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## **Addressing the Special Needs of Survivors of Torture**

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### **Introduction**

A refugee is defined by the United Nations Convention on the Status of Refugees (1951) as someone who is outside of his or her country of nationality and who is able to show a well-founded fear of being persecuted for reasons of race, religion, nationality or membership of a particular social group or political opinion. Asylum seekers are people who are outside of their own country and who are seeking asylum but have not yet been granted refugee status. In the light of these definitions, it is not surprising that refugees and asylum seekers are known to be a particularly vulnerable population who may experience more problems affecting their well-being than the general population.

The greater health and social needs of refugees and asylum seekers result from a variety of factors, many of them beyond their own control. The social problems faced by asylum seekers may relate to the manner in which they have been displaced from their native country, to the difficulties they may have encountered en route to their chosen country of asylum or to the difficulties that they may encounter as they attempt to start a 'new life' in a different country and culture. In being forced to leave their homes, asylum seekers may have lost all of their possessions, including their homes and their clothing. To obtain safe passage to another country, they may have had to sell their possessions or to use up their reserves. In addition, they may have been bereaved of close relatives in traumatic circumstances or been witness to atrocities. They may have faced dangers in transit resulting in more loss of possessions or bereavements. Finally, when they arrive in their country of asylum, it may be less than welcoming. Their initial concerns there will focus on their survival needs, food, shelter and security. In the longer term, they will realise that they are trying to establish themselves in a country where the culture may be very different to their own and where they may not even have a good command of the main spoken language. They may end up being isolated from their own people, both in their country of asylum and in their country of origin, and lacking the normal social supports.

The health problems faced by refugees and asylum seekers may arise from the often poorer health conditions prevailing in their country of origin, from the traumatic circumstances in which they may have had to leave that country, from the difficulties they may have encountered en route or from the difficulties they may encounter in their country of asylum. Because of the often stressful nature of their experiences, refugees and asylum seekers may in particular be more prone to psychological problems, especially to the affective disorders, anxiety and depression.

### **Survivors of Torture**

Many refugees and asylum seekers will have been physically or mentally abused in their country of origin before leaving, but as many as 5-10% of all asylum seekers will have been so severely abused that the abuses they have sustained will come within the definition of torture as stated in the United Nations' Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) of 1984 (see Box 1), which was incorporated into Irish law in the Criminal Justice (UNCAT) Act of 2002. Globally, while 132 states are signatories to UNCAT, Amnesty International has still documented that torture has been practised in more than 100 countries worldwide in recent years. In fact, Amnesty estimates that as many as 90 countries in the world continue to systematically practice torture, something that is specifically forbidden under Article 5 of the Universal Declaration of Human Rights and by the United Nations' Convention Against Torture. The furore about the possibility that American soldiers abused their prisoners in Iraq emphasized how common it is even today for people to be tortured or to receive degrading or inhuman treatment at the hands of others. It is well documented that many of those who have been abused in this way will suffer long-term psychological sequelae. It is estimated that as many as 5-10% of all refugees and asylum seekers worldwide have experienced severe ill-treatment amounting to torture, though this proportion may actually be significantly greater among refugees coming from some states. In recognition of this widespread continuing abuse of human rights, the United Nations' General Assembly established June 26<sup>th</sup> as the UN International Day in Support of Survivors of Torture.

Box 1: UNCAT Definition of Torture

**Torture**

*Torture is defined in the Criminal Justice (UNCAT) Act of 2000, Part 1, Article 1, as '...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 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 of acquiescence of a **public official** or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent or incidental to lawful sanctions'(emphasis added).*

**Spirasi**

The Spiritan Asylum Services Initiative (Spirasi) was established in 1999, under the trusteeship of the Holy Ghost Fathers, to address some of the problems that were recognised as the unmet health and social needs of the asylum seekers who were arriving in Ireland in increasing numbers at that time (see Table 1), and to try to assist these new arrivals to overcome the cultural difficulties they were experiencing in trying to integrate into Irish society. Initially, Spirasi offered support to refugees and asylum seekers to assist them to integrate into Irish society, providing a drop-in centre where they could meet other refugees and educational programmes such as English language and computer training courses.

