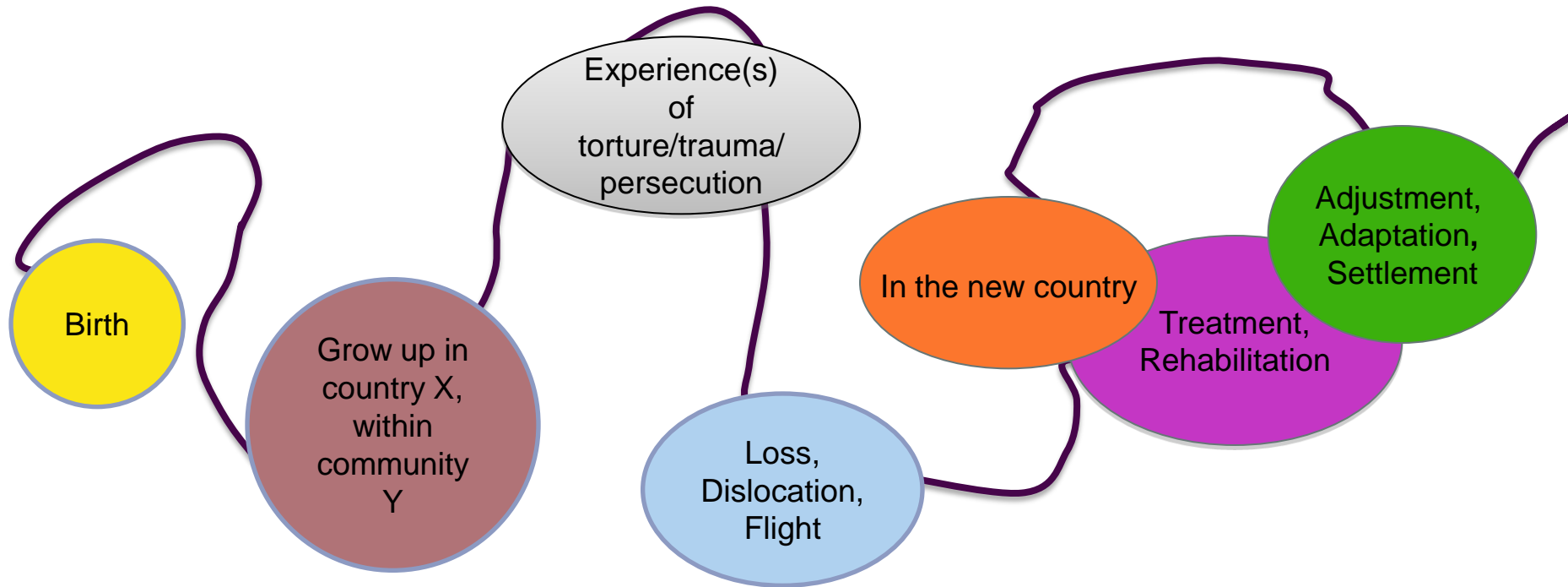


When is it not appropriate to interview or necessary to end the interview?

- Acutely distressed: How can I tell?
- No social and/or professional networks; no protection from retribution or chance to heal
- Absence of ‘survival strategy’
- Disabling feelings of shame and guilt
- Significant physical limitations
- No informed consent/understanding of how information will be used

A refugee's journey

Human Rights (including freedom from torture, right to health, right to seek asylum) →



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