However, following a needs assessment, it was recognised that there were many other unmet needs, particularly in the area of health (Begley *et al.*, 1999).<sup>1</sup> Some of these unmet needs were a result of the difficulties asylum seekers were experiencing in accessing statutory services, which were culturally and/or linguistically inappropriate. Some of these needs were due to the absence of appropriate services to address their specific needs. Work in many other countries has shown that people's perception of health depends very much on their cultural background. In addition, expectations of a health service will depend on one's previous experience of health services. Even in Ireland, we know that the utilisation of the health services depends on many things including gender, educational background and socio-economic status. In particular, the needs assessment noted that there were no

specific services provided for people who had survived possibly the ultimate abuse of having been tortured in their country of origin before their departure.

*Table 1: Asylum Applications in Ireland:*

<b>Year:</b>	<b>Number:</b>		<b>Year:</b>	<b>Number:</b>
<b>1992</b>	39		<b>1999</b>	7,784
<b>1993</b>	91		<b>2000</b>	10,938
<b>1994</b>	362		<b>2001</b>	10,325
<b>1995</b>	424		<b>2002</b>	11,598
<b>1996</b>	1,179		<b>2003</b>	7,900
<b>1997</b>	3,881		<b>2004</b>	4,766
<b>1998</b>	4,626		<b>2005</b>	4,323

### **The Centre for the Education and Integration of Migrants**

Within Spirasi, the Centre for the Education and Integration of Migrants (CÉIM) provides a specialist programme of language, literacy, intercultural and IT support for those members of the refugee, migrant and asylum seeking community who would otherwise have no access to this provision. The activities of CÉIM include General English (speaking, writing, listening and reading), Literacy (for learners with good spoken English), Vocational English (for employment), intermediate writing skills, IELTS which is required for those whose mother tongue is not English who wish to attend a third level institution, Cultural Education (social, political & cultural issues relating to Ireland) and word processing skills training (Excel, Access, Power Point and web design). By completing a course with CÉIM, students can receive accreditation from Further Education and Training Awards Council (FETAC) or from Cambridge University. CÉIM is delivered by a team of eight part-time and volunteer teachers, all with multi-cultural experience and many having had experience of teaching abroad. The innovative services provided by CÉIM ensure that migrants, refugees and asylum seekers have the essential tools needed to facilitate their integration and positive contribution to society in Ireland. For many in this community, including the survivors of torture/trauma, there is a need for English language services sensitive to their experience and situation. CÉIM is funded by the City of Dublin VEC, the Reception and Integration Agency, the Back to Education Initiative,

the Loreto Sisters, the Department of Education and Science, the Sisters of the Holy Faith, the St. Vincent de Paul Fund and Blackrock College.

*Spirasi now also has two additional programmes addressing the specific health needs of refugees and asylum seekers. The Centre for the Care of Survivors of Torture (CCST) was established in 2001 and the peer-led Health Information Programme (HIP) was established in September 2002. Both of these programmes address areas that are at present generally not dealt with by the statutory services, as Spirasi does not intend to replicate or to be in competition with the statutory services.*

### **Health Information Programme**

The Health Information Programme provides a unique health information and promotion programme, working with refugees and asylum seekers, helping them to understand their health care needs and how to access the health services in Ireland. The programme is a partnership between the Northern Area Health Board (NAHB), the Reception and Integration Agency (RIA) and SPIRASI. The HIP provides face-to-face health related information to asylum seekers in the three reception centres based in the greater Dublin area.

The Health Information Programme was established in response to difficulties experienced by asylum seekers in accessing appropriate health services, including the lack of relevant orientation information, the lack of understanding of the functions of the different services leading inappropriate access and the lack of understanding of the different health-care providers' roles (GPs, AMOs, A&Es, etc). In particular, some asylum seekers were experiencing difficulty in accessing a medical card, a GP, pharmacy services or maternity services. The challenges posed by inappropriate access by asylum seekers have put increasing stress on the service providers. In seeking to alleviate these stresses, the HIP has delivered information directly to asylum seekers, at reception centres, in relevant languages, through Workshop presentations, through one-to-one interactions and using visual materials/adult education tools. The focus of the presentations during the pilot phase related specifically to orientation to the Irish health-care system, understanding entitlements, understanding providers' roles and understanding Irish norms in health-care.

In June 2003, an evaluation of the pilot phase of the programme was carried out. The evaluation sought to assess the effectiveness of the programme in increasing asylum seekers' capacity to make more informed decisions about their health-care. The evaluation, which was published recently, concluded that HIP has been successful in achieving its objectives and has had a positive impact on participants. The overall recommendation of the evaluation was that the HIP should continue and it should expand its role to include mediation and health promotion activities. This expansion began during 2004.

### **The Centre for the Care of Survivors of Torture**

The Centre for the Care of Survivors of Torture (CCST) works with survivors of torture to engage in a healing process to help them to achieve their full potential, whatever their ethnic origin, gender, religious or political background, in the common goal of the prevention of torture worldwide. The overall aim of the CCST is to develop a specialist multicultural centre for the rehabilitation of survivors of torture in a manner that complements the existing statutory services, in order to contribute to an improvement in their quality of life and facilitate their rehabilitation and integration into Irish society. The Centre attempts to achieve this by working in specific areas to address what were felt to be the unmet needs in Ireland of survivors of torture (see Box 2).

#### *Box 2: Objectives of CCST*

**The specific objectives of CCST are:**

- ✓ To provide a wide range of health and psychosocial services directly to survivors of torture, trauma, inhumane and degrading treatment;
- ✓ To prepare independent medico-legal reports for legal representatives of survivors of torture as part of the asylum determination documentation;
- ✓ To enable clients to better access statutory health, legal and welfare services;
- ✓ To promote increased awareness of torture-related issues among service providers.

Since it was established in 2001, to date almost 2,000 individuals have been seen at CCST with histories of abuse or torture. A breakdown of the clients seen in the Centre up to the end of 2005 is given in Table 2. The Centre was accredited by the International Rehabilitation Centre for Torture Victims ([www.irct.org](http://www.irct.org)) in May 2003.

*Table 2: Centre for the Care of Survivors of Torture Statistics*

<b>Number of New Clients:</b>	<b>New CCST</b>	<b>Top five countries of origin of Clients in 2005:</b>
2001	84	Nigeria
2002	307	Romania
2003	420	Somalia
2004	343	Sudan
2005	431	Iran
<b>Clients by gender 2005</b>		
Male	69%	
Female	31%	

Clients may be referred to CCST from a variety of sources, which include the Refugee Legal Services, the Health Boards, other NGOs, GPs, hospitals, and even self-referrals (see Table 3). Medico-legal assessments are conducted on clients whose abuse appears to have come within the United Nations' Convention Against Torture's definition of torture, that is severe abuse involving public officials or their representatives, and further to a request from the client's legal representative. In addition, CCST offers medical assessments to refugees and asylum seekers who have been abused, whether or not that abuse amounts to torture. These medical assessments are offered on the basis that CCST has expertise in working in a multi-cultural environment and with interpreters, and may be better situated to conduct an assessment.

*Table 3: Sources of CCST Referrals 2005*

<b>Health Service Executive</b>	13%
<b>Refugee Legal Services</b>	13%
<b>Self-referrals</b>	0.5%
<b>GPs</b>	67.5%
<b>NGOs</b>	0%
<b>Other</b>	6%

Clients may report having experienced all manner of abuse, both physical and sexual. The commonest form of physical abuse that is reported is beating though this may have been in a wide variety of ways and with a wide variety of objects from



hands, sticks or batons to more specialist items such as matraques or indeed anything that comes to hand. Beating on the soles of the feet is done in some parts of the world ('falanga' or 'falaka'). Kicking is another form of physical abuse that is commonly used. Other abuses that may be practiced include suspension, stretching, submersion, burning and electrical shock. Sexual abuse may be reported by both genders but is more commonly reported by females, though men as well as women may report having been raped. For both genders, the experience is one of loss of control as well as one of fear of contracting a sexually transmitted disease such as infection with HIV.

Psychological forms of abuse are also commonly reported and may include threats of violence or to the life of the client or to close relatives, isolation, sensory deprivation and loss of dignity or humiliation (see Table 4 overleaf).

*Table 4: Commonly reported forms of abuse:*

**Physical abuse:**

- Beating – fists, sticks, hard objects, e.g. a gun butt, whips, etc.
- Beating on soles of feet, 'falanga', 'falaka'.
- Kicking - boots
- Dragging
- Suspension, 'Palestinian hanging'
- Stretching
- Submersion/suffocation
- Biting
- Cutting/stabbing – knives, machetes, bayonets, razors, etc.
- Burning – hot metal, cigarettes, etc.
- Electric shock to body or genitalia
- Sexual abuse and rape – female or male

**Psychological abuse:**

- Threats of violence or to life of self or others
- Isolation
- Sensory deprivation
- Uncertainty
- Loss of control
- Humiliation
- Mock executions
- Sleep deprivation
- Witnessing the torture of others including family members.

Apart from assessing the damage done, both physically and psychologically, to the person who has been abused, the Centre for the Care of Survivors of Torture will

make recommendations as to how the client might best be treated to attempt to assist them to achieve as full a recovery as possible. Of course, with some physical injuries and with psychological damage, a full recovery may never be possible. The Centre will make referrals to other facilities when necessary but, given our experience of working with survivors of torture in a culturally and linguistically appropriate way, clients are frequently referred to services offered by the Centre. CCST has a number of complimentary therapies available in-house and may be able to facilitate a client's access to a therapy that may address some of their problems. More than half of the clients seen at CCST may benefit from counselling and the Centre has experienced cross-cultural counsellors. In addition, the Centre is able to offer clients physiotherapy, physical therapy, Chinese massage and art therapy. As more than half of the Centre's clients now come from outside Dublin, wherever possible attempts are made to arrange for any treatment that is felt necessary locally through their own family doctor. In addition, the Centre is able to offer clients psychosocial support to help them to settle in and try to integrate into Irish society. Frequently, particularly in the early stages of the asylum process, this may actually have a hugely beneficial effect on their psyche.

### **Conclusion**

Ultimately, the aim of all of Spirasi's programmes is to address some of the unmet health and social needs of the asylum seekers arriving in Ireland and to facilitate those who are granted refugee status to integrate into Irish society. Within Spirasi, the Centre for the Care of Survivors of Torture works with refugees and asylum seekers who have been tortured or suffered other cruel, inhuman or degrading treatment or punishment to try to achieve as full a recovery as possible from the effects of that abuse. This is achieved by providing psycho-social support and specific therapies in as culturally and linguistically appropriate a way as possible.

*\* Spirasi's programmes are based in Spiritan House at 213 North Circular Road, Phibsboro. The various components of the CEIM programme are accessible to all migrants, asylum seekers and refugees by self-referral. The HIP programme works mainly with asylum seekers in the Reception Centres but has also been developing a bank of culturally appropriate health education materials in different languages, which may be of use to others working with refugees and asylum seekers. Clients are*

*accepted by CCST for a medical assessment from a variety of sources, including by self-referral, but preferably from the client's own family doctor. Clients are accepted for medico-legal assessment following referral by their legal representative.*

*For further information about Spirasi or CCST and the services they offer, please visit the web sites at [www.spirasi.ie](http://www.spirasi.ie) and [www.ccst.ie](http://www.ccst.ie), phone Reception on 01 8389 664, or write to Client Services at 213, North Circular Road, Phibsboro, Dublin 7. Referral forms for medical assessments can be found on the CCST web site and are available on request by phone or letter.*

## **References**

Begley, M.G., Garavan, C., Condon, M. Kelly, I., Holland, K., Staines, A. (1999) *Asylum in Ireland: A Public Health Perspective*. Dublin: Department of Public Health and Epidemiology, University College Dublin.